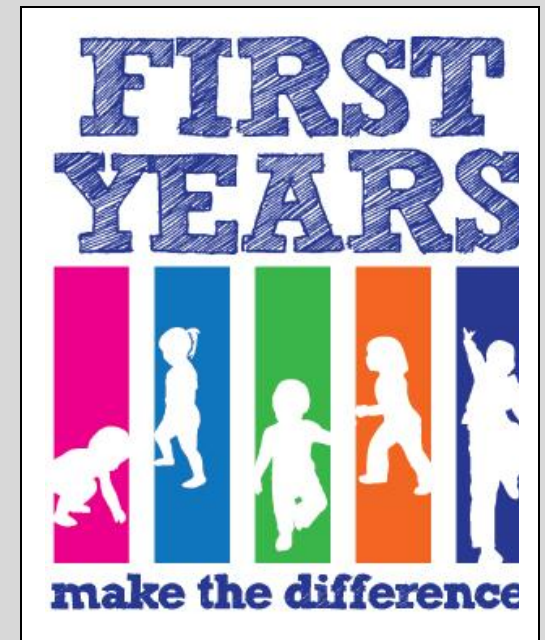**United States Virgin Islands**
Early Childhood Advisory Committee (ECAC)
Strategic Report

September 2014

United States Virgin Islands
Early Childhood Advisory Committee (ECAC)

Strategic Report

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Introduction

The 2014 annual strategic report of the Early Childhood Advisory Committee (ECAC) of the Governor's Children and Families Council marks a milestone in our work. This was the first year that the ECAC operated without federal funding and relied solely on territorial funding to move our agenda forward and coordinate our activities. This report provides a summary of the last four years of activities and an update of the system of services and initiatives provided by various government and private agencies, either individually or collaboratively, aimed at improving outcomes for young children and their families in the U.S. Virgin Islands.

This report marks a change in focus from birth to five years (or kindergarten entry) to birth through eight years (or third grade), a focus in line with what key research in the field tells us about the nature of child development in the early years and the importance of providing alignment and continued support for children and families in order to achieve long-tem positive outcomes.

In anticipation of the reality that there will be many new players with a new territorial government administration, it is also the intent of this report to inform the community of the current status of children, families, and programs, as well as chart a course for moving forward. This is critical work. The future of children and our community depends on the work we do today.

I would like to sincerely thank the individuals within the many programs and agencies that contribute their talents and energies to the Virgin Islands service system for young children and their families and who contributed their input to this report. Their dedication and commitment to providing high quality services, with less and less resources, is what makes our community strong.

----- Ellie Hirsh, Coordinator of the Early Childhood Advisory Committee
Community Foundation of the Virgin Islands

The Critical Importance of the Early Years: What Does Research Tell Us?

Based on recent research in the fields of neuroscience, education, health, psychology, and economics, it is now recognized that the years from birth to age five are the most critically important for human development and are predictive of long-term outcomes – academically, economically, socially and for long-term health.[1] This body of research informs us that the foundation for a productive society of the future is built on healthy early childhood development.

> **It is now recognized that the years from birth to age five are the most critically important for human development and are predictive of long-term outcomes.**

Recent research in brain development underscores the fact that much of what happens to children from birth to 5 sets the pattern for the long-term.[2] Economic research indicates that investment in high quality early childhood programs has economic benefits.[3] "A new analysis by economist Mark Cohen and criminologists Alex Piquero and Wesley Jennings reports the lesser known pay-later price tag. They estimate the social costs caused by an array of bad outcomes including child abuse and neglect, high school dropouts, criminal activity, teen pregnancy, drug and alcohol abuse and other health problems. All of these expensive social ills could be significantly diminished through investments in evidence-based early childhood programs."[4] Health research informs us that adverse early childhood experiences have impacts on health into adulthood with increased health risks for alcoholism, drug abuse, depression, and suicide, as well as the presence of adult diseases including heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.[5]

Research also informs us that the quality of early childhood experiences is predictive of children's success in school and life and that children who enter kindergarten behind their peers often do not catch up.[6] Extending the age range through grade three, or age eight, is based on literature that indicates that by that age children have acquired a range of academic and social competencies that form the foundation for later learning, development, and academic success.[7] Additionally, this research indicates that providing supportive and positive conditions for optimal early childhood growth and development is more effective and less costly than attempting to address the consequences of early adversity later.[8]

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[1] Center on the Developing Child at Harvard University (2007); Felitti, et al (1998).
[2] Center on the Developing Child at Harvard University (2007)
[3] Rolnick, A. & Grunewald, R. (2007)
[4] Weiss, E. (January 2011).
[5] Felitti, et al. (1998).
[6] Fiester, L. (2010).
[7] Education Commission of the States (2008).
[8] Center on the Developing Child, Harvard University. *In Brief: The Impact of Early Adversity on Children's Development.*

For reasons stated above, interest in quality early childhood education has become a national priority as President Obama along with many states seek ways to ensure that young children have access to high quality programs and to improve the low levels of academic achievement of students in our nation's K-12 school system. The field of early childhood has gained many unlikely advocates as it has become more and more evident that "it is easier to build strong children than to repair broken men."[9]

- Mission: Readiness, a nonprofit, nonpartisan national security organization of more than 350 retired generals, admirals and other senior retired military leaders, notes: "Alarmingly, the Department of Defense estimates that 75 percent of all young Americans are unable to join the military primarily because they are too poorly educated, have a serious criminal record, or are too overweight. More than 1 in 5 high school graduates who tried to join the Army could not score highly enough on the military's entrance exam to be allowed to serve. [They] recognize that there are many factors impacting educational achievement. But there is one factor that has been proven to have a crucial impact on children from all backgrounds, and that is high-quality early learning. "[10]

- Fight Crime Invest in Kids, an anti-crime organization of more than 5,000 police chiefs, sheriffs, prosecutors, attorneys general, other law enforcement leaders, and violence survivors, notes that at-risk children without quality pre-kindergarten are 70% more likely to commit violent crimes. In response, they advocate for the following four measures, two of which focus on young children:[11]
    1. Provide all families access to high-quality early care and education for kids from birth to age five.
    2. Offer voluntary parent coaching to at-risk parents of young children through home visiting or other options proven to prevent child abuse and neglect.
    3. Ensure all school-age children and youth have access to effective programs during school hours and after school to help keep them on track.
    4. Identify troubled and delinquent kids and provide them and their parents effective interventions so the children will avoid a life of crime.

- America's Edge is a national business leaders organization with over 800 members, who advocate for evidence-based programs for children and youth that get children on track to succeed, as well as, have positive economic outcomes for American businesses. "In 2013, America's Edge is focusing on proven programs with the highest returns on investment for

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[9] Frederick Douglass
[10] Mission Readiness (2013)
[11] Fight Crime: Invest in Kids

businesses – programs that target children from the age of birth to five, and programs that help high school students develop the skills to succeed in both career and post-secondary education. The foundation for social and fundamental education skills is developed during a child's earliest years. Ensuring high-quality early care and education programs for all children in America is critical to sustaining and strengthening businesses, the economy, and communities."[12]

- The Institute for a Competitive Workforce, the non-profit affiliate of the U. S. Chamber of Commerce, notes: "Because the business community understands the importance of having a world-class educational system, the mission of the U. S. Chamber of Commerce's Institute for a Competitive Workforce is to promote high educational standards and effective workforce training. Achieving a world-class system, however, begins with high-quality early learning opportunities for children birth to age five."[13]

Policymakers are faced with the challenge of making key decisions that affect long-term outcomes for the well-being of individuals and the health of future communities and making tough budgetary decisions in a climate of scarce resources. Expensive social ills and negative outcomes - such as child abuse and neglect, high school dropouts, criminal activity, teen pregnancy, drug and alcohol abuse and other health problems - could be significantly diminished through investments in evidence-based early childhood programs.[14] The research gives us clear indications about the best paths to reach our goals. "From pregnancy through early childhood, all of the environments in which children live and learn, and the quality of their relationships with adults and caregivers, have significant impact on their cognitive, emotional, and social development. A wide range of policies, including those directed toward early care and education, child protective services, adult mental health, family economic supports, and many other areas, can promote the safe, supportive environments and stable, caring relationships that children need."[15] Providing supportive

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[12] America's Edge (2013)
[13] Rocha (2010).
[14] Weiss, E. (2011).
[15] *In Brief: The Impact of Early Adversity on Children's Development.* Center on the Developing Child, Harvard University.

relationships and safe stimulating environments can improve the outcomes for all children, but the impact is greatest on those who are most vulnerable.[16] For this reason, the Early Childhood Advisory Committee has embraced a holistic approach.

In adoption and design of early childhood programs and strategies, the quality of implementation is essential. High program standards, founded on research, with ongoing professional development and technical assistance, assessment and monitoring of outcomes, and continuous quality improvement are key to ensuring effectiveness. In addition, "the development and retention of a skilled early childhood workforce is critical for success. Across all agencies and programs, a workforce that is appropriately skilled, trained, and compensated is a major contributor to achieving the best possible child and family outcomes."[17]

The challenge for policymakers is that there is no single system of early care and education at the state or national level, as programs that impact young children and their families are scattered across government and non-government agencies, funded through a variety of sources, and delivered through multiple public and private providers at different levels. The Early Childhood Advisory Committee (ECAC) of the Governor's Children and Families Council has provided a forum and mechanism for agencies concerned with the welfare of young children and families to come together, collaborate, and share resources and efforts that can be more effective in achieving common goals.

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[16] *In Brief: Early Childhood Program Effectiveness.* Center on the Developing Child, Harvard University.
[17] Ibid.

What is School Readiness?

School readiness is a term that refers to the skills and dispositions that young children need in order to be successful in kindergarten. We no longer look at the narrow set of skills of naming letters of the alphabet, counting to ten, and writing one's name. "Years of research into child development and early learning show that school readiness is defined by several interrelated developmental domains. These domains – physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge – are all important, build on one another, and form the foundation of learning and social interaction."[18] Child development occurs across these equally important domains. Early care and education must address the "whole child." Children learn best when their health needs are met and they feel psychologically safe and secure.

Responsibility for school readiness lies not with children, but with the adults who care for them and the systems that support them. Children's readiness for school is shaped by numerous factors. During the earliest years of a child's life from birth to age 5, a child's growth and development is shaped within the context of relationships with primary adults. Because a child's first and most important learning occurs in the context of family, it is essential that families have the information, supports, and resources needed to help their children develop in optimal ways. Systems responsible for health, mental health, nutrition, education, and care, as well as, systems designed to support families, need to take an active role to ensure that children have the resources they need. Resources and programs across agencies need to collaborate so that services are integrated and coordinated to benefit children and families. Children should expect that all schools are prepared to meet their needs. Schools and programs need to be ready for children and what they bring to the learning environment and; therefore, must be responsive to children's needs and development.

When all the components of the service system are "ready" to do their part to enhance the growth, development, and learning of young children, then, children will have opportunities to gain the knowledge, skills, and dispositions that enable them to be ready to succeed in school. An early childhood system is made up of interrelated parts working together toward a common goal – the healthy growth and optimal development of all young children. "Any effective approach to building a cohesive system must… invest in the three areas research indicates are critical to later success: physical and mental health, family stability, and early learning… . Only through an early childhood system that includes both an array of comprehensive services and an infrastructure that ensures quality and coordination can *all* families have the supports necessary to raise young children who thrive in their early years and throughout their lives."[19] To this end and to accomplish its mission, the ECAC established several work groups focused on these areas: Quality Education, Professional Development, Health and Wellness, and Strengthening Families (which includes family resilience, parenting skills, social and service supports, and children's mental health).

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[18] Lovejoy (2005).
[19] Doctors, Gebhard, Jones, & Wat (2007).

VI Definition of School Readiness:

Refers to children's family context and home environment and includes the supports necessary for families to be "ready families." A ready family recognizes its role as the child's first and most important teacher, providing steady and supportive relationships, ensuring safe and consistent environments, promoting good health, and fostering curiosity and excitement about learning, determination, and self-regulation. A ready family takes responsibility for the child's school readiness through direct, frequent, and positive involvement and interest in the child and the child's school.

Refers to the culturally appropriate and relevant policies and infrastructure necessary to support the system, which includes governance, collaboration, communication systems, and financing.

Refers to the resources and supports available and their impact on young children and their families. These include businesses, faith-based institutions, advocacy organizations, and neighborhood and community groups.

Refers to the comprehensive physical and mental health and wellness services available to support children and families from before birth to school entry.

Ready Families

Ready VI

Ready Communities

Ready Children

Ready Schools

Ready Health Services

Ready Early Care and Education

Refers to a school system that welcomes all children and has the capacity to serve all kindergarteners effectively by providing opportunities to enhance and build confidence in their skills, knowledge, and abilities. Teachers and administrators have the knowledge, resources, and supports to ensure that they are ready to teach children who come into school with a broad range of skills, are ready to establish a nurturing atmosphere, and are ready to build strong positive relationships with families.

Refers to access to high quality early learning environments and the infrastructure that supports and monitors the elements of quality including a well-trained workforce, low staff-child ratios and group sizes, developmentally and culturally appropriate curricula strong in all developmental domains, and adequate teacher compensation.

Why is a Birth to Third Grade Alignment Important?

There is increasing recognition that the early childhood years encompasses children from birth to age 8. "Early childhood is the period between birth and eight years of age, a definition based on documented intellectual and emotional development milestones. This definition is grounded in an extensive body of research that documents that young children's ways of knowing differ considerably from those of older children and adults regardless of culture."[20] The developmental characteristics of children from five through seven years are more similar to the preschool child, as children are beginning to make a shift in cognition during this time. "The changes associated with this '5 to 7 shift' affect development across physical, social and emotional, cognitive, and language domains. They also affect children's 'approaches to learning' another important domain of development that includes a child's *enthusiasm* for learning (their interest, joy, and motivation to learn) and their *engagement* in learning (their focused attention, persistence, flexibility, and self-regulation)."[21]

Kindergarteners who enter school behind are likely to remain behind as they move through the education system, and third-graders who are behind are far less likely to graduate from high school on time.

"Third Grade achievement is increasingly recognized as a crucial turning point in children's educational trajectories. Children who are not proficient in reading and mathematics by the end of third grade are unlikely to catch up. Many will become discouraged and drop out of school, emotionally at first and physically when they are able to walk out the door."[22]

Early gaps in school readiness that are evident in kindergarten are mirrored in third-grade standardized test results.[23] Kindergarteners who enter school behind are likely to remain behind as they move through the education system, and third-graders who are behind are far less likely to graduate from high school on time.[24]

According to the Education Commission of the States, research indicates that there is the potential for preschool achievements to fade over time which highlights the necessity to also provide high-quality kindergarten and early elementary learning environments. Children need aligned teaching and learning experiences within and across grade levels in the primary years. Extending the age range through grade 3, or age 8 years, is based on literature that indicates

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[20] Copple & Bredecamp (2009)
[21] Ibid.
[22] Ruby Takanishi (2010).
[23] Fiester, L. (2010).
[24] Hernandez, Donald (2012).

that by that age children have acquired a range of academic and social competencies that form the foundation for later learning and development.[25] In the Erikson Institute's recommendations to the Illinois State Board of Education (ISBE) for Early Childhood and Primary Teacher Certification, they stated: "Gains made by children in high-quality birth-to-five programs are sustained when early learning programs and K-3rd have integrated structures including consistent instructional approaches, learning environments, and academic and social goals. Alignment is more effectively accomplished when early childhood and early primary teachers have similar preparation in using and adapting curricula, assessments, and learning guidelines with young children." [26]

States and school districts throughout the country are beginning to recognize the importance of connecting and aligning PreK-3rd initiatives. In her article entitled "PreK-third Grade: A Paradigm Shift," Ruby Takanishi, President of the Foundation for Child Development, outlines five priorities for achieving the vision of designing educational experiences that recognizes children's developmental capacity and supports children to their full potential. These priorities include:[27]

1. "First, we must reframe primary education for the 21st century as starting with excellent preK education for 3- and 4-year-olds, followed by equally excellent full-day kindergarten, and excellent educational experiences at least into third grade."
2. "Second, we must reframe what is shared responsibility or accountability for children's learning by the end of third grade as involving three major partners: PreK/early learning programs, K-3 education, and families ..."
3. "Third, we must work on aligning common standards, curricula, and assessment from preK to third grade. The educational experience of children should be well-rounded, including the arts and social competence, as well as reading, writing, mathematics, and dual language learning ..."
4. "Fourth, we must seriously invest in preparing and supporting educators during this period, through pre-service and in-service professional development. All teachers should have a preK-3 teaching credential and should be supported by teaching assistants who have a minimum of an Associate of Arts degree or are working toward an education degree as student teachers. A preK-3 teaching credential could also contribute to the necessary horizontal alignment of learning within grades and vertical alignment across grades ..."
5. "Fifth, we must rethink family engagement in children's learning. First we must focus on enhancing the literacy skills of parents, especially when they have not been adequately educated. Second, we must engage parents closely in what their children are learning in the classroom so there is an alignment between what children learn and what parents do to support that learning over the years."

With this new research and recommendations for moving forward as a guide, the ECAC has expanded its mission and guiding principles to include children from birth through third grade as the focus of our interagency work.

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[25] Education Commission of the States (2008).
[26] Erikson Institute (2006)
[27] Ruby Takanishi (2010).

Establishment of the Early Childhood Advisory Committee (ECAC)

In response to the need to improve coordination and collaboration among public and private entities focused on the care and education of young children, the federal government mandated the creation of state early childhood advisory councils through the Improving Head Start Act of 2007. Through Executive Order #440-2008, Governor John P. de Jongh, Jr. established the Virgin Islands Early Childhood Advisory Committee (ECAC) as a standing committee of the Children and Families Council and pursuant to the Improving Head Start Act of 2007 on June 2, 2008. Membership of the ECAC includes representatives from public and private agencies involved in activities and/or services or with an interest in the welfare of young children and families. Primary responsibilities of the ECAC are, but are not limited to, the following:

- Working under and in collaboration with the Children and Families Council;
- Advising the Children and Families Council on all matters regarding the welfare of children from birth through school entry;
- Conducting a periodic Territorial needs assessment concerning the quality and availability of early childhood education and development programs for children from birth to school entry;
- Identifying opportunities for and barriers to collaboration among Federally-funded and Territorially-funded child development, childcare, and early education programs and services;
- Providing recommendations for increasing the participation of children in childcare and early education programs;
- Providing recommendations for implementing a unified data collection system for kindergarten entry to track outcomes, determine needs, and measure success;
- Develop strategies and make recommendations to support optimal development and well-being in all domains of early childhood growth to include: physical and motor development, social and emotional development, approaches to learning, language development, and cognitive development and general knowledge;
- Providing recommendations for professional development and career advancement plans for early childhood educators;
- Assessing the capacity and effectiveness of programs at the University of the Virgin Islands toward supporting the development of early childhood educators, and their professional development and career advancement plans;
- Making recommendations for improvements in Territorial early learning standards and to undertake efforts to develop high quality comprehensive early learning standards, as appropriate;
- Submitting to the Governor a Territorial strategic report addressing the activities described;
- After submission of the strategic report, meet periodically to review any implementation of the recommendations of the report and any changes in Territorial needs; and
- Create public awareness of early childhood issues and work of the committee.

Agencies represented on the ECAC include the following:

- Office of the Governor
- Community Foundation of the Virgin Islands
- Department of Health
  - Mental Health and Substance Abuse Prevention
  - Early Intervention (Part C)
  - Maternal Child Health/Maternal Infant and Early Childhood Home Visiting
  - Women Infants and Children (WIC)
- Department of Human Services
  - Children and Family Services
  - Head Start
  - Child Care and Regulatory Services
  - Child Welfare
- Lutheran Social Services, Early Head Start
- Department of Education
  - Office of the Commissioner
  - Special Education (Part B)
  - Office of the Superintendent - Primary Education (STT/STJ)
  - Office of the Superintendent - Primary Education (STX)
- Department of Justice, Paternity and Child Support
- Frederiksted Health Center
- St. Thomas East End Medical Center
- Board of Education
- University of the Virgin Islands, School of Education and Inclusive Early Childhood Education
- Inter-Island Parent Coalition for Change, VI FIND
- Training and Technical Assistance Center for Head Start and Early Head Start
- VI Partners for Healthy Communities, Inc,
- Virgin Islands Behavioral Services
- Parents

Vision: All children in the VI thrive, grow, and learn in safe, nurturing, healthy families and communities.

Mission: To develop a high-quality, coordinated, sustainable system of supports and services for young children and their families so all children, ages birth through third grade, are safe, healthy, and successful.

Guiding Principles:

1. **Children and families are members of cultural groups.**
   Service systems and planning efforts reflect and respect the cultural and linguistic diversity of children and families in the Virgin Islands.

2. **The family plays the most important role in a young child's life.**
   During the earliest years of a child's life from birth to age 5, a child's growth and development is shaped within the context of relationships with primary adults. Parents are children's primary and most important caregivers and educators. Because a child's first and most important learning occurs in the context of family, it is essential that families have the information, supports, and resources needed to help their children develop in optimal ways. As children transition to school in the kindergarten to third grade years, they continue to require the support and involvement of their parents in their education and well-being. It is essential for teachers, service providers, and programs to continue to build partnerships with families to further the optimal health, development, and learning of each child.

3. **Families are the center of service-delivery.**
   Ensuring that all children develop to their maximum potential requires the involvement of many stakeholders, including multiple agencies and service providers. Early involvement with families, service coordination, interagency agreements, and resource flexibility and leveraging are required at the territory and community levels. The service system should be comprehensive, culturally responsive, and accessible to children and families. The system should ensure that services are of the highest quality and that all interactions with children and families are conducted with respect.

4. **The first five years of life are a critical developmental period.**
   Children come into the world ready to learn, actively engaged in making sense of their world. The first years of a child's life are critical to optimal brain development and set the groundwork for a lifetime of learning and relationships. Important opportunities exist to influence the healthy development of children in the early years. Public policies should seek to address the risk factors affecting children's development from before birth to kindergarten entry. Quality early learning settings -

whether preschool, child care, or informal family, friend or neighbor care - are essential in preparing young children for success.

5. **Responsibility for school readiness lies not with children, but with the adults who care for them and the systems that support them.**
   Systems responsible for the health, mental health, nutrition, education, and care, as well as systems designed to support families, need to take an active role in ensuring that children have the resources they need to succeed in school and beyond. Resources and programs across agencies need to collaborate so that services are integrated and coordinated to benefit children and families. Children should expect that all schools and programs are prepared to meet their needs. Schools and programs need to be ready for children and, therefore, must be responsive to children's needs and development.

6. **Children's development from ages 3 to 8 is a critical time for building fundamental learning skills that are necessary for later school success.**
   There is increasing recognition that the early childhood years encompasses children from birth to age 8. "Early childhood is the period between birth and eight years of age, a definition based on documented intellectual and emotional development milestones. This definition is grounded in an extensive body of research that documents that young children's ways of knowing differ considerably from those of older children and adults regardless of culture. "[28] Extending the age range through grade 3, or age 8, is based on literature that indicates that by that age, children have acquired a range of academic and social competencies that form the foundation for later learning and development.[29]

7. **Child development occurs across equally important and interrelated domains — physical well-being and motor development; social, emotional, and values development; approaches to learning; cognition (including language and literacy, mathematical understanding, science, social studies); and creativity and the arts.**
   Early care and education programs must address the "whole child" and be continuously working with each child on multiple levels. Children learn best when their physical and health needs are met and they feel psychologically safe and secure. Children rely on parents and early care and education practitioners to know what to do if their needs are not being met, or are being compromised. Recognizing that all children do not develop at the same rate, teachers and caregivers should treat each child an individual with unique strengths, interests, and approaches to learning.

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[28] National Association of Early Childhood Teacher Educators (2009)
[29] Education Commission of the States (2008). *The Progress of Education Reform* Vol. 9 No. 1 http://www.ecs.org/clearinghouse/77/68/7768.pdf

Needs Assessment

Children's growth, development, and, ultimately, their potential is influenced and shaped by many factors including poverty, family structure, access to health care, teen pregnancy, low birth weight, and domestic violence. While each alone can often be mitigated by caring and supportive adults in a child's life, these factors either singly or in combination have the potential to alter the course of development. Success in school is greatly influenced by each of these.

Demographics

According to the 2010 VI Census, the USVI population was 106,405 persons, approximately 2,000 less than in 2000; with 50,601 on St. Croix and 51,634 on St. Thomas, and 4,170 on St. John.[30] In 2010, children represented 25.4%% of the population, down from 35% in 1990 and from 32% in 2000 and similar to the nation which was 24%. Over the past ten years the per cent of children as compared to the total population has declined, as seen in the following graph.[31] 52% of the children of the VI live on St. Croix, 45% on St. Thomas, and 2% live on St. John.[32]

Regarding the number of children birth to five years, the following information was provided by the VI Department of Health, Division of Vital Statistics and Research, indicating that there were 7,978 births. This number does not account for children moving into the territory or moving off-island. These figures reflecting a decline over the last five years by more than 400 births from 2009 to 2013. The general consensus is that many have moved off-island for economic reasons and better employment opportunities, impacting the birth rate since the economic downturn in the USVI, particularly on St. Croix. (See "Community Economic Factors" below.)

Year	Total # Live Births	# on St. Croix	# on St. Thomas/ St. John	Year entering Kindergarten
2009	1,753	830	923	2014-15
2010	1,642	832	810	2015-16
2011	1,779	735	1,044	2016-17
2012	1,484	722	762	2017-18
2013	1,320	646	674	2018-19
TOTAL	**7,978**	**3,765**	**4,213**	

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[30] http://2010.census.gov/news/releases/operations/cb11-cn180.html
[31] *U. S. Virgin Islands Kids Count Data Book 2012.*
[32] *U. S. Virgin Islands Kids Count Data Book 2012*.

The USVI population primarily consists of persons of African descent, i.e., Black, West Indian or African-American. The district of St. Thomas/St. John holds the highest percentage of people of African descent, while St. Croix holds the highest percentage of Hispanics, whose place of origin is more often nearby Spanish-speaking islands, such as Puerto Rico and the Dominican Republic. The 2011 Kids Count reported on the following racial demographics of children in the VI for 2009 as follows: 20,430 Black children (80%), 896 White children (3.5%) and 4,197 other races (16.4%). Children of Hispanic origin (including black, white, and other race children) total 6,283 or 24.6% up from 21.4% in 2008.[33] The Virgin Islands is a diverse and multicultural society.

Languages Spoken in the Home

According to 2010 Census results, the graph to the left indicates the languages spoken in the homes of families in the Virgin Islands. Two-thirds, or 64.9% speak English only. Of the households in which Spanish or Spanish Creole is spoken, approximately 75% of those have at least one person 14 years of age or older who speaks English or speaks English well. Of the households in which French or French Creole is spoken, approximately 80% of those have at least one person 14 years of age or older who speaks English or speaks English well.

Approximately 6.67% (or 2,886) of all households do not have a person over age 14 who speaks English only or English very well. [34]
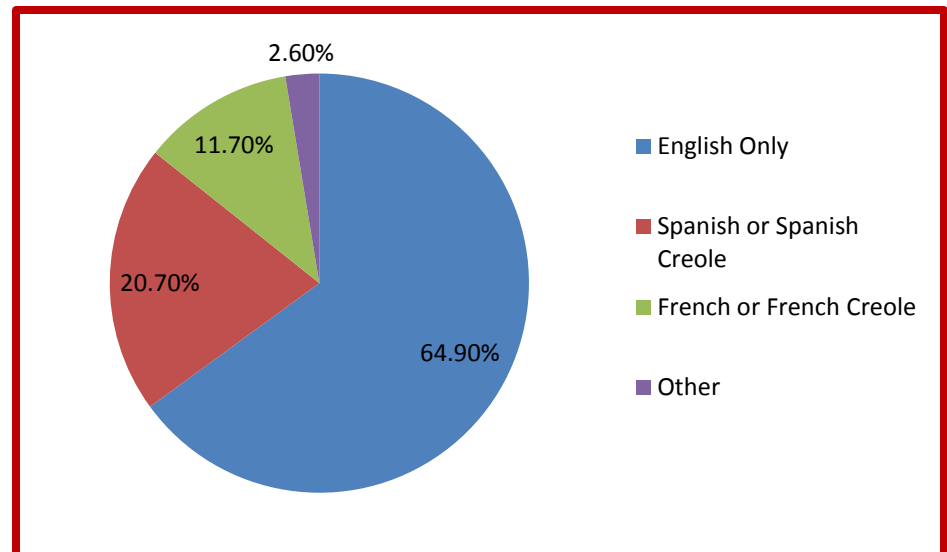
Community Economic Factors
The economic situation in the territory has worsened over the last five years as a result of the recession; the exodus of businesses which had EDC (Economic Development Corporations) benefits; and the closure of Hovensa Oil Refinery, the largest private employer with no significant relief.

