United States Virgin Islands

Early Childhood Advisory Committee (ECAC)

Strategic Report

July 2011

Table of Contents

Introduction

Based on recent research in the fields of neuroscience, education, 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, and socially.[1] We know from this research that the quality of early childhood experiences is predictive of children's success in school and life. We know that children who enter kindergarten behind their peers most often do not catch up. Therefore, it is crucial that we work together to improve the quality of early childhood experiences to ensure that our children enter kindergarten prepared to learn and succeed in school and beyond.

Interest in quality early childhood education has become a national priority as many states seek ways to improve the low levels of academic achievement of students in our nation's K-12 school system. 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. Economic research indicates that investment in high quality early childhood programs has long term economic benefits. "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."[2]

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.

This report represents the system of individual and collaborative efforts among service providers within various government and private agencies serving young children and their families in the U.S. Virgin Islands.

This report has been prepared by the Community Foundation of the Virgin Islands (CFVI) pursuant to the Improving Head Start Act of 2007 and the Executive Order #440-2008 of Governor John P. deJongh Jr. Funding is provided by the Federal Department of Health and Human Services, Administration for Children and Families, Grant #90SC0013/01.

This project is sponsored by the Government of the Virgin Islands, Office of the Governor. However, the information, content and conclusions are intended to be advisory and do not necessarily represent the official position or policy of, nor should any official endorsement be inferred on the part of the Office of the Governor, Government of the Virgin Islands, or the Community Foundation of the Virgin Islands.

[1] Center on the Developing Child at Harvard University (2007).
[2] Weiss, E. (January 2011).

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 has 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 development and motor development, social and emotional development, approaches to learning, language development, and cognitive 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:

- Community Foundation of the Virgin Islands, The Family Connection
- Department of Health
  - Mental Health and Substance Abuse Prevention
  - Early Intervention (Part C)
  - Maternal Child Health
- Department of Human Services
  - Children and Family Services
  - Head Start
  - Child Care and Regulatory Services
- 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)
  - English Language Learning
- Department of Justice
- Board of Education
- Office of the Governor
- University of the Virgin Islands, 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 Perinatal, Inc,
- Virgin Islands Behavioral Services

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 begin school safe, healthy, and ready to succeed.

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.

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. **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 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, each child should be treated as an individual with unique strengths, interests, and approaches to learning.

What is school readiness?

School readiness is a term that has generally come to refer to the skills and dispositions that young children need in order to be successful in kindergarten. No longer do we merely 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."[3] Child development occurs across these equally important domains. Early care and education 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.

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, therefore, must be responsive to children's needs and development.

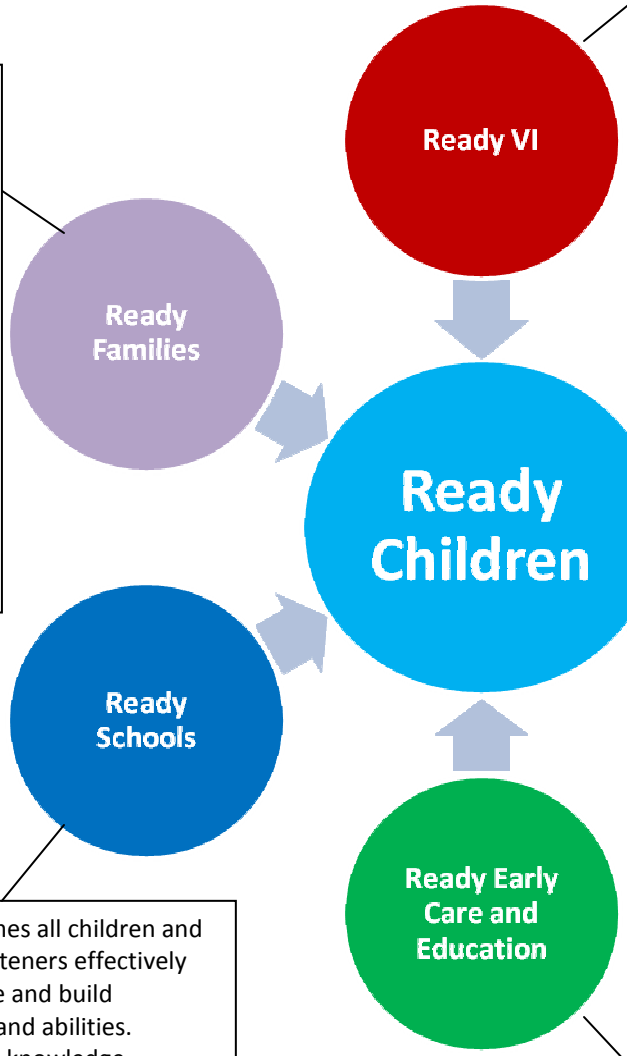
When all the components of the service system are "ready" to do their part to enhance the growth, development, and learning of young children, then, children will have opportunities to gain the knowledge, skills and dispositions that enable them to be ready to succeed in school. An early childhood system is made up of interrelated parts working together toward a common goal – the

[3] Lovejoy (2005).

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 support necessary to raise young children who thrive in their early years and throughout their lives."[4] 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, Strengthening Families (which includes family resilience, parenting skills, social and service supports, and children's mental health), Data Collection, and Public Awareness.

[4] Doctors, Gebhard, Jones, & Wat (2007).

VI Definition of School Readiness:



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 children's family context and home environment and includes the supports necessary for families to be "ready families." A ready family recognizes their 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 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.

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.

Other Initiatives of the Office of the Governor that Impact Early Childhood

Poverty to Prosperity Working Group

In recognition of the impact of poverty on Virgin Islands children and families, Governor John P. de Jongh, Jr. established the Poverty to Prosperity Working Group -- an effort of the Children and Families Council -- to take proactive measures to address the challenges associated with systemic poverty in the Territory and to strengthen families by collaborating with public and private partners on a 10-year poverty reduction plan. This framework embraces six specific areas of focus and matches key departments and agencies of the government with specific community goals that definitively place the Virgin Islands on a roadmap to dramatically reducing poverty within the next decade. The Administration's pledged goal is to reduce poverty in the Territory 50% by 2020. In some areas, goals of this working group overlap with those of the ECAC, particularly in areas focused on strengthening families and building family resilience, on which the two will coordinate efforts.

