



ALABAMA DEPARTMENT OF  
Early Childhood  
Education

# Alabama Connections for Early Care and Education

## 2019 PDGB5 Needs Assessment Report



CLARUS  
CONSULTING GROUP

2201 5<sup>th</sup> Avenue South, Suite 100  
Birmingham, AL 35233  
205.254.0129  
[www.clarusgroup.net](http://www.clarusgroup.net)

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# I. Executive Summary

In December 2018, Alabama’s Department of Early Childhood Education (ADECE) was awarded a Preschool Development Grant Birth to Five (PDGB5) in the amount of \$10,620,000 from the Office of Child Care, Administration for Children and Families, US Department of Health and Human Services. The vision for the grant, titled *Alabama Connections for Early Care and Education*, is as follows:

*“All Alabama children are healthy and emotionally ready to enter kindergarten, particularly low-income and disadvantaged children, and that strong supports are provided to assist families in making informed choices.”*

The grant will advance the efforts of Alabama to innovatively develop and implement a strategic plan guided by the state’s needs assessment that facilitates collaboration and coordination between existing state programs of early care and education in a mixed delivery system across the state. The main activities of the grant are

- Statewide B-5 Needs Assessment Report (Activity One)
- Statewide B-5 Strategic Plan (Activity Two)
- Maximizing Parent Knowledge and Choice (Activity Three)
- Sharing Best Practices (Activity Four)
- Improving Overall Quality (Activity Five)

ADECE is pleased to submit the comprehensive statewide needs assessment report which concludes Activity One of its 2019 B-5 grant. This needs assessment report identifies the strengths and areas in need of improvement in the early care and education system in Alabama, based on a comprehensive review of 59 existing needs assessments and findings from a qualitative data collection process that engaged 468 key informants across the state including families, childcare providers, healthcare representatives, government entities and other stakeholders. The needs assessment report is organized into the following areas: ECCE system strengths, definition of terms and focal populations, program quality and improvements, monitoring and accountability, data systems, special populations, ECCE connections to broader systems and ECCE workforce development. Specifically, the needs assessment report includes:

- I. Background on PDGB5 and ADECE’s vision and goals for the grant;
- II. An overview of the process and methodology used to review existing needs assessments and conduct statewide stakeholder engagement;
- III. Findings related to program and system strengths and needs; and,
- IV. Information on next steps as ADECE moves into Activity Two of the PDGB5 grant

The work of the grant is being guided by the Alabama Connections for Early Care and Education Steering Committee, a diverse group of key stakeholders convened from across the state and including members from the State’s federally designated Early Childhood Advisory Council (ECAC). More information about the involvement of the Steering Committee is included in the process sections below, and a list of Steering Committee members and the organizations they represent are included in this report as [Attachment 1](#). ADECE appreciates the opportunity this grant has afforded to comprehensively review what’s working and not working for children in the birth to five age range in Alabama and looks forward to using this needs assessment as a guide to develop its strategic plan.

## II. Process

### **Stakeholder Engagement Process**

As part of Activity One, the Steering Committee and ADECE carefully designed a robust qualitative stakeholder engagement process to supplement a comprehensive review of existing needs assessments. The Steering Committee provided suggestions for participants in one-on-one or small group interviews and focus groups across the state, all with an eye toward representation geographically, socioeconomically, and racially. Steering Committee members also gave input on the design of the interview and focus group questions.

Thirty-five one-on-one and small group interviews were conducted with key individuals representing early care and education, healthcare, mental health, the business community, and supporters and partners of early childhood education in Alabama. A list of interview participants can be found in [Attachment 2](#).

Additionally, as part of the qualitative data collection process, focus groups were convened across the state with both families and service providers to gather input on their experiences with childcare, the availability of high-quality childcare and coordination of childcare systems. In total, 433 individuals participated in 28 focus groups conducted state-wide. Sixteen of the focus groups were conducted with providers within Alabama's early childhood care and education system, including executive directors, program directors, and front-line workers (275 participants), while twelve focus groups were conducted with family representatives such as parents, grandparents, foster parents and guardians (158 participants). A table outlining the locations, types and number of participants for Provider and Family Focus Groups are included in this report as [Attachments 3 and 4](#), respectively.

Focus groups comprised of service providers were convened using an RFP process through ADECE in which community-based organizations applied for funding to host focus groups in their communities. These organizations included Alabama Department of Human Resources quality childcare contractors, family resource centers and other local non-profit organizations. Organizations awarded funding through the RFP process recruited providers from various settings, including center-based care, home-based care, HeadStart and Early HeadStart, among others, to participate in focus groups. Family groups were convened through Alabama's Network of Family Resource Centers, with local centers hosting focus groups across the state. The location of focus groups was mapped against the Governor's Regional Workforce Councils with at least one family group and one provider group held in each region (though many regions had 3-4 focus groups each), ensuring diverse geographic representation across the state, including rural areas. Additionally, focus group conveners were given guidelines on recruiting participants to help ensure socioeconomic, racial, ethnic, and educational diversity and participation from typically under-represented populations such as families with special needs children and families for which English is not their first language. Similarly, conveners for provider focus groups were given guidance to recruit providers from diverse backgrounds, including both licensed and unlicensed centers, home-based care providers, representatives from higher education institutions which provide degrees, certification or training related to early childhood education, and other key partner agencies and childhood service providers from community, faith-based or tribal groups.

As with key informant interviews, focus group participants shared ideas and feedback to strengthen and improve the state’s birth to five early childhood system. A map denoting the locations of all 28 focus groups is included as [Attachment 5](#) to this report.

## **Needs Assessment Process**

In addition to the robust stakeholder engagement process described above, ADECE conducted a comprehensive review of existing birth to five needs assessments in the state. Steering Committee members helped with gathering numerous needs assessments to review as part of this process. At the time of this submission, 59 needs assessments, supporting reports and resources have been thoroughly reviewed to gather information on identified needs and priorities. A high-level overview of reviewed needs assessments is included as [Attachment 6](#). The Findings section of this report provides a detailed analysis of the results and outcomes of the needs assessment reviews and the stakeholder engagement feedback.

# III. Findings

The findings below are based on a comprehensive analysis of data gathered from the review of existing needs assessments combined with feedback from the stakeholder engagement process described above. The findings include system strengths, areas for improvement, and in some cases specific suggestions for improving and strengthening the system of care.

## **A. ECCE System Strengths**

Every year, many of Alabama’s high-quality early childhood care and education (ECCE) programs are expanded and improved to offer stronger, more accessible care to children ages birth to five. Many state and federal childcare programs, such as First Class Pre-K, Head Start, Early Head Start, and local programs set high standards for quality, promote school readiness, and prepare students to succeed academically, socially, and emotionally. Stakeholders noted that the high-quality programs within the state offer developmentally appropriate, child-focused learning centers designed to meet the needs of the children they serve. These programs implement creative approaches to working with students, using best practices to teach through play and to create experiences through simulated classrooms. For example, the classrooms at many ECCE facilities include stations and rooms that replicate common environments like kitchens, theaters, libraries, and post-offices so children can role play activities that take place in each of these settings. Stakeholders also identified as a strength many excellent programs and supports that complement ECCE programs such as Reach Out and Read, Help Me Grow, Home Instruction for Parents of Preschool Youngsters (HIPPOY), Nurse Family Partnership, and Alabama Coordinated Health Network.

Another strength identified by stakeholders is the leadership within the state’s early childhood care and education system. Stakeholders shared that advocates at ADECE have worked tirelessly for positive change on behalf of children and have secured funding to support the expansion and creation of high-quality programs within the state. Funding designated for programs and supports for children ages birth to five has steadily increased, resulting in more children being served each year. Stakeholders lauded ADECE leaders as results-driven, communicative, and collaborative in the pursuit of shared goals to improve the early childhood care and education system within Alabama. Stakeholders acknowledged the

focus ADECE leaders have placed on providing the highest quality and care to the youngest children throughout the state, and noted the considerable success of these programs, as seen by the national recognition of Alabama’s First Class Pre-K.

## **B. Definitions of Terms**

The following terms are defined by the Alabama Department of Early Childhood Education for purposes of the PDGB5 grant:

**Quality early childhood care and education** is a whole child approach that actively engages children in their learning across all domains which includes the development of executive functioning skills through relevant activities and interactions, consistent and positive attachments and relationships between adults and peers, support of age appropriate independence and critical thinking skills, and a focus on the importance of the family in the holistic view of the children. Quality early care and education programs meet rigorous standards for enriching the experiences of children through nurturing and responsive interactions with engaged, educated adults in an environment that is safe, predictable, and developmentally appropriate. These standards include:

- individualized, developmentally appropriate, culturally and linguistically responsive instructional strategies;
- supports for inclusion of children with disabilities;
- evidence-based curriculum;
- appropriate class or group size;
- appropriate child-adult ratios;
- adequately compensated workforce that meets high qualifications, education, and credentials;
- ongoing relevant professional development which is based in the latest research for all staff;
- screening and referral for health and community services that support the child’s learning and development and family needs;
- evidence-based health and safety standards;
- focus on the importance of building family connections and welcoming family input in the program; and
- strategies for program evaluation and continuous quality improvement.

**Early childhood care and education availability** is a measure of supply, capacity, enrollment, and vacancy levels of early care and education programs in Alabama. This information, along with geographic location and the number of children who potentially need care, will be considered together with other elements including quality, licensure status, and affordability to support family awareness and ability to access or enroll in programs that meet their needs.

**Vulnerable or underserved** refers to children a) who live in families with low incomes (at or below 200% FPL, b) who live in areas with high concentrations of poverty and unemployment , c) whose families are experiencing homelessness, d) who have an identified disability or developmental delay, e) who are English Language Learners or have Limited English Proficiency, f) who have or are receiving protective services for abuse and neglect, g) who live in rural areas of the state, h) whose families wish to access high

quality early care and education programs and services, but are not able to do so, and/or i) who are within populations that are otherwise disproportionately underserved.

***Children living in rural areas*** are defined as those living in one of the 55 counties designated as rural according to the Alabama Rural Health Association<sup>1</sup>. The Alabama Rural Health Association uses four widely accepted variables to determine what constitutes “rural.” Those variables are 1) percentage of total employment in the county which is comprised by those employed by the public elementary and secondary school systems (the local school system is most often the largest employer in rural counties), 2) the dollar value of agricultural production per square mile of land, 3) the population per square mile of land, and 4) an index used to assign a score to counties which considers the population of the largest city in the county, the populations of other cities in the county, and the population of cities which are in more than one county.

ARHA defines the following Alabama counties as rural: Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Escambia, Fayette, Franklin, Geneva, Greene, Hale, Henry, Jackson, Lamar, Lawrence, Limestone, Lowndes, Macon, Marengo, Marion, Marshall, Monroe, Perry, Pickens, Pike, Randolph, Russell, St. Clair, Sumter, Talladega, Tallapoosa, Walker, Washington, Wilcox, and Winston (55 total).

Of these, ARHA further denotes which are highly rural and which are moderately rural. Highly rural counties in Alabama include: Barbour, Bibb, Blount, Bullock, Butler, Cherokee, Choctaw, Clarke, Clay, Cleburne, Coffee, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dallas, DeKalb, Escambia, Fayette, Franklin, Geneva, Greene, Hale, Henry, Jackson, Lamar, Lawrence, Lowndes, Macon, Marengo, Marion, Marshall, Monroe, Perry, Pickens, Pike, Randolph, Sumter, Washington, Wilcox, and Winston (42 total). Moderately rural counties in Alabama include: Autauga, Baldwin, Chambers, Chilton, Colbert, Dale, Elmore, Limestone, Russell, St. Clair, Talladega, Tallapoosa and Walker (13 total).

### **Broader Early Childhood System**

Alabama’s coordinated and cohesive system of service strategies and supports to promote maternal, infant and early childhood health, education, safety, development and strong parent-child relationships involves collaborative partnerships between multiple state agencies, private and nonprofit organizations. The following state-level agencies receive both state and federal funds designated for early childhood care and education: the Alabama Department of Early Childhood Education; State Department of Education; Department of Human Resources; Department of Rehabilitation Services; Department of Child Abuse and Neglect Prevention; Department of Mental Health; Department of Public Health; and Alabama Medicaid.

Several nonprofit and private organizations are also involved in the state’s early childhood comprehensive system, including: the Alabama Partnership for Children; First Five Alabama (Alabama Association for Infant and Early Childhood Mental Health); VOICES for Alabama’s Children; Alabama School Readiness Alliance; Federation of Child Care Centers of Alabama; American Academy of Pediatrics; Alabama Association for Early Care and Education; Alabama Child Health Improvement Alliance; and other community- and faith-based organizations at the local level.