Economic Development Corporations (EDCs) were a major economic factor in the VI economy. This name stems from the almost 90% tax benefits provided by the local government's Economic Development Authority. There are currently 77 EDCs in the territory,

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[33] Kids Count 2011
[34] http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

below the 109 of just four years ago and way below the peak prior to 2007. Changes in the IRS Code in 2007 tightened residency requirements, while other changes made it more difficult for recipients to demonstrate "VI source income." This resulted in a decrease in the number of new applications and the exodus of many EDC companies, which felt the new requirements made it too difficult to operate in the VI and qualify for the preferential tax treatment. Along with the loss of highly paid employment, the government has seen a loss of $50 million dollars annually in taxes paid by several major EDC companies.

In January, 2012, the Hovensa Oil Refinery on St Croix announced their intent to close the refinery, shocking the USVI community which was beginning to see some positive economic growth following the recession. 2,150 employees and sub-contractors were dismissed in April 2012 and a small work force was retained to maintain the facility. This represented an annual payroll loss between $269 million and $301 million dollars.[35] To put this into perspective, the April dismissals represented a loss of 27% of the average private sector gross pay on St Croix. The manufacturing sector accounts for 20% of the USVI economy and Hovensa represented more than 50% of the manufacturing sector.[36] St. Croix's unemployment increased from 9% when the closure was announced to 17% by December 2012. It is estimated that 30% of the employees migrated off-island to seek employment elsewhere. 1,300 of those laid off received unemployment compensation.[37]

The impact on government revenue has been dire. Tax collections from Hovensa peaked in 2007 and declined considerably by 2009, when the refinery began experiencing annual losses. The Director of the VI Bureau of Economic Research was quoted as estimating the total tax revenue loss as $140 million from the closing of the refinery reflected in the reduction in payroll taxes, corporate taxes and fees, and the tax loss due to the ripple effect the closing had on other businesses.[38]

Hovensa had been generous in supporting many schools and non-profits and providing scholarships. In 2010, the company made over $450,000 in donations to community organizations plus over $4.5 million in tuition assistance.[39] With the loss of this assistance, one private school closed and the two largest combined in the 2013-14 school year. Additionally, the company was generous in other ways: staff contributed their own money, participated in charity fundraisers and served as board members of non-profit agencies;

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[35] Interview with Hovensa officials
[36] Report from the Governor's Financial Team
[37] *VI Source*, January 25, 2013.
[38] Ibid.
[39] Interview with Hovensa officials

and the company provided free expertise and donated equipment. A concern shared by government and non-profits is that at a time when the non-profit sector is needed more than ever to assist in alleviating social problems, it may be financially less able to do so.

The Virgin Islands Government has historically been thought of as a source of steady, secure employment with fairly regular pay raises. This has changed. The government experienced a 37% decrease in core revenues in 2009 as the recession took hold. ARRA funding and borrowing helped fund government services through 2010. Most government departments have experienced budget cuts each of the last five years, with pay and hiring freezes. During the summer of 2011, every government worker earning over $26,000 a year was given an 8% pay cut which remained in effect until July 31, 2013. At the same time, an early retirement incentive was put in place. Beginning in January, 2012, the government had its first ever employee dismissals for economic reasons, as all departments were required to further reduce their budgets.   Overall, Government employment was down about 1,000 employees since 2007 to under 8,000 before the recent dismissals. Staff who have retired or resigned have largely not been replaced unless their salary came from federal funds or the position is necessary to continue to receive federal funds. This year the Governor has requested Legislative approval of a loan to help fund government services at the current level.

On a positive note, the USVI Department of Labor received a $7.8 million National Emergency Grant from the USDOL to fund retraining and education programs for dismissed Hovensa workers.[40] Additionally, the territory is in the midst of a "middle mile" broadband initiative to make the internet capacity of the international AT&T and Global Crossings undersea fiber optic cables available throughout the territory. These cables that connect Africa and South America to the United States have connections through the USVI, but the USVI has never had the infrastructure to use them before. This will allow internet-based companies to move to the territory and for Virgin Islanders to establish internet-based businesses. Diageo, Inc. completed construction of a distillery on St Croix to produce Captain Morgan rum, the number two best selling rum in the US and growing at an annual rate of 9.5% according to a study done for the Governor by Fiscal Strategies Group, Inc. Fortune Brand company also completed agreements and environmental upgrades that will lead to an increase in production of Cruzan Rum already produced on St Croix.

With about 579,000 visitors to the Caribbean, the USVI was seventh in total arrivals. The top draw was the Dominican Republic with 4.1 million visitors. Unfortunately, the territory's numbers were lower than those of the previous year, with arrivals in 2012 dropping by about 5.5 percent compared with 2011. However, the USVI was the third most popular spot for cruise arrivals. Only the Bahamas and Cozumel bested the territory for number of cruise passengers. With 1.7 million guests arriving by cruise ship, the territory fared better than some of its fiercest competitors, including St. Maarten, which had 1.2 million, and the Cayman Islands, which had 1.1 million.[41]

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[40] Interview with the Commissioner of Labor
[41] Mattei, L. (October 9, 2012).

Socioeconomic Indicators

When considering the economic status of children and families in the USVI, one cannot ignore the impact of economic conditions on the general community as described above. Our most recent statistics are generally from the 2010 census; therefore, they do not fully reflect the impact of the above negative economic circumstances. Wherever more recent information has been available, it is noted as such.

VI family median income 2010 was $45,058. This compares unfavorably to the national US family median income for 2010 of $61,544. Thus on average, VI families have over $16,000 less per year to meet their regular expenses than do their stateside counterparts. The per capita income was $21,362 in 2010 (up from $17,860 in 2009) and considerably less than the national rate of $39,937.[42] The cost of living in the USVI is higher than in most jurisdictions as indicated by the fact that federal workers living in the USVI receive a cost of living adjustment to their salaries of 22.5%. Therefore, the difference in income is felt even more, as money doesn't buy as much, putting greater stress on families.

Poverty affects a child's chances for health, safety, and education from birth to adulthood, influencing an individual's abilities to succeed economically and socially. Children from birth to five years are developmentally most vulnerable to poverty's impacts. Research indicates that young children raised in poverty experience more limited early care and education, are more likely to enter school behind their more affluent peers, and are more likely to experience health problems and abuse or neglect.[43] The impacts of child poverty extend into adulthood, affecting an individual's ability to succeed and to contribute in a community. Children raised in poverty are more likely to become substance abusers, experience depression, become teen parents, drop out of school, be unemployed as adults, and have a higher rate of arrest and incarceration.[44]

USVI Children in Poverty

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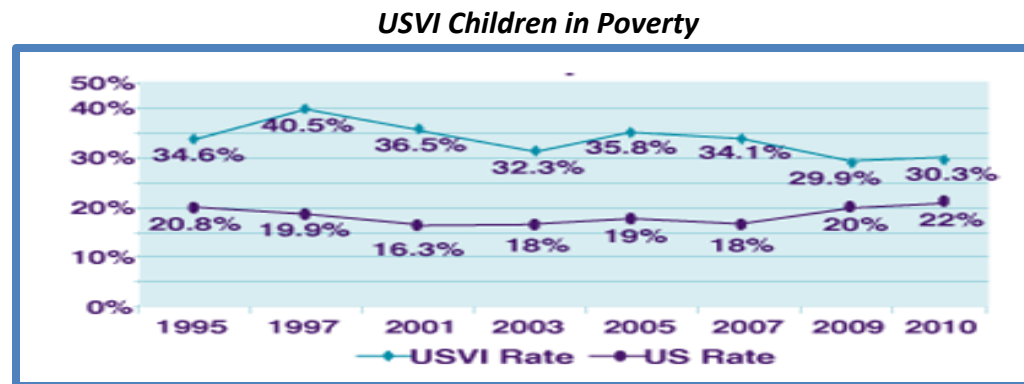
[42] *U. S. Virgin Islands Kids Count Data Book 2012.*
[43] Children's Defense Fund, *"Child Poverty in America"* (2008).
[44] Ibid.

The federal poverty threshold for 2010 was set at $22,050 for a family of four.[45] In 2010, statistics reported in our most recent *Kids Count*, 31% of families with children were living in poverty, with 30.3% of all children living in poverty, and 34.6% of children under five years living in poverty; as compared with 22% of the nation's children living in poverty. St. Croix children had the highest child poverty rate with 35.3%.[46] It should be noted that this information does not reflect the impact of Hovensa's closing, as it was collected prior to 2012.
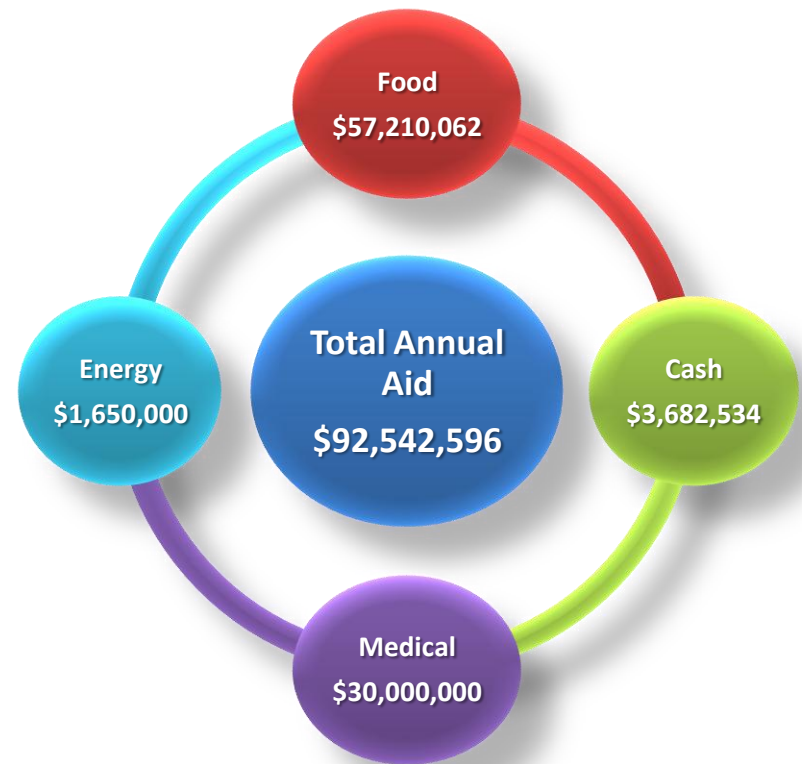
Although local and regional variations are not reflected in the federal poverty thresholds, by implication with the higher cost of living in the USVI than in most jurisdictions, the actual poverty level in the USVI is likely significantly higher than reported.

Regarding public assistance provided by the Department of Human Services, the chart to the right illustrates the dollar amount paid for services.

Financial Benefits 2013

Food
$57,210,062

Energy
$1,650,000

Total Annual Aid
$92,542,596

Cash
$3,682,534

Medical
$30,000,000

The total number of individuals receiving SNAP (formerly Food Stamps) benefits at any point in FY 2013 was 34,154 within 15,527 households, which breaks down to 15,023 recipients on STT/J and 19,131 on STX. This represents an increase or almost 2000 recipients from 2012.[47] It should be noted that 32% of households that receive SNAP, excluding those headed by seniors, have employed adults in the home.[48]

The TANF program replaced the predecessor Aid to Families with Dependent Children (AFDC) program as part of the welfare reform legislation of 1996. It was further changed in 2005 and 2009 and in particular added a focus on strengthening families through

[45] HHS Poverty Guidelines (August, 2010).
[46]*U. S. Virgin Islands Kids Count Data Book 2012.*
[47] Testimony presented to the VI Legislature on April 18, 2013 by Commissioner Chris Finch, Department of Human Services.
[48] Information from the VI Department of Human Services

promoting marriage and responsible fatherhood. It is a block grant program to help move recipients into work and off welfare. The four purposes of TANF are:

1) assisting needy families so that children can be cared for in their own homes;

2) reducing the dependency of needy families by promoting job preparation, work and marriage;

3) preventing out of wedlock pregnancies; and

4) encouraging the formation and maintenance of two-parent families.

An individual adult may receive TANF benefits for only 5 years (60 months) during one's lifetime. With few exceptions, individuals on TANF have a work participation requirement which may include subsidized work, community service, and job training and education.

TANF provides cash assistance to single parents with dependents based primarily on asset and income tests.   In the Virgin Islands, the head of household receives $180 a month plus $80 for each qualifying dependent. The table below shows the TANF statistics for 2013. These numbers may be surprisingly low to some, as there is a perception about the large number of persons receiving welfare assistance. The reality is 1,854 people received TANF benefits, 496 of these were adults and 1,358 children.[49] the total TANF expenditure for 2013 was $1,606,190.

TANF Statistics for FY2013	
Area	# of Recipients
St Thomas/St John	594
Christiansted	661
Frederiksted	599
Total	1,854

The Aid to the Aged, Blind and Disabled (AABD) program is similar to TANF in that it pays a monthly cash stipend of $180 for the head of household and $80 for each other qualifying dependent. Eligibility is based on assets and income and on age or disability. The VI has a 25% match requirement. In 1974, the AABD programs were replaced stateside by the SSI program, Supplemental Security Income, in all areas except for the VI, Puerto Rico, American Samoa, and Guam. SSI was created so that the nation's poor elderly and persons with disabilities would not have to live in abject poverty and to standardize the disparate state benefit programs. As of January, 2014 the federal SSI benefit for an individual living alone was $721 month and for a couple $1,082 a month,[50] as compared to $180 and $260 in the VI for an individual and couple, respectively.[51] Nearly all states add a state supplement to the federal SSI

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[49] Ibid.
[50] http://www.ssa.gov/oact/cola/SSI.html
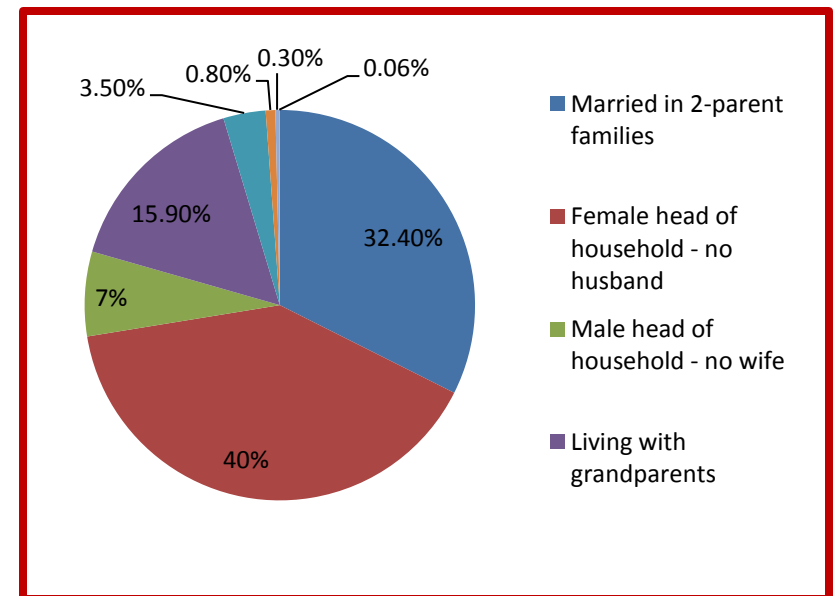[51] Information from the VI Department of Human Services

benefit so the monthly payment is even higher. Every Delegate to Congress from the VI and Governor has attempted unsuccessfully to get the Virgin Islands included under SSI. The 2013 AABD statistics are shown in the table below.[52]

AABD Statistics for FY2012	
Area	**# of Recipients**
St Thomas/St John	455
Christiansted	359
Frederiksted	314
Total	1,128

A total of $2,076,344 is distributed to USVI residents through the AABD program in 2013. Just as a comparison, it is worth noting that if we had SSI and 1,128 persons received the federal benefit of $721 a month, our total benefit distribution would be close to $10 million dollars, nearly a five-fold increase.

Children in Families

Children's well-being is significantly tied to family structure. Research indicates that children do best when raised by their biological mother and father in a low-conflict marriage. Even after controlling for family socioeconomic status, race/ethnicity, and other background characteristics, studies show that children in never-married, single-parent, or divorced families face higher risks of poor outcomes.[53] While many children in single-parent families grow up without problems, children of single mothers are generally more likely to be poor, have multiple living arrangements, have a negative relationship with a biological parent, receive lower levels of parental supervision, have lower educational attainment, and lower employment prospects.[54] Of all USVI families living in poverty, 74.7% were headed by single mothers and of all the single mother families with children, almost half (47.8%) lived in poverty.[55]

Pie chart: 3.50%, 0.80%, 0.30%, 0.06%, 15.90%, 7%, 40%, 32.40%

- Married in 2-parent families
- Female head of household - no husband
- Male head of household - no wife
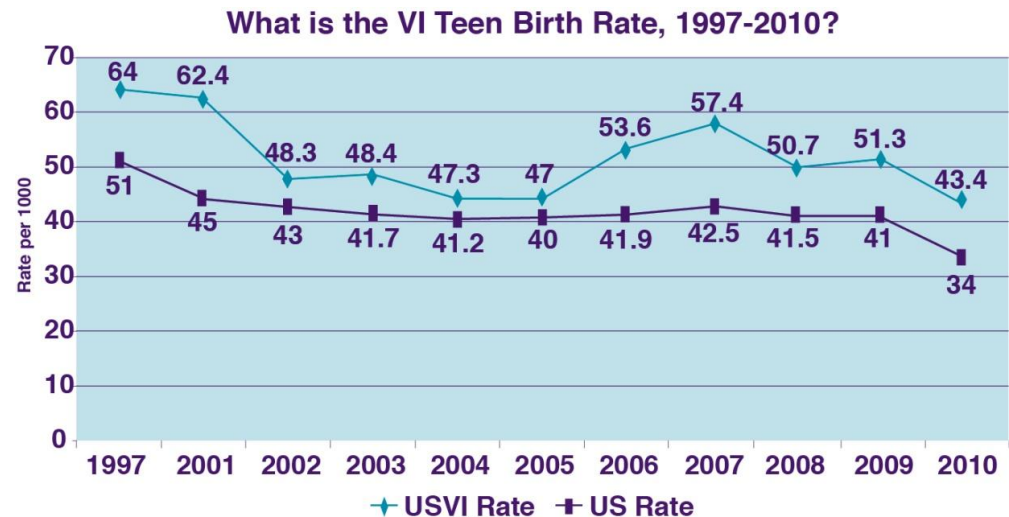- Living with grandparents

[52] Ibid.
[53] Moore, K., Jekielek, S. and Emig, C., (2002).
[54] US Department of Health and Human Services (1999); Amato, P.R. & Booth, A. (1997).
[55] *U. S. Virgin Islands Kids Count Data Book 2012.*

The graph illustrates the structures of families with children ages birth to 18 years in the VI. In the VI, 47% of children live in households headed by a single parent.[56] [57] [58]

Teenage pregnancy and parenthood continue to be major concerns threatening the development of teens and their children. Teen parents are more likely to lack sufficient developmental maturity and skills to consistently and adequately care for their children. Teen mothers are more likely to be unemployed.[59] Children of teen parents are more likely to have health concerns, have behavior and learning problems, drop out of school before graduating, and become teen parents themselves – in a cycle that repeats the early childbirth risk. The rate of babies born to teens, ages 15 to 19, in the USVI is 43.1 births per thousand births, down from 51.3 births the previous year, representing a total of 164 births and representing 10% of the total live births and compared to 34 per thousand in the nation.[60]

What is the VI Teen Birth Rate, 1997-2010?

Rate per 1000

USVI Rate: 64, 62.4, 48.3, 48.4, 47.3, 47, 53.6, 57.4, 50.7, 51.3, 43.4

US Rate: 51, 45, 43, 41.7, 41.2, 40, 41.9, 42.5, 41.5, 41, 34

1997 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

+ USVI Rate + US Rate

Health and Safety

Health Insurance

Several health indicators put VI children at additional risk. Economic changes have led to changes in health care insurance coverage. A 2012 study revealed a major drop in employer group insurance and an increase in coverage through public programs , i.e., Medicaid and Medicare. The number of uninsured increased from 28.7% to 29. 7%, with 18.8 % of children birth to five years uninsured.[61] The local structure of the State Children's Health Insurance Program (SCHIP) did not insure any additional children.   Individuals in the prime parenting age-group are uninsured at the rate of 39.4% of 18 to 24 year olds and 45.4% of 25 to 34 year olds.[62] Any efforts to address elimination of health disparities in this population are severely hampered by stringent eligibility criteria of the local Medicaid Program.

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[56] http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

[57] *U. S. Virgin Islands Kids Count Data Book 2012.*

[58] It should be noted that the research does not capture the social reality that some children in the VI may live with 2 unmarried parents.

[59] US Department of Labor, Bureau of Labor Statistics (1998).

[60] *U. S. Virgin Islands Kids Count Data Book 2012.*

[61] Value Advisory Group (2012)

[62] Ibid.

There are three important differences between the territorial Medicaid program, called Medical Assistance Program (MAP), and state programs. First, the federal funding available to the territories is capped at a set amount. There is no cap for the states.   Under the Affordable Care Act (ACA), the VI cap has been raised to a point that it is no longer the limiting factor it traditionally was. Second, the states matching requirement is determined by their per capita income. For the territories, the matching requirement is set by statute. The FMAP, which is the share of a state's Medicaid costs paid by the federal government, ranges from 50% for the higher income states to 74% for the lower income states. The territories' FMAP rate is 55%. An example serves to show the difference. If the Virgin Islands spends $10 million of its own money on Medicaid services, the federal government, at 55% FMAP, will put in $12.2 million. If instead, we received the FMAP of 74% our per capita income would allow, then, if the VI put in $10 million, the federal government would put in $28.5 million, an increase of $16.3 million without the VI spending any additional money. Finally, third, it is important to realize as the Affordable Care Act is implemented, many of the Medicaid enhancements contained therein are not available to the territories.[63]

MAP in the VI provides medical assistance based on income and asset tests to individuals and families that are medically and categorically eligible. Categorically eligible clients are the clients of TANF, AABD, and foster children. Medicaid is undergoing several expansions. Prior to expansion, medically needy eligible clients were those in households that earned no more than $5,500/yr for the head of household plus $1,000 for each additional qualifying member.   Thus a family of four could earn up to $8,500/yr and qualify for MAP. As of October, 2012 there were 9,354 recipients.[64]

MAP Recipients as of May, 2014			
Category	St Thomas / St John	St Croix	Total
Categorically Eligible	2,686	3,961	6,647
Medically Needy Eligible	3,042	4,214	7,256
TOTAL	5,728	5,754	13,903

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[63] Information from the VI Department of Human Services.
[64] Ibid.

The Governor convened a Health Reform Task Force to review these and other issues to decrease health disparities and increase access to care, particularly related to the ACA. After extensive research, the Task Force recommended that establishing a Health Insurance Exchange would be cost prohibitive and recommended that the Governor select the option of using the federal ACA funding to expand eligibility for Medicaid. MAP has 4 planned expansions: For the first expansion, begun in August, 2012, income eligibility limits were increased by $1000/yr for pregnant women and children, increasing eligibility limit to $6,500 plus $1000 per family member. The second expansion being carried out in August, 2014 uses SNAP income data to add over 3000 eligible but uninsured persons. The third expansion planned for the fall of 2014 will bring income limits up to 75% of Federal Poverty Level (FPL) for families and 100% of FPL for senior citizens and adults with disabilities. Additionally, former foster children 18-26 years of age will be added. The fourth expansion is planned for late 2014 and will add single childless adults to the Medicaid recipient rolls.[65] Medicaid recipients must utilize Department of Health Clinics, Frederiksted Health Center, or St. Thomas East End Medical Center as their primary care medical homes. New to the program, medical homes are able to make direct referrals to specialists, who will be paid at the same rates as Medicare providers. This initiative is aimed at reducing the number of recipients who have to go off-island to receive care.

The potential of adding additional low income children and pregnant women, as well as accessibility to specialists on-island, should create more opportunities for access to care for many. Very recent changes in interpretation of how the ACA requirements impact the territories may open the door for new insurance carriers to enter our market. While this is good news to the extent health insurance becomes more affordable and available, it also exempts insurance companies from many of the ACA's market reform requirements, still to be clarified. Those who still cannot afford insurance and are still not eligible for Medicaid , even with the expanded eligibility requirements, may continue to have barriers to health care resources and services. Many uninsured individuals are generally unable to afford health insurance premiums, and; therefore, are not as likely to seek early prenatal or well-child care. Government programs, clinics and hospitals provide some access to health care services at little or no cost. Everyone, including low-income, uninsured or underinsured individuals and families have access to essential services, with most utilizing the hospital emergency rooms as primary care providers.

Low Birth Weight
Birth weight is an indicator of infant health and accounts for more than half of all medical costs incurred to newborns. Low birth weight babies have an increased likelihood of cognitive and developmental delays, are more likely to experience greater health risks

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[65] Ibid.

and disabilities during their childhood and adolescence, and face higher adult health risks. The low birth weight rate for the USVI for 2013 was 10.5% up from the rate of 8.5% in 2010. St. Croix has a higher rate of 12.7% compared to St. Thomas of 8.5%, perhaps due to the higher poverty rate.[66] The high overall rate for the USVI may be impacted by the high number of uninsured for the child-bearing age-range. In response to the lack of access to care and to improve healthy birth outcomes for infants, the ECAC, with support from the Community Foundation of the Virgin Islands, promotes "text4baby" - a free text messaging service designed to provide pregnant women and mothers of newborns with information about taking care of themselves and their babies. As of July 24, 2014, 831 women were enrolled in the VI.[67] Additionally, the USVI is ranked #1 among all states and territories for the number of women per 1000 estimated pregnancies and births with 86. The closest state to us is West Virginia with 55.[68]

Immunizations
Childhood immunizations help guard young children against major illnesses, and provide a cost-effective way to help ensure continuing immunity for all others living in the community. Children are most vulnerable in their earliest months of life and preschool years. Because immunizations are such an important safeguard of child health, the federal Vaccines for Children Program provides vaccines at no cost for children who are uninsured or Medicaid eligible. Since, 2009, the USVI has been included in the National Immunization Survey (NIS), conducted annually by the Center for Disease Control (CDC). According to the NIS report in 2012, less than half (41.5%) of USVI young children ages 19-35 months had received recommended up-to-date immunizations, compared to the nation at 68.4%. In the USVI only 63.7% of young children ages 19-35 months had received the scheduled MMR (Measles, Mumps and Rubella) vaccine compared with 90.8% for the nation.[69]

Women Infants and Children (WIC) Nutrition Program
The average participation for the WIC Program for FY 2013 was 4,938 from October 2012 to June 2013 with an average breakdown as follows: Pregnant women 365, Breastfeeding Women 596, Non-Breastfeeding Women 132, Infants 1069, and Children 2,225. The total number of children participating in the WIC program (birth to 5 years) is 3,294. Regarding the primary health issues for infants and young children enrolled in the WIC program, the graphs below describe the issues: poor nutrition practices is the area of greatest concern for both infants and toddlers, as indicated in the following graphs.[70]

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[66] Information from the Bureau of Vital Statistics, USVI Department of Health.
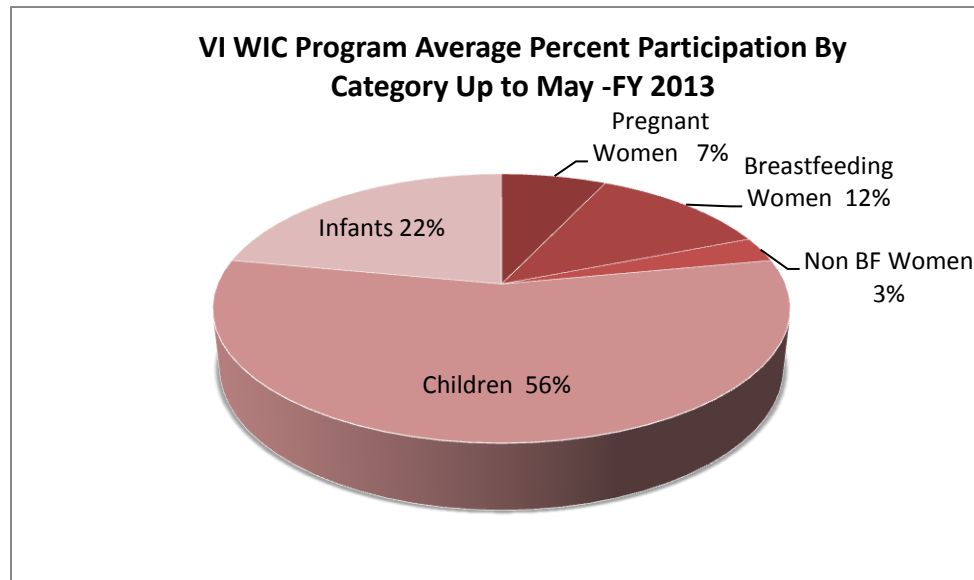[67] https://www.text4baby.org/templates/beez_20/images/2014/state-specific%20breakdown6.jpg
[68] https://www.text4baby.org/templates/beez_20/images/2014/ranking%20of%20state6.jpg
[69] *U. S. Virgin Islands Kids Count Data Book 2012.*
[70] From "Statistical Data and Analysis of Risks and Health Indicators in the VI WIC Population FY 2013" provided by the USVI Department of Health.