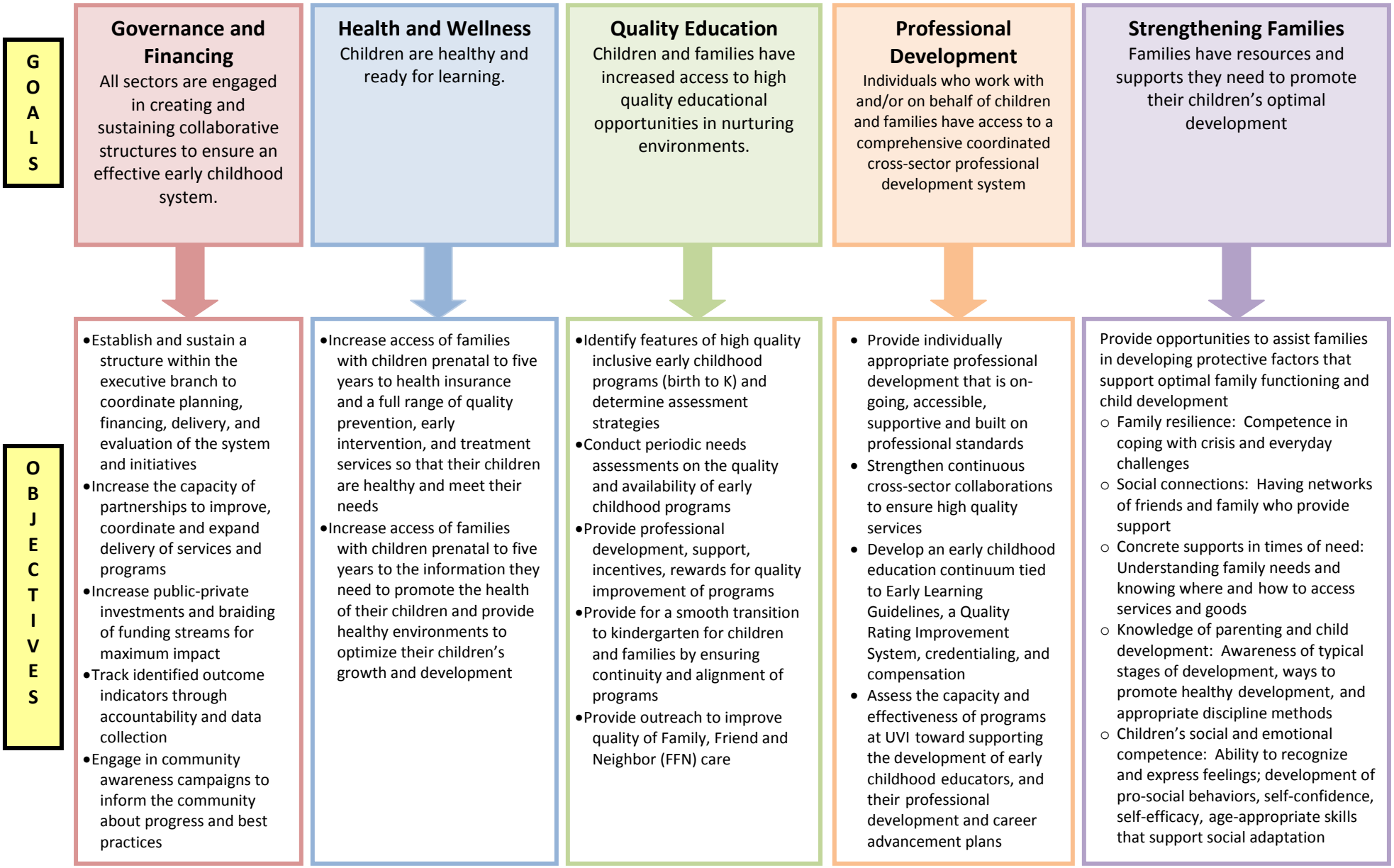
A grant award from the National Governor's Association enabled a broad-based examination of the socio-economic challenges associated with poverty in the Virgin Islands. Through collaborative efforts, community partners pledged to continue to seek data-driven and creative ways to curb some of the societal problems associated with living in poverty, including building up families through specialized programs and initiatives targeted at poverty reduction.

The Healthcare Reform Implementation Task Force

In response to the mandates set forth in the federal Patient Portability and Affordable Care Act (PPACA), Governor John P. de Jongh, Jr. established The Healthcare Reform Implementation Task Force (HRITF) via Executive Order 449-2010 on June 9, 2010. The Task Force, chaired by the Lieutenant Governor and coordinated by Taetia Dorsett, consists of a fourteen (14) member multi-disciplinary team of local public and private sector agency heads tasked with examining the current healthcare system matrix and making recommendations that will ultimately improve the health of USVI residents. Potential interfaces and overlap with ECAC initiatives will be reviewed and opportunities to address barriers/challenges will be addressed in either the venue of the Healthcare Reform Implementation Task Force or addressed at the level of the Workforce Development Subcommittee. As of February 2011, the ECAC has presented their recommendations to the HRITF on challenges with the physician licensure process; their concerns regarding the territory's progress on e-prescribing and Electronic Health Records (EHR) adoption by medical providers, hospitals, public clinics and federally qualified health centers; and the need to increase mental health services to children and families.

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 begin school safe, healthy, and ready to succeed.



Health and Wellness: Children are healthy and ready for learning

Objectives	Strategies	Outcomes	Indicators
• Increase access of families with children prenatal to five 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 five 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	• Review "Medical Homes" toolkit from the American Academy of Pediatrics to evaluate needs and make recommendations • Make recommendations to the Governor's Health Reform Task Force regarding the need to increase service providers and capacity • Make recommendations to the Governor's Health Reform Task Force and advocate for increased access to affordable health insurance • Conduct a public awareness campaign to shift community perception from sickness-emergency only care to wellness-prevention care • Celebrate National Children's Health Day (October) by organizing child health fairs • Establish cross-agency information sharing at appointments (Ex. when at SNAP, give health information and ask - when was your last well-child visit?)	**Children have access to health care and medical homes**	• % children under 5 years with health insurance • % of children who have an identified medical home • % of children who receive annual health checks • % of infants receiving recommended periodic health checks
	• Launch Text4baby and encourage enrollment	**Pregnant women have access to prenatal care and their infants have healthy birth outcomes**	• % of low-birth weight infants • # of births to teens • % women receiving late or no prenatal care • % pregnant women with health insurance • Maternal behaviors:

Objectives	Strategies	Outcomes	Indicators
			○ % mothers smoking ○ % infants diagnosed with fetal alcohol syndrome ○ % mothers who used drugs/alcohol during pregnancy
	• Conduct developmental and sensory screening at kindergarten entry • Implement universal developmental screening across health care, child care, and early childhood education providers at periodic intervals • Conduct community-wide developmental and sensory screening (child find) • Include developmental and sensory screening in QRIS	**Children receive developmental and sensory (hearing and vision) screening with age-appropriate results**	• % of children with age-appropriate skills at kindergarten entry • % of children with age appropriate skills at periodic intervals • % of children receiving newborn hearing screening • % of children receiving vision screening • % children receiving periodic developmental screening • % of children whose screening results indicate follow-up testing or treatment needed
	Increased breastfeeding • Educate the public and disseminate information about the health benefits of breastfeeding, importance of family support, and nutritional value, as well as, combat myths (ex. infants are not getting enough) • Support lactating women in the workforce • Support lactating women in child care settings	**Children have good nutritional health**	• % of mothers who breast feed • % of children eligible for WIC who are enrolled • % of children whose families are eligible for SNAP who are enrolled • % of children whose BMI are in the expected range for age