This definition has been used as an organizing framework to guide the work of state agencies, nonprofit partners, and private organizations that are involved in planning, implementing, and evaluating the state’s early childhood care and education system. This definition differs from how it has been defined in the



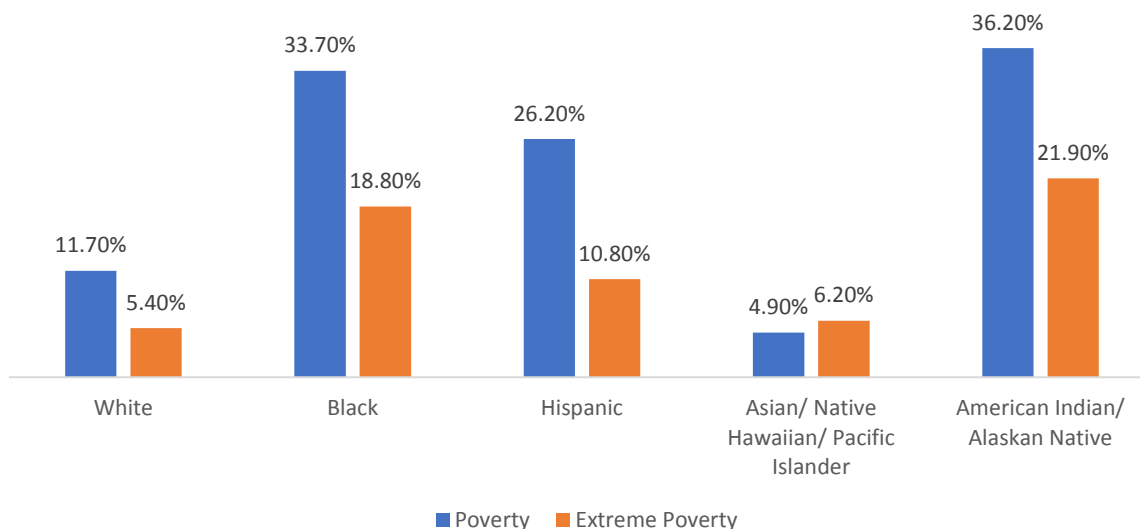
past. The advantage of the revised definition is that it highlights and encourages a cohesive and collaborative multi-agency environment. There are no challenges anticipated in using these definitions.

### C. Focal Populations

#### **Vulnerable and Underserved Children**

According to the Kids Count Data Book 2018 the child poverty rate in Alabama has been steadily increasing since 2000. For the most recent reporting period in 2017, the child poverty rate was 25% (265,000 children). Additionally, during 2012-2016, 12.6% of children lived in extreme poverty in Alabama, and that number increased between 2013-2017 to 15%. When the 0-17 age range is broken down further in the 2012-2016 data, the poverty rate is estimated to be as high as 30% for Alabama’s youngest children between the ages of 0-5, which means that the state’s youngest age group has the highest rate of poverty<sup>2</sup>. This is noteworthy because research shows the risks associated with economic insecurity are greatest among children who experience poverty in their earliest years. For children in poverty in Alabama during the same time period, 43.8% of children were black, 43.5% were Hispanic, 17.8% were white and 31.6% were all other races. Additionally, the 2018 Community Assessment from Alabama Department for Human Resources (Summa Source, 2018) reported that Alabama ranked 47<sup>th</sup> in the nation for children under the age of six living in poverty and ranked 48<sup>th</sup> in the nation for children under the age of six living in extreme poverty. The racial breakdown for this statistic shows black children experienced this hardship approximately three times more frequently than white children, pointing to a population that is disproportionately affected by poverty in Alabama<sup>3</sup>.

**Children Living in Extreme Poverty by Race and Ethnicity, 2017**



The Kids Count Data Book 2018 also provides information at the county-level on percentage of children living in poverty, percentage of children in extreme poverty and children under age 5 in poverty. The Alabama counties with the highest rates of children under age 5 living in poverty for 2012-2016 include Perry, Wilcox, Greene, Dallas, Lamar, Barbour, Conecuh, Monroe, Bullock and Washington<sup>4</sup>. With the

exception of Lamar County, the remaining nine counties with the highest rates of children under 5 living in poverty stretch across south Alabama and many of them are in Alabama’s “black belt,” a region known historically for its fertile soil, but also for its high rates of poverty, unemployment and lack of access to healthcare, among other challenges<sup>5</sup>.

Related to income and poverty for families with young children, The National Center for Children in Poverty, Alabama Early Childhood Profile 2017 shows 47% of families with children under age six have income levels more than 200% of the federal poverty line, 24% at 100-200% of the federal poverty line and 29% at less than 100% of the federal poverty line<sup>6</sup>. Specifically for infants and toddlers in Alabama, in 2016, the Alabama Partnership for Children Home Visiting Environmental Scan reported that 12% of Alabama infants and toddlers live with unemployed parents, 54% of Alabama infants and toddlers live in low-income families, 28% of Alabama infants and toddlers live in homes where the income is less than 100% of the Federal Poverty Level (FPL) and 26% live in homes where the income is 100-200% FPL<sup>7</sup>.

Children experiencing abuse and neglect and receiving protective services are also considered a vulnerable population. The rate of children with indications of abuse or neglect in Alabama has increased in recent years from 7.8 per 1,000 in 2015, to 9.5 per 1,000 in 2016 and to 10.2 per 1,000 in 2017. Counties with the highest rates of children with indications of abuse or neglect for FY2017 were Blount, Cleburne, Bibb, Winston, Lauderdale, Coosa, Conecuh, Choctaw, Chambers and Etowah. Nearly 11,000 of Alabama’s children were involved in reports of abuse and/or neglect in 2017<sup>8</sup>. Types of abuse and neglect and total numbers are depicted in the table below<sup>9</sup>.

<b>Alabama Children with Indication of Abuse or Neglect FY 2017:</b>	
<b>Indicator</b>	<b>Total</b>
Medical Neglect	602
Neglect or Deprivation of Necessities	19,954
Physical Abuse	22,449
Psychological or Emotional Maltreatment	257
Sexual Abuse	4,812
Total Allegations	48,074
Total Reports Unduplicated	42,503
Total Child Victims Unduplicated	10,847

Regarding children who are English Language Learners (ELL) or who have limited English proficiency, the 2017 Kids Count Data Book shows 7% of children in Alabama in 2016 spoke a language other than English<sup>10</sup>, and the 2018 Kids Count Data Book showed there were 2.9% English Language Learners in Kindergarten – 12<sup>th</sup> grade in 2016-2017. The same source showed the highest concentration of English Language Learners in Alabama to be in DeKalb, Franklin, Marshall, Bullock and Morgan counties<sup>11</sup>.

Homelessness or being at-risk of homelessness significantly affects children’s health, education and well-being. According to the Early Childhood Homelessness State Profiles 2018, U.S. Department of Education 4%, or 1 in 26 children under the age of six in Alabama (13,668), experienced homelessness in 2015-2016<sup>12</sup>. Only 5%, or 682, of these children were being served by federally funded early childhood education programs such as Head Start or Early Head Start<sup>13</sup>, suggesting there is opportunity to connect these at-risk children with strong educational support programs. Additionally, the 2016 point-in-time count indicated that of the 4,111 individuals in Alabama who were homeless, 1,092 of those were families with children<sup>14</sup>. The 2016 Alabama Partnership for Children Home Visiting Environmental Scan reported

16% of children under age 3 experience residential mobility where they are frequently changing residences, either locally or between cities and states and that 15-20% of children under age 6 are in families spending more than half of their income on rent<sup>15</sup>. The 2018 Kids Count Data Book reported 2.2% homeless students in kindergarten – 12<sup>th</sup> grade in Alabama in 2016-2017, with Perry, Cherokee and Lowndes counties having the highest rates of homeless students<sup>16</sup>.

Children who have been diagnosed with a disability or developmental delay and who are using special education services and Early Intervention services are also considered a vulnerable population in Alabama. According to the Alabama State Department of Education, in its October 2018 child count, 8,016 children between ages 3-5 reported experiencing some type of exceptionality (ranging from autism to physical and learning disabilities to developmental delays)<sup>17</sup>. The Community Needs and Resources Assessment: Head Start Addendum 2017 reported 4.7% children in Alabama (ages 0-17) as having a disability<sup>18</sup>. For Alabama’s Early Intervention System serving children zero to three years old, the number of children and families served increased from FFY 2016 (7,005) to FFY 2017 (7,335) as did the number of referrals for the same time period: 8,067 in FFY 2016 to 8,713 in FFY 2017. It was reported that this increase in services was provided with level funding and that the increase was attributable to increased outreach and public awareness activities, especially in low referring counties and in those with a low health index<sup>19</sup>. From 2007 to 2017, early intervention services for children increased 39.6%<sup>20</sup>. While this is a staggering jump, the UAB Early Head Start Community Needs Assessment Update for 2018 reports that fewer than 20% of children in Alabama are properly screened to identify special needs which require intervention, suggesting that even more children could be at-risk and in need of services<sup>21</sup>.

Additional indicators related to vulnerable and underserved populations reported in the Community Needs and Resources Assessment: HeadStart Addendum 2017 included that 2.67% of Alabama’s children were uninsured and 24.1% experienced food insecurity<sup>22</sup>. The 2019 Kids Count Data Book also offered the following statistics on family, community and economic well-being:

<b>Alabama Family, Community, and Economic Wellbeing Profile: 2017</b>		
<b>Indicator</b>	<b>Total</b>	<b>Percentage</b>
Children with parents who lacked secure employment	336,000	31%
Children living in households with a high housing cost burden	263,000	24%
Children in single-parent families	399,000	39%
Children in families where the household head lacks a high school diploma	128,000	12%

One strength of the data related to vulnerable and underserved children is having a broad definition that aligns with other early childhood care and education organizations. Each of these characteristics identified in the definition of vulnerable and underserved are not predictive of negative outcomes, however, they do include groups of children who, based on national and state-based research, are at risk for or have experienced disparities in health and educational outcomes. Many of the data elements that comprise the broad definition are collected by early care and education agencies and organizations that serve children and families. Data are available at statewide and county levels.

The weaknesses of the data include 1) the lack of a consolidated data system creates barriers to determining unduplicated counts within the various parts of the definition of vulnerable and across child and family serving organizations as many families and children are served in multiple programs, 2) the lack of consistent data across the early childhood age range; data on some elements of the definition of vulnerable and underserved are available comprehensively for selected ages or for children who are

enrolled in specific programs; for example, English Language Learners are identified in data for 4-year-olds in Head Start programs or First Class Pre-K and in the 5-12 education system, but may be incompletely identified in childcare settings and the birth-3 ages.

The need for unduplicated counts and formal methods for more comprehensive data-sharing have been recognized during the needs assessment process and will be addressed through the strategic planning process.

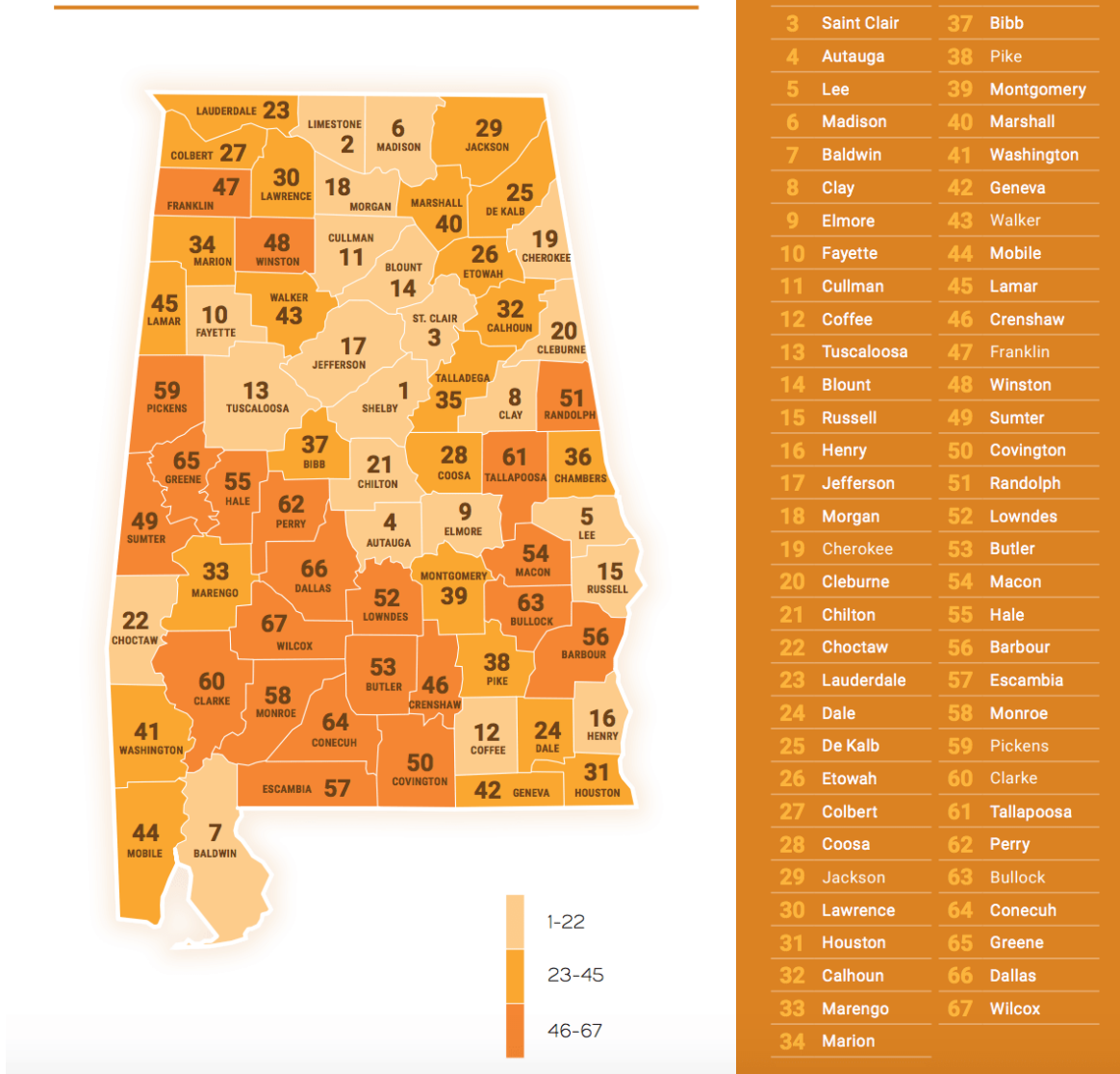
### **Children Living in Rural Areas**

As noted in the above definitions of terms, Alabama is a largely rural state, with 55 of its 67 counties considered rural<sup>23</sup>. Further, 75% of Alabama's counties are more than 50% rural, and 55% of its counties are more than 75% rural<sup>24</sup>. Alabama only has 15 urbanized areas (urban Alabama), which include all of Alabama's largest cities.