USVI WIC Participation

VI WIC Program Average Percent Participation By Category Up to May -FY 2013

- Pregnant Women 7%
- Breastfeeding Women 12%
- Non BF Women 3%
- Infants 22%
- Children 56%

VI WIC Children Top 8 Risks - 2013

- High Wgt./Lgth — 3.2%
- Low Hct/Hgb — 3.6%
- Short Stature — 5%
- Underweight — 6%
- High BMI (OW) — 6.2%
- At Risk of Overweight — 6.3%
- Inadequate Growth — 9.4%
- Poor Nutr. Pract. — 100%
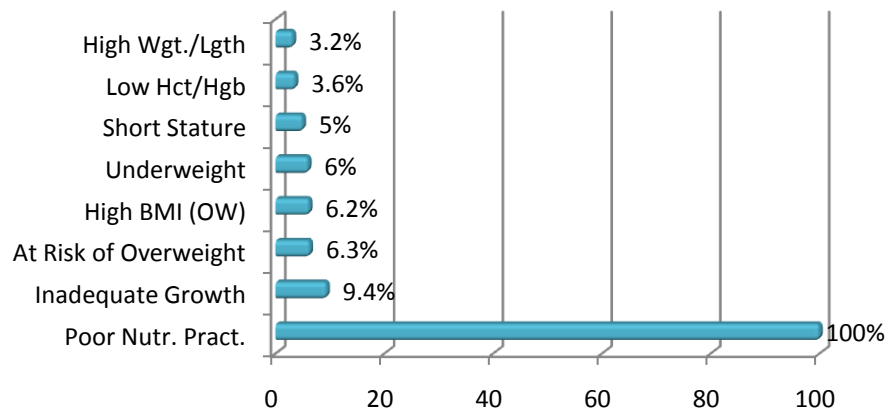
VI WIC Infants Top 8 Risks - 2013

- Low Head Circumference — 7%
- Poor Feeding Pract. — 10%
- High Wgt/Lgth — 10%
- Inadequate Growth — 12%
- Short Stature — 14%
- BF Inf. Of Pr.1 Mom — 25%
- Inf. of WIC Mom — 58%
- Poor Nutr. Pract. — 93%
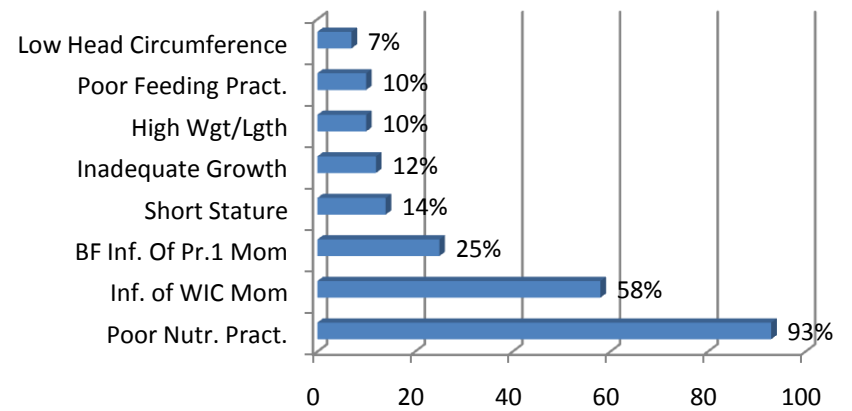
Child Abuse and Neglect

In considering child safety and overall physical and mental health issues, it is important to look at the data regarding child maltreatment. Child abuse and neglect have devastating consequences – physically, emotionally, educationally, and behaviorally. Youth compromised by early abuse or maltreatment are more likely than their peers to engage in high risk behaviors, including: inappropriate aggression, unsafe sex, drug use, alcoholism, and attempted suicide. An abused child is more likely to become an abusive parent, continuing the cycle. In FY 2013, 290 children were referred to the VI Department of Human Services for physical abuse, sexual abuse or neglect (less than 1% more than the 288 children of the previous year). Of the 64children in foster family care placements, not including residential facilities, 9 % are children under 5 years. An additional 190 children were in Protective Services (down from the previous year of 221), meaning they are known to the Department of Human Services, are monitored because of abuse and/or neglect that does not rise to level of needing to be taken into protective custody my the department or they are being monitored for high risk for abuse and/or neglect, and services are being provided to children and families to prevent the Department from having to take custody. These children most often remain in their homes or origin but may be living with family members, friends or fictive kin.[71] The services may include individual and family counseling, anger management, substance abuse treatment, parenting education, and more. The program is designed to address the reasons for Department of Human Services involvement and to prevent long- term risk factors within the family.
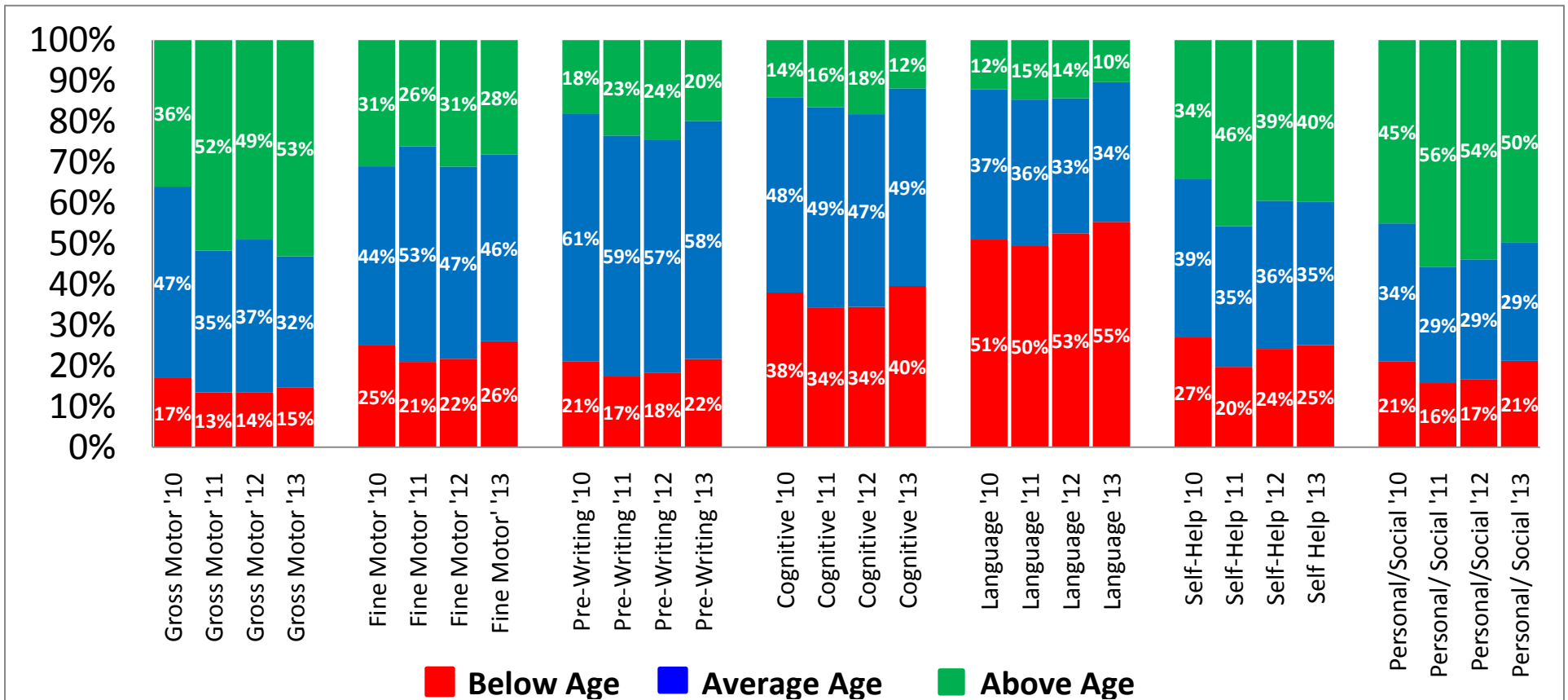

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[71] Information from VI Department of Human Services.

Education

Kindergarten entrance information gathered by the Department of Education indicates that many of our children lack the necessary skills for academic and social success. The following graph reflects the scores on the *Learning Accomplishment Profile, 3rd edition*[72] for those entering public kindergarten in the 2010-11, 2011-12, 2012-13, and 2013-14 school years. Children enrolled in private kindergartens are not included in the assessment.

Chart legend: Below Age (red), Average Age (blue), Above Age (green)

Category	Below Age	Average Age	Above Age
Gross Motor '10	17%	47%	36%
Gross Motor '11	13%	35%	52%
Gross Motor '12	14%	37%	49%
Gross Motor '13	15%	32%	53%
Fine Motor '10	25%	44%	31%
Fine Motor '11	21%	53%	26%
Fine Motor '12	22%	47%	31%
Fine Motor '13	26%	46%	28%
Pre-Writing '10	21%	61%	18%
Pre-Writing '11	17%	59%	23%
Pre-Writing '12	18%	57%	24%
Pre-Writing '13	22%	58%	20%
Cognitive '10	38%	48%	14%
Cognitive '11	34%	49%	16%
Cognitive '12	34%	47%	18%
Cognitive '13	40%	49%	12%
Language '10	51%	37%	12%
Language '11	50%	36%	15%
Language '12	53%	33%	14%
Language '13	55%	34%	10%
Self-Help '10	27%	39%	34%
Self-Help '11	20%	35%	46%
Self-Help '12	24%	36%	39%
Self Help '13	25%	35%	40%
Personal/Social '10	21%	34%	45%
Personal/Social '11	16%	29%	56%
Personal/Social '12	17%	29%	54%
Personal/Social '13	21%	29%	50%

[72] **Definitions**: **Learning Accomplishment Profile, Third Edition (LAP-3)** Provides methods for observing skill development of children in the 36-72 month age-range and assists teachers, clinicians, and parents in assessing development. Above Age:
Below Age - Scores are 6 months or more below developmental expectations for the age group
Average Age - Scores are within plus or minus six months of developmental expectations
Above Age - Scores are 6 months or more above developmental expectations for the age group.

As we compare the results of the past four years, there is great concern particularly in the areas of language and cognition, both precursors to success in reading and school achievement. It should be noted that other areas of development should not be ignored and are equally important to the well-being and success of children, particularly personal/social, as research indicates that skills in this area, such as self-regulation, attention, cooperation, and persistence are also predictors of later success.[73]

For the first time, at school entry for the 2013-14 school year, the Department of Education gathered data on children's prior early childhood experience- whether students had attended Head Start, a private child care program, or neither (meaning that they had been cared for by family, friends, or neighbors). Gathering information on early childhood experiences is a critical step in answering essential questions regarding the effectiveness of early childhood programs and school readiness. However, over one-fourth did not report regarding prior educational experience. Preliminary results of the beginning of year kindergarten assessment (LAP-3) which was disaggregated by pre-school setting, indicated that children attending either Head Start or private child care performed better than those in the care of family, friends, or neighbors in the area of cognitive skills. Children in home settings had higher scores in the area of self-help skills than the other two groups. Those in private child care had higher scores in the area of language skills than the other two groups.

The goal of collecting this information is not to condemn any program or parent choice, but to enhance those settings to improve children's school readiness skills. When reviewing the results and attempting to compare programs, it is important to take into consideration that at least 10% of the children enrolled in the Head Start Program are children with disabilities and/or developmental delays and that the Head Start Program serves the most at-risk children in the territory.

There are ten public elementary schools on St. Croix, eleven on St. Thomas, and one on St. John each of which enroll kindergarten students. It is difficult to ascertain the exact numbers of private kindergartens, as some are located within private schools and others within child care or early childhood centers. To determine the number of children in private school for the four school years represented in the graph, it is only possible to obtain an approximate number based on birth rates as indicated in the chart below.

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[73] Pitel, J., Provance, E., & Kirslake, C. (2006).

| | Public school[74] | | Public School | Private school (estimated: # of births minus public school enrollment) | Total number (based on # of births) |
	STX	STT/J	Total		
Children enrolled in Kindergarten 2009-10	499	507	1,006	568	1,574 for 2004
Children enrolled in kindergarten 2010-11	506	558	1,064	622	1,686 for 2005
Children enrolled in kindergarten 2011-12	528	586	1,114	649	1,763 for 2006
Children enrolled in kindergarten 2012-13	509	543	1,052	719	1,771 for 2007
Children enrolled in kindergarten 2013-14	527	640	1,167	678	1,844 for 2008

Children who begin school behind usually do not catch up. [75] This is particularly evident when we review the Virgin Islands reading and math scores, drop-out rates, juvenile crime, and detached youth rates which are all cause for alarm and concern.

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[74] Figures from VI Department of Education, Planning, Research, and Evaluation
[75] Fiester, L. (2010).

Per Cent of Students Proficient in Reading
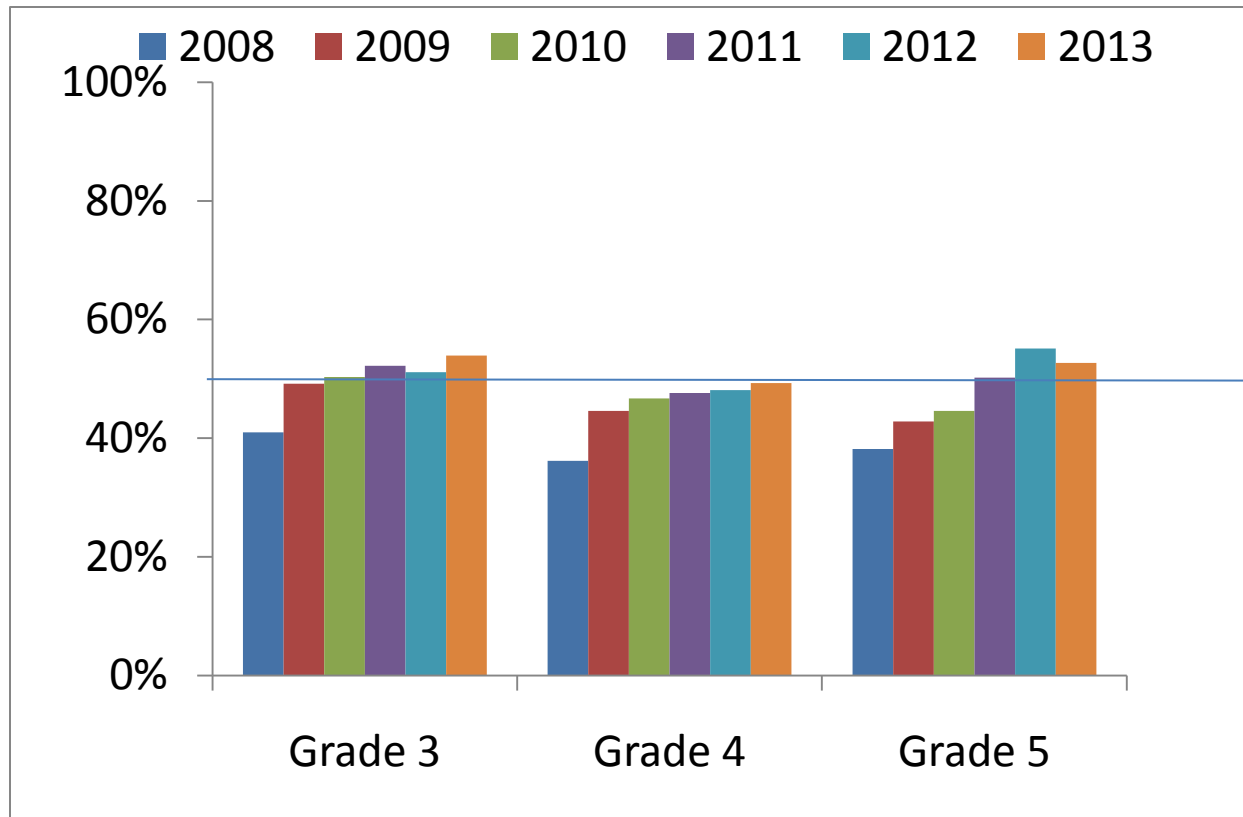
The third, forth, and fifth grade reading scores for children enrolled in the public schools as assessed in the last six years illustrate that only half are reading proficiently or above. There has been some improvement over the years, however, there is still concern that close to 50% are not proficient.[76]

Research tells us that children who are not reading on grade level by the end of third grade are more likely to drop out of school and not graduate.[77]

[76] Charts from the VI Department of Education
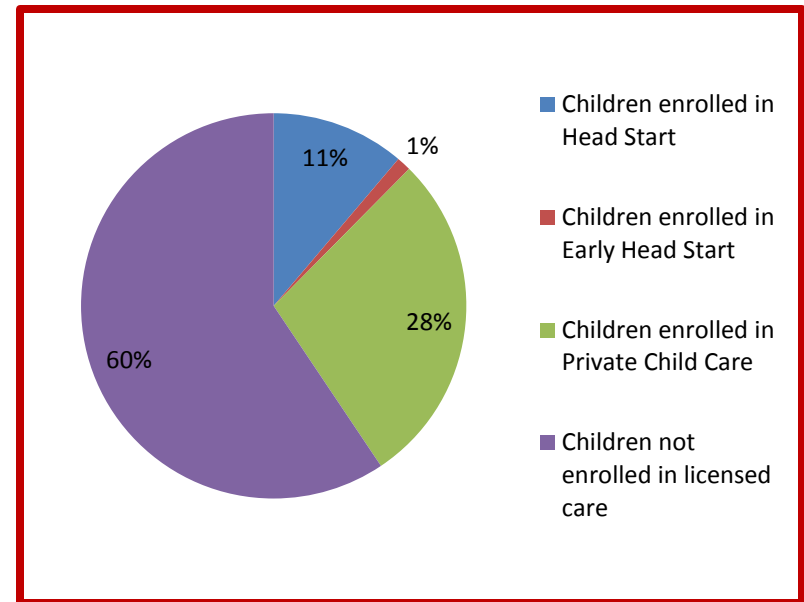[77] Fiester, L. (2010).

In Summary -

In order to ensure that our children have a greater likelihood for success in school and beyond, we need to ensure that children have access to health care and high quality experiences and opportunities to develop the skills necessary before they enter the school door and ensure that they have continued support during the early elementary school years.

Current Status of the Quality and Availability of Programs and Services

The State of Preschool in the U. S. Virgin Islands[78]

Annually, the National Institute for Early Education Research (NIEER) compiles a document entitled "The State of Preschool," which compares the quality of state-funded Pre-K programs by state across the country.[79] The VI has not been included, as the territory does not currently meet the definition of providing a "state-funded education initiative program."[80]   Although we provide territory funding beyond what is required to meet the federally mandated match for the Head Start Program, such funding does not provide for serving additional children and families.   This report will attempt to analyze the quality of educational services provided to young children, regardless of funding stream, in the USVI utilizing the criteria defined in the "State of Preschool 2013" report to the greatest extent possible. While the NIEER report focuses entirely on 3 and 4 year-old children (those who will enter kindergarten in the following year or two years) not all statistics for programs in the USVI separate this age-group out from the birth to 5 population. Every effort will be made to identify the age groups referred to throughout the report whenever possible.

- Children enrolled in Head Start
- Children enrolled in Early Head Start
- Children enrolled in Private Child Care
- Children not enrolled in licensed care

The NIEER report identifies state policies, with specific benchmarks, in ten critical areas to measure quality. "The Quality Standards Checklist represents a set of minimum criteria established by state policy needed to ensure the effectiveness of preschool education programs, especially when serving at-risk children for school failure. However, the checklist is not intended as an exhaustive inventory of all the features of a high-quality program, although each of these research-based standards is essential. While meeting all 10 standards does not necessarily guarantee that a program is of high quality, no state's prekindergarten policies should be considered satisfactory unless all 10 benchmarks are met."[81]

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[78] Patterned after the NIEER reports that are issued annually on the "State of Preschool 2013"
[79] Barnett, W.S., Carolan, M.E., Squires, J.H., Clarke Brown, K. (2013).
[80] Ibid.
[81] Ibid.

ACCESS

- Total program enrollment: Number of children enrolled in programs

	STX	STT/STJ	TOTAL
# Children birth through preschool	-----	-----	7,978[82]
# Children enrolled in Early Head Start (birth to 3 years)	96	0	96
# Children enrolled in Head Start (3 and 4-year-olds)	466	428	894
# Children enrolled in Private Licensed Child Care (Birth -5 years)[83]	801	1,448	2,249
Estimated # Children birth to 5 years *not* in licensed care	-----	-----	4,739

There has been an increase in the number of children not in licensed care from 55.2% reported last year to 59.4% this year, indicating that more children are cared for in informal settings with family, friends, or neighbors. In addition, in the 2013-14 school year, the Head Start Program reported a waiting list of 808; these are children eligible with families below poverty, yet with no available slots in the program. The Office of Child Care reported a waiting list of 1,150 for all ages served birth to age 14 years in September, 2014. At the same time, child care centers are not filled to capacity with approximately 1,860 enrollment slots unfilled. This may indicate that the cost of care may be difficult for many, even with our relatively low tuitions compared to state-side care and that there is a substantial need for programs to serve low-income children.

- Income requirement: Maximum family income for participants
  Both the Head Start Program (operated by the Department of Human Services) and the Early Head Start Program (operated by Lutheran Social Services) meet the federal performance standards mandating that 90% of children enrolled must be of families which are at or below the federal poverty level. In order to receive a child care subsidy funded through the Federal Child Care and Development Fund, "children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services."[84]

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[82] This figure represents a total of the births in the USVI for 2009, 2010, 2011, 2012, and 2013 which comprise children birth to five years old as of 12-31-12. The kindergarten cut off for the USVI is December 31st.
[83] Information provided by the Department of Human Services, Office of Child Care and Regulatory Services. Numbers do not include those children enrolled in Head Start and Early Head Start
[84] Federal Child Care eligibility

Calculation for Child Care Subsidy Eligibility

Family Size	(a) 100% of State Median Income (SMI) ($/month)	(b) 85% of State Median Income (SMI) ($/month) [Multiply (a) by 0.85]
1	0	0
2	$35,711	$30,354
3	$38,851	$33,023
4	$41,991	$35,692
5	$45,131	$38,361

In FY 2013, a total of 475 children were served monthly, in addition to summer camp assistance. Subsidies were provided for a total of 643 children from 441 families.[85] More after school children received subsidies this year than last and less infants, toddlers, and preschoolers received subsidies.

Children Receiving Child Care Subsidy in the VI by age

Age Group	2012	2013
Infants/Toddlers	18%	12%
Preschool	61%	49%
After School	21%	39%

- Hours of operation: Hours per day and days per week programs operate
  Early Head Start serves 72 children in a classroom-based program for an extended day (8 or more hours per day) five days per week. The remainder, 24 children, are served in a home-based model, in which they are visited at least one time per week. The Head Start program operates a total of 45 classrooms with all operating either a school day program or an extended day program, all five days per week.   Private child care and preschool centers vary in the number of hours per day and days per week that are offered. Some are more flexible than others in meeting the employment needs of families.

- Operating schedule: Annual schedule of operation (academic year or calendar year)

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[85] Figures provided by the VI Office of Child Care and Regulatory Services, VI Department of Human Services

The Early Head Start program operates throughout the calendar year, whereas the Head Start Program operates according to the academic year, following the USVI Department of Education school calendar. Private child care and preschool programs vary in their operating schedule. Many who are open throughout the summer switch their programs to "summer camp," changing their curriculum and activities to more fun-filled experiences and field trips.

- Special Education Enrollment: Number of children served Parts B and C of the Individuals with Disabilities Education Act Children receiving special education or early intervention services in the USVI receive their services in natural environments, where typically developing children are most likely to be engaged in early childhood experiences. There are no early childhood special education self-contained classes. Children with disabilities and/or developmental delays who attend preschool attend with their typically developing peers. Both Head Start and Early Head Start are mandated to include children with disabilities and/or developmental delays, at least 10% of their total enrollment. During the 2013-14 school year, 104 children enrolled in Head Start were identified with developmental delays or disabilities and were served within Head Start classrooms in an inclusive program through a cooperative agreement with the Department of Education, Division of Special Education Services - which means that the Head Start Program met its federal mandate requiring that 10% of the children served must be children with a disability or developmental delay.

Children Receiving Early Intervention or Special Education Services

Category	St. Croix	St. Thomas/St. John
Infants and Toddlers (Part C)[86]	101	48
Early Childhood Special Education (Part B)[87]	73	90

QUALITY STANDARDS CHECKLIST

- Early Learning Standards: National Education Goals Panel content areas covered by state learning standards for preschool-age children must be comprehensive "Early Learning Standards are also critical to quality as they offer the full range of areas essential to children's learning and development. States should have comprehensive early learning standards covering all areas identified as fundamental by the National Goals Panel - children's physical well-being and motor development, social/emotional development, approaches toward learning, language development, and cognition and general knowledge. These standards should be specifically tailored to the learning of preschool-age children so that it is appropriate for their level of development."[88] *The Virgin Islands Early Learning Guidelines,* published in April 2010, were developed to improve the

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[86] Figures provided by the VI Infants and Toddlers Program, VI Department of Health as of June 17, 2014
[87] Figures provided by the VI State Office of Special Education, VI Department of Education
[88] Barnett, W.S., Carolan, M.E., Squires, J.H., Clarke Brown, K. (2013). .

quality of care and education focused on school readiness and to provide a common set of preschool standards across all settings. The *Guidelines* reflect what children need to know, understand, and be able to do by the time they reach kindergarten in the areas of physical health and development; social, emotional, and values development; approaches to learning; language and literacy; mathematical understanding; science; social studies; and creativity and the arts - thus meeting the criteria established by the National Goals Panel. The *Guidelines* provide suggestions for family members, child care providers and teachers, and community members and policymakers on how to assist children in achieving these standards. Content of the *Guidelines* is aligned with the National Common Core Standards, adopted by the Department of Education, and the Head Start Framework. In 2014, the ECAC published a supplement focused on suggestions for supporting diverse learners, children who are dual language learners and children with developmental delays or disabilities.

The VI Infant & Toddler Developmental Guidelines, published in 2013, emphasize how adults can effectively respond to, engage, and interact with infants and toddlers to build positive relationships that facilitate development and learning. They reflect expectations of what children should know, understand, and be able to do by the time they reach their third birthday. They are aligned with the *VI Early Learning Guidelines* and include the same areas of physical health and development; social, emotional, and values development; approaches to learning; language and literacy; mathematical understanding; science; social studies; and creativity and the arts.

Currently, *Guidelines for High-Quality Practice in Kindergarten* are being developed by an interagency team, with input from kindergarten teachers, to provide guidance regarding best practices for implementing the kindergarten standards that have been adopted/developed by the Virgin Islands Department of Education (VIDE). The VIDE has adopted the Common Core State Standards for English Language Arts and Literacy and Mathematics and the New Generation Science Standards. Standards for Physical Education and Health and Social Studies have been developed and the Department is currently working on standards for the arts. Implementation guidance and strategies will be aligned with the new USVI Teacher Effectiveness Standards.

- Staff Qualifications
    - Teacher degree: Lead teacher must have a BA, at minimum
    - Teacher Specialized Training: Lead teacher must have specialized training in Pre-K area
    - Assistant Teacher degree: Assistant teacher must have a CDA or equivalent, at a minimum

Teacher qualifications vary across programs. The Head Start program supports teaching staff in their pursuit of AA and BA degrees in early childhood education. According to federal mandate, by September 2011 all teachers were required to have an AA degree. By September 2013 all assistant teachers were required to have their Child Development Associate Credential (CDA)[89] and 50% of all Head Start teachers must have a BA degree in early childhood education or a related field. In fall 2013, the Head Start Program demonstrated compliance with these required mandates. The following chart provides information regarding staff qualifications.