Objectives	Strategies	Outcomes	Indicators
	• Encourage women to breastfeed through home visiting programs **Obesity Prevention:** • Encourage healthy activity levels and eating habits in child care and early childhood settings (i.e. build it into the QRIS) • Encourage healthy activity and recreation programs for young children and parents to share throughout the community (i.e. Encourage family fun and exercise days at parks; provide active play equipment suitable for young children at public parks; build bike paths and sidewalks throughout the community) • Disseminate information throughout the community about healthy lifestyles and nutrition • Provide counseling to parents and caregivers through health centers and health care providers **Increased access to healthy food – decrease food insecurity** • Provide mechanisms for SNAP recipients to use/ access locally fresh foods at farmers' markets • Encourage availability of fresh foods at smaller community markets • Increase participation in SNAP by those eligible and not receiving • Increase participation in WIC by those eligible and not receiving • Increase participation of child care		

Objectives	Strategies	Outcomes	Indicators
	centers in school lunch (Child and Adult Care Food Program) by those eligible		
	• Educate parents and pregnant women about best practices for oral health care for pregnant women and children • Educate children about best practices for oral health care • Incorporate oral health care information into existing coursework at UVI, including Nursing Education and Inclusive Early Childhood Education • Conduct public awareness campaign • Provide opportunities for professional development for dentists and other health care professionals in oral health screening and evaluations for young children and children with disabilities • Include oral health screening as part of well-child visits and pre-natal visits • Include oral health screening as part of child care health forms • Provide oral health care kits appropriate to age groups for pregnant women, infants, and young	**Children and pregnant women have access to oral health care**	• % of children birth to 5 years who received a dental evaluation in the last year • % of pregnant women who receive dental evaluation during pregnancy

Objectives	Strategies	Outcomes	Indicators
	children • Identify funding streams for pregnant women and children who need treatment • Educate the community in regard to appropriate fluoridation • Explore the possibility of fluoridating public water systems and providing fluoride tablet for cisterns		
	• Provide information and workshops to early childhood programs on universal precautions and prevention of the spread of communicable disease	**Infectious diseases are prevented**	• % of children receiving immunizations on schedule

Children have access to health care and medical homes:

Members of the Health and Wellness Work Group reviewed the "Medical Homes" self-assessment check list from the American Academy of Pediatrics and highlighted specific needs that are relevant to the health systems in the territory. Based on these, recommendations were developed, approved by the ECAC and forwarded to the Children and Families Council and subsequently to the Governor's Health Reform Task Force. Recommendations made are as follows:

Introduction:

The Early Childhood Advisory Committee (ECAC) of the Children and Families Council is charged with "advising the Children and Families Council on all matters regarding the welfare of children from birth through school entry" and to "develop strategies and make recommendations to support optimal development and well-being in all domains of early childhood growth to include: physical well-being and motor development, social and emotional development, approaches to learning, language development, cognitive development and general knowledge." To assist in meeting these mandates (and others), the ECAC established several work groups focused on specific areas. The Physical Health and Wellness Work Group was formed to solicit input from key stakeholders and health care providers. Work Group goals and objectives are as follows:

Goal: Children are healthy and ready for learning.

Objectives:

- Increase access for families with children prenatal to five years to a full range of quality prevention, early intervention, and treatment services to ensure all children are healthy and their needs are met
- Increase access for families with children prenatal to five 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

Background

The health of young children depends, at least partly, on their access to health care. Having a usual source of health care – a particular professional/provider or place a child goes to for sick and preventive care – facilitates the timely and appropriate use of pediatric services. Uninsured children are more likely to have no usual source of care than are children who have health insurance. Additionally, children with public insurance,

such as Medicaid, are more likely to have no usual source of care than are children with private insurance.[5] This national trend is also true in the Virgin Islands, where low-income families, including those receiving Medicaid, tend not to have a regular source of preventive care. Hospital emergency rooms are utilized once health situations have deteriorated to critical points. For immunizations, required physicals, dealing with minor illness (such as colds or flu), or chronic conditions, these families seek care at Maternal Child Health (MCH) clinics and 330 Community Health Centers in Frederiksted and St. Thomas East End.

The American Academy of Pediatrics recommends that health care be provided in a "medical home," contrary to care provided through emergency rooms, walk-in clinics, and other urgent-care facilities. "The American Academy of pediatrics believes that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. It should be delivered by well-trained physicians who provide primary care and help to manage and facilitate all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them. These characteristics define the 'medical home.'"[6]

In response to best practices in the field, the federal government mandates that MCH and the 330 Clinics report on performance measures demonstrating implementation of standards for medical homes. In a preliminary review of the standards of practice for medical homes, the Physical Health and Wellness Work Group identified several barriers and challenges to meeting the standards and providing optimal care for young children.

Challenge/Barrier: There is a shortage of physicians to provide and coordinate care. Physicians are hesitant to relocate to the Virgin Islands because their national board certification is not recognized and there is no reciprocity with other state certifications. They are required to take the local medical exam which is designed for those recently completing their training, as it covers a broad range of areas. Specialists who have been practicing obstetrics, for example, are required to respond to questions in ophthalmology, which they may not have been exposed to since completing medical school. Additionally, the rate of reimbursement for care to physicians under our Medicaid policies is lower than most locations, which is another deterrent to physicians interested in practicing in the VI. A related issue is the lack of timely payment to physicians. It is anticipated that shortages of providers will be

[5] *America's Children: Key National Indicators of Well-Being, 2009.* Federal Interagency Forum on Child and Family Statistics, p. 22.
[6] *Policy Statement: The Medical Home* (July, 2002). American Academy of Pediatrics.

exasperated as Medicaid eligibility changes in the territory to increase the number of those enrolled and as the Health Care Act is implemented. There are concerns about the capacity to meet both current and future demands.

Potential Solutions:

- Review and amend the VI Code to allow/recognize national board certifications.
- Develop reciprocity agreements with other states
- Change compensation rates to be more comparable to other locations
- Revamp Medicaid Health Information Technology (HIT) System with current technology in order to make payments directly to providers and physicians, rather than through the Department of Finance to speed the process.
- Build local capacity through scholarships with a commitment to return to the VI.