The USDA Economic Research Service reports that the poverty rate in rural Alabama is 20.1%, compared with 15.9% in urban areas of the state. Additionally, 19.8% of the rural population has not completed high school, while a smaller 13.1% of the urban population has not completed high school. The unemployment rate between rural and urban Alabama, however, is nearly equal, at 3.9% and 3.8% respectively<sup>25</sup>.

According to the county rankings for overall child well-being from the 2018 Alabama Kids Count Data Book, which are shown in the below chart, five out of the ten lowest-ranked counties for child well-being are located in what is known as the "black belt" of Alabama<sup>26</sup>. As mentioned above, this stretch of land across south Alabama is historically known for its rich, fertile black soil which led many pioneers to settle here in the early 1800s. Two centuries later, this same rural area is now known for high poverty, declining populations, high unemployment, low access to healthcare and education and substandard housing<sup>27</sup>.

## 2018 Overall County Rankings



Additionally, the Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program’s Statewide Needs Assessment for Alabama, has identified thirteen counties as at-risk in Alabama. The thirteen counties that have been identified as at risk are 1) Greene County, 2) Dallas County, 3) Barbour County, 4) Macon County, 5) Sumter County, 6) Perry County, 7) Russell County, 8) Wilcox County, 9) Bullock County, 10) Conecuh County, 11) Tuscaloosa County, 12) Chambers County, and 13) Lowndes County. Ten of these thirteen counties are located in the “black belt”<sup>28</sup>. Poverty is a common thread among these counties, however the specific issues causing them to be at-risk are slightly different. Some of these issues include high rates of unemployment, domestic violence, teen pregnancy, high school incompleteness, and inadequate prenatal care<sup>29</sup>.

The strengths of the data on rural children in Alabama include the ability to compare across multiple programs given the common definition for rural as established by the Alabama Rural Health Association. Since rural is defined at the county level, all data elements available by county (for example, race/ethnicity, poverty, low income) can therefore be analyzed for rural vs. urban differences. A weakness is that “rural” is designated by county vs. smaller area due to limitations of data availability at sub-county levels. There is very limited data available overall on the characteristics of children who live in rural areas in Alabama.

## **D. Number of Children Being Served and Awaiting Service**

### **Unduplicated Number of Children Being Served**

In the 2018-2019 school year, 18,756 four-year old children participated in First Class Pre-K in 1,045 classrooms in all 67 counties, serving 32% of the state’s eligible four-year-old population<sup>30</sup>. These numbers of students and classrooms have steadily increased each year for over a decade. Race statistics for Pre-K show nearly an even split between black and white children enrolled in Pre-K during this same year, with black children comprising 44% of total enrollment, white children comprising 43% of total enrollment and all other races comprising 13%<sup>31</sup>. HeadStart enrollment for 2017 was 17,423 children across the state, which included 3,088 children under age three, 6,273 three year olds, 7,891 four year olds and 171 children five or older (Kids Count Data, 2018). HeadStart also reported 297 Early HeadStart classrooms and 779 Head Start classrooms, totaling 1,076 classrooms. In both Early HeadStart and HeadStart programs, between 65-70% of children were black and 20-25% of children were white with the balance of children being mixed race or other race for the reporting period. Within the early learning landscape of services, an additional 81,159 children attend childcare day or night centers and 51,186 attend nursery school<sup>32</sup>.

In 2017, 7,036 children ages zero to three received early intervention services in Alabama. This represents a 39.6% increase in services provided since 2007<sup>33</sup>. 58% of children receiving early intervention services during this time period were white, 30% were black and the remaining 12% were comprised of various races<sup>34</sup>. Regarding home visiting services in Alabama, according to a 2015 report, a total of 5,220 families and 6,280 children ages birth to five years of age received home visiting services statewide. The Alabama Home Visiting System served approximately 7.0% of all children ages birth to 5 years who live in poverty<sup>35</sup>.

Additional program statistics include 1,601 children representing 1,512 families in 26 counties participating in Home Instruction for Parents of Preschool Youngers program (HIPPY), 1,069 children served through Parents as Teachers, 100 children served through Nurse-Family Partnership and 76 children served through Healthy Families America<sup>36</sup>.

According to the Community Assessment Alabama Department for Human Resources (Summa Source, 2018), 13,500 families representing 24,800 children receive subsidized childcare service monthly from Alabama’s Child Care and Development Fund in order to attend some of the above early childhood education programs and services<sup>37</sup>. 79% of children receiving subsidies are black and 21% are white.

One of the biggest data challenges with capturing the numbers of children being served in existing programs is the lack of a consolidated data system, which creates a barrier to determining the unduplicated counts of children across child and family serving organizations. Many families and children are served in multiple programs and may be counted multiple times. Data gaps also result from the lack of consistent data collection across the early childhood age range and across all early childhood care and

education system programs. Data to describe children being served may be available comprehensively for selected ages or for children who are enrolled in specific programs. For example, English Language Learners and children who are homeless are identified in data for 4-year-olds in Head Start and First Class Pre-K classrooms, and for children being served in home visiting programs and in the K5-12 education system. However, these data may be incomplete across childcare settings (especially for license-exempt facilities) and for children ages birth to 3.

### **Unduplicated Number of Children Awaiting Services**

According to the 2018 State Child Care Facts for the State of Alabama, there are 218,846 total children under age 6 potentially in need of childcare. This number is comprised of children in two-parent families with both parents in the work force (113,639) and children in single-parent families with one parent in the work force (105,207)<sup>38</sup>. UAB Early Head Start's Community Needs Assessment Update (2018) also shows there are 41,000 3 to 4 year old children in families below 200% of the federal poverty line not in school and 26,000 3 to 4 year old children in families above 200% of the federal poverty line not in school<sup>39</sup>. As of early 2018, Alabama had 2,351 children on its waiting list for childcare subsidy assistance<sup>40</sup>, however, by early 2019 with the increase in CCDBG (ChildCare and Development Block Grant) funds, Alabama's Department of Human Resources, who administers these funds, had increased its subsidy payment rates and eliminated its waiting list for assistance<sup>41</sup>.

Despite this increase in subsidy payments and elimination of the childcare assistance waiting list, many early childhood education programs in Alabama maintain lengthy waiting lists for admission. According to the 2019 report from the Alabama Department of Early Childhood Education, there were 5,462 students on the waitlist for First-Class Pre-K for the 2018-2019 school year<sup>42</sup>. Moreover, according to the Community Assessment Alabama Department for Human Resources (Summa Source, 2018), 40,000 eligible children in Alabama do not have access to a First-Class Pre-K classroom<sup>43</sup>. This need also varies greatly from county to county. For example, 79.9% of pre-kindergarten children participate in First Class Pre-K in Butler County, but only 10.4% participate in Lee County. Regarding Early Head Start, Alabama is only able to provide services to 5% of eligible children under age 3. Similarly, according to Alabama's Blueprint for Zero to Five, only 2% of eligible parents in Alabama who want the support of a home visiting program can obtain it<sup>44</sup>. Related to early intervention services, the Title V MCH Assessment notes that the Alabama Early Intervention System (AEIS) only serves less than 2% of children ages birth through two, but that rates of special education services in public schools is over 10%, suggesting a gap in detection and number of children potentially needing services<sup>45</sup>. Finally, many home visiting sites have waiting lists as well. According to the Statewide Overview of Home Visiting Services in Alabama: Results of Home Visiting Environmental Scan, representatives from 21 of 30 sites (70%) said they typically have a waiting list for home visiting services. Waiting list numbers ranged from two to as many as 45, with an average waiting list of 18 families<sup>46</sup>. Looking forward, it is estimated that 39,118 families will likely be eligible for Maternal Infant Early Childhood Home Visiting (MIECHV) services in 2020<sup>47</sup>.

Just as determining the number of children currently being served in existing programs is a data challenge, Alabama has the same data challenge with determining the number of children waiting for service in existing programs. This is again due to the lack of a centralized intake or consolidated system to capture applications for services across the early care and education system, which creates a barrier in capturing the unduplicated number of children awaiting services. Families may apply for or be referred to multiple programs and may be on multiple waiting lists. There is also a lack of consistent, formal processes on how lists of children awaiting services are maintained across early childhood care and education system programs. Some programs, such as First Class Pre-K and subsidized child care, maintain unduplicated lists of children awaiting services and fill slots as they become available. This is also true for some individual



home visiting programs and childcare facilities. However, overall data are incomplete and duplicated across the broad early childhood care and education system.

Strengths of the data available on children being served include strong partnerships and working collaborations that have created opportunities for sharing data across some early childhood care and education system programs. Programs that have successfully shared data could potentially serve as a model across the early childhood care and education system. Broad, common definitions and demographics support identification of vulnerable and underserved children. Many important data elements and estimates are available statewide and at county levels and some programs have established methods to maintain unduplicated counts of children who are being served and those who are on waiting lists. These are potential best practices to share across the early childhood care and education system.

As noted above, weaknesses of the data on children being served include the lack of a consolidated data system, which creates barriers to determining unduplicated counts of children served across child and family serving organizations; many families and children are served in multiple programs and may be counted multiple times. Also, the lack of a centralized intake or consolidated system to capture applications for services across the early care and education system creates a barrier in capturing the unduplicated number of children awaiting services. Families may apply for or be referred to multiple programs and may be on multiple waiting lists. There is a lack of consistent data across the early childhood age range; data on some important elements of the definition of vulnerable and underserved are available comprehensively only for selected ages or for children who are enrolled in specific programs. There is limited data on children served in license-exempt childcare facilities and centers and a lack of data available at sub-county geographic levels as well.

The needs for unduplicated counts and formal methods for more comprehensive data-sharing have been recognized during the needs assessment process and will be addressed through the strategic planning process. The Alabama State Legislature passed a bill during the most recent session to require all childcare facilities and centers that receive federal funding to become licensed. This requirement is an important step forward and will increase data availability about more children who are in childcare.

## **E. Program Quality and Improvements**

### **Birth to Three-Year-Old Focus**

Alabama's First Class Pre-K is nationally recognized and praised for its high-standards and quality. Participation in First Class Pre-K was shown to close the achievement gap for low income students by an average of 25%<sup>48</sup>. Over the years ECCE advocates have worked diligently to build the state's appreciation and understanding of the need for developmentally appropriate care and education in the earliest years of life. Now that Pre-K is more widely respected and valued in Alabama, stakeholders feel the need to strengthen ECCE beyond Pre-K. Specifically, stakeholders would like to see increased funding, expanded services, improved data-collection and increased awareness about the importance of providing a solid foundation for children from birth to three. Scaling successful programs to include children ages birth to three is also a priority.

Of particular concern to stakeholders is the shortage of data on children birth to three. This is important as the developmental support and needs for infants and toddlers can be very different than that of four and five year olds. Much of the current data is for children ages birth to four or birth to five. Specific



information on children from birth to three is needed to strengthen and improve the early care and education programs that support this demographic.

### **Availability of High-Quality ECCE Programs**

There are 293,936 children in Alabama between the ages of 0-5 years old<sup>49</sup>. Many community providers and families reported a lack of affordable, high-quality early care and education that is accommodating of parents' work schedules, and/or located near the home or workplace of parents. Accessing high-quality care is especially challenging for children from birth to three years old since there are fewer ECCE programs for this age group. Stakeholders shared frustration with the limited number of slots available in the state's First-Class Pre-K program and with the lottery system that dictates admission. The limited availability of First Class Pre-K is especially challenging for families without other high-quality options.