Position	Vacancy	Enrolled in CDA	CDA	CDA enrolled in AA	AA	AA enrolled in BA	BA	Advanced degree	Total
Supervisor	1	--	--	--	--	0	3	3	7
Teacher	--	--	--	--	18	12	26	4	48
Assistant Teacher	--	--	31	--	21	5	--	0	57

Teaching staff in EHS do not have the same requirements for earning a BA degree as their Head Start counterparts. EHS classrooms must maintain a ratio of one teacher per every four children, at a minimum, with no class size larger than eight children. The following chart provides information regarding staff qualifications, listing their highest levels.

| STAFF	Pending CDA	CDA	AA/AS	Other	Total Staff
Classroom Teachers	------	8	8/2	------	18
Floater Teachers	------	4	------	1 Diploma in ECE	5
Transportation	------	7	------	1 SBDL	8
Home based visitor PWP	------	2	------	------	2
Home-based visitor	------	1	1	------	2

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[89] A CDA is a national early childhood competency-based credential issued by the Council for Professional Recognition in Washington, DC. It is a professional credential not a college degree. To earn a CDA, candidates must complete 120 hours of formal early childhood education training, complete 480 hours of professional experience, be formally observed, submit parent opinion questionnaires, create a resource file, and pass a written test.

The revised Child Care Rules and Regulations will require teachers and directors to earn a CDA credential by June 2015. The Office of Child Care and Regulatory Services, through a contract with the Community Foundation of the Virgin Islands, conducted a child care workforce study of licensed centers (with the exception of Head Start and Early Head Start, as they conduct their own as required by federal mandate, see above) to determine the level of education and training and professional development needs to meet the new licensing rules and regulations. Completed in December 2011, the study response rate for directors was high, with 85.1% of directors responding. The exact number of teachers in the workforce is unknown, so it is difficult to estimate the overall total response rate among teachers. However, with the exception of five programs, all teacher surveys distributed were returned suggesting a rather high response rate among teachers, as well. Only five programs solicited actively refused to participate in any component of the survey.

The majority of directors (84.8%) were educated in the USVI or the US. Of these, those who reported the highest degree of education they completed *(N* = 65) were nearly split between those who had completed at least a four-year college degree and those that did not. The following chart shows their educational attainment.[90] It should be noted that not all degrees were in early childhood education, child development, or other related field; approximately 41% of the directors may be able to qualify under the new regulations.[91]

*Educational Attainment Among Directors Educated in US/USVI (N = 65)*
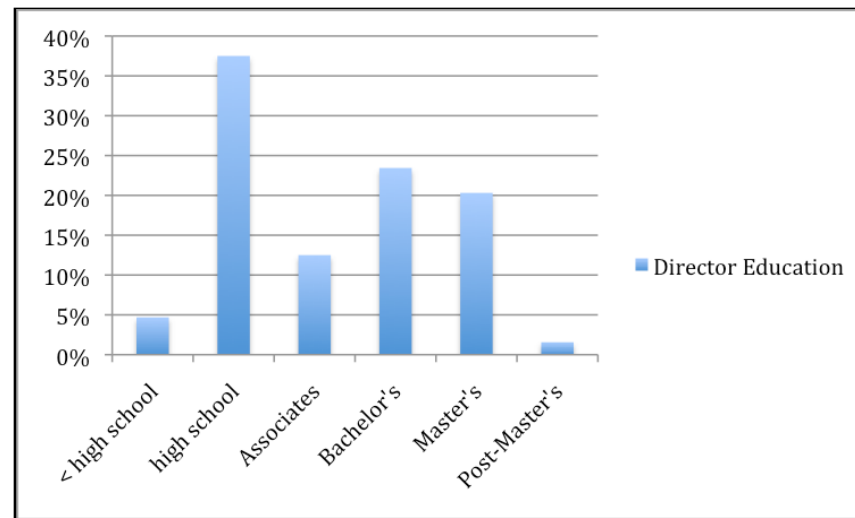
[90] Jaeger, E. (2011)
[91] It is unclear at this point how certification in areas such as secondary education or educational technology will be considered under the new guidelines.

Approximately 15% (*N* = 12) of directors were not educated in the US/USVI. All but two of these directors had been educated in another Caribbean country. Two of these directors reported being certified as a teacher in the country in which they completed their highest degrees of education. Of the remainder who reported a US/USVI equivalency for their highest degree earned, 70% indicated that it was equivalent to a high school diploma. Three directors, who responded that they were not certified, indicated that they had taken at least one college course related to early childhood education or child development.[92]

Regarding teacher qualifications, two-thirds of teachers were educated in the US or USVI. As can be seen in the chart, of those who had completed their education in the US or USVI, the vast majority had only completed high school or its equivalent. Teachers in St. John had completed significantly more education than teachers in St. Croix; and teachers in St. Thomas tended to have completed more education than those in St. Croix. Once again, it should be noted that not all degrees were in early childhood education or a related field.[93]

Educational Attainment of Teachers Educated in US/USVI (N = 240)
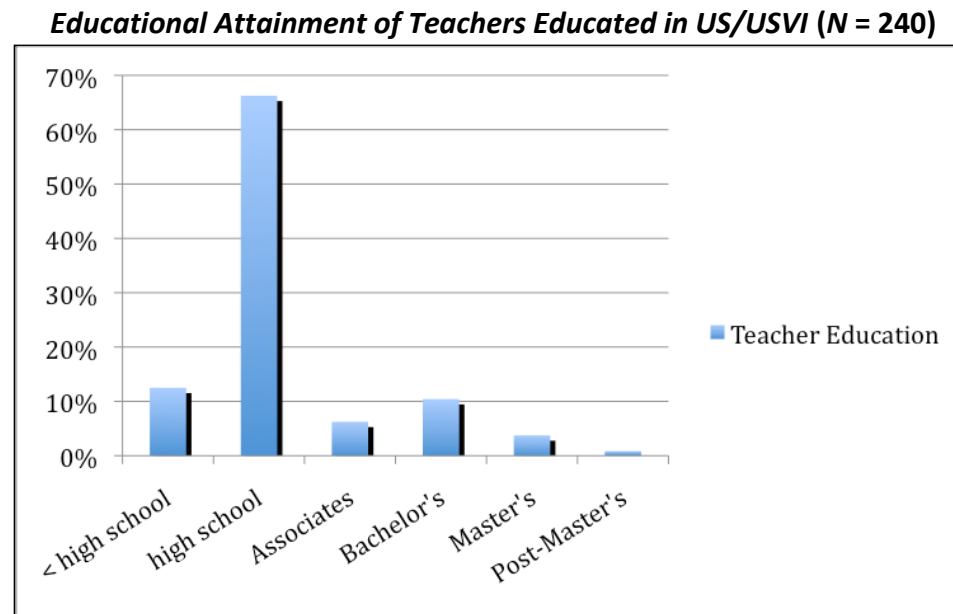
[92] Jaeger, E. (2011).
[93] Ibid.

A substantial minority of teachers (33.8%; *N* = 127) was educated outside of the US and USVI. The majority of these teachers (85.8%) were educated "down island." The vast majority of teachers educated outside of the US and USVI would not meet the new standards. Of the 74 who could report the US equivalent of their highest degree of education, 67.6% reported having the equivalent of a high school diploma and 25.7% reported having the equivalent of less than a high school education. Ten teachers educated outside of the US and USVI, however, reported having some form of teaching certification and it appears that five of these are in early childhood education or a related area. Six teachers that did not receive some form of teacher certification reported having taken college courses in early childhood education or a related field.[94]

The Department of Human Services, Office of Child Care and Regulatory Services is planning to develop a computerized workforce registry which will make access to workforce data easier to obtain in the future.

- Teacher In-service training: The USVI Child Care Rules and Regulations require 24 hours of training per year.

- Maximum class size: Maximum number of children per classroom must be 20 or fewer for 3 and 4-year-olds
- Staff-child ratio: Lowest acceptable ratio of staff to children in classroom (e.g., minimum number of teachers per students) must be 1:10 or better
All child care and early childhood facilities, including Head Start, Early Head Start, Pre-K (should it be established in the future), parochial schools, and private centers must adhere to the USVI Revised Rules and Regulations. According to the Rules and Regulations and "in order to accommodate the individual differences in the needs of children enrolled, permit flexible groupings where necessary, and provide adequate adult supervision in cases of emergency, the following staff/child ratios and maximum group sizes shall be observed. If children are grouped together by homogenous ages:"[95]

Age of Child	Staff - Child Ratio	Group Size
0-12 months	1 adult for 5 children	10
12-24 months (1-2 years)	1 adult to 6 children	12
2-3 years	1 adult for 8 children or partial group thereof	16
3 years	1 adult for 9 children or partial group thereof	18
4 years	1 adult for 10 children or partial group thereof	20
5 years	1 adult for 12 children or partial group thereof	24

[94] Ibid
[95] VI Child Care Rules and Regulations (2010).

"When there are mixed age groups in the same room, the child-staff ratio and group size shall be consistent with the age of most of the children in the group. Infants and/or toddlers (i.e. 0-36 months) are not permitted as parts of mixed older age groups."[96]

- Screening/referral and support services: Screenings and referrals for vision, hearing, and health must be required; at least one additional support service must be provided to families.
  According to the USVI Revised Child Care Rules and Regulations, "each child from ages 0-14 shall also have had a health examination and all recommended immunizations according to the American Academy of Pediatrics and the USVI Department of Health, within sixty (60) days prior to initial admission to a facility, and at least annually thereafter."[97] A general health record form must also be completed by a physician. Federal Head Start/Early Head Start Performance Standards require all children to receive medical and dental evaluations and developmental and sensory screening, as well as, necessary follow-up and treatment. If Pre-K is implemented according to Act 7343, the Department of Education is required to meet the USVI Child Care Rules and Regulations and provide for the following in establishing the program: "Screening for physical health problems that have the potential to inhibit school success," as well as, "the coordination of the program with existing medical, health and social services, including a child development and health screening component."[98]

- Meals: At least one meal must be required daily
  According to the USVI Revised Rules and Regulations, "children who are at the facility for four (4) to six (6) hours shall have at least one (1) meal and one (1) snack that meets one-third of the Recommended Dietary Allowance appropriate to their age.
  Children who spend eight (8) or more hours at the facility shall have at least two (2), meals and one snack that meet two-thirds of the Recommended Dietary Allowance appropriate for their age."[99]

- Monitoring: Site visits must be used to demonstrate ongoing adherence to state program standards
  The Office of Child Care and Regulatory Services of the Department of Human Services

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[96] Ibid.
[97] Ibid.
[98] Act 7343: Voluntary Pre-K Program
[99] VI Revised Child Care Rules and Regulations (2010).

conducts 4 site visits per year to all licensed centers. Head Start supervisory staff visit each classroom at a minimum of twice per month.

RESOURCES

- Total state Pre-K spending: Total state funds spent on state Pre-K program
  The USVI does not currently provide local funds for Pre-K. The Department of Human Services uses local funds beyond what is required to meet the federally mandated match for the Head Start Program; however, such funding does not enable the program to serve additional children and families.

- Spending per child enrolled: Amount of all reported funds (local, state, federal) spent per child participating in Pre-K)
  The current cost per child for the comprehensive USVI Head Start Program is $12,606. The cost per child varies in private child care centers. Generally, the cost of child care is low; however, there is a wide range, particularly for preschool.[100]

The Costs of Child Care Per Month in the VI by Ages Served

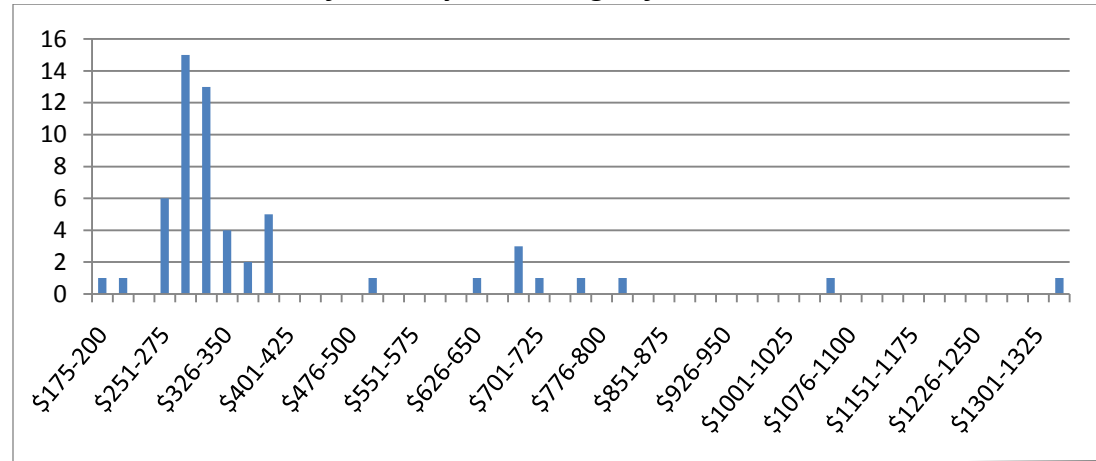| Type	M(SD)	Minimum	Maximum	Median
Infant (N =44)	$365(81)	$260	$700	$347
Preschool (N = 57)	$400 (209)	$175	$1336	$320
School-aged (N = 34)	$145 (68)	$50	$340	$150

"The large ranges in the market rate for each age group – especially preschoolers – reflects the reality that there is not a single 'market' among licensed child care programs .... The distribution of child care rates .... suggests two separate child care markets, especially when it comes to the early care and education of preschoolers."[101]

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[100] Jaeger, E. (2013).
[101] Ibid.

Distribution of Monthly Fees charged for Preschoolers in the VI

Chart y-axis values: 0, 2, 4, 6, 8, 10, 12, 14, 16

Chart x-axis labels: $175-200, $251-275, $326-350, $401-425, $476-500, $551-575, $626-650, $701-725, $776-800, $851-875, $926-950, $1001-1025, $1076-1100, $1151-1175, $1226-1250, $1301-1325

"The large majority of providers (80%) reported that they are unable to generate revenues from parent fees that equal or exceed their expenses. In a territory where the cost of living exceeds that of most of the States and the per capital income in 2009 was $17,860 compared to the national rate of $39,138 (CFVI, 2011)**,** the inability of many families to pay more for child care reflects reality rather than an unwillingness to pay for child care. The maximum child care subsidy reimbursement rates are well below the 75th percentile of current market rates, especially for infant and preschool-age care.   However, the mode of the market rates continues to be exactly the same as the maximum monthly reimbursement rates ($300 for infant/preschool age care and $150 for school age care). This suggests that child care subsidy reimbursement rates could still in part be contributing to the setting of market rates."[102]

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[102] Ibid.

QUALITY STANDARDS CHECKLIST - SUMMARY for Pre-K (3 and 4 year olds)

Policy	VI Requirement or Status	Benchmark	Requirement Meets Benchmark
1. Early learning standards	Comprehensive	Comprehensive	✓
2. Teacher degree	Child Care = CDA; Head Start = BA	BA	Partial
3. Teacher specialized training	Early childhood content	Specializing in Pre-K	✓
4. Assistant teacher degree	Child Care = GED/High School; Head Start = CDA	CDA or equivalent	Partial
5. Teacher in-service	24 hrs/yr	At least 15 hrs/yr	✓
6. Maximum class size	18 for 3 year olds; 20 for 4 year olds	20 or lower	✓
7. Staff-child ratio	1:9 for 3 year olds; 1:10 for 4 year olds	1:10 or better	✓
8. Screening/referral	Vision, hearing, health, developmental, support services for Pre-K and Head Start; Health for Child Care	Vision, hearing, health, and at least 1 support service	Partial
9. Meals	Attending 4 or more hours at least 1 meal and 1 snack	At least 1 per day	✓
10. Monitoring	4 site visits per year	Site visits	✓

Current Structure of Early Childhood Services

Department of Education (VIDE)	Department of Human Services (DHS)	Department of Health (DOH)	University of the Virgin Islands (UVI)	Other Agencies including Private Agencies
State Pre-K (should funding become available) IDEA Part B (Preschool Special Education) Striving Readers Federal Grant and VI Literacy Council P-16 (in collaboration with UVI) Vocational Education, Early Childhood Track	Child Care Licensing Subsidized Child Care Head Start Quality Rating and Improvement System (QRIS) Workforce Registry (in planning) TANF SNAP (food stamps) Medicaid Intake and Emergency Services Child Welfare	IDEA Part C (Infants and Toddlers) Maternal Infant Child Home Visiting Program Maternal and Child Health Services Children with Special Health Care Needs Immunizations Women, Infants and Children Nutrition Program (WIC) Division of Mental Health	Inclusive Early Childhood Education AA and BA P-16 (in collaboration with VIDE)	Office of the Governor, Early Childhood Comprehensive Services Grant Department of Justice, Paternity and Child Support VI Board of Education Lutheran Social Services, Early Head Start Frederiksted Health Care Inc. STT East End Medical Center VI Partners for Healthy Communities Private Child Care Centers and Preschools Virgin Islands Behavioral Services Catholic Charities Community Foundation of the Virgin Islands (CFVI) VI Parents Coalition for Change VI Army and Air National Guard Family Programs

Programs/Services:

The USVI, through a combination of federal and territorial funding, supports the following early childhood education and development programs and services.

- **Head Start (DHS)**: The Head Start Program, operated by the VI Department of Human Services Office of Preschool Services, provides comprehensive education, health, nutrition and social services to low-income children and their families. Head Start promotes the school readiness of young children from low-income families. The Head Start program is authorized by the Improving Head Start for School Readiness Act of 2007 and supports the mental, social, and emotional development of children. Children are served who are three-years-old by December 31st and up to kindergarten entry age.

  The goal of this federally funded and locally matched program is to improve children's chances for success in school and later life. Programs must meet the federal comprehensive Performance Standards and are monitored according to these. The program itself must engage in an annual self-assessment process. Head Start serves the most at-risk and vulnerable children in the community and strives to be responsive to each child and family's ethnic, cultural, and linguistic heritage. Priority is given to children in foster care and children who are homeless. Ten per cent (10%) of the enrollment must be children with disabilities or developmental delays and eligible for Special Education Services. Ninety per cent (90%) of the families must be at or below the federal poverty level.

  Head Start encourages the role of parents as their child's first and most important teachers. Staff builds relationships with families that support positive parent-child relationships, family well-being, and connections to peers and the community. Head Start is recognized nationwide as the primary empowerment program for low-income families, involving them in all aspects of service delivery and decision-making for the program.

  The Department of Human Service successfully re-competed for its funding as part of the Federal Office of Head Start Designation Renewal System and has been awarded a 5 year grant beginning July 1, 2013 to June 30, 2018. Additionally, the Head Start program has received funds to build a new 10 classroom building in Frederiksted to consolidate many of the west-end sites, due to open during the 2014-15 school year. Additional plans include consolidating Christiansted classroom sites and re-organizing Head Start to reduce some of the overmatch.

The Head Start Program is the largest and most comprehensive early childhood education program serving three and four-year-old children in the territory, providing health, educational, social, and family services. The funded enrollment is 894 children, although throughout the 2013-14 school year 964 were served from 888 families. Of these children, 104 children have been identified with developmental delays or disabilities and are served within Head Start classrooms in an inclusive program through a cooperative agreement with the Department of Education, Division of Special Education Services.

All children are served through a class-based program in 45 classrooms utilizing the High Scope Curriculum. This evidenced-based curriculum is one of several that meet the federal Head Start Performance Standards. The cost per child is $12,606 for fiscal year 2014, with the federal share at $9,415 per child for the comprehensive program of services.[103] These figures do not include construction funds of $3,458,752 for the new Frederiksted center.

	St. Thomas/St. John		St. Croix	Total slots	Total Served
# of children enrolled	440	20	504	894	964
# of 3-year-old (born 2010 and eligible for K school year 2015-16)	164		219		383
# of 4-year-olds (born 2009 and eligible for K school year 2014-15)	296		285		581
# on waiting list (June 30, 2014)	370	27	411	808	
# of classrooms	18	1	26	45	

Federal Head Start Performance Standards require all children to receive medical and dental evaluations and developmental and sensory screening, as well as, follow-up and treatment. In stateside programs, since 90% of Head Start families must be below the federal poverty threshold, they automatically qualify for Medicaid which pays for these services. This is not true for Head Start families in the VI, where a family of four must earn at or below $9,500/year to be eligible for Medicaid. Only 51% of USVI Head Start children qualify for Medicaid, requiring the local program to pick up the costs, adding to the local share of costs.[104]

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[103] Information provided by the VI Department of Human Services.
[104] Ibid.

Regarding Head Start families, 48% of parents are unemployed, 81% are single parent families, and 57% have a high school diploma or GED. In response to the low high school graduation/GED rate among parents, the Head Start Program assists families with their career development goals through community networks. Families interested in obtaining their GED can participate in Head Start's One-Stop GED Program and/or they can attend classes at Department of Education or Department of Labor.

Head Start's GED Program offers parents information on test schedules, free adult reading and/or GED classes, and Pre-GED and GED workshops to combat test anxiety. Parents may also obtain a GED book from Head Start's Book Lending Program, register for the Pre-GED and GED workshops at the Parent Involvement Office, and take the tests at the Head Start facility.

Head Start, recognized nationwide as an empowerment program for low-income families, involves them in all aspects of service delivery and decision-making for the program. The belief is that if parents are involved in their children's education from the earliest age they will continue to remain involved. Studies have shown that parental involvement is a key component of student success. This includes fathers. Head Start makes special efforts to involve fathers with special father-child activities held throughout the year.

- **Early Head Start (Lutheran Social Services):** The Early Head Start (EHS) Program promotes healthy prenatal outcomes for pregnant women, development of very young children (ages birth to 3 years), and healthy family functioning. EHS is a federally-funded program requiring a local 20% match serving low-income families with infants and toddlers and pregnant women. In the USVI, the EHS Program, operated by Lutheran Social Services of the Virgin Islands, serves children and families on the island of St. Croix. EHS has a federally funded enrollment of 24 pregnant women, 24 children and families served through a home visiting model, and 72 children in a class-based program for a total of 120 served. The cost per child is $15,425 for full calendar year. Funding is not separated out by type of program/service provided.[105] Costs to serve infants and toddlers in the EHS program are generally greater than services to preschool-aged children due to the small class size and adult-child ratio requirements of eight children to two adults.

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[105] Information provided by Lutheran Social Services of the Virgin Islands

Eligibility for EHS is the same as the Head Start program, requiring that 90% of families are at or below the federal poverty threshold and 10% have identified disabilities or developmental delays. Children with disabilities or developmental delays are served through a cooperative agreement with the Department of Health, Infants and Toddlers Program (Part C).

The following chart provides information regarding Early Head Start families.[106]

% of parents unemployed	% of single parent families	% high school diploma or GED
56%	97%	73%

The EHS Program utilizes nationally recognized curricula, the Infant and Toddler High Scope Curriculum for the center-based and home-based programs and Partners for a Healthy Baby with pregnant women and newborns in the home-based program. Similar to the Head Start program, EHS must ensure that their selection of curricula meet the federal Head Start/Early Head Start Performance Standards. EHS must also follow the same health and developmental requirements outlined in the Performance Standards as the Head Start program as described above.

Due to the small federally funded enrollment (96 infants and toddlers and 24 pregnant women) in combination with the comprehensive services required by the federal EHS mandates, it has not been cost effective for Lutheran Social Services to expand to St. Thomas and St. John at this time. It is hoped that in the future, federal funding opportunities with local funding support for their required match will enable Lutheran Social Services to expand the EHS program to St. Thomas and St. John.

- **Child Care and Regulatory Services, Subsidy Program (DHS)**: Child care subsidies are provided to low income working parents or parents enrolled in school or training programs. The Child Care program determines the eligibility of families to receive child care subsidies based on a sliding scale for infants to after-school (birth to 14 years). Throughout 2013, a total of 643 were served from 441 families, in addition to summer camp assistance.[107]

  Effective October 1, 2009 the maximum monthly reimbursement for infant, toddler, and preschool care was increased from $280 to $300. Even with this increase, the USVI has one of the lowest subsidy reimbursement rates in the country at an annual rate of $3,600, far below the estimated costs of quality based on a school year in the following chart (on the following page). [108]

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[106] Ibid.
[107] Figures provided by the VI Department of Human Services, "Fiscal Year 2015 budget Presentation."
[108]Model developed by the Institute for Women's Policy Research (IWPR) and Early Childhood Policy Research (ECPR), *Preschool Matters* (2008).

"Although many VI parents struggle to pay for child care, by national standards, child care in the Territory is inexpensive. The downside to this is that rates charged for child care in the VI are also clearly out of sync with estimates of what it costs for *high quality* child care in the U.S. ***Keeping reimbursement rates at or close to current levels, and using the current market rates to gauge where these rates should be set, will continue to be among the most significant barriers to increasing access to high quality child care for low-income families in the VI.*** Until reimbursement rates come into line with the true cost of child care and more families that are eligible for them can access them, this resource, which is supposed to be helping low-income families access quality child care, may actually be hurting them by creating an even bigger divide among the have and the have-nots in the VI. Unfortunately, even taking the step of setting reimbursement rates higher, such as at the 75th percentile, would mean a large reduction in the number of families served by

Table 1: Summary of Costs Per-Child/Hour and Per-Child/Year by Quality Level

Class Size	Per-Child, Per-Hour Costs			Annual Per-Child Costs, 185 days per year		
	15	17	20	15	17	20
Teacher Qualifications	3-Hour Program					
Bachelor's Degree I	$8.82	$8.12	$7.33	$4,893	$4,506	$4,071
Bachelor's Degree II	$7.91	$7.32	$6.66	$4,390	$4,062	$3,694
Associate's Degree	$7.11	$6.62	$6.06	$3,947	$3,672	$3,361
CDA	$6.76	$6.30	$5.79	$3,751	$3,499	$3,214
Teacher Qualifications	6-Hour Program					
Bachelor's Degree I	$8.18	$7.49	$6.72	$9,076	$8,313	$7,454
Bachelor's Degree II	$7.27	$6.69	$6.04	$8,070	$7,425	$6,700
Associate's Degree	$6.47	$5.99	$5.44	$7,184	$6,643	$6,035
CDA	$6.12	$5.67	$5.17	$6,792	$6,298	$5,741
Teacher Qualifications	9-Hour Program					
Bachelor's Degree I	$8.20	$7.42	$6.54	$13,649	$12,348	$10,884
Bachelor's Degree II	$7.14	$6.48	$5.74	$11,889	$10,795	$9,564
Associate's Degree	$6.21	$5.66	$5.05	$10,338	$9,427	$8,401
CDA	$5.80	$5.30	$4.74	$9,652	$8,821	$7,887

Source: Pre-K Now, using IWPR calculations.
Notes: 1) Costs include direct and indirect service costs and system infrastructure costs except workforce development.
2) Data on teachers' salaries come from the "National Prekindergarten Study" (Gilliam 2006) and U.S. Department of Labor, Bureau of Labor Statistics 2007b (for Bachelor's Degree I).

child care subsidies altogether. The VI is literally between a rock and a hard place when it comes to determine how to best use CCDF (Child Care Development Funds) monies to promote access to high quality care for low-income families."[109]

This cost estimation model in the chart is designed to enable policymakers to determine a per-child estimate across 12 levels of quality. The estimation model is based on a study regarding the characteristics that provide benefits to children and families according to the Institute for Women's Policy Research's report, *Meaningful Investments in Pre-K*. The cost grid provides a

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[109] Jaeger (2013).

general guide to assess the potential change in costs for moving from one level of quality to the next. The cost estimates considered the cost of quality based on three class sizes--20, 17 and 15 children per classroom, four teacher qualification/pay levels, and the cost analysis for three, six and nine hour day Pre-K programs. The estimates are based on a 185-day program (or typical school year, not on an annual basis). It should also be noted that the cost estimates are based on 2008 figures and that typically costs will have increased over the last six years. One could also compare the cost per child in other programs: The cost per child in the USVI Head Start program is $12,606 based on a school year calendar; the cost per child for the Early Head Start Program is $15,425 for a year-round program (including their home-based and class-based models); and the child care subsidy rate is $3,600 per calendar year..