Challenge/Barrier: Nurse practitioners are not used to the fullest. Nurse practitioners are nationally certified and have greater latitude to practice in the states than in the territory. There is a local requirement that their reports and prescriptions must be signed by a physician. Additionally, local law allows for nurse practitioners to write prescriptions, however, local Medicaid policy does not. Utilizing their training and skills to the fullest would ease some of the demand on physicians.

Potential Solutions:

- Recognize national board certification for nurse practitioners with the ability to practice according to national standards
- Change Medicaid policy to permit nurse practitioners to write prescriptions

Challenge/Barrier: There is no local licensure for certified medical assistants. Although an individual may be a nationally certified medical assistant, there is no local licensure; which means that they cannot use their training.

Potential Solutions:

- Establish local licensure for certified medical assistants
- Recognize national certification of medical assistants with the ability to practice according to national standards

Challenge/Barrier: Lack of electronic data systems and prescribing. Many of the medical home standards of practice involve the capability to use data systems for patient identification and information, clinical data, prescribing medications, ordering and retrieving diagnostic tests, and providing care management support. The Medicaid Program anticipates moving to a pharmaceutical electronic system within the next six months. Data systems that

exist do not speak to each other and, therefore, it is difficult to track patients and their care. The University of Puerto Rico, Ponce Medical School has funding to assist the VI in developing a "Health Information Exchange" system; but timelines have not been met. Funding depends on achieving specific benchmarks. The VI Medical Institute and the 330 Clinics are working together, however, the Department of Health has not yet moved forward.

Potential Solution:

- Review the barriers/difficulties to meeting the benchmarks that the Department of Health may be experiencing and develop a strategic plan so that the Department can become a full partner in the Health Information Exchange and take advantage of funding

Challenge/Barrier: Challenges in obtaining medications in a timely matter. Patients with chronic conditions enrolled in Medicaid must get a new prescription every 30 days. Recertification for these prescriptions results in parents having to be present at MAP offices monthly to do so. This results in lost time if the parent works and may prevent them from keeping employment. This is a local policy which places an added burden on both the patient and the medical system, particularly when the condition is chronic and treatment is consistent. In addition, health care providers often run out of Medicaid prescription forms which puts patients at risk because they are unable to get the medications they need when they need them, which can lead to further health complications and critical problems.

Potential Solution:

- Re-evaluate and create more appropriate timelines
- Enable patients to recertify with 3 or 6 month prescriptions or according to doctors' recommendations
- Ensure that the Medicaid Program provides sufficient prescription forms to providers, perhaps basing the numbers on monthly needs of each clinic

The Health and Wellness Work Group is planning to participate in National Children's Health Day in October, 2011 by organizing and conducting two children's health fairs (one on St. Thomas and one on St. Croix). In acknowledgement of the fact that over half of the children ages birth to school age do not attend a licensed child care, early childhood, or Head Start program, in which they are required to have basic physical examinations and screenings, the fairs will focus on outreach to this population. The goal is to provide developmental, vision, hearing, BMI, dental, and vitals screening, as well as, information about good nutrition and health practices and access to services for pregnant women and young children

<u>Pregnant women have access to prenatal care and their infants have healthy birth outcomes</u>:

February 2011 marked the official launch of "Text4baby" in the VI. In an effort to promote healthy birth outcomes, support pregnant women and mothers of infants, and encourage optimal growth and development of newborns, the ECAC adopted

the national Text4baby initiative. It 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 give their babies the best possible start in life. Women who sign up for the service in English or Spanish receive free text messages each week, timed to their due date or baby's date of birth. These messages focus on a variety of topics critical to maternal and child health, including birth defects prevention, immunization, nutrition, seasonal influenza, mental health, oral health and safe sleep. Text4baby messages also connect women to prenatal and infant care services and other resources. As of June 14, 2011, two hundred nineteen (219) Virgin Islanders had enrolled in the service.

Children receive developmental and sensory (hearing and vision) screening with age-appropriate results:

An interagency group led by the Department of Education, Office of Special Education coordinated two public screening days for children birth to five years in each district – one in fall 2010 and one in spring 2011. Children received developmental, vision, and hearing screening.

The Family Connection, a program of the Community Foundation of the Virgin Islands, disseminates "Kids Basics" booklets to pregnant teens through their school nurses. "Kids Basics," a publication of the national Born Learning public engagement campaign, provides information about taking care of one's baby and young child including well-child visits and immunizations; interacting, bonding, and play; what to look for in seeking child care; sleep and feeding – to name a few – in an easy to read user-friendly format.

Children have good nutritional health:

Nationally recognized and recommended daily activity levels and screen time for toddlers and preschoolers have been incorporated into the Quality Rating Improvement System as an obesity prevention strategy in participating child care and education settings.

Children and pregnant women have access to oral health care:

Regular daily tooth brushing and oral health preventive care for infants (i.e. cleaning infants' gums and prevention of baby bottle syndrome, the primary cause of infantile carries) have been incorporated into the revised Rules and Regulations for Licensed Child Care.

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

Objectives	Strategies	Outcomes	Indicators
• Identify features of high quality inclusive early childhood programs (birth to K) and determine assessment strategies • Conduct periodic needs assessments on the quality and availability of early childhood programs • Provide professional development, support, incentives, rewards for quality improvement of programs • Provide for a smooth transition to kindergarten for children and families by ensuring continuity and alignment of programs • Provide outreach to improve quality of Family, Friend and Neighbor (FFN) care	• Promulgate revised Child Care Rules and Regulations • Determine appropriate timelines for implementation of revised Rules and Regulations • Develop and implement a Quality Rating and Improvement System (QRIS) as a means to measure quality and provide incentives and supports • Engage in public awareness campaigns to promote the QRIS among child care providers and to inform families of quality features to look for in selecting an early childhood setting • Develop and implement a system of support and financial incentives for building quality improvements within the QRIS • Ensure that the QRIS supports the implementation of Early Learning Guidelines, health goals, and strengthening families goals through family engagement • Ensure that the Professional Development System is integrated into the QRIS • Finalize Early Learning Guidelines • Provide training on implementation	**Early childhood centers meet high quality standards.**	**Availability – demand** • # children < 5 years (by year of birth) • % of children < 5 years needing non-parental care based on women with young children in the workforce **Availability – capacity** • # licensed EC centers • # of children < 5 years enrolled in licensed care (by year of birth) • # children enrolled in Head Start (total funded enrollment) • # children in Early Head Start (total funded enrollment) • Estimated # of children eligible for Head Start (3 and 4 year olds with family income < federal poverty level) • Estimated # children eligible for Early Head Start (birth to 3 year olds with family income < federal poverty level) • # child care capacity • Estimated % of demand met by availability of supply • # children served in Part C • % of all children served by Part C (birth to 3 years)