Stakeholders also identified lengthy waiting lists as a barrier to participating in ECCE programs for zero to five year olds<sup>50</sup>. Childcare is a necessity for parents to work outside the home, and parents reported frustration with having to use lower-quality programs due to limited availability at high quality facilities. Additionally, while more families are utilizing home visiting and family strengthening programs such as HIPPIY, Nurse-Family Partnerships, and Parents as Teachers, there is limited availability in these programs as well, especially in rural areas<sup>51</sup>. In fact, some areas such as the 4<sup>th</sup> and 6<sup>th</sup> Congressional Districts only have enough childcare to serve 20% of eligible children<sup>52</sup>. The needs assessment clearly demonstrated the need for more high-quality early childhood care and education throughout the state.

### **Cost and Affordability**

Even when there are slots available in high-quality programs within their communities, many families reported being unable to enroll their children in ECCE programs because of the high program cost, which is estimated at \$5,000 annually<sup>53</sup>. Childcare is a significant monthly investment for many families, especially impoverished, low income, and lower middle-class families. Parents who participated in focus groups shared that the high cost of childcare frequently leads them to quit their jobs so they can take care of young children at home. Other parents reported having to place their children in the care of family members, friends, or low-quality childcare facilities that are often ill-prepared to provide developmentally appropriate care. For many parents working minimum wage and moderate-wage jobs, affordability of high-quality early care and education is a significant challenge, especially if multiple children require care.

### **Access and Transportation**

According to stakeholders, the location of ECCE facilities and issues with transportation are additional barriers to accessing care<sup>54</sup>. Many rural families cannot afford a dependable vehicle, or do not have access to reliable transportation, which leaves them reliant on friends and family for assistance. In urban areas where there is some public transportation available, the cost of transportation is an issue as is the difficult task of coordinating childcare and work schedules with public bus routes. Further compounding the problem, when parents cannot consistently transport their children to ECCE programs, children may be removed due to lack of compliance with program attendance policies.

Additionally, many ECCE facilities do not accommodate the non-traditional work hours of parents working extended hours or shift work, leading to difficulties coordinating pick-up and drop-off schedules with family members, friends, or babysitters. This is especially common for families in rural areas, who are least likely to have access to ECCE facilities with flexible hours. Stakeholders suggested the creation of incentives for childcare centers with extended hours of operation as a strategy to address this issue.

As part of activity one and the overall needs assessment for the Alabama PDG B5 Systems Grant, Alabama is partnering with the Bipartisan Policy Center and the Maricopa Association of Governments to develop interactive maps of the birth to five system. These maps are being created using Arc GIS software to support spatial visualization of the availability of early care and education capacity within the context of need. These maps will identify “deserts” within the state where children are potentially in need of care, yet capacity is limited. Data related to capacity include the availability of Head Start classrooms, First Class Pre-K classrooms, and childcare settings. To establish potential need, data include estimates of the number of children ages birth to five living in in single-parent households whose parent is in the workforce and children in two-parent households with both parents in the workforce. We are collaborating with VOICES for Alabama’s Children, our KidsCount agency, to obtain additional data to finalize these maps. We anticipate using these maps once completed to further guide strategic planning efforts as a part of activity two.

### **Parent and Caregiver Inclusion and Involvement**

It was widely cited in literature reviews, interviews and focus groups that parents are children’s first teachers, and when parents work in conjunction with childcare providers as partners, their children are more likely to have positive outcomes from their ECCE experiences. According to a study completed by the Children’s Policy Council of Alabama, increased parent involvement and family engagement was listed as one of the top three needs in improving care for children within the State of Alabama<sup>55</sup>. Stakeholders felt that greater understanding of child development and developmentally appropriate activities would help parents better understand the value of play-based learning and educational approaches that promote positive growth and development. Childcare administrators report providers showing parents development tracking tools only 50% of the time, however<sup>56</sup>. Promoting a better understanding of these teaching tools would help parents value the strategies ECCE educators employ when working with young children and help them adopt these strategies as they work with children on their own.

According to the 2019 Kids Count Data Book, Alabama is ranked #44 out of 50 states in family and community well-being<sup>57</sup>. Given that parents are more likely to be engaged in the care of their children if basic needs are met, this highlights a need to connect vulnerable families with resources to help reduce the factors that put them at risk. Similarly, stakeholders noted that parents who live in an environment of stress, instability and trauma are less able to invest energy into anything other than meeting their basic psychological and safety needs. Parents experiencing abuse, chemical dependency, or financial uncertainty are also less able to invest time and energy into tasks such as locating high-quality childcare, reading with their children, and participating in parental education programs. Parents and caregivers in focus groups expressed that they need more support to alleviate these types of stressors in order to maintain safe, stable and secure home environments and engage in their children’s care.

Finally, it was reported in many communities that parents and caregivers often lack awareness and information about the resources available to them, and therefore cannot make informed decisions or access programs that could benefit their families. For example, resource databases like Help Me Grow 211 map resources available to families, but many families do not know that Help Me Grow 211 is available. Many focus group participants requested a central resource for information about supports and programs available to meet the needs of young children and their families. Providers also requested an additional platform be created to include information on ECCE grant opportunities, preschool directories, and state resources.

### **Alabama STARS Quality Rating and Improvement System (QRIS)**

The Alabama STARS Quality Rating and Improvement System (QRIS) is part of a national systematic approach to assess, improve, and communicate the level of quality in early care and education programs by rating and monitoring staff qualifications and professional development pursuits, management and administrative practices, the learning environment and curriculum, and the level of family and community involvement<sup>58</sup>. Childcare facilities that meet certain quality standards can be given 1-5 stars, depending on the level of quality they achieve, and these stars are meant to assist families in identifying high-quality ECCE facilities. Many ECCE facilities in Alabama, however, are not using this optional rating system. Participants in provider focus groups indicated that buy-in to the QRIS system is low because many perceive the standards as overly rigid. Focus group participants also expressed concern that some parents are not aware of the rating system or lack an understanding of its purpose, which limits their use of the system.

While rate reimbursements to providers increase at each tier of the rating system, stakeholders shared that this additional revenue is often insufficient to cover the cost of facility improvements needed to improve their QRIS ratings, which impacts participation. Leaders were encouraged to review best practice models used by states who have successfully incorporated rating systems into their ECCE programs in order to develop an effective implementation plan that improves the reception, use, and understanding of Alabama's QRIS rating system. Overall, needs assessments and stakeholder engagement feedback suggests that ECCE facilities need greater incentives to participate in the QRIS rating system, and increased awareness and education is needed for parents regarding QRIS ratings."

### **Buildings and Physical Structures**

Stakeholders indicated that aging ECCE facilities are a challenge and these spaces often need renovation in order to become high-quality ECCE learning environments. However, stakeholders reported a lack of resources for remodeling of buildings and overall facility improvement. In addition, while providers understand the need for facilities to include classroom and outdoor spaces specifically designed for children, many facilities simply do not have adequate physical space to be well-designed for children's needs. Stakeholders suggested implementation of a Facility Needs Assessment, similar to the one used for First Class Pre-K, to help provide a clearer understanding of the facility improvements needed to better serve young children and prevent investment in unnecessary changes.

### **Funding for ECCE Programs**

Funding is essential to supporting existing high-quality ECCE programs and establishing new programs to meet the needs of Alabama's young children and their families. Fortunately, state funds designated to ECCE have consistently increased over the years, which communicates an increased understanding of the need for and value of high-quality ECCE. Federal funds also continue to support the expansion and development of successful ECCE programs and initiatives, allowing more communities to participate in these programs. These additional funds also allow the state to increase the number of childcare subsidies available to families who might not otherwise be able to afford high-quality care and education.

Within Alabama there are programs with proven success, and many stakeholders believe Alabama would benefit from investing less in "reinventing the wheel" and more in expansion of successful programs such as HIPPIY, Head Start, Early Intervention, and First Class Pre-K. Currently, there are successful programs that serve multiple counties, but are unable to serve the entire state due to lack of funding. Alabama's eligibility for subsidized care is currently set at 130% the federal poverty level, which like many states, is

below the federal maximum. By increasing the subsidy eligibility standard to 85% of the median family income, the federal maximum, an additional 118,712 children would become eligible to receive a childcare subsidy<sup>59</sup>. Similarly, the largest percentage of home visiting services in Alabama are funded through federal dollars<sup>60</sup> and on average, 56 additional families in each community could receive home visiting services if additional funding were provided. Home Visiting programs, like HIPPPY, have been successful, but providers noted that they often worry about the funding of their programs from year to year because they are funded through annual grants that are not guaranteed to be renewed. This instability in funding can lead to high employee turnover and can prevent agencies from being able to make long-term plans.

Respondents also cited additional barriers created by the lack of funding, including the inability to improve ECCE facilities and establish a minimum salary for ECCE professionals. It was noted that funds are also needed to increase opportunities for ECCE professionals to receive additional training, education, and certifications to better prepare them to work with young children of diverse backgrounds, including children living in poverty, children who have experienced trauma, children with disabilities, and children who are English language learners. Agencies also reported a need for additional marketing funds in order to promote their services and programs. Marketing and grant writing are two important ways agencies can expand their programs, but many agencies with small staffs often must prioritize direct service to clients over marketing and grant writing activities. With additional funding, stakeholders felt that agencies could devote more resources to fund development and generating awareness of their programs.

### **Challenges with Distribution of Funding**

Agencies involved in the stakeholder engagement process often reported feeling as if they are competitors rather than potential collaborators because of the language included in funding opportunities and grants. This language creates a sense that the funding opportunities are “all or nothing,” and if one agency succeeds in having funds awarded to them, other agencies lose, which can lead agencies to be overly protective of their resources and unwilling to collaborate. Many ECCE agencies rely on grants to fund their programs, and multiple programs often apply for the same funding opportunities. This competition can make it challenging for agencies to focus on the common mission of building stronger programs and services for young children and their families and can create silos. Restrictions that prevent programs from using funds in ways that best serve their communities was another challenge cited by stakeholders. Providers stated it would be helpful if funding sources allowed greater flexibility in how funding is spent so agencies can meet the unique needs of their communities. Finally, many ECCE agencies expressed that the current system for awarding funding could be strengthened, and suggested the Governor consider endorsing a neutral third party to determine allocation of funds and the mapping of resources based on clear priorities.

### **Support from Legislature, Businesses, and Community**

Policy makers and the business community have a growing recognition that building strong ECCE programs can support workforce and economic development in the state. There is an increased understanding that ECCE programs help children learn, grow, and develop in healthy, appropriate ways and prepare children to become productive, employable adults. High-quality ECCE programs build many of the skills that help children become adults who are successful in the workforce, including how to self-regulate, appropriately socialize, cope with disappointments and frustrations, and work with peers. ECCE facilities and the business sector have developed many successful partnerships and opportunities exist to increase collaboration and investment.

Finally, there is a sense across communities that groups such as faith-based organizations have a desire and the capacity to help support ECCE programs. However, these groups are often unsure how to provide additional capacity and resources. Strategies are needed to help agencies leverage the resources and capacity non-ECCE partners could provide, particularly implementation of programs to meet basic needs of families through services such as transportation assistance and donations of food, school supplies and clothing.

### **Support for Private ECCE Facilities**

State and federally funded ECCE programs are expanding throughout the state, and though this is allowing more high-quality ECCE programs to serve children, many key informants and providers noted there is still a great need for private ECCE facilities. Private ECCE facilities are often owned by dedicated community members who understand the unique needs and challenges of the parents and children they serve. However, operating private facilities is expensive, and in many cases, not financially sustainable. It was reported that private centers are reimbursed with state subsidies that are so low they often do not cover the expenses needed to serve children, and the subsidies are often paid in irregular intervals. Additionally, when facilities increase their hours to accommodate the needs of the parents they serve, their subsidies do not increase, though their expenses rise. Stakeholders also noted that private ECCE facilities have fewer resources and less capacity to meet the deadlines for state required trainings and certifications for facilities and employees. These facilities are working to comply with changing standards set by various state departments like DHR, ADPH, and ADECE and are spending much time hiring and training quality employees who often end up turning over. Private facility owners reported wanting to operate licensed, high-quality facilities, but felt it was discouraging to see unlicensed and exempt facilities operating more lucrative businesses due to higher ratios and less restrictions. Stakeholders felt that increased support and collaboration with private ECCE facilities will help ensure diverse options for families and will contribute to the framework for Alabama's mixed delivery system of early care and education.

### **Transition from ECCE to K-12**

According to one assessment, no community-wide efforts to coordinate the transition between early education and schools have been documented, and this creates challenges in helping children make a smooth transition from ECCE to elementary school<sup>61</sup>. Many stakeholders reported that ECCE and K-12 operate in silos and there is a lack of communication between the two systems, which makes it incredibly difficult for families to navigate. In addition, ECCE's focus on learning through play changes drastically as children enter elementary school and are placed in environments with a more traditional educational approach. Specific programs and departments such as the Department of Rehabilitation Services and Early Head Start were praised for how they prepare their clients for transitions, but overall, interview and focus group participants cited challenges that prevent children and families from experiencing smooth transitions between services and care. Alabama's "Blueprint for Zero to Five" suggests that tools and programs such as joint professional development opportunities between ECCE professionals and kindergarten teachers, kindergarten orientations during Pre-K, a guide for parents that helps them prepare their children to transition to elementary school, and a school readiness assessment would help children more easily adapt to new educational settings, and these tools would also help educators better understand how they can participate in preparing children for transitions<sup>62</sup>. It was noted that this information also needs to be presented in culturally and linguistically sensitive ways for diverse families.