Client profile:[110]

Children Served by Child Care Subsidies

ISLAND	2008	2009	2010	2011	2012	2013
STT/STJ	424	577	626	681	425	330
STX	212	447	547	539	359	313
TOTAL	636	1,024	1,173	1,220	784	643

FULL YEAR	2008	2009	2010	2011	2012	2013
Infants	16%	16%	23%	22%	18%	12%
Pre-School	60%	60%	55%	46%	61%	49%
After School	24%	24%	22%	32%	21%	39%

Families Served with Child Care Subsidies

ISLAND	2008	2009	2010	2011	2012	2013
STT/STJ	266	362	412	402	277	219
STX	133	261	347	355	260	222
TOTAL	405	623	759	757	537	441

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[110] Figures provided by the VI Office of Child Care and Regulatory Services, VI Department of Human Services

Single parent families served with Child Care Subsidies

FY YEAR	2008	2009	2010	2011	2012	2013
% Served	98%	98%	98%	98%	98%	98%

The waiting list as of October, 2014 for subsidized child care is as follows. It should be noted that the ages range from birth to 14 years and that it fluctuates on a regular basis.[111]

CATEGORY	St. Thomas / St. John	St. Croix	Total
Children	735	415	1,150

- **Child Care and Regulatory Services, Licensed Child Care (DHS):** Through statutory responsibility, the Department of Human Services monitors and licenses child care facilities including child care centers, family day care, group homes, after school programs, religious-based programs, and summer camps, as well as Head Start and Early Head Start centers - and, when funded, state PreK programs. the following chart represents figures for the 2013-14 school year.

ISLAND	# Child Care Centers serving children Birth – 5 years[112]	Capacity: Birth - 2 years[113]	Capacity: 3 - 5 years[114]	# Children Enrolled Birth – 2 years[115]	# Children Enrolled 3 – 5 years[116]
St. Croix	57	238	1512	147	654
St. Thomas	72	485	1627	279	1038
St. John	13	34	213	22	109
TOTAL	142	757	3,352	448	1,801

Curricula vary across programs, although the overwhelming majority utilizes a teacher-directed, academically-based curriculum focused on workbooks, flashcards, and little child-initiated activities or play. In a 2009 study of a sampling of early childhood

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[111] Ibid. It is unknown whether the waiting list for Head Start and Child Care subsidy includes any of the same children.

[112] This number does not include Head Start and Early Head Start as they are accounted for above. Information from the VI Department of Human Services.

[113] Ibid.

[114] Ibid.

[115] Ibid.

[116] Ibid.

settings across the USVI, findings indicated that children's basic needs in terms of health and safety are not being met adequately; most children do not have opportunities to engage in activities which promote their development across all domains; most programs do not have adequate materials to support stimulating and developmentally appropriate learning activities; most programs lack safe outdoor equipment; most children spend too much time in whole group activities and have few opportunities for play or self-directed learning; and, although most interactions between the children and teachers are positive, the environment in many programs is stressful because of developmentally inappropriate environments and expectations.[117]

Several initiatives focus on the improvement of quality across all programs including Revised Rules and Regulations for licensed child care (2010), publishing of *The Virgin Islands Early Learning Guidelines* (2010) and *The Infant and Toddler Developmental Guidelines* (2013), the development of a curriculum for teachers to earn their Child Development Associate Credential (2014), and the development of *VI Steps to Quality*, VI Quality Rating Improvement System. A pilot launch of the QRIS began in July 2013 with 24 child care and Head Start centers. (See page 80 for details about the pilot program.)

In the 2013-2014 school year, the Office of Child Care and Regulatory Services provided scholarships to 14 private child care staff to attend the Inclusive Early Childhood Education program at the University of the Virgin Islands. Three received degrees.

- **Territory-Funded Pre-K:** In March 2012, the Governor signed legislation establishing Pre-K programs to be operated by the Department of Education as funding becomes available in alignment with the Child Care Rules and Regulations, the *VI Early Learning Guidelines,* and the QRIS. The Quality Education Work Group of the ECAC developed recommendations and considerations for planning and implementing the Pre-K program, including information regarding a mixed-delivery system in cooperation with Head Start and Child Care.

- **Kinder-Camp:** In the summer of 2012, the Department of Education in the St. Thomas District launched a summer enrichment program, "Kinder-Camp" aimed at children who have not had a preschool center-based experience prior to kindergarten entry, as these children may be more at risk for school failure. Seventy-five children attended each of the last three summers at Lockhart Elementary School. In the summer of 2014, the Community Foundation of the Virgin Islands sponsored a similar program at E. Benjamin Oliver School, where 25 children attended. Teachers reported that children quickly learned the expected routines and improved their communication skills, cooperation, persistence, and sense of self - all skills that research indicate contribute to school success. Parents indicated that the program met with their expectations, kept them informed and gave ideas of how to further assist their children in the home setting.

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[117] Jaeger, E. & Hirsh, E. (December 2009).

- **Home-visiting programs**: Currently, there are several Home Visiting programs implemented in the VI: Early Head Start operated by Lutheran Social Services, the Maternal and Child Health Program operated by the Department of Health, and a service coordination program for pregnant women and mothers of newborns operated by VI Partners for Healthy Communities (formerly VI Perinatal, Inc.).

Early Head Start (EHS) currently serves 24 pregnant women and 24 infants and toddlers through a home-visiting model (see above description of Early Head Start, above).

Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program:[118] In 2010, the Department of Health received federal funding from the Affordable Care Act to conduct planning activities and a Territorial needs assessment as required for the MIECHV Program. In 2011, the Department was awarded additional funds under a formula-based grant to support program implementation for MIECHV. The intent of the MIECHV Program is to strengthen and improve programs and activities carried out

under Title V (Maternal Child Health), to improve coordination of services for at-risk communities, and to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

The MIECHV Program is viewed as one service strategy aimed at developing comprehensive, high-quality early childhood systems that promote maternal, infant and early childhood health, safety and development, and strong parent-child relationships in targeted at-risk communities. The Strengthening Families work group of the ECAC serves as the advisory committee for the MIECHV Program. Through the needs assessment process, high-risk communities on St. Croix and St. Thomas (with St. John serving as a catchment area) were identified as target areas for receiving home visiting services.

Two evidenced-based models were selected for implementation: Nurse Family Partnership (NFP), which focuses on at-risk first-time mothers, is being implemented on St. Thomas, and Healthy Families America (HFA), which serves families prenatally or right after birth through the age of three, is being implemented on St. Croix. The Department of Health identified "Efforts to Outcomes," a web-based client data management system, as the selected database for the collection and monitoring of participant data, tracking home visiting program outcomes, and reporting on the federally required benchmark areas. Data collected will be used to inform and support on-going quality improvement efforts for NFP, HFA, and the overarching MIECHV Program.

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[118] Information from the VI Maternal Child Health Program, VI Department of Health

The MIECHV Program has provided the USVI with the ability to service and collectively impact some of the Territory's most at-risk families by supporting the implementation of evidenced-based programs, providing needed jobs and capacity building in the field of early childhood. Due to this funding we will be able to target improvements for approximately 100 families throughout those impressionable first years from pregnancy to parenting, including school readiness, domestic violence, family self-sufficiency, as well as, by supporting interagency partnerships to further build comprehensive early childhood and trauma informed systems and thus positively impact longitudinal outcomes for our population's most at-risk.

Over the last year and a half both programs have been fully staffed, trained, and serving families according to the specific requirements of each evidenced-based model. HFA staff on St. Croix consists of a program supervisor, two home visitors, family assessment worker and a data entry person; they are currently serving 64 clients. The NFP Program consists of a nurse supervisor, two home visitors and a data entry person, and currently serve 24 first-time mothers on St. Thomas.

<u>VI Partners for Healthy Communities (formerly VI Perinatal, Inc.)</u>: See below.

- **Social Services**: The VI Department of Human Services (DHS) operates a variety of programs that impact young children and families. In addition to administering the Head Start and Child Care subsidy and regulatory programs, DHS administers Family Assistance Programs (TANF, SNAP, MAP, Energy Assistance); Child Abuse, Neglect and Foster Care services; Juvenile Justice; and numerous grants to private agencies for such services as parenting programs and residential care for children with disabilities or for abused and neglected children. There are numerous private agencies that provide services and supports to young children and families in areas related to substance abuse, family violence, mental health, and child abuse and neglect throughout the territory.

- **Health and Nutrition Services**: The Department of Health (DOH) functions as both the state regulatory agency and the territorial public health agency. DOH has direct responsibility for conducting programs of preventive medicine, including special programs impacting young children and families including Maternal and Child Health and Children with Special Health Care Needs; Family Planning; Women Infants and Children (WIC); Infant and Toddler Program (part C of IDEA); Immunization; Environmental Health; Division of Mental Health, Alcoholism and Drug Dependency; and Early Periodic Screening and Diagnostic Treatment (EPSDT). DOH also is responsible for health promotion and protection, regulation of health care providers and facilities, and policy

development and planning, as well as maintaining the vital statistics for the population. In addition, health care is provided through two 330 Community Health Clinics, East End Medical Center and Frederiksted Medical Center (see below).

<u>Women, Infants and Children Program (WIC)</u>: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. In the VI, the WIC program is administered through the Department of Health. To be eligible for WIC, applicants must have income at or below an income level or standard set by the State agency or be determined automatically income-eligible based on participation in certain programs or be considered at nutritional risk. The State agency's income standard must be between 100 percent of the Federal poverty guidelines (issued each year by the Department of Health and Human Services), but cannot be more than 185 percent of the Federal poverty income guidelines. The VI program has selected the upper limit for eligibility.

To meet the nutritional risk requirement, applicants must be seen by a health professional such as a physician, nurse, or nutritionist who must determine whether the individual has medical-based or dietary-based conditions. Examples of medical-based conditions include anemia (low blood levels), underweight, or history of poor pregnancy outcome. A dietary-based condition includes, for example, a poor diet. At a minimum, the applicant's height and weight must be measured and blood work taken to check for anemia. An applicants must have at least one of the medical or dietary conditions on the State's list of WIC nutrition risk criteria.

The average participation for the WIC Program for FY 2013 was 4,938 from October 2012 to June 2013 with an average breakdown as follows: Pregnant women 365, Breastfeeding Women 596, Non-Breastfeeding Women 132, Infants 1069, and Children 2,225. The total number of children participating in the WIC program (birth to 5 years) is 3294, representing over 41% of the total USVI population of this age group of 7,978.

Screening: Children enrolled in Head Start and Early Head Start, as mandated by their federal guidelines, receive medical and dental evaluations, as well as, developmental, vision, and hearing screenings and follow-up treatment if needed. These services are covered by Medicaid, for those eligible. For others, the responsibility for payment rests with the Head Start/Early Head Start

Programs. All children attending licensed child care centers are required to have up to date physical evaluations and lab work as mandated by the Child Care Rules and Regulations. Families pay for this through MAP, private insurance, or out-of-pocket.

Free developmental, hearing, and vision screening is provided by the Department of Education, Office of Special Education for children ages three to five years and by the Department of Health, Infants and Toddlers Program for children ages birth to three years, as required by the Individuals with Disabilities Education Act. Screenings are also provided at community-wide screening events. If indicated by screening results, a comprehensive evaluation is conducted to determine eligibility for early intervention, special education, and/or related services. The Department of Health Women, Infants, and Children Program (WIC) conducts nutritional evaluations, which includes BMI and blood work, at enrollment and recertification.

There is concern that some children may be falling through the cracks and not in a position to have consistent well child check-ups, dental evaluations and developmental, nutritional, hearing and vision screening. This may be particularly true for those not enrolled in Head Start, Early Head Start, licensed child care, or WIC. Some children may be receiving some services and not others. In response, the ECAC has conducted interagency Children's Health Fairs for the past four years and expects to continue to do so at least on an annual basis.

The Maternal Child Health and Children with Special Health Care Needs (MCH & CSHCN) program offers a system of family-centered, coordinated, community-based, culturally competent care, assuring access to child health services that includes medical care, therapeutic and rehabilitative services, care coordination, home visiting, periodic screening, referrals and access to a medical home for children ages birth to 21 with disabilities and chronic conditions. Services are provided either directly through federal Title V funding or by referral to other agencies and programs that have the capability to provide medical, social, and support services to this population. The vision of MCH & CSHCN is to see all children and families receiving as their right, quality, holistic health care. The mission is to provide the clients and community they serve with accessible, family-centered health services that promote the well-being of children and families in an environment that is inviting, courteous, respectful, and values patient confidentiality. Goals of the program include:
1. Facilitate the development of a system of care in the territory that improves the health of women of childbearing age, infants, children, and adolescents through availability of appropriate services that optimize health, growth and development.
2. Assure access to quality health care for women and infants, especially those in low income and vulnerable populations, in order to improve pregnancy and birth outcomes and promote good pregnancy outcomes.
3. Improve the health status of individuals from birth to age 21, including those with special health care needs, disabilities or chronic illnesses diagnosed at any time during childhood, through comprehensive, coordinated, family-centered, culturally-competent primary and preventive care.

4. Provide a system of care that eliminates barriers and health disparities for vulnerable and unserved or underserved populations.
5. Provide on-going and continuous evaluation of services and systems throughout the territory related to improving the health status of women, infants, children, children with special health care needs, adolescents and families.
6. Enhance program planning and promote policies that will strengthen MCH infrastructure.
7. Optimize perinatal outcomes through prevention of maternal and infant deaths and other adverse outcomes by promoting pre-conceptual health, utilization of appropriate services; assuring early entry into prenatal care, and improving perinatal care.

The MCH & CSHCN Program conducted a total of 1,166 newborn hearing screenings territory-wide in 2013. In the St. Thomas/St. John district, 2,512 children were served at the MCH clinic. On St. Croix, which serves both pediatric and prenatal services, there were 239 prenatal clients enrolled with 1,196 encounters and 847 pediatric clients seen in 2013.

Community Health Centers: Frederiksted Health Care, Inc. on St. Croix and St. Thomas East End Medical Center are federally qualified health centers that provides primary medical, dental and behavioral health to their respective communities

Frederiksted Health Care, Inc: has 4 sites – the main site at the Ingeborg Nesbitt Clinic in Frederiksted, where both medical and dental services are provided at this site, as well as laboratory services. St. Croix Educational Complex School Base Health Center hosts the only federally qualified school base health center in the Caribbean. Primary care health services are offered to the students and faculty to include GYN exams, prenatal, behavioral therapy, HIV testing and STD care. Frederiksted Health Care, Inc. Dental East, located in the Easterly building in Estate Orange Grove Christiansted St. Croix, offers dental service only. The Northshore Health Center offers primary care medical and laboratory services at 6C La Grand Princess.

Frederiksted Health Center (FHC) provides well child examinations; that includes preventative physical examination, developmental screening, immunization updates, laboratory testing and parental anticipatory guidance. We accommodate the Early Head Start and Head Start programs to ensure that laboratory services and medical appointments are accessible for children entering these programs and continuous updates on those children who are in the programs are provided. FHC has a Sliding Fee Discount Program which makes care affordable to all in the community.

During the calendar year 2013, FHC completed 1053 developmental screenings on their pediatric patients' ages 1month through age 5 years. Additionally, for 2014, FHC has conducted 590 screenings on the same age group thus far. FHC provides prenatal services to pregnant women to ensure that mother and baby receive the care recommended. In 2013, 349 prenatal patients were seen.

FHC also participates in the Vaccines for Children Program in which all children are vaccinated based on the CDC recommended immunization schedule despite the ability to pay as part of a comprehensive preventative physical examination. This program assists FHC in promoting preventative measures against childhood communicable disease such as polio, measles, mumps, rubella, and hepatitis B, to name a few.

In 2012, FHC began offering comprehensive general dentistry for all ages. FHC provides full examinations, cleanings, oral hygiene instruction, anticipatory guidance for parents, and fluoride varnish treatments for all babies and children 0-5 years old. The dental department has spearheaded a new program in which children ages 6 to 12 years old receive sealants as a preventive measure against dental caries. It is important to note that sealants are not applied before age 6.

In 2013, a hygienist was hired who has been able to focus on prevention. In the first five months of 2013, 51 patients had sealants administered, which is double the amount for 2012. Over 100 patients have had sealants administered since January 2013. FHS provided services for children scheduled on site, made special provision for Head Start and off-site for Early Head Start enrollees. Inhalation sedation (i.e. laughing gas) was made available for restorative treatment (i.e. fillings, extractions, etc) on children under age 5, beginning in 2012. FHC offers pediatric full mouth rehabilitation services using general anesthesia for children under 5 with extensive dental caries.   There are many children in our community with severe caries. In these cases, the child is sedated and all affected teeth are removed in one sitting.

The FHC behavioral health specialist has implemented a new screening tool that patients complete while waiting to see the providers. This tool screens for 9 different behavioral health conditions, including anxiety disorder, bulimia, post-traumatic stress disorder, and depression. There is a push to ensure that all prenatal patients are screened with this tool at least once during their pregnancy.   FHC providers can also refer patients to FHC's therapist for treatment if the provider is concerned that a patient appears to have any behavioral health issues.

FHC also offers nutrition counseling to all patients as needed with a dietician. Physicians, who identify patients, whether children or adults, who are underweight or overweight, or needs to control their disease through diet, are referred for nutritional counseling and management.

Other services provided by FHC include optometry services to all patients, both children through; podiatry services to all patients regardless of age as needed; and care and treatment to children born with HIV or AIDS. FHC administers the Ryan White Part C program which offers primary care support and case management to persons of all ages with HIV and AIDS and their families.

In 2013, FHC began offering 340B discounted drugs for all of its patients. This program greatly reduces the cost of medication and makes prescription affordable and accessible for all FHC patients. Many patients with chronic illness have shared that previously, they had out of pocket expenses of $850 for their medications and now since participating in FHC's 340B program they now have expenses of only $150 out of pocket.

St. Thomas East End Medical Center: The mission of the St. Thomas East End medical Center is "to provide comprehensive, cost efficient, high quality, community-based, affordable services that address the health and medical needs of the St. Thomas and St. John District, without regard to race, religion, color, or ethnic origin." St . Thomas East End Medical Center provides comprehensive primary medical and dental services to children and adults of all ages.   These services include dental (adult and pediatric), geriatrics, women's health, obstetrics, pediatrics, men's health, immunizations, HIV Care, TB screening, laboratory services. Family planning and obstetrical services are offered. Nutrition counseling is also available. health screenings provided include: blood pressure, breast cancer, cervical cancer, cholesterol, glucose testing, free HIV testing, and pregnancy testing.

 VI Partners for Healthy Communities (formerly VI Perinatal, Inc.): Virgin Islands Partners for Healthy Communities (*formerly known as VIPI)* is a 501(C)3 Non-profit Organization serving the Virgin Islands community for over 14 years. VIPHC's care coordination model incorporates multiple components that include: case management, outreach, referral and follow-up, health and nutrition education, chronic disease management support, transportation, Spanish/Patois interpretation/translation, pharmaceutical assistance and social marketing. Utilizing these services, culturally and linguistically respectful staff assists clients experiencing a high-risk pregnancy or person diagnosed with diabetes or hypertension to improve health outcomes and reduce health risk behaviors. The "Promoting Healthy Families" target population remains low income, underserved and vulnerable populations; specifically women, children and families.

Late last year, in addition to the usual social determinants of health such as poverty, limited educational attainment, crime and violence victimization/perpetration, poor environment and sub-standard housing, the program witnessed new risk factors in males, displaced former HOVENSA employees made especially vulnerable due to their often progressed chronic disease, age, lack of health insurance and viable employment. The program assisted this population through the Pharmacy Assistance Program, intensive case management, referral, and health education. All enrollees of this population established medical homes and eliminated their reliance on the Juan Luis Hospital (JFL) Emergency Room for primary care due to the successful collaboration with JFL discharge planner, emergency room staff, and social worker. Unfortunately, without an economic boom on the immediate horizon or expanded public health insurance coverage, the program anticipates receiving more referrals for this population.

The "Promoting Healthy Families Initiative" saw a reduction in the service population in 2013, due to the loss of a case management position (funding cuts), the unexpected relocation off-island of another staff member and other staffing changes. A total of 231 clients (198 females and 33 males) and their families were served. 72 or 31% of enrollees were high-risk pregnant clients, with 61% of these entering prenatal care in the first trimester, achieved in large part through a strengthened collaboration with the MCH staff.   From this population 61 babies were born and 1 miscarriage occurred. 85% of deliveries were normal birth weight and 73% of the 61 births were vaginal. 85% of new mothers initiated breastfeeding, and 70% were still breastfeeding at 3 months post partum. This increase can be attributed to consistent promotion, education, support and collaborative strategies with WIC and JFL to overcome the barriers to breastfeeding faced by clients, especially during the post-partum phase. A total of 126 house visits were made for program enrollees.

Home visiting was enhanced this year on St. Croix by the start-up of Healthy Families VI, an evidenced-based program designed to work with high risk (socio-emotional, mental economically, distressed) families from pregnancy to 3 yrs post partum administered by the Frederiksted Health Center (see "Home Visiting" above). VIPHC welcomed the services and expertise brought by this program and referred clients, collaborated and invited their staff to participate in a meeting with Labor & Delivery Providers at Juan Luis Hospital and a special tour of the NICU.

VIPHC, despite budgetary constraints, continues to promote previous initiatives related to inter-conception care, reproductive life planning and perinatal depression screening by Family Planning, Healthy Families VI, Juan Luis Hospital, and at all appropriate points of women's health care.   Provider shortages at the public health clinics during the past year at times unfavorably impacted access to care but referrals to VIPHC's pharmacy assistance program have increased steadily. VIPHC continues to participate on the Early Head Start Health Advisory Committee, Tobacco Prevention & Control Program, ECAC, VI Energy Advisory Board & Weatherization Program, AETC & AARP trainings, Public Health Fairs, Children's Health & Wellness Screenings, Best Beginnings and supports many other local initiatives related to community health, access to care, collaboration and creating environments that support and sustain healthy families.

- **Early Childhood Special Education (Part B)**: The Early Childhood Special Education Program (ECSE)of the Department of Education, Office of Special Education Services, provides special education and related services to children with disabilities and/or developmental delays ages three through five years (or until kindergarten entry). An Individualized Education Plan (IEP) is developed with the parent which delineates the goals and objectives and types and frequency of services to be provided. There is no publicly funded or mandated Pre-K, therefore, services are provided wherever the children are - Head Start, community-based child care or preschool, or in the home. Most children enrolled in the ECSE Program are included in Head Start and other private child care programs with their typically developing peers. Specialists visit children in these settings to provide integrated therapy and consultation to their early childhood teachers. The Department of Education and Department of Human Services Head Start Program have a cooperative interagency agreement to facilitate collaboration and ensure that children with disabilities and/or delays receive appropriate services. There is also an interagency agreement between the Departments of Health, Human Services and Education to ensure that all children receiving early intervention services (birth to three) have eligibility determined and an IEP in place and implemented by their third birthday, if necessary.

- **Infants and Toddlers/Early Intervention (Part C)**: The Early Intervention Program, administered by the Department of Health, serves children birth to three years of age with diagnosed disabilities, developmental delays, or substantial risk of significant delays and their families, in the child's natural environment. An Individualized Family Service Plan (IFSP) is developed with the parent which delineates the goals and objectives and types and frequency of services to be provided. A primary focus is to provide support and resources to families to better enable them to care for the special needs of their child.

Children Receiving Early Intervention or Special Education Services

Category	St. Croix	St. Thomas/St. John	TOTAL
Infants and Toddlers (Part C)[119]	101	48	149
Early Childhood Special Education (Part B)[120]	73	90	163

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[119] Figures provided by the VI Infants and Toddlers Program, VI Department of Health as of June 17, 2014.
[120] Figures provided by the VI State Office of Special Education, VI Department of Education as of December, 2013 required Child Count information.

In reviewing the above statistics, members of the ECAC have raised concerns about the transition of children from early intervention to preschool services, as well as, on the identification of children ages three to five years who may be in need of services, particularly on the island of St. Croix. Based on national norms; the fact that more mild to moderate developmental delays are typically identified after the infant/toddler years; and that more children are enrolled in formal preschool, child care, and Head Start programs where teachers observe their progress than in the infant/toddler years, it would be expected that the number of children eligible for and served by Early Childhood Special Education would be greater than those eligible for Early Intervention (Infants and Toddlers). This is the pattern on St. Thomas, yet not the case on St. Croix. There is some concern that children are "falling through the cracks" who may be in need of services that we could catch earlier thus ensuring the prospects for better outcomes.

- **Paternity and Child Support:** The Office of Paternity and Child Support within the Department of Justice aims to educate the public on the importance of parent/child relationships. They foster the belief that noncustodial parents should have access to their children knowing the importance of such relationships to the parent and the child, as well as, recognizing that noncustodial parents, who have access to their children, generally, are more willing to pay child support. Mediation services and other counseling services are available to families as a result of grants funded by the Administration of Children and Families. The Office is also trying to make it easier for parents to pay their monthly obligations by offering a payment portal online using credit or debit cards to pay monthly support.

- **Department of Education (VIDE)**: VIDE developed strategies within their 2014-2019 Strategic Plan that focus on partnerships with early childhood agencies and community organizations (birth-grade 3) to create a seamless system of services and improve school readiness. The following is quoted from their Strategy 1B: Build partnerships with early childhood agencies and community organizations (birth-grade 3) to create a seamless system of services and improve school readiness.
  - State Roles and Responsibilities
    - Collaborate with early childhood agencies and community organizations to develop policies and procedures about the system of services
    - Communicate and provide technical assistance to the districts about early childhood development and the system of services
    - Collect date on early childhood outcomes
    - Develop a method to capture family information and needs

- District Roles and Responsibilities
  - Provide system of support for students and families and monitor interventions
  - Extend learning opportunities around early childhood education to early childhood service providers and agencies
  - Identify students and outreach to families in need of support
  - provide technical assistance to teachers and administrators about early childhood development and the system of services
  - Utilize data on early childhood outcomes
  - Utilize the method to capture family information and needs
  - Monitor and support appropriate teacher placement within the district
- School Roles and Responsibilities
  - Collaborate with early childhood providers on PreK-3 transition
  - Provide learning opportunities for parents around early childhood education
  - Inform district about services/programs needed to assist early childhood students and families
  - Determine appropriate teacher placement within school"

Virgin Islands ECAC Strategic Plan

Vision: All children in the VI thrive, grow, and learn in safe, nurturing, healthy families and communities.

Mission: To develop a high-quality, coordinated, sustainable system of supports and services for young children and their families so all children (ages birth through third grade) are safe, healthy, successful.

GOALS

Governance and Financing
All sectors are engaged in creating and sustaining collaborative structures to ensure an effective early childhood system.

Health and Wellness
Children are healthy and able to succeed.

Quality Education
Children and families have increased access to high quality educational opportunities in nurturing environments.

Professional Development
Individuals who work with and/or on behalf of children and families have access to a comprehensive coordinated cross-sector professional development system.

Strengthening Families
Families have resources and supports they need to promote their children's optimal development.

OBJECTIVES

Governance and Financing
- Establish and sustain a structure within the executive branch to coordinate planning, financing, delivery, and evaluation of the system and initiatives
- Increase the capacity of partnerships to improve, coordinate and expand delivery of services and programs
- Increase public-private investments and braiding of funding streams for maximum impact
- Track identified outcome indicators through accountability and data collection
- Engage in community awareness campaigns to inform the community about progress and best practices

Health and Wellness
- Increase access of families with children prenatal to eight years to health insurance and a full range of quality prevention, early intervention, and treatment services so that their children are healthy and meet their needs
- Increase access of families with children prenatal to eight years to the information they need to promote the health of their children and provide healthy environments to optimize their children's growth and development

Quality Education
- Provide a vehicle for collaboration among educational programs and agencies serving children birth through third grade
- Promote and support features of high quality inclusive early childhood programs birth through third grade
- Develop strategies for outreach to improve quality of Family Friend and Neighbor care
- Advise and assist coordinated efforts for a smooth transition to kindergarten for children and families by ensuring continuity and alignment of programs from PreK through third grade

Professional Development
- Serve as an advisory to the PD System, including development of PD opportunities along the Career Pathways, a registry system, the development of a trainer assurance system, and other initiatives related to the PD of the workforce
- Strengthen continuous cross-sector collaborations to ensure high quality services
- Ensure that there is an infrastructure to support individually appropriate PD that is on-going, accessible, supportive and built on VI Core Knowledge and Competencies, Teacher Effectiveness Standards, and credentialing
- Support early childhood professionals in their efforts to advance along the Career Pathways
- Advocate for equitable compensation

Strengthening Families
Provide opportunities to assist families in developing protective factors that support optimal family functioning and child development
- Family resilience: Competence in coping with crisis and everyday challenges
- Social connections: Having networks of friends and family who provide support
- Concrete supports in times of need: Understanding family needs and knowing where and how to access services and goods
- Knowledge of parenting and child development: Awareness of typical stages of development, ways to promote healthy development, and appropriate discipline methods
- Children's social and emotional competence: Ability to recognize and express feelings; development of pro-social behaviors, self-confidence, self-efficacy, age-appropriate skills that support social adaptation

Governance, Financing, and Infrastructure: All sectors are engaged in creating and sustaining collaborative structures to ensure an effective early childhood system.