Objectives	Strategies	Outcomes	Indicators
	of the Early Learning Guidelines • Develop and provide training on infant and toddler learning guidelines		• **#** children served in Part B (Early Childhood Special Education) • % of all children served by Part B (3 to 5 years) • #children enrolled in public kindergarten • # children enrolled in private kindergarten • # of children/families enrolled in home visiting programs (by age of child) **Availability – quality** • % of children ages 0-2 years attending centers by quality rating • % of children ages 2-5 years attending centers by quality rating **Quality Early Care and Education – Centers** • # of early childhood centers that meet the revised Rules and Regulations • % of centers that have achieved each step of the QRIS **Effective Teaching and Learning** • % of children who have highly skilled teachers who provide instructional and emotional support (using a research-based tool, ex. CLASS) • # children with regular attendance (# children who miss

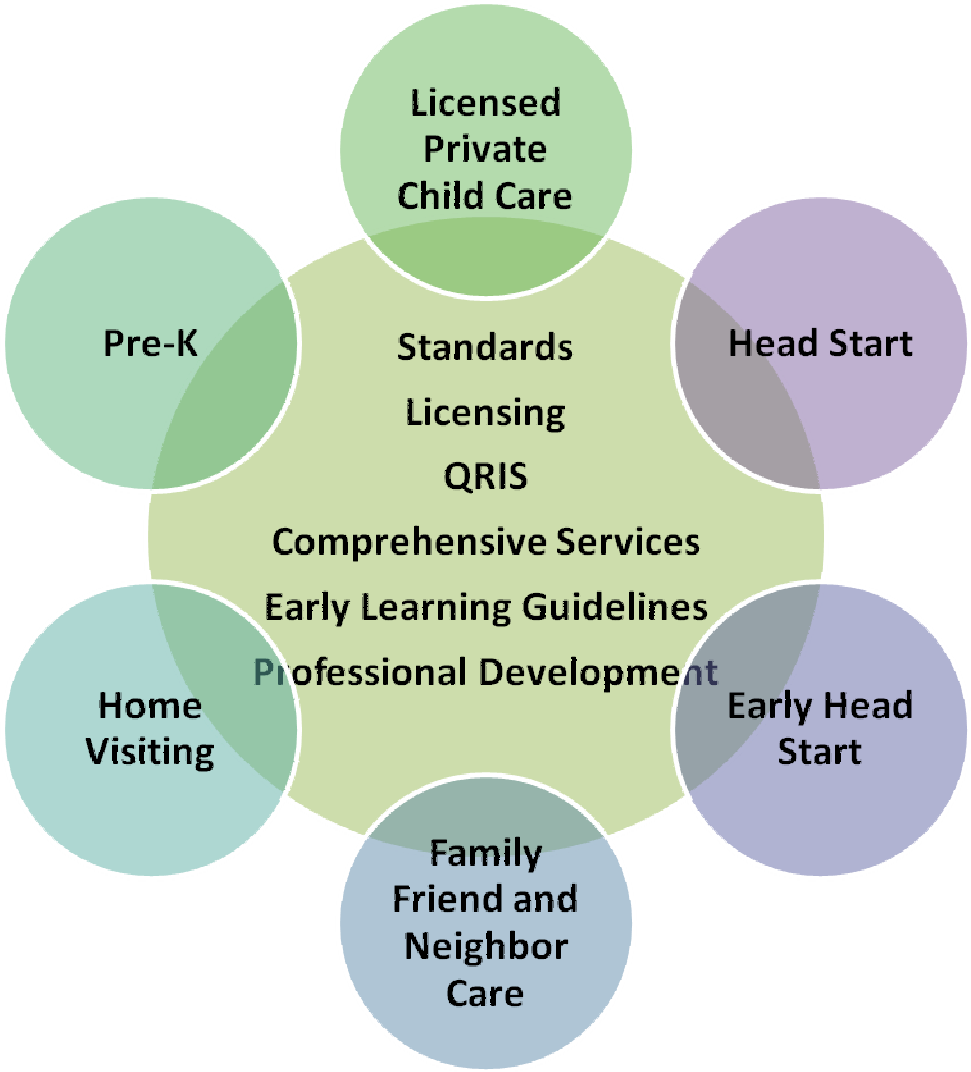
Objectives	Strategies	Outcomes	Indicators
			less than 20 school days during the school year) **Quality: Workforce Stability** • % centers that have less than 30% annual turnover of staff • % centers with regular teacher attendance (# teachers who miss less than 20 school days during the school year)
	• Identify opportunities for collaboration to increase access to high quality programs • Identify ways to increase funding to support high quality programs	**High quality early childhood settings are affordable and available.**	**Affordability: Annual Cost per child** • Average rate for full-time care for infants and toddlers by step of quality • Average rate for full-time care for preschoolers by star level of quality • Head Start: Annual cost per child • Early Head Start: Annual cost per child **Affordability: Cost to Family – Child Care** • % total family income spent on child care (by age of child) • Child care subsidy: % eligible families receiving subsidized child care (by age of child) • # children < 5 years in regulated child care receiving subsidized child care • % of children < 5 years in licensed care receiving subsidy

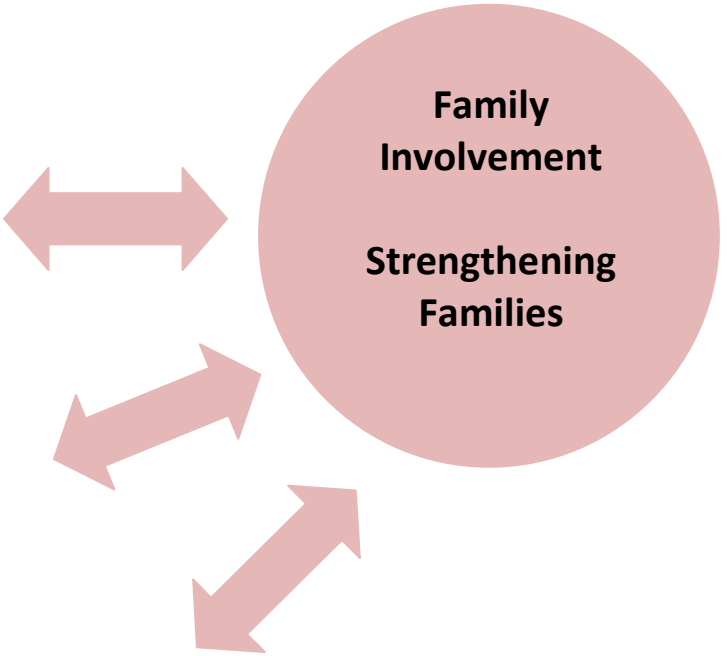
Objectives	Strategies	Outcomes	Indicators
			• % of licensed providers receiving subsidy payments • # of children < 5 years eligible for subsidy, yet on a waiting list
	• Ensure that the Early Learning Guidelines are matched in content and are aligned in practice with the Common Core Standards and other curricula standards adopted by the Department of Education • Ensure that elementary school administrators are provided with professional development that builds competency and knowledge of appropriate and research-based practices in early childhood education, including pre-kindergarten to third grade • Ensure that specific goals related to early childhood education are included in School Improvement Plans • Provide professional development for kindergarten teachers in meeting educational standards and expectations through play-based curriculum (both through "classroom rich child-initiated play" and "playful classroom[s] with focused learning") and research-based developmentally appropriate practices in kindergarten through third grade for teachers • Assist teachers in developing curricula to meet requirements for	**Children and families experience a smooth transition to school-age programs.**	**Continuity in Early Childhood Experiences** • % of children attending schools that systematically involve early childhood centers and families before transition to elementary school • % of children attending grades K-3 in schools whose curricula and expectations are continuous within the schools and aligned with early childhood programs • % teachers in K classrooms with degree or licensure in early childhood education • Average class size in K-3 classrooms • Average teacher-student ratio in K-3 classrooms • % of elementary school administrators with professional development in early childhood education