### **Interagency Collaboration**

Interviewees and focus group participants repeatedly identified a need for more opportunities to collaborate with other early care and education providers in order to strengthen early care and education.

Having additional opportunities to work together would allow providers and system partners to offer more coordinated care addressing the needs of the entire family. Many focus group participants noted that increased coordination would also help them maintain relevant, up to date information on available programs in their communities, which would in turn support more accurate and appropriate referrals for families.

It was suggested that local Children’s Policy Councils (CPCs) would be an excellent vehicle for strengthened collaboration. All 67 counties in Alabama have a CPC, and many agencies noted they greatly benefit from participating in these councils and networking with other professionals who serve children and their families. Providers also noted the importance of agency leadership building a culture of collaboration within their organizations in order for partnerships to be more impactful.

## **F. Monitoring and Accountability**

### **Licensing**

There are 2,586 total child-care facilities in Alabama made up of 1,679 licensed facilities and 907 exempt facilities<sup>63</sup>. This means that more than one-third of all child care facilities, including in-home care, and nearly half of center-based child care in Alabama operates unregulated and with no legal requirement to conduct criminal background checks on all staff, meet appropriate staff-to-child ratios, or receive First Aid and CPR training<sup>64</sup>. This year the Alabama Legislature passed HB 76, which requires facilities receiving state or federal dollars to be licensed by August 1, 2019. According to a recent news release dated August 4, 2019, 170 of 206 unlicensed facilities have chosen to pursue licensing, which means these facilities will now be regulated and required to meet minimum standards. However, families using facilities that remain unlicensed may now find they cannot afford childcare without a subsidy<sup>65</sup>. This can be a burden to families, especially families living in rural areas because they might not be able to find another care provider in communities where few care options exist. Though there are quality facilities that operate without licenses, many stakeholders felt children are placed at risk when childcare facilities have no mandates to meet basic safety and cleanliness standards.

Feedback from focus groups showed there are many reasons why an ECCE facility may choose to remain unlicensed. Some remain unlicensed because they would have to drastically reconfigure their buildings to meet licensing standards, which is expensive and often unrealistic, especially if the ECCE facility is housed within a shared structure, like a church, as is the case for many unlicensed centers in Alabama. Other agencies feel like they do not have the resources and staffing capacity to meet ever-increasing licensing standards, as these expectations can be overwhelming, especially for owners and managers of private centers. ECCE facilities must satisfy the demands of numerous state departments, meet training deadlines for new hires, and manage HR responsibilities in a field with high turnover. Facilities also feel stress in that many of the children they serve receive subsidized care, but state subsidies do not cover the full cost of the care these facilities are providing. To exacerbate the problem of insufficient subsidies, ECCE facilities reported often receiving these subsidy payments erratically, which is a financial burden for businesses. Private centers are necessary to serving young children in Alabama, but many reported little incentive to pursue licensing, especially when unlicensed centers are making greater profits because of their ability to enroll more children and their freedom from meeting licensing standards, which can be costly.



**Potential Measurable Indicators of Progress**

Alabama does not have measurable indicators of progress identified for purposes of this grant. The first table below lists existing measurable indicators of progress used by various programs and departments. Many ideas were shared as potential additional measurable indicators of progress through the stakeholder engagement process, which are outlined below in the second table. While some of these ideas may be considered, measurable indicators of progress for the grant will be developed and finalized as part of the strategic planning process. Of note, stakeholders and key informants reiterated that no measurable indicators currently exist that align every agency’s purpose; everyone is currently working to promote their own agency goals. Creating indicators that every agency is working towards together will create a more collaborative system. Finally, it is important to establish measurable indicators, but the data must be simplified so it is understandable and actionable. If the indicators are difficult to understand, as is the case for STARS, it will be difficult for multiple agencies to implement them.

<b>Existing Measurable Indicators of Progress by Program or Department</b>
<ul style="list-style-type: none"> <li>• Alabama Coordinated Health Network</li> <li>• Alabama Medicaid indicators</li> <li>• Alabama First Class Pre-K indicators</li> <li>• Preschool outcomes</li> <li>• Preschool Least Restrictive Environment</li> <li>• GOLD Teaching Strategies</li> <li>• Data on Pre-K children until 3<sup>rd</sup> grade</li> <li>• Deveraux Early Childhood Assessment</li> <li>• Blueprint for Alabama indicators</li> <li>• Kids Count Data</li> <li>• Well-Child Check Ups for B-5 and other well-child indicators</li> <li>• Data collected from model demonstration programs that are multi-agency pilots</li> <li>• Screening data, such as the ASQ3 (Ages and Stages Questionnaire) and the MCHAT for autism.</li> </ul>
<b>DHR Indicators</b>
<ul style="list-style-type: none"> <li>• STARS QRIS data</li> <li>• Number of licensed facilities and locations</li> <li>• Complaints</li> <li>• Data from quality contractors on progress (how many people trained, number served, programs offered, info on credentialing or accreditation programs)</li> </ul>
<b>ADECE Indicators</b>
<ul style="list-style-type: none"> <li>• Data from Early Head Start coaching program for teachers</li> <li>• Number of teachers trained</li> <li>• Professional development registry on teachers to track their qualifications, completed trainings, and pay rate</li> </ul>
<b>Other Indicators:</b>
<ul style="list-style-type: none"> <li>• Number of services available to children ages 0-5</li> <li>• Medicaid claims data</li> <li>• Suspension rates</li> <li>• Attendance measures</li> </ul>

Potential Measurable Indicators of Progress
Current socioeconomic conditions of children and families within ECCE system
Current placements of children within ECCE facilities
Current quality of ECCE facilities
Information on eligible children who are unserved by the ECCE system
Community barriers to accessing care, such as infrastructure, lack of programs within communities, financial resources, or food insecurity
Pre-natal and perinatal measures for mothers (e.g. maternal depression)
Tracking families' use of referral programs
Longitudinal data monitoring children from infancy until adulthood
Monitoring the outcomes of children against ECCE programs accessed
Teacher turnover in facilities
Trends in compensation of ECCE professionals
Tracking ECCE satisfaction within the workplace
Monitoring ECCE workforce entry in the state
Utilization of a statewide professional registry system for ECCE professionals
Utilization trends of a statewide data system that connects child, family, program, and workforce data

## G. Data Systems

### **Consolidated Data System**

In order to improve the well-being and education of Alabama's children, stakeholders widely agreed that reliable data must be available to identify the most significant gaps to be filled by ECCE agencies and funding. Stakeholders felt that bringing agencies together to collect, store and share richer data is a critical step towards better understanding the needs of young children and their families. Data to support the need for interagency collaboration would also encourage more effective implementation of collaborative efforts. However, there is currently limited or no data on the quality, outcomes and benefits of collaboration within the early childcare system in Alabama. Currently, there are no data-sharing requirements mandating agencies to collaborate to build strong databases, and no comprehensive data inventory exists, which means there is no way to aggregate or share data from different agencies and funding mechanisms. Agencies are currently using different systems to collect data and the tools and systems used are often difficult to connect or incompatible, which leads to reporting inconsistencies. The different values agencies place on the importance of data is also a challenge for building integrated data networks. Some agencies feel that participating in a shared data network would put too great a strain on their operations and existing resources. A lack of training for employees on data entry was also reported, which leads to errors and inconsistencies. Stakeholders felt that building a coordinated data monitoring system that tracks information from various departments, agencies, and programs working with children would allow agencies to see a broader view of the issues impacting the families they serve and better address families' needs. Data from this type of comprehensive monitoring system would also help funders make more informed decisions as they work to prioritize funding needs and help agencies track programs that families are being referred to and utilizing most frequently. It was suggested that the state develop and manage a statewide data system and create incentives for participation.



### **Additional Data Points Needed**

Stakeholder engagement participants suggested additional data points that would help them better understand and accommodate the populations they serve and more effectively allocate their resources to address the areas of greatest need.

<b>Additional Data Needed</b>
Current provisions offered by facilities
Location of in-house care centers
Number of at-risk children receiving services
Outcomes for at-risk children
Information about designated childcare deserts
Number of children being served
Number of centers serving young children
Number of children awaiting service
Referral tracking
Social-emotional development within the classroom
Suspension and expulsion rates
Number of facilities offering unregulated childcare
Rates of children who fail a grade by 3 <sup>rd</sup> grade
Well-Child Care Visit completion rates
Family's satisfaction with pediatric services
Family's satisfaction with home visiting programs
Number of children with a developmental screen performed and who are diagnosed with a delay
Workforce and industry trends in Alabama and how they will impact childcare needs
Cost-savings related to high quality ECCE in the earliest years of a child's life
Longitudinal studies on participation and non-participation in ECCE programs by socioeconomic level

In summary, stakeholders reported that more resources and funds must be invested in data collection and in recruiting professionals to manage the collected data. Without a strong data network, state leaders cannot make evidence-based decisions about where to provide additional resources and community agencies will not have a full understanding of the ECCE landscape and how their knowledge and skills can best assist partner agencies.

## **H. Special Populations**

### **Early Screening and Detection**

Developmental delays can often go undetected in young children if parents and professionals are not aware of the early warning signs. Research shows early screening and detection leads to earlier connection to needed services, which promotes better outcomes for children. Stakeholders noted that parents and ECCE providers need to be aware of the early warning signs of developmental delays so children can be referred to screenings and care as early as possible. Stakeholders further noted that ECCE providers' approach to communication can impact whether families seek care for their children. By using a warm, sensitive approach and educating parents on how early screening and care can help their children who may have a delay be successful long-term, ECCE professionals build trust and rapport with parents and increase the likelihood that parents will follow-through with seeking services.

### **Care for Children with Developmental Delays and Special Needs**

According to stakeholders, parents and caregivers who have children with developmental delays, special needs, and health concerns often cannot find ECCE centers that have providers who are trained, prepared, or willing to work with their children. Parents with special needs children also expressed doubts about whether their child's special healthcare, developmental, or physical needs would be monitored and accommodated. Some parents and caregivers said they often felt they had no other choice than to quit their jobs to stay home with their children if the ECCE centers could not provide the level of care their children needed. If staying home was not an option, some parents said they had to place their child in a facility that was unprepared to provide the specialized care needed. Parent focus group participants suggested creating support groups for parents organized by similar delay diagnoses to provide peer support and education.

### **Transition from Early Intervention to K-3 Care**

Parents and caregivers who have used Early Intervention (EI) services praised the program and the professionals working with their families. Early Intervention helps families by providing care in a comfortable, natural setting, such as the client's home, local libraries, or within the child's ECCE facility. The professionals who provide these services teach parents how to provide better care and assistance to their children with special needs. Stakeholders noted that because different funding sources have different eligibility requirements once children with special needs turn three years old, however, children may be ineligible for care through their local school system. This gap in services leaves children without critical developmental services and creates difficulty and confusion for parents trying to navigate care for their children with special needs.

Specific suggestions for improving transition from EI to K-3 included utilizing transitional specialists to work with parents, children, and therapists as children approach their third birthdays so they are not abruptly dropped from receiving needed services. Additionally, stakeholders suggested that creating a continuum of services to bridge the gap from EI services to K-3 would ensure children have a smooth transition to the local school system's care.

### **Care for Culturally Diverse Populations**

Alabama is comprised of families from diverse cultures and backgrounds, and many stakeholders felt ECCE professionals are not always trained and prepared to provide culturally sensitive care and services to these families. Language barriers can be a significant roadblock to accessing early care and education services for many families. Immigrants make up over 3 percent of Alabama residents, and about 3% of residents are native-born U.S. citizens who have at least one immigrant parent<sup>66</sup>. Stakeholders reported that increasing the number of bilingual and culturally aware professionals and providing program and service materials to parents in their native language will allow more families of diverse backgrounds to be served and increase the quality of the programs and services being offered to families within Alabama.

## **I. ECCE Connections to Broader Systems**

### **Access to Healthcare**

Access to healthcare services is a challenge for many people in Alabama, especially those living in rural areas within the state. Families and ECCE professionals in focus groups stated that accessing medical care was a major challenge for families with young children given the number of checkups, screenings and care needed for this demographic. There are currently only 106 rural health clinics and 35 small, rural hospitals in Alabama<sup>67</sup>, which means some families must resort to using hospital emergency rooms for their primary

care needs, which is more expensive and strains existing hospital emergency rooms. Some families also struggle with affording treatment. According to one study, some of the most commonly reported barriers to service were 1) Medicaid is not accepted, 2) patient could not pay, or 3) patient had no insurance<sup>68</sup>. Several suggestions were offered as solutions to the challenge of rural healthcare. These included healthcare centers offering transportation assistance and extended hours to patients as well as establishing “health homes” that house a range of medical services in one place, which would be more convenient to families. Another solution was to increase the resources and capacity of existing programs in order to serve more people.