Objectives:

- Establish and sustain a structure within the executive branch to coordinate planning, financing, delivery, and evaluation of the system and initiatives
- Increase the capacity of partnerships to improve, coordinate and expand delivery of services and programs
- Increase public-private investments and braiding of funding streams for maximum impact
- Track identified outcome indicators through accountability and data collection
- Engage in community awareness campaigns to inform the community about progress and best practices

Progress:

The ECAC functions as a committee of the Governor's Children and Families Council, chaired by First Lady Cecil deJongh. Prior to receipt of federal funding, staff of the Community Foundation of the Virgin Islands (CFVI), at the request of the First Lady, coordinated the activities of the ECAC and developed the grant proposal to secure federal funding. Federal funding spanned from August 1, 2010 through July 31, 2013. For FY 2014, the Office of the Governor provided funding for the and engaged the Community Foundation of the Virgin Islands in a contract to continue to coordinate the activities of the ECAC as a sub-grantee of the Office of the Governor.

Members of the ECAC submitted recommendations to the Office of the Governor to initiate legislation ensuring its continuation beyond the federal funding period and beyond the Governor's term, both recognizing that the ECAC is mandated by the Improving Head Start Act of 2007 and there has been great value in a mechanism for collaboration. ECAC members believe there is a need to continue to provide support for ongoing collaborative efforts to maintain the progress made and to push the agenda forward on behalf of young children and families. In response to the latest research on child development and early learning, the ECAC recommended an expansion of its focus to include children from birth to third grade rather than just to school entry.[121]

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[121] See the section entitles "Why is a Birth to Third Grade Alignment Important?"

The ECAC has active representation from key agencies that provide services and supports to young children and their families throughout the territory to facilitate collaboration.[122] In order to engage and ensure broader community participation of stakeholders, the ECAC established Work Groups to concentrate on accomplishing specific goals as developed and delineated on page 16 of this report and in the following section. Ongoing Work Groups include the following, with the option of formulating additional Work Groups as the need arises:

- Health and Wellness
- Quality Education
- Professional Development
- Strengthening Families

The ECAC conducts an annual needs assessment and evaluation concerning the current status of the quality and availability of programs and services, which is documented in the annual Strategic Report, and included in this one as well. Agencies throughout the community contribute information to provide a comprehensive look at the status of young children in the territory and the programs designed to serve them and their families.

The ECAC and its members actively advocate, both locally and nationally, for increased participation of children in early childhood programs, improving the quality of programs, and increasing funding to ensure that these can occur. Through collaboration and partnerships, the ECAC and its agency members have engaged in many initiatives to engage in community awareness, build the infrastructure, and improve services. Many of these are discussed in the following pages.

Recommendations for a Unified Data System
The Department of Education is the recipient of federal funds to develop a Longitudinal Data System (LDS). Objectives related to LDS early childhood data include:

To develop an Early Childhood Data System and Integration Plan which includes business and technical requirements
To enhance existing early childhood systems for data collection
To include the assessment and outcome data in the Childcare Integrated Child Data Management System
To integrate early childhood data with K-12/VIVIS

Specific early childhood programs that will be included in the initial phase are Head Start, Child Care, Early Head Start, Infants and Toddlers, and Early Childhood Special Education. Other programs outside of the scope of the initial LDS grant, such as the

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[122] See page 10 for a list of appointed member agencies.

Department of Health Maternal, Infant, Early Childhood Home Visiting and Maternal Child Health Programs and the 330 Clinics, collect valuable data that can inform policy as well, and hopefully, will be incorporated into the LDS in the future.

Members of the ECAC are active participants in collaborating with the Department of Education in making recommendations and meeting the goals of the grant. It is the hope of the ECAC that the collaboration with the LDS will ultimately drive decision-making and policies to improve the quality of early childhood programs and the workforce, increase access to high quality care and education for children, and improve child outcomes. The ECAC shared with LDS leadership information from the National Early Childhood Data Collaborative to help guide their work. Through the collection of data related to early childhood, states are encouraged to answer the following policy questions:[123]

- Are children birth to 5 on track to succeed when they enter school and beyond?
- Which children have access to high quality early care and education programs?
- Is the quality of programs improving?
- What are the characteristics of effective programs?
- How prepared is the early education workforce to provide effective education and care for all children?
- What policies and investments lead to a skilled and stable early care and education workforce?

The Early Childhood Data Collaborative also describes "10 Fundamentals of Coordinated State ECE Data Systems"[124]

1. A unique child identifier
2. Child-level demographic and program participation information
3. Child- level data on development
4. Ability to link child-level data with K-12 and other key data systems
5. Unique program site identifier with the ability to link with children and the early childhood education workforce
6. Program site on structure, quality and work environment
7. Unique early childhood workforce identifier with ability to link with program and sites and children
8. Individual early childhood education workforce demographics, including education and professional development information
9. State governance body to manage data collection and use
10. Transparent privacy protection and security practices and policies

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[123] Data Quality Campaign (2010).
[124] Ibid.

The ECAC identified additional indicators to track progress of the work of the ECAC and to monitor progress toward achievement of its goals and objectives related to other initiatives that consider the whole child, including health and family well-being. There are still gaps in collecting and collating this data Territory-wide and across agencies and sectors, however, we are able to report on much of this information. Additional indicators include information related to the following:

Health and Wellness:
- Access to health care
- Prenatal care and healthy birth outcomes
- Developmental and sensory screening
- Nutritional health
- Dental care
- Infectious disease prevention
- Identification and treatment of chronic diseases/conditions

Strengthening Families
- Family resilience: family economic security and stability
- Parenting knowledge, skills, and abilities necessary to nurture their children
- Concrete supports in time of need
- Social and emotional wellness
  - Children's mental health
  - Mother's mental health
  - Promotion of early childhood mental health in early care and education settings

Quality Education
- Availability - demand, capacity, quality
- Caregiver/teacher wages
- Workforce stability
- Affordability - annual cost per child, cost to family
- Parent Involvement

Continuity in early childhood experiences

Public Awareness of Early Childhood Issues and Work of the Committee
All activities of the ECAC are publicized with press releases and public service announcements through various media outlets including print, radio, TV, and internet news, as well as, to stakeholders, including the ECAC and its Work Group members, through emails. The ECAC annual Strategic Reports compiled with input from ECAC members. At Children's Health and Wellness

Fairs, Agriculture Fairs, and other community events, the ECAC and its collaborative agencies display and disseminate materials to families about available community services, as well as, information about how to care for the needs of their children and how to engage them in positive learning activities.

The ECAC contracted with an advertising agency to assist with its public engagement campaign and messaging on the importance of parents' high quality interactions with their young children to promote development and learning. Messages were designed for radio, TV, and newspaper. The focus is on the theme "The First Years Make the Difference." A logo was created (see cover of the report). A jingle and scripts have been aired on radio and TV.

Posters/materials created for disseminated focused on the following:

- Text4baby posters from the national campaign in English and Spanish stating "One Smart Mom" were disseminated to doctors' offices and clinics, medical laboratories, pharmacies, housing communities, Head Start, and agency offices which serve families with young children. New Text4baby posters produced locally in English and Spanish with the theme, "One Smart Couple."
- Posters entitled, "You can help your child get ready for kindergarten!" with information from the *VI Early Learning Guidelines* have been displayed in Head Start centers and locations throughout the community where children and families frequent.
- Ads and fillers, such as the one to the right, were created and placed in local newspapers
- With the theme of "Every Moment is a Learning Moment," signs have been created to display in grocery carts that provide suggestions to parents about what they can do to engage their children in learning activities while grocery shopping.
- The Family Connection newsletter - with one side focused on "Ready for School," providing information about how parents can help their children learn the skills that will help them to be ready to succeed in kindergarten; and the other on "Transition," which discusses how parents can provide emotional support to children as they transition to school - was distributed to parents at kindergarten registration.
- Posters have been displayed in waiting rooms at doctors' offices, clinics, government and non-government agencies, and other waiting rooms, entitled "While You Wait," which give parents suggestions about how they can engage their children in fun learning activities while waiting for services.

- Posters have been displayed in laundromats, entitled "Doing Laundry," which give parents suggestions about how they can engage their children in an everyday activity, such as doing laundry, and make it a fun learning activity.
- Placemats for children were created with information from the *VI Early Learning Guidelines* and Head Start School Readiness Goals with suggestions about how parents can help children achieve these. They have been disseminated to all Head Start children and will be disseminated to children as they enroll in kindergarten by the Department of Education in Spring 2015.
- "Welcome, Baby!" materials will be disseminated to mothers of newborns as they leave the hospitals. Materials will include:
  - "Welcome Baby" diaper bags
  - Developmental Wheels provided by the Infants and Toddlers Program of the Department of Health
  - Booklets from the American Academy of Pediatrics that help parents keep track of their child's health information entitled, "Your Child's Health Record."
  - Three brochures: "10 Ways to Help Infant's Brain Development," "10 Tips on Breastfeeding with Confidence," "10 Tips on How Dad can Help with the Baby," all available in English and Spanish
  - Picture books for infants to promote early literacy, available in English and Spanish.
- For the past 4 years, the territory participated in National Children's Mental Health Awareness Day during the first week of May by focusing on activities that support social and emotional wellness of young children. The Governor proclaimed the day as VI Children's Mental Health Awareness Day, in conjunction with National Mental Health Awareness Month, and urged participation of people, agencies, and organizations. A 30 second PSA was created with pictures taken locally, entitled "Relationships Matter" to be distributed to local TV media. A hand-out for parents in English and Spanish from the national Born Learning Campaign was distributed focused on how they can support their children's social and emotional development. An activity booklet entitled "My Feelings" was distributed to preschools, child care and Head Start Programs to encourage children to express their feelings.

Summits on Early Childhood Investment: In recent years three summits were held for different populations to communicate the importance of the early childhood years to long term outcomes and success, both in terms of individual development and community well-being.

- Business Leaders Summits were held in 2010, through public and private partnership, to promote investment in early childhood initiatives. Nationally acclaimed experts from Harvard University's Center on the Developing Child, Federal

Reserve Bank of Minneapolis, and Partnership for America's Economic Success presented to business leaders and government officials in both districts.

- Faith-Based Summits were held on St. Croix and St. Thomas in 2012 with the goal of engaging the faith community in discussions about the importance of early childhood brain development and positive experiences and the impact of implementing a Strengthening Families approach on optimal development and prevention of child abuse and neglect. Discussion focused on what the faith-based community is already doing to strengthen families and what could be done to enhance their work. The agenda included both national and local presenters.
- Policymakers Summits on early childhood investment were held on both St. Croix and St. Thomas in 2013 with national experts presenting on early brain development and economic research supporting the importance of investing in quality care and education of our youngest children, from birth to age five years. Local presenters provided information on the status of our young children and the need to act on their behalf to improve outcomes for children and ensure they are ready to succeed when they enter kindergarten, as well as, current efforts in the Territory.

Next Steps:
- Ensure sustainability of the ECAC through legislation
- Advocate for the appropriation of interagency funding to enable the ECAC to continue its work
- Continue to build interagency partnerships and collaborations
- Follow national trends and legislation to advocate for the inclusion of the VI in new initiatives and legislation
- Assist agencies in applying for funding opportunities to support initiatives for young children and families
- Conduct a periodic Territorial needs assessment concerning the status of young children and the quality and availability of early childhood education and development programs
- Collaborate with and make recommendations to the Virgin Islands Virtual Information System and the Early Childhood Integrated Data System to collect data and answer policy questions
- Continue to engage the business community and policymakers to promote investments in early childhood initiatives
- Continue to conduct public awareness on the work of the ECAC and importance of early childhood development

Health and Wellness: Children are healthy and able to succeed.

Objectives:
- Increase access of families with children prenatal to eight years to health insurance and a full range of quality prevention, early intervention, and treatment services so that their children are healthy and meet their needs
- Increase access of families with children prenatal to eight years to the information they need to promote the health of their children and provide healthy environments to optimize their children's growth and development

Progress:
- **Children have greater access to health care and medical homes:**
  The Department of Human Services, which administers the Medicaid program, is embarking on activities that are expected to improve access to health care in the VI. These include:
  1) Options to enroll additional private specialists, thereby expanding health care access points within the Territory to current VI Medicaid recipients covered with the expansion of the program under the Affordable Care Act (ACA).
  2) The implementation of the first fully automated Medicaid Management Information System (MMIS) in a US Territory to expedite claims processing, enhance federal reporting, and improve customer service
  3) Planning for an integrated eligibility system with 90% federal funding that will maintain Medicaid eligibility and include eligibility determinations for other public assistance programs, such as TANF, SNAP, and other programs of the Department of Human Services.
  4) Increased eligibility and Medicaid expansion: The first expansion, begun in August, 2012, income eligibility limits were increased by $1000/yr for pregnant women and children, increasing eligibility limit to $6,500 plus $1000 per family member. The second expansion being carried out in August, 2014 uses SNAP income data to add over 3000 eligible but uninsured persons. The third expansion planned for the fall of 2014 will bring income limits up to 75% of Federal Poverty Level (FPL) for families and 100% of FPL for senior citizens and adults with disabilities. Additionally, former foster children 18-26 years of age will be added. The fourth expansion is planned for late 2014 and will add single childless adults to the Medicaid recipient rolls.[125]

- **Children receive developmental and sensory (hearing and vision) screening:**
  - The Department of Health, Division of Maternal Child Health (MCH), coordinates newborn hearing screening before hospital discharge at both hospitals. The program conducted a total of 1,166 newborn hearing screenings territory-wide in 2013.

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[125] Information from the VI Department of Human Services..

- o Throughout the Territory, the Ages and Stages Questionnaires (ASQ) is generally the developmental screening of choice with Head Start, Early Head Start, Maternal Child Health in St. Thomas, Frederiksted Health Center, the Infants and Toddlers Program (Part C), and Special Education in St. Croix utilizing this tool. Training has been conducted for Department of Health, Department of Education, and Frederiksted Health Center and St. Thomas East End Medical Center staff. Screeners are encouraged to administer the screening *with* parents as a means to educate parents about developmental expectations and to ensure more accurate results in light of the low literacy of many low income parents.
- o Within the *VI Steps to* Quality, the Virgin Islands Quality Rating Improvement System (QRIS), child care center staff will be required to conduct formal observations of children's development to achieve Step 2 and for children to receive developmental screening to achieve Step 4.
- o All children entering public school kindergarten receive the Learning Accomplishment Profile (LAP-3) assessment which assesses children's gross and fine motor, pre-writing, cognitive, language, self-help, and personal-social skills.
- o Children's Health and Wellness Fairs: There is concern that some children may be falling through the cracks and not in a position to have consistent well child check-ups, dental evaluations and developmental, nutritional, hearing and vision screening, particularly because of the number of young children without medical insurance. This may also be particularly true for those not enrolled in Head Start, Early Head Start, licensed child care, or WIC, who have greater access to these services. Some children may be receiving some services and not others. In response, the ECAC conducted Children's Health and Wellness Fairs and expects to continue to do so, at least on an annual basis. Interagency children's health and wellness fairs were held (5 on St. Croix and 4 on St. Thomas) at which children received developmental, hearing, vision, and dental screening, influenza immunizations and immunization assessments, and testing for BMI and vitals. Of the 279 children screened -
    - ▪ 60 (or 21.5%) needed follow-up for developmental evaluations to determine eligibility for early intervention or special education services;
    - ▪ 29 were referred for further hearing evaluations;
    - ▪ 22 for vision follow-up; and
    - ▪ 37 for dental. It should be noted that dental services were not available at all Fairs, leaving the suspicion that there may be many more children throughout the community in need of services.

  Results indicated that the Fairs have been successful in providing early identification and intervention for children who otherwise may not have had access to needed services, further emphasizing the need to continue this effort.

- **Children have good nutritional health and increased access to healthy food:**
    - o The VI Department of Human Services Office of Child Care has embraced the national "Let's Move Child Care" Campaign, an obesity prevention initiative which provides training and encourages child care centers to promote healthy foods, appropriate portion control, activity levels of children, and limitations of screen time for children. Child care centers are

encouraged to enroll in the program to receive free educational materials. Additionally, teachers and nutrition staff of the Head Start program received training to implement the "I am Moving I am Learning" program which emphasizes similar messages to prevent childhood obesity.

- o Within the *VI Steps to Quality*, the Virgin Islands Quality Rating Improvement System (QRIS), child care center staff will be required to implement obesity prevention measures to achieve steps 2 through 5.
- o Frederiksted Health Center has a quality assurance indicator which is reviewed regularly to ensure that body mass index is being calculated at least yearly on all children over 2 years. Providers are encouraged to counsel parents regarding obtaining and maintaining healthy weights.   Nutritional information is provided to parents.
- o Since 2011 the number of Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) recipients has increased by approximately 5,600 with 34,154 receiving SNAP benefits in FY 2013.
- o Beginning in 2012, the Department of Agriculture partnered with the Department of Health WIC, which allows WIC recipients to use food assistance vouchers to purchase fresh, local produce at the territory's farmers markets. This partnership helps farmers and the over 5000 eligible recipients to get the health benefits of fresh local produce.
- o The average participation for the WIC Program for FY 2013 was 4,938 from October 2012 to June 2013 with an average breakdown as follows: Pregnant women 365, Breastfeeding Women 596, Non-Breastfeeding Women 132, Infants 1069, and Children 2,225.
- o The Head Start Program initiated a box garden program in the 2012-13 school year. Gardens are grown with the help of preschoolers and their parents at every site.
- o The Department of Education has gardening programs in many of its elementary schools.

- **Children have healthy birth outcomes and early years:**
  - o Text4baby: In February 2011, "Text4baby" was launched in the USVI in an effort to promote healthy birth outcomes, support pregnant women and mothers of infants, and encourage optimal growth and development of newborns. Text4baby is a national initiative which is a free mobile phone text messaging information service that provides pregnant women and new moms with information to help them care for their health and the health of their babies. The USVI received national recognition for the number of women who signed up for the service. To date, there are 831 in the USVI who receive this service. We now have 831 signed up for the service. Additionally, the USVI is ranked #1 among all states and territories for the number of women per 1000 estimated pregnancies and births, with 86 per 1000. The closest state is West Virginia with 55 per 1000.[126]
  - o "Welcome, Baby!": Through ECAC funding "Welcome, Baby!" bags with information about breastfeeding, how to stimulate infant's brain development, how dads can help with the newborn, infant/toddler developmental wheels (from the Infants

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[126] https://www.text4baby.org/templates/beez_20/images/2014/ranking%20of%20state6.jpg

and Toddlers Program), Children's Health Record Booklets, and board books will be distributed to new moms on discharge from the hospital beginning in November 2014.

- o Home Visiting: With increased access to and participation in home visiting programs, participating families have greater access to health care and health information. A total of 208 families are served through home visiting programs operating by various agencies, including Maternal Child Health, Frederiksted Health, Lutheran Social Services and VI Partners for Healthy Communities.

- **Health Concerns:**   In conducting lab tests for Head Start Children, Frederiksted Health Center became concerned about the number of cases of children with high lead levels. There is concern that the VI does not have a lead abatement program and thus any treatment offered is negated by the fact that families continue to reside in the same households. The Department of Health and Frederiksted Health Center have formed a task force to address this issue.

Next Steps:
- Continue to promote "text4baby" to increase healthy birth outcomes and promote healthy infant development
- Continue to coordinate and implement interagency annual health and wellness fairs to provide health and developmental screening to underserved children birth to five years
- Address oral health concerns and promote developmentally appropriate oral health care
- Monitor for pediatric health issues and concerns among agencies
- Address and raise community awareness of health care needs of young children (e.g. high number of low birth weight babies and number of young children 19-35 months who have not received recommended up-to-date immunizations)
- Strengthen the connections and continuum of services among agencies and across programs for children with disabilities and developmental delays

Quality Education: Children and families have increased access to high quality educational opportunities in nurturing environments.

Objectives:
- Provide a vehicle for collaboration among educational programs and agencies serving children birth through third grade
- Promote and support features of high quality inclusive early childhood programs birth through third grade
- Develop strategies for outreach to improve quality of Family Friend and Neighbor care
- Advise and assist coordinated efforts for a smooth transition to kindergarten for children and families by ensuring continuity and alignment of programs from PreK through third grade

Progress:
- **Early childhood programs meet high quality standards**
  - Revised Child Care Rules and Regulations: For the first time since 1980 (and prior to the establishment of the ECAC), the Department of Human Services revised the Rules and Regulations for Child Care Facilities which went into effect on April 1, 2011. The new Rules and Regulations were designed to improve the level of quality in all licensed child care centers throughout the Virgin Islands in response to research on child development and subsequent changes reflected in best practices over the last thirty years. Specific changes that will most likely have the greatest impact on programs are in the areas of staff qualifications, improvements in health and safety, and square footage. All sections are currently in effect except for Section 6 regarding staff qualifications which goes into effect June 30, 2015.

  - Quality Rating Improvement System (QRIS): The Department of Human Services, with an interagency team of stakeholders, led the development of a QRIS as a means to measure quality and provide incentives and supports to build quality in the Territory's child care and early childhood education programs. *The Virgin Islands Steps to Quality* (VIS2Q), the VI QRIS, provides a mechanism to align and coordinate the implementation of territory-wide quality improvement initiatives, including improved health and safety practices, professional development, curricula, family engagement, and implementation of the *Virgin Islands Early Learning Guidelines, Virgin Islands Infant & Toddler Developmental Guidelines,* and the VI Early Childhood Professional Development System, *VI Pathways to Excellence.* A pilot launch of the QRIS began with approximately 24 child care and Head Start centers in July 2013.

The 24 facilities represent a variety of settings: 5 are Head Start centers and 19 are private facilities. Of the latter, some are large, some are small; some are stand-alone programs; and others are based in private schools that go up to the elementary school grades.   Most of the programs enroll children whose families receive subsidies from the Office of Child Care and Regulatory Services to help pay for child care. Thirteen facilities are in the STX district; 11 are in the STT-STJ district.

Much of this year has been spent building the infrastructure to support the pilot facilities in engaging in a quality improvement process. This included the development of forms and procedures so programs and staff could assess themselves relative to the quality standards and plan their quality improvement activities; developing trainings for directors and teachers needed to move through VI S2Q; and, with CFVI, completing the design of a territory-specific training for teachers seeking the national Child Development Associate Credential. As soon as forms and business practices are set, processes will be automated to support the QRIS and other quality activities.

As part of support to the pilot centers, the professional development needs of 118 early childhood professionals have been assessed; 11 trainings to staff were conducted; 144 on-site technical assistance visits were made; and 6 director's meetings were organized to build a leadership community among early childhood providers. Next steps include assessing program and classroom environments to begin providing financial resources to address the most significant barriers to achieving a quality program.

o _VI Infant & Toddler Developmental Guidelines_, published in July 2013, emphasize how adults can effectively respond to, engage, and interact with infants and toddlers to build positive relationships that facilitate development and learning. _The Virgin Islands Infant & Toddler Developmental Guidelines_ specify developmental competencies that young children ages birth to three years usually achieve and reflect the typical sequence of development. They describe what infants and toddlers are expected to know, understand, and be able to do upon reaching their third birthday and how adults can respond and support their development. These expectations are supported by practice-based evidence and scientific research. Children, who meet the developmental expectations outlined in the _Guidelines_, will be prepared to meet the next set of expectations and challenges outlined in _The Virgin Islands Early Learning Guidelines_ for three to five-year-olds. They are aligned with the _VI Early Learning Guidelines_ and include the same areas of physical health
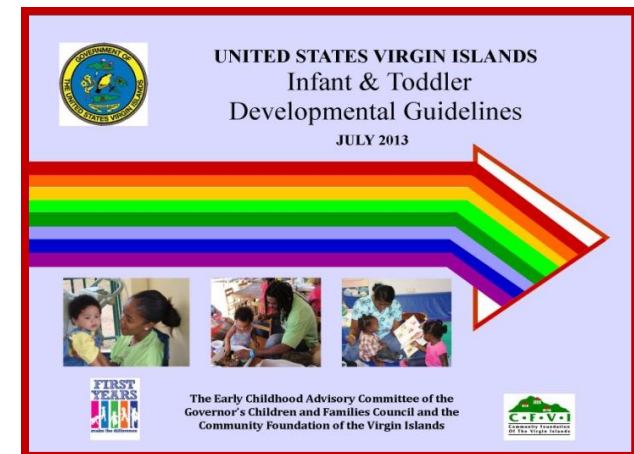
and development; social, emotional, and values development; approaches to learning; language and literacy; mathematical understanding; science; social studies; and creativity and the arts.

The *VI Infant & Toddler Developmental Guidelines* respond to recent research in neuroscience, education, and psychology, that speaks to the importance of the early years, particularly the first three years, to the overall health and well-being of children. Healthy development in all areas is dependent on the health of relationships between the young child and significant adults. As stated in the *Guidelines* and quoted from research, "Nurturing and stable relationships with caring adults are essential to healthy human development beginning from birth. Early, secure attachments contribute to the growth of a broad range of competencies, including a love of learning, a comfortable sense of oneself, positive social skills, multiple successful relationships at later ages, and a sophisticated understanding of emotions, commitment, morality, and other aspects of human relationships. Stated simply, establishing successful relationships with adults and other children provides a foundation of capacities that children will use for a lifetime."[127] There is an inherent understanding within the document that learning occurs from the moment a child is born and is continuous throughout his/her life, and that all stages of development are important and deserve respect.

Similar to the *VI Early Learning Guidelines* designed for children ages three to five years, the *VI Infant & Toddler Developmental Guidelines* not only describe developmental milestones, but also provide suggestions for parents, child care providers and teachers, and community members and policymakers concerning how they can support, enhance, and stimulate their achievement of these developmental milestones. In addition, the *VI Infant & Toddler Developmental Guidelines* provide specific suggestions for facilitating the development of diverse learners, including dual language learners[128] and children with disabilities and/or developmental delays. The *Guidelines* emphasize that children with disabilities and children who are learning English develop best in inclusive environments, those in which early childhood teachers and caregivers welcome *all* children and provide flexible programming that can meet individual needs and include children with a wide range of backgrounds and abilities.

Orientation training-the-trainer sessions are scheduled for November 2014 for essential agencies so they can in turn train their staff about the *VI Infant & Toddler Developmental Guidelines*.

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[127] National Scientific Council on the Developing Child. (2009). *Young children develop in an environment of relationships.* Working Paper No. 1. Retrieved from http://www.developingchild.net
[128] The term Dual Language Learners (DLLs) refers to children, particularly young children, who are learning more than one language - children who are acquiring two or more languages simultaneously and learning a second language while continuing to develop their first language.

o *The VI Early Learning Guidelines,* published in April 2010, were developed to improve the quality of care and education focused on school readiness and to provide a common set of preschool standards across all settings. The *Guidelines* reflect what children need to know, understand, and be able to do by the time they reach kindergarten in the areas of physical health and development; social, emotional, and values development; approaches to learning; language and literacy; mathematical understanding; science; social studies; and creativity and the arts. Recognizing that responsibility for school readiness lies not with children, but with the adults who care for them and the systems that support them, the *Guidelines* provide suggestions for family members, child care providers and teachers, and community members and policymakers on how to assist children in achieving these standards. In an effort to coordinate service systems, content of the *Guidelines* is aligned with the National Common Core Standards and the Head Start Framework. Children, who meet the developmental expectations outlined in the *Guidelines*, will be prepared to meet the challenges of the Virgin Islands Department of Education Content Standards in kindergarten.
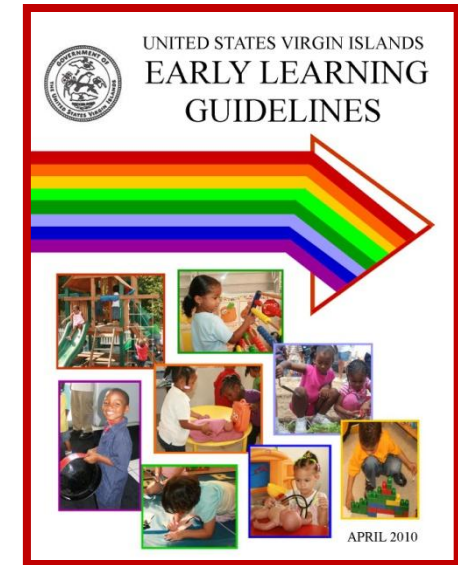
The process used to develop *The Virgin Islands Early Learning Guidelines* reflects a dialogue among professionals from across the territory about shared values and commitments on one hand, and the desire to develop challenging and meaningful guidelines that reflect best practices and new knowledge gleaned from research and evidence on the other. They were developed with five goals in mind:
1. To increase understanding of all areas of children's development and to recommend developmentally appropriate strategies for supporting optimal development;
2. To expand understanding of the multiple influences on the education and life success of young children;
3. To support families by providing examples of strategies that facilitate and enhance children's development;
4. To provide teachers, caregivers, and administrators in early childhood education and care programs and settings with a common conceptual framework and guidelines for planning developmentally appropriate curriculum, instruction, and assessment for young children; and
5. To provide a resource for community members and policymakers to use in assessing the impact of current policies and resources on the optimal developmental of young children.