Objectives	Strategies	Outcomes	Indicators
	Language Arts and other curricular mandates, including strategies for how to design and appropriately use learning centers, hands-on activities, and play-based learning and intentional teaching strategies • Provide technical assistance and support to assist teachers in implementation of professional development and developmentally appropriate practices • Provide opportunities for children and families to visit and tour the school, meet teaching staff, and experience the kindergarten classroom prior to kindergarten entry • Provide opportunities for joint professional development for kindergarten and pre-kindergarten teachers to facilitate conversations and common ground • Provide summer opportunities to children who have not had 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		
	• Ensure that FFN are incorporated in the overall plan for improving the quality of care for young children • Enable FFN care providers to voluntarily participate in the QRIS, including support and financial	**Children cared for by family, friends or neighbors have a system of supports and services to provide opportunities for high quality**	• # of FFN providers involved in the QRIS • # of FFN providers utilizing the Early Learning Guidelines in their daily activities with children • # of FFN providers participating

Objectives	Strategies	Outcomes	Indicators
	incentives • Ensure Early Learning Guidelines are accessible to parents and FFN caregivers. • Provide outreach to FFN providers in professional development activities • Provide home visiting services to FFN providers of high risk children and families	**experiences for children in their care.**	in professional development activities • # of FFN providers receiving home visiting services
		Children and families transitioning from the Early Intervention Program (Part C) to Early Childhood Special Education (Part B) experience a timely smooth transition with access to the services they need.	

Quality Education: Our Vision for High Quality Early Childhood Education and Care – "Raising All Boats"





Quality Education: What does high quality early childhood education look like?

Longitudinal research has determined that children who attend high quality early childhood programs show a reduced need for special education, improved high school graduation rates, fewer arrests, and higher earnings than children who do not receive a high quality early childhood experience.[7] To prevent the trajectory of failure which plagues our youth, it is imperative, and research concurs, that we must begin early – long before children enter school. Just any early childhood experience is not sufficient; high quality early childhood experiences is what makes the difference. But what does quality look like? What does research tell us?

Quality is related to various structural components – including: low adult-child ratios, small class size, and the physical environment of the room. According the National Association for Young Children (NAEYC), the following teacher-child ratios and group sizes are necessary to meet high standards and earn their accreditation.[8] Group sizes are stated as ceilings regardless of the number of staff. Ratios represent the minimum number of adults per child.

Age Category	**Group Size**									
	6	8	10	12	14	16	18	20	22	24
Infant: Birth to 15months	1:3	1:4								
Toddler										
12 – 28 months	1:3	1:4	1:4	1:4						
21 – 36 months		1:4	1:5	1:6						
Preschool										
2 ½ - 3 yr olds (30 – 36 – months)				1:6	1:7	1:8	1:9			
4 yr olds						1:8	1:9	1:10		
5 yr olds						1:8	1:9	1:10		
Kindergarten								1:10	1:11	1:12

[7] See "Appendix A" –for statistical information on these indicators.
[8] National Association for the Education of Young Children

Notes: In a mixed-age preschool group of 21/2-year-olds to 5-year-olds, no more than four children between the ages of 30 months and 36 months may be enrolled. The ratios within group size for the predominant age category apply. If infants or toddlers are in a mixed-age group, then the ratio for the youngest child applies.

In regards to the physical environment, NAEYC recommends 35 square feet per child of indoor space and 75 square feet per child of outdoor space. According to the *Early Childhood Environment Rating Scale*[9], an instrument many states use to measure the quality of child care and education classrooms, features of quality reflected in the environment include:

Space and Furnishings

1. Indoor space
2. Furniture for routine care, play and learning
3. Furnishings for relaxation and comfort
4. Room arrangement for play
5. Space for privacy
6. Child-related display
7. Space for gross motor play
8. Gross motor equipment

Personal Care Routines

9. Greeting/departing
10. Meals/snacks
11. Nap/rest
12. Toileting/diapering
13. Health practices
14. Safety practices

Language-Reasoning

15. Books and pictures
16. Encouraging children to communicate
17. Using language to develop reasoning skills
18. Informal use of language

Activities

19. Fine motor
20. Art

[9] Harms, Clifford, Cryer (2005)

21. Music/movement
22. Blocks
23. Sand/water
24. Dramatic play
25. Nature/science
26. Math/number
27. Use of TV, video, and/or computers
28. Promoting acceptance of diversity

Interaction

29. Supervision of gross motor activities
30. General supervision of children (other than gross motor)
31. Discipline
32. Staff-child interactions
33. Interactions among children

Program Structure

34. Schedule
35. Free play
36. Group time
37. Provisions for children with disabilities

Parents and Staff

38. Provisions for parents
39. Provisions for personal needs of staff
40. Provisions for professional needs of staff
41. Staff interaction and cooperation
42. Supervision and evaluation of staff
43. Opportunities for professional growth

The National Institute of Early Childhood Research[10] measures quality in terms of the following standards: comprehensive early learning standards; teacher and assistant teacher qualifications and professional development; maximum class size for 3 and 4 year olds (20); staff-child ratio for 3 and 4 year olds (1:10 or better); availability of screening, referral and support services; meals (at least one per day); and monitoring through site visits.