Access to healthcare is also a challenge for families with children who have special health care needs. Thirty-four percent of children with special health care needs reported an unmet need for at least one health related service, and this is often linked to a shortage of medical professionals. The top five reported unmet healthcare needs according to Alabama’s Project Launch Environmental Scan were occupational therapy, speech therapy, physical therapy, mental health-behavioral services, and specialty care. Families most commonly did not receive services because providers were not available, insurance did not cover therapies, or families did not know how to locate a professional who could work with their child’s needs<sup>69</sup>. Additionally, Early Intervention and special education services are significantly underfunded, which inhibits the number of children with disabilities or developmental delays from receiving the services they need<sup>70</sup>.

### **Mental and Behavioral Health System**

The Title V MCH Needs Assessment found that Alabama Early Intervention System (AEIS) providers, health care providers, early childhood teachers, and parents do not have adequate referral options to use when social-emotional and mental health issues are identified in a child<sup>71</sup>. Stakeholders also reported there were too few providers who can work with these children and their families, especially in rural communities. Further, several participants noted the importance of having trauma-informed training for mental health professionals who are working with children and their families. Parents and caregivers should be included in therapies so they can learn to establish strong, secure attachments with children with social-emotional and mental health issues. Finally, stakeholders suggested sharing aggregated data on mental health issues such as rates of maternal depression, drug abuse, and poverty with ECCE professionals so they can better understand the unique challenges of this population.

## **J. ECCE Workforce Development**

### **Challenges with ECCE Profession**

Research indicates that recruiting and retaining high quality teachers ranks as one of the most significant factors in creating and maintaining high quality preschool programs<sup>72</sup>. Yet over and over stakeholders reported attracting and retaining dedicated, educated, and professional employees is a challenge because of the low wages paid to them. More ECCE workers will continue to be needed as the First Class Pre-K classrooms have expanded more than 370 percent over the past five years alone<sup>73</sup>. However, a study shows that 60 percent of childcare providers said they are likely to leave their positions within the next three years because inadequate pay and lack of enhancement opportunities.

Alabama has many ECCE professionals who are inspired to work with young children, but unfortunately, many of these ECCE educators, teaching assistants, and administrators are unable to earn a reasonable living from their employment. The median hourly wage for childcare workers is \$8.93 per hour or \$18,680

per year, and the median hourly wage for preschool teachers is \$10.98<sup>74</sup>. There are no state policies for preschool teacher benefit parity being equal to K-12, which means that professionals entering the ECCE profession are not guaranteed compensation based on their level of education<sup>75</sup>. For many individuals, low wages and lack of career enhancement opportunities leads to high turnover in the ECCE profession. Additionally, when professionals obtain more education or advanced certifications, they often do not receive additional compensation or promotions. This can discourage ECCE employees from participating in educational and professional development opportunities. According to stakeholders, many ECCE professionals determine that their only opportunity for growth after increasing their education is to pursue work in state ECCE programs because these programs have set compensation standards and better benefits than private facilities, which leads to increased turnover in private facilities as a result.

### **Regulations and Policy to Promote Educational Attainment**

Stakeholders repeatedly shared that ECCE professionals are working with children in the crucial early stages of their development but are often not valued in the same way as their K-12 peers. It was reported that ECCE professionals are not seen as experts and authorities in their field even though many are well-educated and have years of experience; this perception may come from the reality that the level of education of those in the childcare industry is low, according to the Alabama Child Care Workforce Study, and there is no legislation requiring ECCE employees to achieve a set level of higher education or certification before working as an educator at an unlicensed ECCE facility<sup>76</sup>. Many noted the perception that ECCE professionals are equivalent to babysitters is grossly inaccurate, and it will take a drastic change in belief and action to transform how ECCE professionals are viewed and valued within Alabama and our country at large.

Stakeholders suggested that state policies requiring ECCE professionals to meet a higher level of education to work with young children must be passed. Higher standards will translate into improved quality and outcomes for children in the state. Creating quality education standards for these professionals will also help shift beliefs that ECCE employees and educators are professionals who are trained and educated to do valuable, essential work that contributes to a stronger, healthier, more educated workforce for our state.

### **Training, Education, and Professional Development for ECCE Educators**

Stakeholders believe that to stay abreast of best practices and innovations within early childhood care and education, educators, teacher's assistants, and ECCE administrators need access to trainings, educational programs, certifications, and professional development opportunities. Training and development recommendations include specialized coaching, offering additional support and training for partners related to mental health services, and offering group professional development<sup>77</sup>. Additional trainings that stakeholders said would benefit ECCE employees include trauma informed training, training to work with children with physical and developmental delays, and training on how to build secure relationships with children.

Attending training provides ECCE professionals an opportunity to learn from each other and work through common challenges in their classrooms and programs. When surveyed, many Alabama Head Start staff members said they wanted or needed additional training in classroom management strategies, classroom instruction strategies, and student evaluation and assessments<sup>78</sup>. Additionally, most administrators wanted more training on behavior management, curriculum, and understanding and incorporating teaching strategies GOLD or Head Start performance standards, and teachers and family child-care partners most often wanted training related to behavior management<sup>79</sup>.

Stakeholders acknowledged that limited resources may keep agencies from investing in training and supports that are needed. Another barrier to training for some ECCE professionals is that many agencies are unable to close their regularly operating childcare programs to allow employees to attend some of these much-needed trainings. Finally, it was noted that some agencies fear losing qualified teachers to programs that can provide them with greater compensation and better benefits after the teachers have participated in training and professional development<sup>80</sup>.

## IV. Conclusion & Next Steps

In conclusion, there are many notable strengths in Alabama's early childhood care and education system, including recent program expansions and national recognition of the State's First Class Pre-K that have brought additional funding and increased awareness and respect of ECCE professions state-wide. Needs and priorities to further strengthen and improve the ECCE system in Alabama have emerged from the needs assessment review and stakeholder engagement process and will be used as a guide to create the strategic plan in Activity Two.

# V. Attachments

## 1. List of Steering Committee Members

Alabama Connections for Early Care and Education Steering Committee Membership		
#	Name	Organization
1	Jan Bell, Executive Director	Children’s Policy Council of Jefferson County
2	Jennifer Connell, Child Development Consultant	Alabama Department of Human Resources - Early Head Start Child Care Partnership
3	Barbara Cooper, Deputy State Superintendent and Chief Academic Officer	Alabama Department of Early Childhood Education
4	Anthony Daniels, State Representative	Alabama House of Representatives; Premiere Dental
5	Jane Duer, Early Intervention Coordinator and Project Launch Director	Alabama Department of Mental Health
6	Chris Haag, Deputy Bureau Director	Alabama Department of Public Health – Title V Maternal and Child Health Program
7	Kathy Hall, Deputy Commissioner	Alabama Medicaid
8	Robin Mackey, Executive Director	Family Resource Centers
9	Margaret Morton, Executive Director	SAFE Family Services Center
10	Faye Nelson, Division Director	Alabama Department of Human Resources
11	Ernest Palmer, Program Director	Community Service Program of West Alabama, Inc.
12	Gail Piggott, Executive Director	Alabama Partnership for Children
13	Julie Preskitt, Assistant Professor	UAB School of Public Health
14	Betsy Prince, Coordinator	Alabama Department of Rehabilitation Services- Alabama’s Early Intervention System
15	Jeana Ross, Secretary	Alabama Department of Early Childhood Education
16	Tracye Strichik, Senior Director	Alabama Department of Early Childhood Education
17	Stephen Woerner, Executive Director	VOICES for Alabama’s Children

## 2. List of Interview Participants

Alabama Connections for Early Care and Education Interview Participants		
#	Interviewee Name	Organization
1	Jeana Ross, Secretary	Alabama Department of Early Childhood Education (DECE)
2	Tracye Strichik, Senior Director	Alabama Department of Early Childhood Education (DECE)
3	Joy Winchester, Director	Alabama Department of Early Childhood Education (DECE)
4	Nancy Buckner, Commissioner	Alabama Department of Human Resources (DHR)
5	Jennifer Connell, Child Development Consultant	Alabama Department of Human Resources (DHR)
6	Faye Nelson, Division Director	Alabama Department of Human Resources (DHR)
7	Janice Smiley, Director	Alabama Department of Public Health (ADPH)
8	Sallye Langshore, Director	Alabama Department of Child Abuse and Neglect Prevention (CANP)
9	Gay Fin, Education Administrator	Alabama State Department of Education (ALSDE)
10	Stephanie Frucci, Education Specialist	Alabama State Department of Education (ALSDE)
11	April Shrader, Education Specialist	Alabama State Department of Education (ALSDE)
12	Tonya Beech, Office Coordinator	Alabama Department of Rehabilitation Services (ADRS)
13	Jane Elizabeth Burdeshaw, Commissioner	Alabama Department of Rehabilitation Services (ADRS)
14	Tammy Meyer, CRS District Supervisor	Alabama Department of Rehabilitation Services (ADRS)
15	Betsy Prince, Coordinator	Alabama Early Intervention Services (AEIS)
16	Kathy Hall, Deputy Commissioner	Alabama Medicaid (Medicaid)
17	Dianna Tullier, First Teacher Home Visiting Manager	Maternal and Infant Early Childhood Home Visiting (MIECHV)
18	Allison Muhlenhoff, Executive Director	Alabama School Readiness Alliance (ASRA)
19	Sophia Harris, Founder and Retired Executive Director	Federation of Child Care Centers of Alabama (FOCAL)
20	Cason Benton, Director	Alabama Child Health Improvement Alliance (ACHIA)
21	Lee Johnson III, Infant Family Associate	Alabama Association for Infant and Early Childhood Mental Health (First 5 Alabama)
22	Dallas Rabig, Endorsement Coordinator	Alabama Association for Infant and Early Childhood Mental Health (First 5 Alabama)
23	Gail Piggott, Executive Director	Alabama Partnership for Children (APC)
24	Tom Spencer, Senior Research Associate	Public Affairs Research Council of Alabama (PARCA)
25	James Ernest, Researcher	University of Alabama at Birmingham (UAB)
26	Linda Champion, Project Coordinator	American Academy of Pediatrics (AAP)
27	Linda Lee, Executive Director	American Academy of Pediatrics (AAP)
28	Polly McClure, Statewide Coordinator	Reach Out and Read- Alabama
29	Madeline Blancher, Physician	Pediatrician
30	Marsha Raulerson, Physician	Pediatrician
31	Francis Rushton, Physician	Pediatrician
32	Molly Cagle, Vice President of Governmental Affairs	Business Council of Alabama
33	Nick Moore, Education Policy Advisor and Coordinator	Governor's Office of Education and Workforce Transformation
34	Lynn Beshear, Commissioner	Alabama Department of Mental Health (ADMH)
35	Kimberly Boswell, Chief of Staff	Alabama Department of Mental Health (ADMH)

### 3. Provider Focus Groups

Alabama Connections for Early Care and Education Provider Focus Groups		
# of Groups	Organization Name	Number of Participants
1	Alfred Saliba Family Service Center	12
2	Alfred Saliba Family Service Center	22
3	SAFE Family Services Center	35
4	Childcare Resources	20
5	Childcare Resources	19
6	Circle of Care Center for Families	16
7	Talladega Clay Randolph Child Care Corporation	15
8	Goodwill Industries Easter Seals of the Gulf Coast	12
9	Clarke County HIPPY	8
10	Childcare Resource Network	14
11	Community Action Partnership of North Alabama	11
12	Community Action Partnership of North Alabama	25
13	Child Development Resources	19
14	Child Development Resources	6
15	Family Guidance Center	28
16	Family Guidance Center	13
	<b>Total:</b>	<b>275</b>