Orientation training-the-trainer sessions are scheduled for November 2014 for essential agencies so they can in turn train their staff about the *VI Infant & Toddler Developmental Guidelines*.

- o Supplement to the *The VI Early Learning Guidelines*: In order to address the needs of diverse learners, both children with disabilities and/or developmental delays and dual language learners, the Quality Education Work Group wrote a "Supplement to Support Diverse Learners" to be distributed with *The VI Early Learning Guidelines.* It provides suggestions to teachers and other adults working with children with diverse needs along with resources for further information.

- o *VI Guidelines for High-Quality Practice in Kindergarten*: Currently, VI kindergarten implementation guidelines are being developed by the interagency team of the Quality Education Work Group, with input from kindergarten teachers, to provide guidance regarding best practices for implementing the kindergarten standards that have been adopted/developed by the Virgin Islands Department of Education (VIDE). The VIDE has adopted the Common Core State Standards for English Language Arts and Literacy and Mathematics and the New Generation Science Standards. Standards for Physical Education and Health and Social Studies have been developed and the Department is currently working on standards for the arts. Implementation guidance and strategies will be aligned with the new U. S. Virgin Islands Teacher Effectiveness Standards and reflect research and best practices in the field. It will be available in the winter of 2014-15 for distribution.

- **High quality early childhood settings are affordable and available:**
  - o Territory-Funded Pre-K: In March 2012, the Governor signed legislation establishing Pre-K programs to be operated by the Department of Education as funding becomes available in alignment with the Child Care Rules and Regulations, the *VI Early Learning Guidelines,* and the QRIS. After passage and at the request of the Governor, the Quality Education Work Group of the ECAC convened to plan for and make recommendations concerning implementation of Pre-K in the territory. In development of this document, the Work Group considered research and best practices in the field, as well as, features outlined in the President's proposals. The document containing recommendations outlined components necessary to achieve quality preschool within the Department of Education, as well as, recommendations for partnering with existing high quality programs including Head Start and private child care/preschools, as the law does not prevent the Department of Education from contracting services.

    Such partnerships may be necessary if universal Pre-K is fully implemented, as there may need to be as many as 60 to 90 classrooms to accommodate the entire population of 4-year-olds, in response to the birth rate of approximately 1300 to 1800 per year. Numerous states have adopted a system of Pre-K that includes a mix of service-delivery models with active participation and contracting of enrollment slots in Head Start and private programs, which demonstrate a high level of quality. This can serve as a model for us to consider in the USVI. Federal initiatives envision a mixed delivery system, as well.

The report submitted to the Office of the Governor and the Children and Families Council included recommendations and considerations for establishing a comprehensive Pre-K program in response to each provision within the Act and reflecting territorial circumstances and Rules and Regulations, as well as, research and best practices in the field. Components include:

- o Site Selection
- o Length of Pre-K Day and Year
- o Administrative Oversight
- o Instructional Staff
- o Support Staff and Services
- o Parent Engagement
- o Health Services
- o Transportation
- o Nutrition and Food Service
- o Early Childhood Special Education Services
- o Support for Dual Language learners
- o Staffing Patterns
- o Staffing Considerations
- o Physical Environment
- o Curriculum and Learning
- o Child Assessment
- o Program Evaluation
- o Professional Development
- o Budget
- o Partnering with Head Start and Private Licensed Child Care Centers/Preschools

- **Children and families experience a smooth transition to school-age programs:**
  - o <u>Recommendations for Transition to Kindergarten</u>: In order to build a system of smooth transition of children and families from preschool programs and experiences to kindergarten, the Quality Education Work Group reviewed the research literature and made specific recommendations to the Children and Families Council. Recommendations were

in alignment with the National Education Goals Panel which urged a close examination of the "readiness and capacity of the nation's schools to receive young children."[129] It continued by outlining 10 keys to "ready schools" including:

- o Ready schools smooth the transition between home and school, and
- o Ready schools strive for continuity between early care and education programs and elementary schools.

In addition, in developing recommendations, the work group considered the "Position Statement on School Readiness" of the National Association for the Education of Young Children, which stated that ready schools are those that are ready to help children learn and embrace the following principles:[130]

- o A school is ready if the curriculum in kindergarten and the early grades builds on prior learning.
- o The school must take into account individual differences in language, culture, and prior experience.
- o Teachers must know how to teach young children and have the resources to do so.

Research indicates that transition needs to be considered as more than a set of activities; but also considered in regard to continuity of curriculum and the learning environment. "Programs should vary depending on the age of the children and the needs of individual children and families. Nevertheless, when the kindergarten program is developmentally appropriate, children's transitions from preschool will be smoother and more successful."[131] The importance of play in the lives of young children has been well-documented in research. Research also documents the rapid disappearance of play from kindergartens.[132] "Kindergarteners need a balance of child-initiated play in the presence of engaged teachers and more focused experiential learning guided by teachers."[133]

Recommendations were made regarding the following:

- o Professional development for administrators
- o Professional development for teaching staff
- o Opportunities for kindergarten and pre-Kindergarten teachers for joint professional development to facilitate conversations and common ground.
- o Opportunities for children and families to visit and tour the school, meet teaching staff, and experience the kindergarten classroom prior to kindergarten entry.

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[129] The National Goals Panel (1997).
[130] Quoted directly from: National Association for the Education of Young Children (2009). *Where We Stand on School Readiness.* Washington, DC: National Association for the Education of Young Children.
[131] Copple & Bredekamp (2009).
[132] Miller & Almon (2009).
[133] Ibid.

- o Opportunities for children, who have not had a preschool center-based experience and or who may need more support, because of developmental delays or who are dual language learners, to experience a summer preschool experience prior to kindergarten entry.

    - o Kinder Camp: In the summers of 2012 and 2013, The Department of Education in the St. Thomas district provided a summer enrichment program, "Kinder-Camp," aimed at children, who did not have a preschool center-based experience and children who are dual language learners, prior to kindergarten entry, as these children may be more at risk for school failure. (See information in further detail above)
    - o In past years at kindergarten registration, parents received a newsletter developed by the Community Foundation of the Virgin Islands focused on "Transition," which discusses how parents can provide support to children as they transition to school, and "Ready for School," which discusses how parents and child care providers can assist children in developing the skills needed to be successful in school. At registration for kindergarten in 2015, they will receive placements with information from the *VI Early Learning Guidelines* to provide parents with ideas of how they can help their children be prepared for the challenges of kindergarten.
    - o The Head Start Program assists parents in becoming their children's advocate as they transition from Head Start to kindergarten. Island-wide "transition workshops" are held for parents to provide information about kindergarten expectations.

- **Outreach to Family, Friend and Neighbor Care (FNN):**
    - o The Family Connection, a program of the Community Foundation of the Virgin Islands provides educational toys and children's books to FFN providers and families through its center on St. Thomas
    - o "Play and Learn" activities are designed to encourage children and parents to engage in play and developmentally appropriate activities together guided by an early childhood professional. "Play and Learn Tents," where these activities are modeled and promoted, have been provided at the Agriculture and Food Fair on St. Croix, during Week of the Young Child festivities on St. Thomas and St. Croix, and as part of the Governor's Christmas Celebrations.

- **Children are reading at grade level by the end of third grade**
    - o Campaign for Grade Level Reading by Third Grade: Through joint sponsorship by the Community Foundation of the Virgin Islands and the ECAC, a cross-sector interagency team was convened to develop a strategic plan as part of the national Campaign for Grade-Level Reading. The Campaign focuses on three community challenges that have the potential to positively impact grade level reading by the end of third grade: school readiness (already a focus of the ECAC), summer learning loss, and chronic school absence. The Family Connection, a program of the Community Foundation of the Virgin Islands, conducted workshops to summer programs and housing communities in the summer

of 2012 focused on how to support children's reading, vocabulary development, and reading comprehension. To further enhance literacy from birth through college and through the federally funded Striving Readers Program, the Department of Education, with input from key partners, developed a comprehensive literacy plan. The purpose of this plan is to provide a framework for birth through college literacy development that takes place in early childhood programs, Virgin Islands schools, University of the virgin Islands, and the community. To avoid duplication and since the goals and objectives of the Campaign for Grade-Level Reading could be encompassed by the larger Striving Readers Initiative, the ECAC decided to merge the two initiatives under the Striving Readers' Literacy Council.

- o <u>Governor's Reading Challenge</u>: To prevent the "summer slide," children losing academic ground over the summer months, Governor deJongh has engaged in a campaign to promote summer reading by distributing books and a challenge to children to read 5 books over the summer. Celebrations are held at the end of the summer to honor children who have met the challenge.
- o <u>The Family Connection (TFC) Book Bank</u>: To increase children's access to books, TFC collects gently used books for children from birth to third grade and distributes them at community events, in conjunction with the Governor's Reading Challenge, and through their center on St. Thomas. To date, over 10,000 books have been distributed.

Next Steps:
- Continue to disseminate and provide training about the *VI Early Learning Guidelines* and the *VI Infant and Toddler Developmental Guidelines*.
- Provide training regarding the use of the newly developed *VI Guidelines for High-Quality Practice in Kindergarten.*
- Continue to support the implementation of *Steps to Quality,* the Quality Rating and Improvement System (QRIS) administered by the Department of Human Services.
- Continue to support activities for assisting children and families in transitioning from preschool to kindergarten programs.
- Advise and assist the Department of Education in implementation of the Pre-K Act.
- Work across agencies and programs with the goal of children entering kindergarten with age-appropriate skills in all domains (physical development, social and emotional development, approaches to learning, cognitive development, and language and literacy development)
- Work with and coordinate efforts with the VI Literacy Council with the goal of achieving grade level reading by the end of third grade.
- Develop and implement interagency plans for outreach to family, friends and neighbors who care for young children.
- Identify appropriate assessments to monitor children's development and promote training of teachers to use the information to inform instruction

Professional Development (PD): Individuals who work with and/or on behalf of children and families have comprehensive coordinated cross-sector professional development system.

Objectives:
- Serve as an advisory to the PD System, including development of PD opportunities along the Career Pathways, a registry system, the development of a trainer assurance system, and other initiatives related to the PD of the workforce
- Strengthen continuous cross-sector collaborations to ensure high quality services
- Ensure that there is an infrastructure to support individually appropriate PD that is on-going, accessible, supportive, and built on VI Core Knowledge and Competencies, Teacher Effectiveness Standards, and credentialing
- Support early childhood professionals in their efforts to advance along the Career Pathways
- Assess the capacity and effectiveness of programs at the University of the Virgin Islands toward supporting the development of early childhood educators, and their professional development and career advancement plans
- Advocate for equitable compensation

Progress:
- **The cross-sector workforce has access to the knowledge, skills, and supports to work effectively with and on behalf of children and families:**
  The Professional Development Work Group outlined specific topic areas that are related to critical competencies across professions, including teachers, health professionals, social workers, and others, in working with and on behalf of children and families.   These include:
    - Child development
    - Cultural and linguistic competency
    - Human development and adult learning
    - Accessing community resources
    - Family dynamics and family systems
    - Strengthening Families approach
    - Inter-personal and communication skills – ability to nurture and build trust
    - Ability to identify high risk factors and developmental problems
    - Health and safety
    - Observation skills
    - Ethical code of conduct within one's field of practice
    - Legal issues

- **Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of children and families:**
  - *Virgin Islands Early Learning Guidelines*: Members of the Quality Education Work Group provided workshops for teachers and directors of programs focused on an overview of the *Guidelines* and their purposes and uses. In addition, individual workshops have been developed and presented in the following areas: physical health and development; social, emotional and values development; approaches to learning; and language and literacy. Workshops in the remaining domains (mathematical understanding, science, social studies, and creativity and the arts) will be developed as part of the development of the Child Development Associate (CDA) credential (see below).
  - In-service training and technical assistance:
    - Training and technical assistance is provided to child care centers by the Department of Human Services Office of Child Care and Regulatory Services
    - Head Start and Early Head Start provide professional development to staff for one week every August and throughout the school year
    - Training and technical assistance is provided to child care centers by staff of The Family Connection, a program of the Community Foundation of the Virgin Islands. On St. Croix the focus is on centers serving infants and toddlers and on St. Thomas the focus has been on preschool classrooms.
    - The Department of Education and the local chapters of the American Federation of Teachers provide training and technical assistance to K-3 teachers.
  - Best Beginnings Early Childhood Conference: The 15th Annual Best Beginnings Early Childhood Conference was held in May 2013 sponsored by the Department of Human Services, Department of Health, University of the Virgin Islands, Lutheran Social Services, and the Community Foundation of the Virgin Islands. The focus of the conference was, "What a trauma-informed perspective can teach us about challenging behaviors in young children." As part of the conference, professional trainers from the Institute of Family Professionals in PA conducted a workshop to help participants understand the impact that trauma and toxic stress in early childhood has on brain development and subsequent behavior, development, and health, as well as, to help participants appreciate the impact that they can have on healthy brain development and how to promote healing, and how we can better prevent relational trauma in the first place. The 2014 conference is scheduled for October.
  - Workforce Study: The Community Foundation of the Virgin Islands, through funding from the Office of Child Care and Regulatory Services of the Department of Human Services, conducted a workforce study of the child care work force in all licensed centers (with the exception of Head Start and Early Head Start, as they conduct their own as required by federal mandate) to determine the current level of education and training and professional development needs. See pages 41-43 where results are discussed. Recommendations include:

- o Opportunities for high school completion or obtaining a GED should be available.
- o Opportunities to meet the needs of members of the workforce that are on opposite ends of the continuum should be considered.
- o The age of the workforce, especially teachers, provides both challenges and opportunities.
- o A system to review the educational qualifications of teachers and directors who have been educated outside of the VI is going to be needed.
- o The Office of Child Care will need to operationalize the standards to determine exactly what qualifies as director or teacher.
- o The PD system should include a career advising component.
- o The priority should be to deliver CDA trainings to meet licensing requirements.
- o CDA classes will need to be offered in multiple formats, at different times, and at different locations.
- o Equal attention needs to be paid to the training opportunities that will satisfy the yearly clock hours of PD and other licensing standards.
- o Access to free or inexpensive internet services are needed to support the PD of the workforce.
- o Compensation must remain lock-step with increasing educational qualifications or high turnover can be expected.
- o Financial resources will be needed to assure adequate compensation.
- o Compensation must remain lock-step with increasing educational qualifications or high turnover can be expected.
- o Financial resources will be needed to assure adequate compensation.

- Child Development Associate (CDA) national credential: In recognition of the need for child care staff to meet the professional development requirements of the new licensing standards, the Department of Human Services contracted with CFVI to develop training modules that enable individuals to earn their Child Development Associate (CDA) credential. The design of the training includes Territory initiatives such as *Virgin Islands Early Learning Guidelines, VI Infant & Toddler Developmental Guidelines,* and the Strengthening Families approach to supporting families, as well as, other training requirements outlined in the Child Care Rules and Regulations and Quality Rating Improvement System (QRIS; First Aid and CPR for children; child observation, recording and assessment; how to use child observation for planning; and program planning, management and leadership. Training is aligned with the requirements of the National Council for Professional Recognition, the CDA bearing institution.

- **The Workforce has access to a comprehensive system of a Unified Professional Development:**
  After reviewing several professional development models, the Work Group identified the Early Childhood Workforce Systems Initiative Policy Blueprint of the National Association for the Education of Young Children (NAEYC) as the guide for planning

the USVI system. The Work Group with support of the ECAC decided to secure a consultant with a national perspective and expertise so that we could benefit from lessons learned from other states/territories and we could adapt best practices, while at the same time, meet the needs of USVI early childhood workforce. The NAEYC was selected as the best entity to assist us with our efforts to develop a comprehensive professional development system based on their Blueprint.

To facilitate our work, a Leadership Team was established with members representing key agencies to ensure cross-sector engagement and the creation of a unified system, including Departments of Education, Human Services Head Start Program and Administration of Child Care and Regulatory Services, University of the Virgin Islands, Office of the Governor, and the coordinator of the ECAC, also representing the Community Foundation of the Virgin Islands. The Work Group composed of key stakeholders, including members representing a broader spectrum of the workforce and other constituents from both public and private sectors, which continued to have a critical role in providing input and feedback as the details of the system were developed. It was our intent to create a unified professional development system for the early childhood workforce serving children birth through 8 years as we aim to "raise all boats" and ensure that all current USVI early childhood initiatives are fully aligned and integrated into the cross-sector early childhood professional development system - including the *VI Early Learning Guidelines*, *VI Infant &Toddler Developmental Guidelines*, Quality Rating Improvement System, Core Knowledge and Competencies, and Career Pathways.

The Professional Development Leadership Team, with input from stakeholders, decided to name the USVI early childhood professional development system "*Pathways to Excellence*" in order to incorporate the concept that the goal is excellence and that there are many pathways to achieving it. The *Pathways to Excellence* early childhood professional development system represents a plan for the continuum of coordinated learning opportunities that provide preparation and ongoing support for adults who work with young children and their families in all settings and sectors, including child care, Head Start and Early Head Start, prekindergarten, early intervention and early childhood special education, K–3, health and mental health, family support, and home visiting. The first priority for professional development services was teachers and assistant teachers, followed by directors, trainers, coaches, mentors, consultants, family home providers, and higher education faculty. Others who may be served include child care licensing specialists, home visitors, and early childhood consultants who work in health and mental health.

Leadership Team and Work Group members defined early learning professional development (PD) in the VI as the continuum of coordinated learning opportunities that provide preparation and ongoing support for adults who work with young children and their families in all settings and sectors. High quality PD learning opportunities are evidence-based, aligned across systems of professional standards and improve professional knowledge, competencies and dispositions overtime. PD includes education, training and technical assistance. The vision and mission of the Pathways to Excellence PD system are:
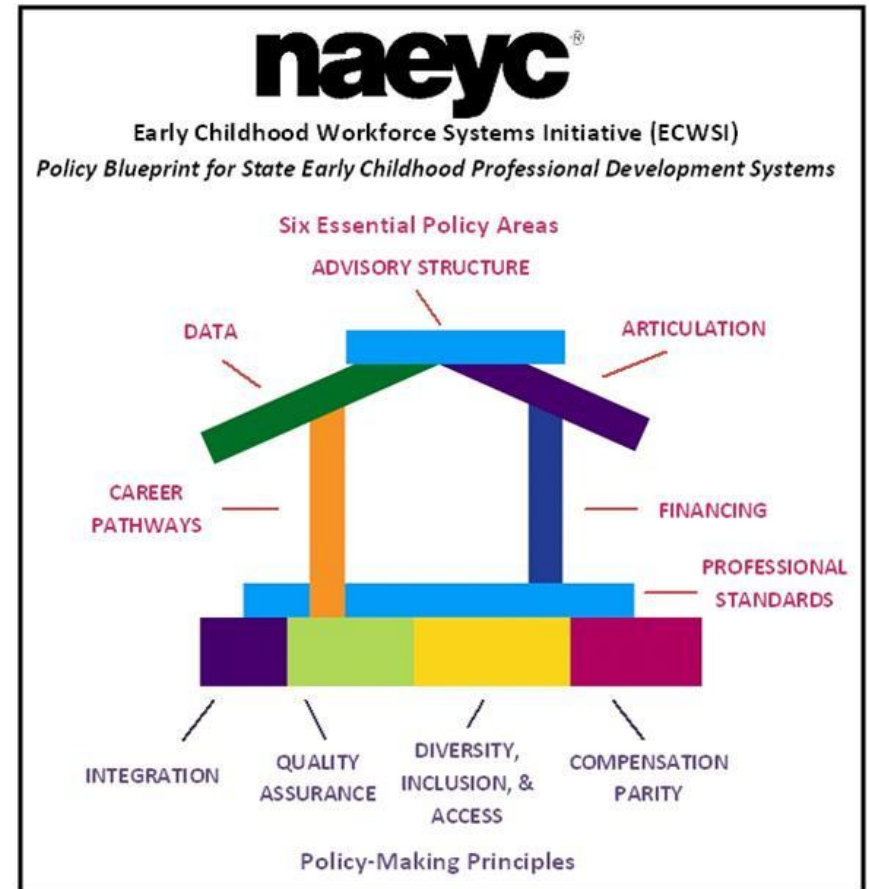
Vision: All early childhood professionals in the USVI have the supports necessary to develop knowledge, competencies, and dispositions to work effectively with and on behalf of children and families.

Mission: The Pathways to Excellence professional development system will provide individuals who work in early childhood education access to comprehensive, coordinated and cross-sector professional development that supports the acquisition and ongoing demonstration of the knowledge, competencies, and dispositions necessary to facilitate the optimal growth and development of young children and to engage families of the U. S. Virgin Islands

The following core values guided the development of the PD system and provide a basis for making decisions and prioritizing resources:

- Research, best practices and professional standards
- Integration and alignment across sectors and programs
- Quality assurance and accountability
- Compensation parity
- Integration and alignment of standards, the QRIS, core knowledge and competencies, the career pathway and early learning guidelines
- Diversity, inclusion and access
- Cultural relevance
- Knowledge, competencies, and dispositions
- Self-evaluation and self-reflection
- Innovation and creativity
- Efficiency and sustainability
- User-friendliness

The contract with NAEYC focused on working with the PD Leadership Team and Work Group to design a comprehensive, integrated professional development system for the USVI early childhood workforce, using guidelines established in

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Early Childhood Workforce Systems Initiative (ECWSI)
Policy Blueprint for State Early Childhood Professional Development Systems

Six Essential Policy Areas

ADVISORY STRUCTURE

DATA   ARTICULATION

CAREER PATHWAYS   FINANCING

PROFESSIONAL STANDARDS

INTEGRATION   QUALITY ASSURANCE   DIVERSITY, INCLUSION, & ACCESS   COMPENSATION PARITY

Policy-Making Principles

NAEYC's *Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems[134]*. The *Blueprint* framework is cross-sector and includes six essential policy areas:
1. Advisory structure
2. Professional standards
3. Career pathways
4. Articulation
5. Data
6. Financing

The *Blueprint* also specifies four overarching policy principles: integration; quality assurance; compensation parity; and diversity, inclusion, and access. The NAEYC graphic illustrates the relationship between the six essential policy areas and the four policy principles. These policies and principles are aimed at the development and retention of a competent and stable early childhood workforce—a skilled cadre of effective, diverse, and adequately compensated professionals who are well-equipped to deliver high-quality early learning that ensures that children will be prepared to succeed in school and in life.

Using research, promising practices from other states, and USVI reports, the NAEYC team worked closely from November 2012 through June 2013 with the VI PD Leadership Team and Work Group to develop policy area recommendations, which are tailored to be responsive to the unique context, needs, and opportunities of the USVI and its early childhood workforce. Specific structures were designed to support the *Pathways to Excellence* PD system including early childhood professional core knowledge and competencies, and career pathways (a guide that helps early childhood professionals plan and sequence the achievement of increased qualifications, understand the professional possibilities resulting from such acquisitions, and receive appropriate compensation).

In their final report to the ECAC, NAEYC addressed each of the six policy areas, including a definition of each policy area, ideal characteristics, a proposed structure, recommendations, and areas for future consideration. The recommendations are based on their work with the Leadership Team and Work Group of stakeholders, national models, and the unique context of the VI. Recommendations include important first steps and, where appropriate, long term, aspirational goals.[135]

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[134] NAEYC. 2008. *Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems.* Washington, DC: Author.
[135] Young et al (2013).

Accomplishments in Response to Recommendations:

1. Advisory Structure
    - Establish the PD work group as the ongoing Professional Development Advisory Committee as a subcommittee of the ECAC to oversee the professional development system, monitor its effectiveness, and ensure sustainability
    - Ensure membership includes representatives from the departments that have lead responsibility for child care—Head Start, Early Head Start, Pre-K, K–3, home visiting, health and mental health consultation, early intervention, early childhood special education—and representatives from higher education and community-based training organizations.
    - The coordinator of the ECAC serves on the P-16 Task Force co-chaired by the Department of Education and UVI to align programs and build quality so that students are career ready.

2. Professional Standards
    - The USVI Core Knowledge and Competencies (CKCs) have been adopted by both the Department of Education and Department of Human Services Office of Child Care and Regulatory Services. A cross-walk was presented to the Department of Education demonstrating alignment with their Teacher Effectiveness Standards. Child Care has incorporated the CKCs into their QRIS.
    - The Kindergarten Implementation Guidelines have been developed in alignment with the Department of Education's Teacher Effectiveness Standards.
    - Recommendations were presented to the USVI Board of Education (as requested) to enhance the Early Childhood Educator Certification and Early Childhood Endorsement to reflect the USVI CKCs, career pathways, and support consistency of use within public elementary schools.
    - The CKCs are also reflected in the locally developed CDA curriculum.
    - The development of the USVI CKCs were informed by the NAEYC professional development standards, which are also the standards for National Council for Accreditation of Teacher Education (NCATE), the accreditation body for Universities and Colleges with degrees in early childhood education; therefore in alignment with the University of the Virgin Islands.

3. Career Pathways
    - The Office of Child Care has adopt the proposed USVI Career Pathways as a roadmap for entry and professional growth by incorporating the Pathways Levels into the steps of the QRIS and informing the workforce, particularly those employed in the QRIS pilot programs. Because the Board of Education oversees the credentialing of teachers employed by the Department of Education, the Department was not able to endorse the USVI Career Pathways.
    - Develop a quality assurance policy that identifies the criteria for approval of degrees and higher education credits.

4. Articulation
   - The ECAC and the Office of Child Care is working with the University of the Virgin Islands to enable those who achieve their CDA through the locally developed curriculum to earn credits in their Inclusive Early Childhood Education Program. UVIs AA and BA program are already articulated.
5. Data
   - The Office of Child Care, in collaboration with other stakeholders, is working with the Department of Education's Longitudinal Data System to create a professional development registry to collect, verify, and analyze workforce and professional development data.
6. Financing
   - The Office of Child Care is collaborating with the Department of Labor to assist in funding for the early childhood workforce to earn their CDAs.
   - The Office of Child Care is currently working towards developing a partnership with the National Council of Professional Recognition, the governing body of CDA, to reduce CDA costs and leverage local partnerships.
   - The Office of Child Care is working with the Department of Education's Longitudinal Data System Grant to leverage funds for the registry.

- **Assessing the Capacity and Effectiveness of Programs at UVI toward Supporting Early Childhood Educators**
   Through ECAC funds an independent consultant was contracted to conduct this study. Research questions were identified based on national recommendations and input from the Data and Professional Development Work Groups. Recommendations were made focusing on how UVI can best support the professional development needs of early childhood educators.

   UVI offers both an Associate's of Arts degree and a Bachelor of Arts degree in Inclusive Early Childhood Education (IECE). Although a certificate program currently exists on the books and was offered previously, it does not seem to be currently offered. The UVI programs were created in response to community needs, in recognition of the understanding that the field of early childhood education differs significantly from other domains of teacher education, and in response to research that has led to changes in policy and practices in the field, which support the importance of early experiences to long term development and success.

   The program design was a product of a local task force that included UVI faculty, representatives of the Head Start Program, Office of Child Care, Department of Education (including administrators and teachers from general and special

education) and led by staff of the University Center for Excellence in Developmental Disabilities through a grant funded by the federal Department of Health and Human Services. In their work, the task force drew on the recommendations and guidelines of national legislation, as well as, standards for teaching and professional development established by national organizations, which reflect research and recommended practices in Inclusive Early Childhood Education. The first courses were offered in the summer of 1996.