[10] Barnett et al (2009)

Quality is also dependent on and influenced by the quality of teacher-child relationships. Responsive interpersonal relationships with teachers nurture children's dispositions to learn. When teachers provide emotional support, children are more likely to develop positive trajectories of development in both social and academic domains. Classrooms function best and provide the most opportunities for learning when teachers use positive strategies for guiding behavior and when there is greater productive time for students to be actively engaged in the learning experience. Teachers' instructional support that assists children in problem solving; in learning how information is connected, organized, and dependent on one another; and in developing an awareness and understanding of one's own thought processes, rather than teaching a list of facts, predicts children's success in literacy and general knowledge.[11]

The professional development of teachers is related to the quality of early childhood programs. Formal and specific early childhood education and training have been linked to positive caregiver and teacher behaviors. "Teacher responsiveness to children's differences, knowledge of children's learning processes and capabilities, and the multiple developmental goals that a quality preschool program must address simultaneously all point to the centrality of teacher education and preparation."[12]

Good teachers support, encourage and extend children's interests and efforts, model behavior, and provide specific instruction through active participation and engaging activities. Effective teachers organize and plan the environment for constructive play and learning and utilize child-initiated activities and interactions as opportunities for learning and expanding children's knowledge and understandings. "Children need opportunities to initiate activities and follow their interests, but teachers are not passive during these initiated and directed activities. Similarly, children should be actively engaged and responsive during teacher-initiated and directed activities. Good teachers help support the child's learning in both types of activities."[13] Opportunities for children to interact with and learn from each other and from interaction with the physical environment are also essential.

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[11] Pianta, LaParo, & Hamre (2008).
[12] Bowman, Donovan, & Burns (2000).
[13] Ibid.

Quality Education: Cost of Quality

Having an authoritative model on the costs of various quality components and the ability to run scenarios to determine what yields the best quality for the cost can be tremendously helpful for policymakers developing or improving the quality of pre-K programs. A cost estimation model developed by the Institute for Women's Policy Research (IWPR) and Early Childhood Policy Research (ECPR)[14] enables policymakers to determine a per-child estimate for Pre-K programs across 12 levels of quality. The estimation model is based on a study that assumes all high-quality Pre-K programs should possess the characteristics that provide benefits to children and families according to IWPR's report, *Meaningful Investments in Pre-K*. It should be noted that the actual costs for different quality improvements depend upon each state's current Pre-K costs, quality level, and program design and goals. Still, the cost grids provide a 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 as well as four teacher qualification/pay levels ranging from a bachelor-degree teacher with early childhood credentials paid at typical kindergarten teacher levels to a teacher with a CDA[15] credential. The cost analysis calculated the per-child cost of each of the 12 levels of quality for three-, six- and nine-hours-per-day Pre-K programs. The estimates are based on a 185-day program (or typical school year, not on an annual basis). The hours-per-day options included in the study were a half-day with two daily sessions at three hours each; a school-day session of six hours; and a nine-hour workday session.

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[14] *Preschool Matters* (2008).

[15] 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, although candidates may use college courses to fulfill their education requirements and many institutions of higher education grant college credit for those who have earned a CDA. 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 an oral and written review.

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

	Per-Child, Per-Hour Costs			Annual Per-Child Costs, 185 days per year		
Class Size	**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).

Early childhood centers meet high quality standards:

Revised Child Care Rules and Regulations: For the first time since 1980, 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. Timetables for compliance were established to assist programs to meet the mandates, as follows:

- Section 6 regarding staff qualifications, June 30, 2014
- Child-staff ratios, March 31, 2014
- CPR training for all staff, April 1, 2012
- Square footage of 35 square feet per child, April 1, 2014
- National background criminal record checks,[16] October 31, 2011

The remainder of the Rules and Regulations went into effect on April 1, 2011.

Early Learning Guidelines**:** In order to improve the quality of care and education focused on school readiness and to provide a common set of preschool standards across all settings, a team of Virgin Islands professionals developed the *Virgin Islands Early Learning Guidelines,* published in April 2010. *The Virgin Islands Early Learning Guidelines* reflect what children need to know, understand, and be able to do by the time they reach kindergarten. The *Guidelines* are meant to be inclusive of all children and all settings in which young children spend time before elementary school. *The Virgin Islands Early Learning Guidelines* were developed with five goals in mind: (1) to increase understanding of all areas of children's development (including physical health and wellness; social, emotional, and values development; approaches to learning; language and literacy; mathematical understanding; science; social studies; and creative arts) 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 with a common conceptual framework and guidelines for planning developmentally appropriate curriculum,

[16] Prior to the revised Rules and Regulations only local criminal record reviews were required to be conducted

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.

Although voluntary, the implementation of the *VI Early Learning Guidelines* is encouraged and built into the levels of quality in the *Steps to Quality: Improving Early Care and Education in the VI* (the Quality Rating and Improvement System or QRIS currently in development).[17] Recently, the Quality Education Work Group reviewed the Guidelines to ensure content congruency with the Common Core Standards adopted for K-12 by the Department of Education and the recently revised Head Start Child Development and Early Learning Framework. Infant and toddler learning guidelines are currently under development.

Quality Rating Improvement System (QRIS)**:** A QRIS is a method to assess, improve, and communicate the level of quality through a uniform approach across early care and education settings. States and territories are developing and implementing QRIS with the following five common elements:

1. Standards are based on the foundation of compliance with the state's child care licensing regulations and include additional levels of quality criteria above basic licensing requirements. Quality rating standards are based on early care and education research and on standards of quality established by the field.
2. Accountability is achieved through reliable methods of assessment and monitoring for compliance with the established criteria outlined in the standards. Programs receive a rating based on these established benchmarks for measuring quality improvements.
3. Program and practitioner outreach and support includes technical assistance, training, mentoring and other supports designed to assist programs and staff to improve quality by meeting the levels in the standards
4. Financial incentives linked to compliance with the quality standards may include quality bonus payments, tiered subsidy rates, quality grants, scholarships, wage supplements – to name a few.
5. Parent education is provided to ensure parents understand the QRIS and how it benefits children, families, and the early care and education system as a whole. Through parent education about the QRIS, parents are better able to make informed decisions about the choices of care and education for their children.

The QRIS provides a mechanism to align and coordinate the implementation of territory-wide quality improvement initiatives, including improved health and safety practices, professional development, Strengthening Families, and Early Learning Guidelines in a way that also provides support to center staff.

[17] See below for a more detailed description of the QRIS

In January 2011, the planning and development of a Virgin Islands QRIS was launched. The Department of Human Services Office of Child Care and Regulatory Services contracted Oldham Innovative Research to work with an interagency team to assist in this process. It is anticipated that the QRIS will be ready for implementation by January 2012. Entry into the QRIS will be voluntary. Centers achieving licensure according to the revised Child Care Rules and Regulations have the option to enter at the first level. Subsequent standards and levels of quality will be built on top of licensing standards.