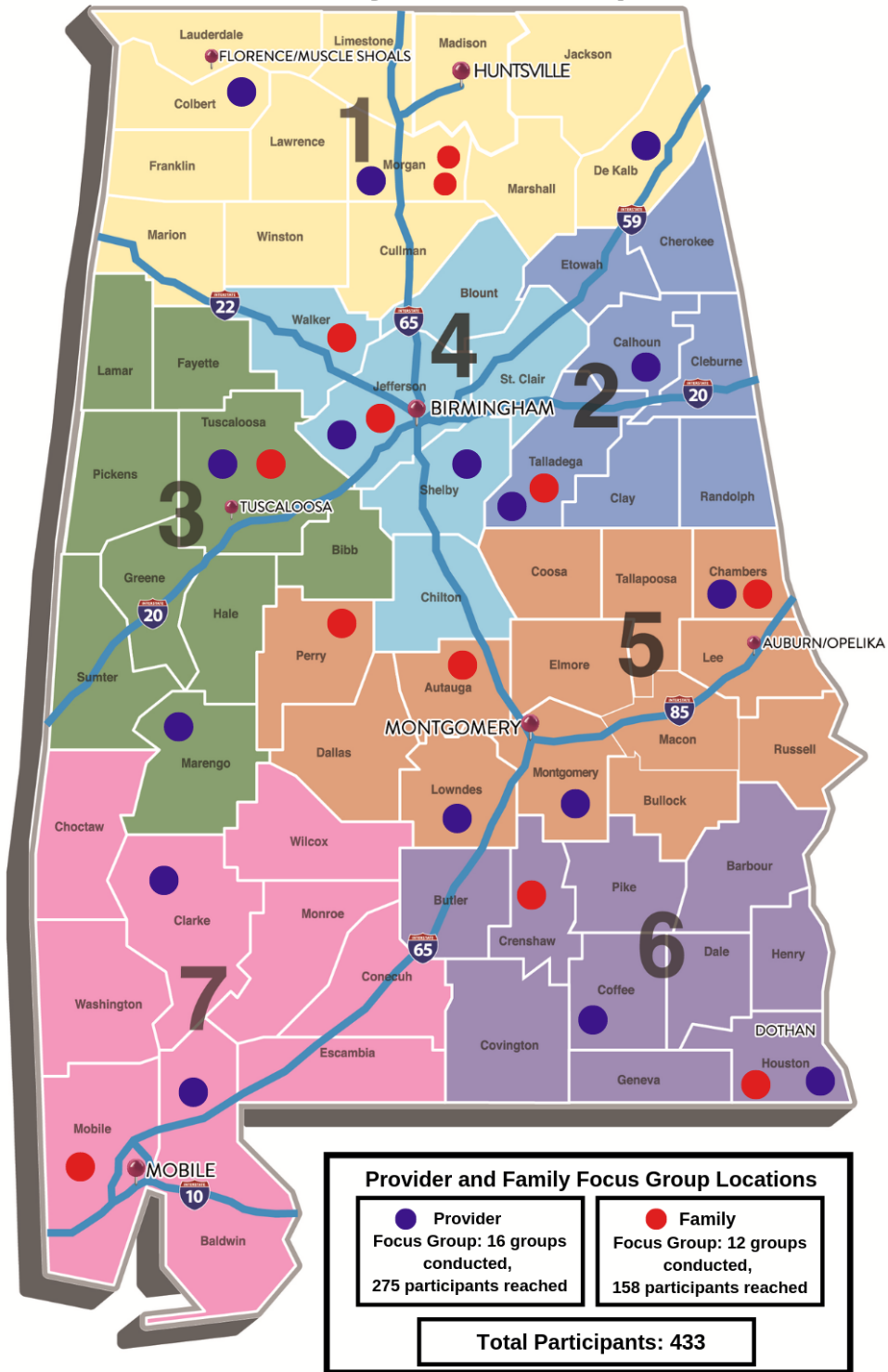


#### 4. Family Focus Groups

Alabama Connections for Early Care and Education Family Focus Groups		
# of Groups	Organization Name	Number of Participants
1	Tuscaloosa's One Place	13
2	SAFE Family Services Center	18
3	PACT: Parents and Children Together	13
4	PACT: Parents and Children Together	17
5	Circle of Care Center for Families	4
6	Y-Woodlawn, YWCA of Central Alabama	7
7	Saliba Center for Families	17
8	Saliba Center for Families	14
9	Sowing Seeds of Hope	15
10	Family Support Center	8
11	Jasper Area Family Services Center	15
12	Goodwill Industries Easter Seals of the Gulf Coast	17
	<b>Total:</b>	<b>158</b>

5. Map of Focus Groups

**Provider and Family Focus Group Locations**



## **6. Chart of Existing Needs Assessments and Supporting Resources**

A chart listing all needs assessments and supporting resources reviewed during the project is included on the following pages.

**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
Existing Needs Assessments and Supporting Resources**

#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
1	Alabama Project Launch Draft Environmental Scan	Project Launch	Assesses the state of early childhood services available in Alabama and gaps in those services	High levels of poverty, lack of availability/access to quality early care/education and parent training and support services, many medically underserved, lack of collaborative integration of infant and young child mental health screening policies, funding, and services.	2015	Alabama and Tuscaloosa County
2	Community Needs & Resources Assessment	Community Action Partnership of North Alabama	Determines the top key needs, looks for gaps, and identifies resources.	Agency Recommendations: Reduce the cost of childcare for low-income families and expand childcare operation hours to meet the need for childcare that is most conducive to parental work schedules. Community Recommendations: Explore opportunities to expand safe, affordable childcare options for low-income families and come together to advocate for the expansion of childcare operation hours.	2017-2018	13 counties in North Alabama
3	Needs Assessment	Alabama Head Start	Survey results of Head Start providers that focus on collaboration among agencies and programs, technology and data in programs, and professional development.	Need to improve integration of Head Start and child care funds to provide full day, full year services. Improve establishing partnerships with child care programs. Staff members need or want additional training in these areas: Classroom management strategies; Classroom instruction strategies; Evaluating progress and learning in students.	2016	Alabama
4	Jeff Co. Child Poverty; JCCEO Head Start, Early Head Start Pre-K Locations	Jefferson County Committee for Economic Opportunity	Conducts a survey that acts as a compass in directing the program's long-term and short-term goals.	Primary barriers to accessing these services, located across a large metropolitan area, include lack of information about them and lack of transportation for many.	2000-2018 (2018 update)	Locations of JCCEO Head Start
5	Triennial Community Needs Assessment Summary	Pickens County Community Action Committee and Community Development Corporation, INC	Presents data for various demographics (population 0-5, poverty, race, and child care)	The priority is to expand the services of the Head Start Program to address these unmet early childhood needs: Nutrition; Affordable health insurance; Transportation; Affordable housing; Energy assistance.	2016-2017 (2018 update)	Pickens County, Alabama
6	2015 Community Assessment	Tuskegee-Macon County Head Start Preschool Program	The assessment process serves to identify population characteristics and defines the target Head Start population to be served. It identifies relevant demographic features of areas and identifies existing programs that serve the target population. This process also provides relevant information to serve as a basis for the design of the program.	No clear priorities or needs identified in the report	2015	Tuskegee-Macon County, Alabama

**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
Existing Needs Assessments and Supporting Resources**

#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
7	2017 Community Assessment Update	Tuskegee-Macon County Head Start Preschool Program	Presents data for various demographics (population, disabilities, pre-k program, child care)	There is a need for more Head Start, and specifically Early Head Start services in Macon County. Many Head Start eligible four-year-olds are also eligible for other early education programs.	2017	Tuskegee-Macon County, Alabama
8	UAB Early Head Start Community Needs Assessment Update 2018	UAB Early Head Start	Assists program staff in decision-making and is periodically updated as new information becomes available	Alabama reported higher than national average rates for the children from poor families who live in single parent families (73%). 31% of children under six in Alabama lived in poverty in comparison to the national average of 23%. Additionally, there are 24,783 children in Alabama at risk for developmental delays, however, only 6,081 children were reportedly receiving early intervention services.	2018	Alabama vs USA
9	UAB Early Head Start Community Needs Assessment	UAB Early Head Start	Overview of key issues, challenges, opportunities, and strengths of Jefferson County, St. Clair County, and Walker County.	Gaps and Needs Identified: Multiple government jurisdictions impede service coordination; Uncoordinated social services; Uncoordinated and fragmented senior services; Health services for low income residents, and for people with chronic conditions; Lack of strategic planning and infrastructure to accommodate projected county growth; Gaps caused by economic disparities among residents	2016	Jefferson County, St. Clair County, Walker County - AL
10	Statewide Overview of Home Visiting Services in Alabama	smartSTART, UAB School of Public Health, Alabama Department of Early Childhood Education, Alabama Department of Child Abuse and Neglect Prevention	This scan was created to support understanding of the current home visiting system in the state, including the number of children and families served, who provides home visiting services, what counties have access to home visiting, the service delivery models of home visiting used in the state, and funding sources of home visiting services.	Opportunities exist for increasing the capacity and reach of the home visiting system through additional funding to increase access to high quality, evidence based services for vulnerable children and families in Alabama.	2015	Alabama
11	Creating an Integrated Efficient Early Care and Education System to Support Children and Families: A State-by-State Analysis	Bipartisan Policy Center	Overview of the current programs, efforts, state roles, and scoring states on ECE integration. It includes a conclusion and recommendations.	Need more collaboration. Part C and B need more funding. Pages 29-31 state recommendations for the governor, Congress, and federal agencies.	2018	Nationwide

**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
Existing Needs Assessments and Supporting Resources**

#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
12	Needs Assessment and Recommendations on Children's Mental Health in Alabama	Alabama Chapter of the American Academy of Pediatrics	Needs assessment detailing the specific mental health problems or needs of children in Alabama. This document's priorities are to improve access to care for children's mental health services and promote children's mental health needs as a top priority for the state.	Identifies problems within early screening, assessment/diagnosis and intervention for early childhood mental health issues, mental health parity and payment, mental health workforce, primary care and mental health integration and communication, mental health education for primary care, and connecting with families.	2009	Alabama
13	Blueprint for Zero to Five	Alabama Early Childhood Comprehensive Systems Initiative	Flyers and Fact Sheets with information on issues impacting ECE in Alabama	Priorities include Families and Communities, Health, and Early Care and Education. More specific measures of these priorities, such as percent of young children in poverty or percent of child care programs licensed, are included in the document.	2018-2019	Alabama
14	State Advisory Council Final Report	State Advisory Council	Includes an updated profile of the State of Alabama's Improving Head Start Act Council.	1. Develop a standard kindergarten readiness assessment 2. Increase access to high-quality early learning programs 3. Align early childhood and K-12 program standards	2015	Nationwide w/ Alabama Profile
15	Title V Maternal and Child Health Needs Assessment	Alabama Department of Public Health, Bureau of Family Health Services, UAB School of Public Health, Department of Health Care Organization and Policy	Report of Findings for Alabama's Women, Children, Teens, and Families Includes the associated family survey and information about connected focus groups and key informants.	Top needs found for infant's health: 1. Higher than national rates for infant mortality 2. Lack of support and acceptance of breastfeeding. 3. Lack of awareness of/trust in safe sleep recommendations.	2015	Alabama
16	Title V Children with Special Health Care Needs Assessment	Alabama Department of Rehabilitation Services-Children's Rehabilitation Services	Report of findings for Alabama's children and youth with special health care needs and their families. Includes the associated family survey and information about connected focus groups and key informants.	Top three identified needs: 1. Assistance in identifying providers and resources to navigate care system 2. Support shared decision-making and partnerships between families and health professionals 3. Insufficient preparation/planning for emergencies and disasters.	2015	Alabama

**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
Existing Needs Assessments and Supporting Resources**

#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
17	Affordable Care Act Maternal: MIECHV Needs Assessment	Alabama Department of Early Childhood Education	Aims to: 1) identify at-risk communities in Alabama based on a set of indicators and criteria outlined in the federal legislation; 2) identify home visiting resources for families in Alabama with children from birth to 5 years; and 3) determine the gaps related to areas of greatest risk, i.e. need and the location of home visiting programs in Alabama.	There is a need for more home visiting services and a more even geographical distribution of services such as Family Resource Centers, Head Start programs, Early Head Start programs, and Mental Health Centers.	2015	Alabama
18	Statewide Overview of Home Visiting Services in Alabama: Results of Home Visiting Environmental Scan	smartSTART, UAB School of Public Health, Alabama Department of Early Childhood Education, Alabama Department of Child Abuse and Neglect Prevention	Statewide scan determining the availability, capacity, numbers being served, and more on the state of the home visiting services in Alabama.	Opportunities exist for increasing the capacity and reach of the home visiting system through additional funding to increase access to high quality, evidence-based services for vulnerable children and families in Alabama.	2016	Alabama
19	Home Visiting Environmental Scan	Alabama Partnership for Children	Presents the results from a multi-phase environmental scan to support understanding of the current home visiting system in the State of Alabama.	The biggest challenge facing Alabama today is high unemployment. Our business leaders need the best employees now and in the future, employees who can focus and not be distracted because of child care issues, and public policy that supports the development of the next generation of employees.	2016	Alabama
20	Community Assessment: Alabama Department for Human Resources Early Head Start- Child Care Partnership Program	Summa Source at Auburn Montgomery	Needs assessment focused on identifying which services are in highest demand in various counties	Top Needs Identified: Parental Involvement and Family Engagement; Mental Health; Substance Abuse	2018	Alabama
21	Primary Care and Behavioral Health Integration Survey	UAB School of Public Health	Assessment of results from survey related to the integration of behavioral health providers into primary care practices.	The most commonly-reported barriers to the integration of primary care and behavioral health were: 1. Limited resources to develop behavioral health provider services, 2. Behavioral health provider recruitment, 3. Lack of payment for behavioral health provider.	2018	Alabama