The IECE Program is now part of the UVI School of Education. Currently, the School of Education is seeking national accreditation for the IECE AA program through the National Association for the Education of Young Children and accreditation for the IECE BA program through the National Council for Accreditation of Teacher Education (NCATE). Both are rigorous processes that evaluate course offerings, student experiences, and faculty aimed at ensuring that programs meet high quality standards for teacher education programs.

Enrollments and Degrees Conferred in the IECE Program

	Fall 2008	Spring 2009	Fall 2009	Spring 2010	Fall 2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013
Total	83	92	98	95	89	100	84	60	NA	NA
STT	38	45	52	53	29	26	35	28	NA	NA
STX	45	47	46	42	60	74	49	40	NA	NA
AA's		12		7		8	2	9	2	6
BA's		0		7		13	6	7	1	4

Moving forward, it is anticipated that there will be a high demand for the IECE program. Many teachers and directors working in private child care and preschool settings will need to meet the revised licensing requirements that mandate teachers earn a Child Development Associate (CDA) credential and may opt to obtain their educational hours through UVI.[136]   The Head Start program must reach the goal of having 100% of lead teachers with a BA degree by September 2013. The recent legislation authorizing the Department of Education to develop a Pre-Kindergarten program will most likely need teachers who meet certification requirements in early childhood education. Additionally, with the implementation of the Quality Rating and Improvement System (QRIS) and the Early Childhood Professional Development System, there will be more individuals seeking professional development in early childhood education.

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[136] See below

According to the records of the Dean of Education, an additional 19 students graduated from the program with an AA degree between Spring 2006 and Fall 2007.

Findings and conclusions of the study conducted include the following:[137]

- Articulation with CDA: As the Territory is embarking upon getting all lead teachers to complete at least a Child Development Associate Credential,[138] as required by the revised Child Care Rules and Regulations, there is interest in the School of Education also revising some entry-level courses in the AA program. Some changes at this level will allow those completing the CDA to take courses in the AA program to satisfy the CDA training requirement and the possibility that the CDA credential could transfer into course credit at UVI. UVI is currently working on identifying those courses that align with the training requirements for the CDA, which specify a specific number of training hours in eight content areas, and similarly, courses in the IECE program for which course credit could be granted.
- Course Requirements: Course requirements have been reviewed in alignment with recommendations from NCATE and have been submitted for their review.[139]
- Faculty: To meet NCATE standards, qualified faculty in early childhood education programs will "…have had direct, substantial, professional experience and continue to enhance their expertise in the early childhood profession, and ….will hold a graduate degree in early childhood education/child development or substantive early childhood coursework at a graduate level and have demonstrated competence in each field of specialization that they teach, e.g. early literacy, reading, and language arts."[140] Currently there is only one full-time faculty member in the IECE program, who is located on the STX campus. The IECE program has primarily been staffed with Master's level adjuncts and full-time faculty from the elementary education program. "To make matters more challenging, the IECE program has also been struggling to keep adjuncts employed because of recent policy changes. Specifically, in courses that do not meet minimum enrollment requirements, the salary for the adjunct instructor is prorated to reflect the number of students enrolled. This has proven to be a major disincentive to adjunct faculty who have to do the same preparation work for a class of 3 as for a class of 15, and who are not paid well to begin with."[141] The adjuncts primarily teach in the courses offered earlier in the program that count towards the AA and BA, while full-time faculty from the elementary education program are more likely to teach courses that count only towards the BA. The full-time faculty in the School

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[137] Jaeger (2013).

[138] A CDA is a national early childhood competency-based credential issued by the Council for Professional Recognition in Washington, DC. It is a professional credential not a college degree.   To earn a CDA, candidates must complete 120 hours of formal early childhood education training, complete 480 hours of professional experience, be formally observed, submit parent opinion questionnaires, create a resource file, and take a written test.

[139] Report from conversations with the Dean of the School of Education, July 2013

[140] NAEYC (2011).

[141] Jaeger (2013)

of Education in elementary education are not likely to meet NCATE standards related to "substantial, professional experience" in early childhood education.

"Students also expressed concerns about the quality of some of the teachers in the IECE program. Approximately 32% of students currently enrolled in the IECE program rated their response as neutral, somewhat dissatisfied or very dissatisfied, when asked how to rate their satisfaction with the 'Professional knowledge of professors/instructors.' Nearly 38% reported similar levels of satisfaction with the 'Professors'/Instructors' experience in early childhood classrooms.' However, substantially fewer graduates expressed similar levels of satisfaction in these areas (15.8% for professional knowledge of instructors; 19% for professors' experience in early childhood classrooms)."[142]

- Professional Development for Faculty: The Provost offers annual professional development opportunities for faculty and encourages them to participate in others on their own. All UVI funded professional development opportunities must be approved by the Provost.[143]

- Advisement: School of Education faculty provide academic advising on both campuses focused on assisting students in following the clearly defined paradigm for their program of studies regardless of major concentration. "Students on the STX campus are fortunate .... because they have an academic advisor who can also advise on professional issues as she herself has taught in community-based early childhood settings where many students teach or will end up teaching....Adjuncts [on St. Thomas] who have worked in early childhood education do advise students on professional issues on an informal basis." [144]

- Barriers to enrollment, retention, and/or graduation: The single most important barrier to enrollment is financial, as noted in the VI Child Care Workforce Study, reported by 49% of teachers and over 76% of directors.[145] Due to low salaries, the early childhood workforce does not have the expendable income to pay for their professional development. Work (25.7%) and family (31.4%) obligations were mentioned by current students as barriers to completing the IECE program in a timely way, as well. Another substantial barrier to enrollment, also identified in the VI Child Care Workforce Study, is a significant portion of teachers do not have a high school diploma or GED enabling them to enroll in the University.

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[142] Ibid.
[143] Report from conversations with the Dean of the School of Education, July 2013
[144] Jaeger (2013).
[145] Jaeger (2011).

"Based on the student surveys, and as well as stakeholder views, the single most important factor driving attrition is the inability of students to complete the program within any reasonable timeframe because of the infrequency of the course offerings.... The lack of consistent course offerings on a regular basis makes completing the program at UVI, compounded by the fact that most students are completing the programs on a part-time basis, at best, a frustrating experience for those who stay, and an undesired option for those whose who drop-out of the IECE program."[146] This was particularly true for Head Start teachers, who once they earned their AA degrees switched to on-line programs to enable them to fulfill the BA requirement in time to meet the September 2013 federal mandate. According to respondents, some BA students transferred to the Elementary Education program, where courses were offered on a more consistent basis. In recent years, the current Dean of the School of Education regularly reviews all student transcripts to assist students in fulfilling their course requirements, including offering independent study options to facilitate timely graduation.

- Meeting the Needs of Non-traditional Students: Most students currently and previously enrolled in the IECE program are non-traditional university students, as they tend to work full-time and have family responsibilities. UVI has attempted to accommodate their needs by offering courses in the evening, although some are scheduled as early as 4:00, making it difficult for students to attend these.

- Resources Available: The first cohort in the IECE program was paid for by a grant from the federal Department of Health and Human Services. Since then, the VI Department of Human Services, both Head Start and the Office of Child Care and Regulatory Services (OCCRS), have provided financial assistance. The Head Start program paid for all expenses incurred by their staff In the 2013-2014 school year, the Office of Child Care and Regulatory Services provided scholarships to 14 private child care staff to attend the Inclusive Early Childhood Education program at the University of the Virgin Islands. Initially scholarships only paid for education courses; however, now payment for general education courses is supported to enable students to complete the program.

- Resources Needed: Increased full-time faculty is needed. In the earlier years of the IECE program, it operated with cohorts, which was more efficient in scheduling courses and provided more support to students. Going back to a cohort model with alignment of scholarships and financial aid opportunities to fund a cohort of sufficient size would help alleviate some of the problems created, would ensure courses are offered in sequence, and help UVI to feel more confident in the enrollment numbers to afford additional faculty. Continued and increased financial assistance to students will need to be in place to ensure that the early childhood workforce meets the increased mandates for professional development and the expansion of programs (including implementation of Pre-K and the Quality Rating Improvement System) have the well-trained workforce it needs to provide high-quality care and education.

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[146] Jaeger (2013).

Next Steps:

- Promote and support high quality professional development across agencies and programs
- Create a mechanism to share professional developmental opportunities
- Expand the CKCs to include specialized content for administrators/principals, trainers, higher education faculty, and technical assistance providers.
- Identify policy levers, standards, and resources that accelerate Career Pathways participation and designation, such as scholarships, training stipends, career counseling, and other incentives.
- Expand the Career Pathways to include trainers, technical assistance professionals (such as coaches, mentors, consultants, and professional development advisors), and other specialized roles.
- Continue to work with UVI to establish articulation between the locally designed CDA and the Inclusive Early Childhood Education Program
- Advise and assist the establishment of a professional development registry to collect, verify, and analyze workforce and professional development data. Consider contracting with an existing registry for some functions.

Objectives:

Provide opportunities to assist families in developing protective factors that support optimal family functioning and child development

- Family resilience: Competence in coping with crisis and everyday challenges
- Social connections: Having networks of friends and family who provide support
- Concrete supports in times of need: Understanding family needs and knowing where and how to access services and goods
- Knowledge of parenting and child development: Awareness of typical stages of development, ways to promote healthy development, and appropriate discipline methods
- Children's social and emotional competence: Ability to recognize and express feelings; development of pro-social behaviors, self-confidence, self-efficacy, age-appropriate skills that support social adaptation

Progress:

In addition to working on the above goal and objectives the Strengthening Families Work Group serves as the advisory body for both the Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program of the Department of Health and the Early Childhood Comprehensive Services Grant of the Office of the Governor.

- **Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program** (See pages 57-58 for details about that program.)
- **Early Childhood Comprehensive Systems Grant (ECCS)**:
  Members of the ECAC assisted the Office of the Governor in applying for the ECCS grant. Funding was received in August, 2013 for a three-year grant period for the purpose of mitigating toxic stress in infancy and early childhood through the development of a trauma-informed promoting child and family service system and by a protective factors approach to strengthen and support families in their roles as nurturers of their infants and young children. The goals of the project are to:
  - Create and sustain collaborative structures and relationships utilizing a collaborative impact approach to promote an effective early childhood system to mitigate toxic stress and trauma in infancy and early childhood and strengthen families
  - Provide trauma-focused education and skill-building for front-line staff, clinicians, and administrators within and across key child-serving systems in order to build a common vision and provide appropriate evidenced-based trauma-informed services and promising practices

- Design and implement a comprehensive cross-sector system of trauma-informed service delivery and protective factors approaches to meet the mental health needs of infants and young children and their parents and to mitigate toxic stress and trauma
- Increase public awareness and knowledge about the critical importance of human development during infancy and early childhood, how families and the community can support optimal development of young children, the impact of adverse childhood experiences on healthy development, and the mitigation of toxic stress to achieve optimal child development

- **Agencies and programs that serve young children and families implement the Strengthening Families approach**: The protective factors of the Strengthening Families[147] approach have been shown to reduce the likelihood of abuse and neglect and to create an environment for optimal development. The ECAC has adopted the Strengthening Families approach to be integrated across systems and services.   A mapping of community agencies and entities that could potentially incorporate the Strengthening Families approach within their services to families has been completed.[148] Aspects for implementation within early childhood settings are included in the QRIS system within the Engaging Families Standard. Orientation workshops were presented at the Best Beginnings Conference 2012 with positive responses.

  Faith-Based Summits were held on St. Croix and St. Thomas in 2012 with the goal of engaging the faith community in discussions about the importance of early childhood brain development and positive experiences and the impact of implementing a Strengthening Families approach on optimal development and prevention of child abuse and neglect. Discussion focused on what the faith-based community is already doing to strengthen families and what could be done to enhance their work. The agenda included both national and local presenters.

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[147] The Center for the Study of Social Policy http://www.cssp.org/reform/strengthening-families
[148] See diagram on the following page

- **Families have increased competence in coping strategies and increased economic security and stability:**
  - Perinatal depression: Initially, Virgin Islands Perinatal, Inc. (now called VI Partners for Healthy Communities) took the lead in the area of post partum depression by working with providers and consulting with Dr. Rita Dudley-Grant to provide screening training to health care providers on St. Thomas (December 2010) and on St. Croix (January 2011). The goal was to establish pre/post partum depression screening as a routine part of peri-natal care and during periodic well-child pediatric visits. A second training was provided by Dr. Deborah Perry from Georgetown University at which there were 35 attendees on St. Thomas and 44 on St. Croix. The trainings attracted health professionals, physicians, nurses, midwives, health educators, psychologists, mental health workers, WIC, Family Planning, Early Head Start & Head Start staff, social workers, Parent Coalition, Family Resource Center workers, MCH as well as all VIPI staff.

    As a follow-up, ECAC funds provided a training of trainers to implement the "Mothers and Babies Course," an evidenced-based course for high-risk mothers to prevent postpartum depression through teaching and enhancing mood-management skills and maternal self-efficacy to mothers-to-be and mothers. This evidenced-based course was taught by experts from George Washington University and John Hopkins University. This training was offered to social workers, psychologists, counselors, nurses, home visitors and others who work with families. Participants learned how to implement the 8-week cognitive-behavioral intervention course aimed at addressing the needs and issues most salient during the peri-natal period. The two (2) day course was offered on St. Croix and St. Thomas in March 2013, with fifty (50) attendees on St. Croix, and forty five (45) on St. Thomas.

  - Head Start Program initiatives**:** The Head Start Program staff assists families with their career development goals through community networks. Staff refers families for services either provided directly by the Program or to community partners. Families interested in obtaining their General Educational Development diploma (GED) can participate in the Program's One-Stop GED Program and/or they can receive a referral to the VI Departments of Education or Labor. The Head Start Program provides regular parent volunteers who are interested in entering the field of Early Childhood Education with an opportunity to earn their CDA certificate. The program shares information with parents regarding available English as a Second Language (ESL) classes, vocational and soft skills training, and career advancement opportunities available at UVI and the Career and Technical Education Center. The Head Start Program also offers a small business initiative that works with fathers in establishing a small business. Staff assists fathers/male figures with obtaining a business license, marketing techniques, creating price proposals, and developing marketable skills. Once their business is established, they are allowed to compete for small contracts within the program. Thus far, one father was given a contract to provide landscaping services for the Program.

  - The Virgin Islands National Guard Family Program helps to link resources to Service Members, Veterans, and Families

within all branches of the armed forces. The following service initiatives for Guard members, veterans and their families for 2014have been provided: Family Readiness, Family Assistance Center, Yellow Ribbon, Child and Youth Personal Financial Counseling, and Military Family Life Counseling, Family Assistance Center, Child and Youth, Family Readiness and Yellow Ribbon.   Family Readiness is the level of awareness families and their Guard members have in preparation for the call to state or federal active duty. Whether the Guardsman is attending a military school, providing state or local disaster relief, or defending freedom, our Family Readiness Program is invaluable in providing the concentrated military support during the full deployment cycle, with emphasis on increased support during deployment and reintegration. Some of the initiatives that the Family Readiness Team has initiated for the year thus far are:

- o "Well Wednesday" series which is an interactive series geared towards promoting financial readiness, parenting, communication, building relationships, and much more.
- o Volunteer Support for family program events such as the Summer Camp, Yellow Ribbon Pre-deployment and Reintegration Trainings.
- o Leadership and Volunteer Support for Welcome Home Events.

- **Parents have increased opportunities to develop social connections:**
  - Community Cafés: A Community Café is a strategy that is part of the Strengthening Families approach to working with families and designed to provide parents with opportunities to build their leadership skills and talk about how to keep their families strong. Community Cafés are parent to parent conversations guided by trained hosts in which parents share their experiences, challenges, and rewards of being a parent. Training was provided to teach staff from various public and private agencies and parents on how to host successful community cafés. This Training of Trainers event for implementing Community Cafés was offered to social workers, psychologists, counselors, nurses home visitors, faith-based leaders, parents and others who work with families. The course was taught by a parent leader consultant of the National Alliance of Children's Trust and Prevention Funds and a core member of the Community Café Collaborative, Washington's

Strengthening Families Leadership Team. The two (2) day course was offered on St. Croix St. Thomas in April 2013, with fifty five (55) attendees on St. Croix, and forty seven (47) on St. Thomas. A survey across participating agencies will be conducted to determine how the strategy has been implemented and how trainers can be supported to extend implementation.

- The Early Head Start program, operated by Lutheran Social Services, convenes monthly socialization activities for families served through their home visiting model. Topics include a range from disaster preparedness to stimulating language development to car seat safety to learning about plants.

- **Parents have opportunities to increase their knowledge of parenting and child development by providing a healthy and nurturing environment and positive playful learning activities for their children:**
  - Community Cafés - See above.
  - Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program (See pages 57-58 for details about that program.)
  - "Play and Learn" tents: The ECAC has sponsored "Play and Learn" activities designed to encourage children and parents to engage in play and developmentally appropriate activities together guided by an early childhood professional. "Play and Learn Tents," where these activities are modeled and promoted, have been provided at the Agriculture and Food Fair on St. Croix, during Week of the Young Child festivities on St. Thomas and St. Croix, and at the Governor's Christmas parties on all three islands.
  - Early Learning Guidelines Training for Parents: Workshops were conducted in the spring 2011 for parents, especially those whose children would be transitioning to kindergarten in the fall. Parents were provided with an overview of *The Virgin Islands Early Learning Guidelines* with emphasis on how they can assist their children in developing the skills and dispositions that would enable them to succeed in kindergarten.
  - *Early Learning Guidelines* Placemats - See page 74.
  - "Welcome, Baby!" bags - See page 74.
  - The Family Connection of the Community Foundation of the Virgin Islands operates a lending library to provide books, educational materials, and toys to children, their parents, child care providers and teachers at Tutu Park Mall on St. Thomas. Materials, especially designed for infants and toddlers and children with special needs, have been added.
  - Recommendation to Amend Act 6124: A recommendation from the ECAC was forwarded to the Children and Families Council to amend Act 6124. This legislation permits parents of children attending public and private schools to take 2 hours per month to visit their child's school. The recommended amendment from the ECAC would include parents of children attending preschool and child care.
  - Head Start and Early Head Start Programs: Both programs provide numerous opportunities for parents to visit their programs and to attend workshops focused on how they can promote their child's development and learning.

- Frederiksted Health Care has a Behavioral Health therapist who provides family therapy focused on educating parents about stages of development and normal vs. abnormal behavior; assisting parents in developing meaningful consequences that relate to behaviors to facilitate lasting behavioral changes; working with adolescents to help them to develop negotiation skills to allow for opportunities to establish trust; and helping parents of children of all ages to develop resiliency in their children. In addition I work with pregnant women (and sometimes their partners) using the Mothers and Babies course material to assist in preparing for the arrival of their child.

- **Programs and parents are engaged in activities to promote children's social and emotional competence:**
  - Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program (See pages 57-58 for details about that program.)
  - Early Childhood Comprehensive Services Grant (ECCS): See above.
  - The Virtues Project: The Virtues Project is an international initiative in over 100 countries focused teaching positive behaviors and attitudes that contribute to healthy and supportive environments aligned to virtues – such as "compassion," "integrity," "respect." It was launched territory-wide in October 2010 with the dissemination of the Virtue of the Week. In fall 2011, Facilitators' training was conducted on the five strategies for implementing the Virtues Project that support healthy social and emotional development and peaceful classrooms and communities, with 35 participants certified as Facilitators. The Community Foundation of the Virgin Islands disseminates the Virtue of the Week throughout multiple sectors of the community, including 51 Government agencies, 152 churches and other religious institutions, 19 private schools, 39 media outlets, 195 non-profit organizations, 630 donors/potential donors, 282 CFVI grantees, 3 Chambers of Commerce, 61 businesses, and 17 individuals. The Department of Education disseminates the "Virtue of the Week" with VI proverbs and stories that exemplify the virtue to public school teachers. A small group of the Strengthening Families Work Group puts together suggested activities and picture books appropriate for young children ages 3 to 8 years. These are sent to Head Start, Child Care, and the Department of Education for distribution to early childhood settings.

    In March 2014, staff the Departments of Education and Human Services, through a foundation grant, received facilitator and introduction training to implement the Virtues Project is pilot settings - in 3 elementary school (one on each island), Head Start, foster care, and Juvenile Justice programs.

  - Celebration of Children's Mental Health Awareness Week: As part of the celebration of Children's Mental Health Awareness Week in May, for each of the last 3 years, "My Feelings Books" were distributed to Child Care, Head Start and Kindergartens as an activity for teachers and caregivers to do with children in their classrooms or to go home for parents to do with their children – along with a letter explaining the importance of social and emotional wellness to learning and development. A newsletter for parents from the CFVI "Born Learning" campaign was distributed through

Head Start, Child Care and other agencies in English and Spanish. The Governor proclaimed the day as VI Children's Mental Health Awareness Day, in conjunction with National Mental Health Awareness Month, and urged participation of people, agencies, and organizations. A 30 second PSA was created with pictures taken locally, entitled "Relationships Matter" to be distributed to local TV media.

Next Steps:

- Continue to advise and support the Early Childhood Comprehensive Systems Grant to mitigate toxic stress and support trauma-informed practices.
- Continue to advise and support the Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program.
- Continue to promote the Virtues Project and support pilot implementation sites and other appropriate initiatives.
- Increase the number of service providers screening for peri-natal depression and availability of resources to improve outcomes (such as individual & group counseling "Mother's & Babies Course").
- Coordinate with early childhood programs, elementary schools, housing communities, and other entities to identify at-risk parents and children and follow-up with Community Cafes and other strategies to help families build protective factors.
- Advocate for a continuum of comprehensive behavioral and mental health services for children and families.
- Continue to conduct public awareness to promote healthy and strong families.
- Educate the community to help remove the stigma associated with mental health issues and utilizing services.

Summary of Recommended Next Steps

ECAC Vision: All children in the VI thrive, grow, and learn in safe, nurturing, healthy families and communities.

ECAC Mission: To develop a high-quality, coordinated, sustainable system of supports and services for young children and their families so all children, ages birth through third grade, are safe, healthy, and successful.

Governance, Financing and Infrastructure

Goal: All sectors are engaged in creating and sustaining collaborative structures to ensure an effective early childhood system.

Objectives:
- Establish and sustain a structure within the executive branch to coordinate planning, financing, delivery, and evaluation of the system and initiatives
- Increase the capacity of partnerships to improve, coordinate and expand delivery of services and programs
- Increase public-private investments and braiding of funding streams for maximum impact
- Track identified outcome indicators through accountability and data collection
- Engage in community awareness campaigns to inform the community about progress and best practices

Next Steps:
- Ensure sustainability of the ECAC through legislation
- Advocate for the appropriation of interagency funding to enable the ECAC to continue its work
- Continue to build interagency partnerships and collaborations
- Follow national trends and legislation to advocate for the inclusion of the VI in new initiatives and legislation
- Assist agencies in applying for funding opportunities to support initiatives for young children and families
- Conduct a periodic Territorial needs assessment concerning the status of young children and the quality and availability of early childhood education and development programs
- Collaborate with and make recommendations to the Virgin Islands Virtual Information System and the Early Childhood Integrated Data System to collect data and answer policy questions
- Continue to engage the business community and policymakers to promote investments in early childhood initiatives
- Continue to conduct public awareness on the work of the ECAC and importance of early childhood development

Health and Wellness

Goal: Children are healthy and able to succeed.

Objectives:
- Increase access of families with children prenatal to eight years to health insurance and a full range of quality prevention, early intervention, and treatment services so that their children are healthy and meet their needs
- Increase access of families with children prenatal to eight years to the information they need to promote the health of their children and provide healthy environments to optimize their children's growth and development

Next Steps
- Continue to promote "text4baby" to increase healthy birth outcomes and promote healthy infant development
- Continue to coordinate and implement interagency annual health and wellness fairs to provide health and developmental screening to underserved children birth to five years
- Address oral health concerns and promote developmentally appropriate oral health care
- Monitor for pediatric health issues and concerns among agencies
- Address and raise community awareness of health care needs of young children (e.g. high number of low birth weight babies and number of young children 19-35 months who have not received recommended up-to-date immunizations)
- Strengthen the connections and continuum of services among agencies and across programs for children with disabilities and developmental delays

Quality Education

Goal: Children and families have increased access to high quality educational opportunities in nurturing environments.

Objectives:
- Provide a vehicle for collaboration among educational programs and agencies serving children birth to third grade
- Promote and support features of high quality inclusive early childhood programs birth to third grade
- Develop strategies for outreach to improve quality of Family Friend and Neighbor care
- Advise and assist coordinated efforts for a smooth transition to kindergarten for children and families by ensuring continuity and alignment of programs from PreK to third grade

Next Steps:
- Continue to disseminate and provide training about the *VI Early Learning Guidelines* and the *VI Infant and Toddler Developmental Guidelines*.
- Provide training regarding the use of the newly developed *VI Guidelines for High-Quality Practice in Kindergarten.*
- Continue to support the implementation of *Steps to Quality,* the Quality Rating and Improvement System (QRIS) administered by the Department of Human Services.
- Continue to support activities for assisting children and families in transitioning from preschool to kindergarten programs.

- Advise and assist the Department of Education in implementation of the Pre-K Act.
- Work across agencies and programs with the goal of children entering kindergarten with age-appropriate skills in all domains (physical development, social and emotional development, approaches to learning, cognitive development, and language and literacy development)
- Work with and coordinate efforts with the VI Literacy Council with the goal of achieving grade level reading by the end of third grade.
- Develop and implement interagency plans for outreach to family, friends and neighbors who care for young children.
- Identify appropriate assessments to monitor children's development and promote training of teachers to use the information to inform instruction

Professional Development

Goal: Individuals who work with and/or on behalf of children and families have comprehensive coordinated cross-sector professional development system.

Objectives:
- Serve as an advisory to the PD System, including development of PD opportunities along the Career Pathways, a registry system, the development of a trainer assurance system, and other initiatives related to the PD of the workforce
- Strengthen continuous cross-sector collaborations to ensure high quality services
- Ensure that there is an infrastructure to support individually appropriate PD that is on-going, accessible, supportive, and built on VI Core Knowledge and Competencies (CKCs), Teacher Effectiveness Standards, and credentialing
- Support early childhood professionals in their efforts to advance along the Career Pathways
- Assess the capacity and effectiveness of programs at the University of the Virgin Islands toward supporting the development of early childhood educators, and their professional development and career advancement plans
- Advocate for equitable compensation

Next Steps
- Promote and support high quality professional development across agencies and programs
- Create a mechanism to share professional developmental opportunities
- Expand the CKCs to include specialized content for administrators/principals, trainers, higher education faculty, and technical assistance providers.
- Identify policy levers, standards, and resources that accelerate Career Pathways participation and designation, such as scholarships, training stipends, career counseling, and other incentives.
- Expand the Career Pathways to include trainers, technical assistance professionals (such as coaches, mentors, consultants, and professional development advisors), and other specialized roles.

- Continue to work with UVI to establish articulation between the locally designed CDA and the Inclusive Early Childhood Education Program
- Advise and assist the establishment of a professional development registry to collect, verify, and analyze workforce and professional development data. Consider contracting with an existing registry for some functions.

Strengthening Families

Goal: Families have resources and supports they need to promote their children's optimal development.

Objectives: Provide opportunities to assist families in developing protective factors that support optimal family functioning and child development

- Family resilience: Competence in coping with crisis and everyday challenges
- Social connections: Having networks of friends and family who provide support
- Concrete supports in times of need: Understanding family needs and knowing where and how to access services and goods
- Knowledge of parenting and child development: Awareness of typical stages of development, ways to promote healthy development, and appropriate discipline methods
- Children's social and emotional competence: Ability to recognize and express feelings; development of pro-social behaviors, self-confidence, self-efficacy, age-appropriate skills that support social adaptation

Next Steps:

- Continue to advise and support the Early Childhood Comprehensive Systems Grant to mitigate toxic stress and support trauma-informed practices.
- Continue to advise and support the Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program.
- Continue to promote the Virtues Project and support pilot implementation sites and other appropriate initiatives.
- Increase the number of service providers screening for peri-natal depression and availability of resources to improve outcomes (such as individual & group counseling "Mother's & Babies Course").
- Coordinate with early childhood programs, elementary schools, housing communities, and other entities to identify at-risk parents and children and follow-up with Community Cafes and other strategies to help families build protective factors.
- Advocate for a continuum of comprehensive behavioral and mental health services for children and families.
- Continue to conduct public awareness to promote healthy and strong families.
- Educate the community to help remove the stigma associated with mental health issues and utilizing services.

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