**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
Existing Needs Assessments and Supporting Resources**

#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
22	Alabama Kids Count Data Book 25th Edition	VOICES for Alabama's Children	Provides snapshot of child well-being in Alabama to address issues that affect children's long-term prosperity.	Lingering Issues: Alabama has struggled to make significant and permanent progress in bettering the health of our children and families: One in four children in Alabama lives in poverty and many rural counties in our state lack basic resources.	2018	Alabama
23	Temporary Assistance for Needy Families and Child Care Alabama	Bipartisan Policy Center	Presents info spending in Alabama in regard to federal and state child care funds.	No clear priorities or needs identified in the report	2016	Alabama
24	Early Learning Factsheet: Alabama	Center for American Progress	Focuses on child care subsidy system	There is a need for an expanded child care subsidy system.	2018	Alabama
25	Alabama Health Disparities Status Report	Alabama Department of Health; Office of Minority Health	This Status Report has been developed to assess the health status of all Alabamians to develop initiatives to reduce or eliminate health disparities that exist, especially in minority populations.	There is a huge need for a decrease in infant mortality in Alabama.	2010	Alabama
26	Alabama Early Head Start-Child Care Partnership 2018 Self-Assessment Report	State of Alabama Department of Human Resources; University of Alabama: College of Education	Assessment of results from interviews and surveys of Family Child Care providers, Center Based Teachers, and Child Care Directors.	Detailed list of recommendations on pages 30-31. These recommendations include: Specialized coaching to partners; Continued high-quality behavioral development coaching; Additional partner support in various areas; Provide annual refresher training for policy council and governance committee members; Consider feasibility of implementing single-entry enrollment system where Early Head Start and subsidy eligibility are verified simultaneously; Explore option of grace period for newly enrolled families.	2018	Alabama
27	Alabama Issues 2018	Auburn University; Government & Economic Development Institute	Collection of research based articles on Alabama's issues, specifically PK-12 Education, Healthcare Access, Criminal Justice, and Budgets and Taxes.	Developing and attracting talent must be a top priority. Quality must remain as the first priority over the next decade.	2018	Alabama
28	Special Report: Supporting Teachers in State-Funded Preschool	National Institute for Early Education Research	Focuses on teacher salary and benefit parity as well as teacher supports and professional development.	Needs: Improved support for professional development for teachers; Decreased parity between private and public school teacher's salaries.	2018	Nationwide



**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
Existing Needs Assessments and Supporting Resources**

#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
29	Annual Report	Alabama Department of Early Childhood Education	Overview of status of the Office of School Readiness, Office of Early Learning & Family Support, and Office of Early Childhood Development & Professional Support	Top Five Priorities: 1. Education on the importance of early childhood education. 2. Early learning opportunities for children in poverty 3. Early learning professional development 4. Reporting systems 5. Provide resources for families	2018	Alabama
30	2018 State Child Care Facts in the State of Alabama	Child Care Aware of America	Child Care State Facts regarding populations, child care workforce, and cost of child care.	No clear priorities or needs identified in the report	2018	Alabama
31	State/Territory Profile - Alabama	Administration for Children & Families: Office of Child Care	Highlights current effort to promote a subsidy system that is child-focused, family friendly, and fair to providers. Also provides demographic info, ECE program participation and funding, subsidy program info, program quality improvement activities, and professional development initiatives.	28.33% of children under 6 years old in Alabama are below 100% of poverty. 50.11% are below 185% of poverty.	2019	Alabama
32	Top 3 Needs Handout	Alabama Children's Policy Council	Top three needs of Alabama and list of top three needs for each county.	Top 3 needs across Alabama: 1. Substance Abuse 2. Parent Involvement and Family Engagement 3. Mental health	2018	Alabama as a whole and each county specifically
33	Creating a Coordinated, Integrated Early Care and Education System: Alabama	Bipartisan Policy Center	Recommendations for Alabama's Early Care and Education System and information on ECE Funding in Alabama.	Recommendations: Increase efficiency and cost-effectiveness of monitoring by aligning the administration of Child Care and Development Fund with state Pre-K and the Child and Adult Care Food Program; Facilitate cross-agency communication and transition for IDEA Part C; Ensure the State Advisory Council for Early Education and Care is fulfilling its required activities; Include licensing as the entry level for state Quality Rating and Improvement System.	2018	Alabama
34	Early Years of Life Matter	Alabama Department of Early Childhood Education	Focuses on the impact and importance of early childhood education.	Embrace the Pre-K-3 early learning continuum; Ensure developmentally appropriate practice; Participate in year long leadership academy; Include all domains of development in an ongoing observation/assessment; Align and coordinate standards; Use consistent instructional approaches across grade; Family engagement; Team meetings; Participatory learning approach.	2019	Alabama
35	Annual Report 2018	Alabama Department of Public Health	Annual report on the health of Alabama's people	Maternal and child health needs: Strengthen perinatal care, lack of awareness of safe sleep for infants, low rates of developmental screening for children, lack of medical care for children with special health care needs.	2018	Alabama

**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
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#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
36	FY2019-FY2021 Alabama Child Care and Development Fund State Plan DRAFT	Alabama Department of Human Resources	This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021	No clear priorities or needs identified in the report	2018	Alabama
37	2014 Surveillance Report - Alabama Pregnancy Risk Assessment Monitoring System	Alabama Department of Public Health and Bureau of Family Health Services	Data and information on pregnant mothers and their newborns regarding intendedness of births, prenatal care, negative health behaviors, health care system issues, breastfeeding, and contraception.	There is a need to improve pregnant mother's health and awareness of measures to take while pregnant to improve their baby's health.	2014	Alabama
38	Alabama Vital Statistics 2016	Alabama Department of Public Health: Alabama Center for Health Statistics	The Alabama Vital Statistics publication is intended to be a one-volume reference on pregnancy, mortality, marriage, and divorce for frequently requested data obtained from Alabama vital records.	No clear priorities or needs identified in the report	2016	Alabama
39	Alabama Quick Facts Sheet	First Five Years Fund	This fact sheet provides an abbreviated overview of state- and federally-funded early childhood opportunities in Alabama.	No clear priorities or needs identified in the report	2017	Alabama
40	The US and the High Cost of Child Care	Child Care Aware of America	This report details the economic challenges workers and businesses face when child care is unaffordable or poor quality, or simply unavailable to families across this country.	Policy Recommendations: Invest in crucial child care funding structures; Prioritize new child care funding to help states fully meet health and safety requirements; Limit cost burden for working families; Streamline eligibility standards and procedures; Upgrade and expand child care infrastructure; Fully fund state systems that support provider outreach and retention and support families in need of child care; Support parents as their child's first teacher; Support parents pursuing higher education; Prioritize child care workforce; Improve child care subsidies.	2018	Nationwide
41	Selected Maternal and Child Health Statistics	Alabama Department of Health	Infant, postneonatal, and neonatal mortality rates for 2011-2013.	No clear priorities or needs identified in the report	2013	Alabama
42	Community Health Needs Assessment	Children's of Alabama	This report identifies health concerns for children across Alabama, primarily focusing on the counties of Bibb, Blount, Chilton, Jefferson, Shelby, St. Clair, and Walker.	Children's will directly address child safety and asthma and continue to work with community partners to address mental health, obesity, and children with special health care needs. Areas beyond Children's scope of services that need action are infant mortality, preterm births, low birth weight babies, and teen pregnancy.	2016	Alabama

**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
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#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
43	Community Needs and Resources Assessment 2017 Head Start Addendum	Organized Community Action Program, Inc.	Report focuses on populations of Alabama and specific counties and enrollment in programs for the year of 2017.	No clear priorities or needs identified in the report	2017	Alabama
44	Federal Advocacy: Poverty	American Academy of Pediatrics	Webpage discussing American Academy of Pediatrics' advocacy priorities and supports for those in poverty.	The Academy advocates to protect and expand federal anti-poverty and safety net programs, including those that provide health care (and access to health care through Medicaid and Children's Health Insurance Program), early education (such as Head Start and Early Head Start), quality child care, affordable housing and home visiting, as well as critical nutrition assistance programs like Women, Infants, and Children, Supplemental Nutrition Assistance Program, school meals, and summer feeding programs.	2019	Nationwide
45	The State of Preschool 2018: Alabama	National Institute for Early Education Research	Focuses on funding and enrollment of 3 and 4 year olds in Head Start.	No clear priorities or needs identified in the report	2018	Alabama
46	Children Under 5 in Alabama Counties	Department of Geography College of Arts and Sciences at The University of Alabama	Lists the number of children ages 5 and under in each county in Alabama.	No clear priorities or needs identified in the report	Unknown	Alabama
47	HOPE Goals	HOPE	This PowerPoint presentation focuses on what percentage of races are both served by childcare programs and a part of vulnerable populations.	Goals: Promote optimal health and wellbeing for children prenatal to age five; shift or realign systems; Engage community members with lived experience and create feedback loops.	2018	Alabama

**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
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#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
48	Head Start Community Needs Assessment	Organized Community Action Program, Inc.	This assessment provides an understanding of the socio-economic and cultural conditions that are prevalent in the 8 counties served by Organized Community Action Program Head Start.	Short term goals include: Providing unemployed Head Start parents with job referrals, placements, and assistance with household expenses; Increasing father involvement; Providing parents with referrals to further their education; Ensuring children with disabilities are enrolled in the program; Improving child care workforce education and development; Installing video cameras in classrooms. Long term goals include: Expanding training for employees; Converting and relocating classrooms; Improving playgrounds; Providing services to include more mothers, infants, and toddlers in specific counties; Ensuring data is available on time; Increasing collaborative partnerships; Improving playgrounds; Upgrading classroom technology.	2015	The counties of Bullock, Butler, Coffee, Conecuh, Crenshaw, Dale, Monroe, and Pike
49	Alabama Early Childhood Profile	National Center for Children in Poverty	The profile includes policies that are key elements of a two-generation approach to supporting the well-being and life opportunities of young children and their parents, in the areas of health, early care and education, and parenting and economic support.	No clear priorities or needs identified in the report	2017	Alabama
50	Blueprint for School Readiness Transition Materials	smartSTART	Mainly focuses on preparing children for kindergarten and the transition to kindergarten.	Goals: Maintain ongoing communication/cooperation between early learning and kindergarten staff; Prepare children and families for the transition to kindergarten; Provide program continuity through developmentally appropriate practice and common expectations for preschool and kindergarten.	2018	Alabama
51	Alabama Early Childhood Development	Administration for Children & Families	Overview of federal funding, children under 6 demographics, and population served.	85% of federally eligible children did not receive subsidized care through the Child Care and Development Fund in 2011.	2014	Alabama
52	Title V Maternal and Child Health Needs Assessment	Alabama Department of Public Health	Presents an overview of pressing issues and priorities in both Alabama and specifically Tuscaloosa County.	Priorities include increasing access to culturally competent care coordination services, promoting access to medical homes, reducing infant mortality and child obesity, increasing family participation in policy making, promoting access to community based services and promoting access to mental health services.	2014	Alabama and Tuscaloosa County

**Alabama Connections for Early Care and Education Preschool Development Grant Birth to Five  
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#	Title	Source	Focus and Content	Assessment Priorities and Identified Needs	Year	Locations Assessed
53	Policy Counts: 2018 Legislative Report	VOICES for Alabama's Children	Overview of recently passed child care policy for the year of 2018.	2018 Policy Priorities: Require uniform licensing and inspection for all child care programs in Alabama; Fully fund and operationalize Alabama's Healthy Food Financing program; Expand state investments in Alabama's First Class Pre-K program; Ensure adequate state funding for child serving programs and services.	2018	Alabama
54	Alabama Head Start & Early Head Start 2014-2015 Overview	National Institute for Early Education Research	Focuses on information regarding enrollment and teachers within Head Start and Early Head Start.	No clear priorities or needs identified in the report	2015	Alabama
55	2019 Kids Count Data Book	The Annie E. Casey Foundation	State trends in child well-being	No clear priorities or needs identified in the report	2019	Nationwide
56	FFY 2017 Part C State Performance Plan/Annual Performance Report	Alabama's Early Intervention System	Covers annual performance by discussing results of supervision/monitoring, evaluations, surveys, data collection/analysis, and stakeholder input. Focuses on data on child and family improvement through Alabama's Early Intervention System.	Data indicates that in 9 of the 17 reporting areas, programs achieved over 95%, including a 99.89% in settings, a 99.21% in family knowing their rights, and a 99.53% for the 45 day timeline.	2018	Alabama
57	State Systemic Improvement Plan Phase III	Alabama's Early Intervention System	Covers a summary of Phase III, the improvements implemented over the previous year, and the evidence to support these improvements.	Improvements: Alabama Early Intervention System has knowledgeable and skilled personnel and strong financial accountability, Alabama is implementing new model to address children's social-emotional needs, Alabama collects accurate child progress data, children with social-emotional needs are more appropriately identified, and Alabama has collaborative relationships, a systematic method for quality review, and knowledgeable and skilled mentors.	2018	Alabama
58	Enhanced Child Care Funding Makes Life Better for Alabama's Children and Families	Alabama Arise	Discusses Alabama's increase in federal funding for the Child Care and Development Block Grant, including what initiatives have been taken with the increased funding and what gaps should be addressed with increased funding.	Increased funding would allow Alabama to expand the number of children who receive assistance by increasing income eligibility to 85% of median family income as well as allow Alabama to increase per-child subsidies to programs, which would improve the incomes and retention of well-qualified and educated teachers.	2019	Alabama
59	Child Care/Early Learning Needs Assessment: Alabama	Alabama Department of Early Childhood Education	Focuses on the gap between provider capacity and the population of children under 6 with working parents.	Identifies gap between childcare capacity and kids under 6 with working parents as 129,273.	2018	Alabama



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