High quality early childhood settings are affordable and available:

Business Leaders Summits on Early Childhood Investment: In June 2010, CFVI in collaboration with the Children and Families Council, the St. Croix and St. Thomas/St. John Chambers of Commerce, and the Economic Development Agency held two Business Leaders Summits on Early Childhood Investment (one on St. Croix and one on St. Thomas) with over 100 participants in attendance. These were organized and held based on learning from state leaders that governments cannot accomplish a comprehensive early childhood agenda alone. Many states have embarked on creative partnerships with their business community to invest in early childhood care and education programs and initiatives to ensure a strong economy in the future. The purpose of the VI Business Leaders Summits was to inform Virgin Islands business leaders on the evidence of the economic return on investment in high quality early childhood programs and for them to recognize their important leadership role in advocacy and policy change. A private-public partnership agenda was introduced for increasing business engagement in early childhood initiatives as a sound investment in the future. National and local experts presented at the summits. It is hoped that in the near future a business leaders' council will be established to explore potential partnerships for investing in early childhood initiatives.

Recommendations regarding the establishment of locally funded pre-K programs:

In response to pending local legislation that would establish a pre-K program, the following recommendations were developed and forward to the Office of the Governor:

> Pre-Kindergarten is one, but only one, component of an early childhood system. Established carefully and as a quality program pre-K can improve the school readiness of children. While pre-K can be an effective strategy, other important issues such as health care, nutrition, family strengthening and parenting, and early intervention must also be addressed.
>
> In recognition of the research that supports high quality early childhood care and education experiences for the future success of children, the ECAC wholeheartedly supports local early childhood investments. Additionally, the data supports the need to increase access to programs, as both the Head Start and Child Care programs have long waiting lists. A function and goal of the ECAC is to advise the Children and Families Council on all matters regarding

the welfare of children from birth through school entry, as well as, make recommendations for increasing access and participation of children in high quality childcare and early education programs. First and foremost, we need to ensure that any government-funded program meets research-based standards for developmentally appropriate high quality early childhood education programs. "Good pre-kindergarten programs have: skilled staff, high staff-to-children ratios, adherence to a developmental curriculum, the ability to recognize and address special needs, and attention to involving and supporting parents in a culturally and linguistically appropriate manner." [18]

Any future investments in early childhood care and education should be incorporated into the current system of quality improvements under development through the Executive Order and the work of the ECAC. In its capacity to advise and make recommendations regarding programs for young children, the ECAC, with its varied expertise and experience through its membership, should have a role in the development of pre-K rules, standards and procedures. At a minimum, any locally government funded early childhood program, regardless of administering agency, should be required to meet the revised Child Care Rules and Regulations, participate in the QRIS currently under development, and strive to implement the *VI Early Learning Guidelines.* Government-run programs should be required to live up to the same, or higher, expectations and standards set for privately run facilities and programs.

Establishing Pre-K classrooms within the public schools is not the only strategy for supporting greater access to high quality early childhood programs. In a July, 2009 report from the Pew Charitable Trusts, entitled "Beyond the School Yard: Pre-K Collaboration with Community-Based Partners," the authors state, "Across the nation, local and state K-12 leaders are finding that collaborating with community-based providers such as Head Start programs, child care centers and faith-based organizations can help them develop and implement high-quality pre-K programs that meet the needs of young children and their families in a comprehensive way." They go on to say, "Collaboration allows public school systems to avoid 'reinventing the wheel' and instead build upon the work of community-based programs and to enhance families' pre-K choices…. Collaborations with community-based programs ultimately enable school administrators to expand access to and increase the quality of all programs, no matter where they are housed." A collaborative pre-K system, that includes Education, Child Care and Head Start, offers opportunities to leverage partners' expertise and resources in providing accessibility to high-quality programs, comprehensive and supportive services, family choice, and funding streams. Collaboration provides opportunities to avoid duplication and maximize resources, improve and expand services, and minimize barriers.

[18] Segal & Bruner (March 2004)

In the U. S. Virgin Islands, early education has been operating outside the school system for a long time. The agencies and organizations responsible for early childhood programs possess significant knowledge and experience in supporting young children's development. Early childhood education is a discipline that calls for a distinct set of knowledge, skills, and practices. Many public school teachers may not have had training in this field and may not possess the necessary knowledge and expertise. Private providers may view publicly funded pre-K as a potential threat to their viability. "Moving four-year-olds from child care to new universal pre-kindergarten programs may cause financial failure in some child care programs. This may result in less available child care for infants and toddlers, which is already in short supply. Further, child care centers may be weakened if the best teachers leave for better salaries in a universal pre-kindergarten system. Allowing existing programs to qualify as partners and providers of pre-kindergarten programming offers the potential to improve the entire system."[19] All these are important considerations in the development of a comprehensive early childhood system of care and education. Our goal should be to "raise all boats" – to provide a way to increase access to high-quality programs across service providers in both public and private sectors for *all* children in the U. S. Virgin Islands.

There are some major concerns that need to be explored and addressed as we move forward in expanding and creating new programs and strategies, particularly if these programs are operated within the public schools. These include the following:

- Any pre-K initiative needs to ensure that educational leaders, including principals, supervisors, and/or directors, who will observe teachers in their classrooms, have the appropriate knowledge and expertise about what quality looks like and sounds like to observe, evaluate and provide professional support and development.
- The numbers of qualified teachers with specific training and expertise in early childhood education needs to be expanded through scholarships, incentives, and rewards, as currently the workforce is not sufficient to meet the demands and will be further stretched with additional needs in new classrooms.
- Continuity of care and maintenance of appropriate teacher-child ratios is essential to meeting children's needs. This poses a challenge to fit into existing structures within typical elementary school schedules of specials (art, PE, music, etc.) and teachers' break times for planning, meetings, and other activities. Typically, these "specials" are integrated into the daily experiences within a preschool classroom by classroom staff, perhaps with support from "special" teachers.

[19] Ibid.

- Union contracts will need to be reviewed to ensure that what is best for young children is fully addressed in the expectations for the teaching staff.
- Currently, there are no public options for placement of children with developmental delays or disabilities and these children are served within community early childhood settings and Head Start classrooms. The range of options has been beneficial to children and appealing to families. A question to consider is: if the Department of Education begins to provide Pre-K classrooms, will that limit placement options for these children? And, as a follow-up, will these new Pre-K classrooms ensure an inclusive environment for children with disabilities to attend programs with their typically developing peers? And – if children with special needs are served in classrooms operated by the Department of Education, how will that impact the Head Start mandate that 10% of children the program serves are children with special needs?
- There are concerns about renovations of facilities to accommodate the health and safety needs of young children – such as classroom space, bathrooms, and playgrounds.
- Accommodations for activities specific to pre-school children – such as nap time, lunch, and snacks – need to be taken into consideration.
- Buses will need to be equipped with appropriate car seats and restraints necessary for young children.

Children and families experience a smooth transition to school-age programs:

Transition Conference: Head Start and the Office of Child Care sponsored a conference for parents of children transitioning from early childhood programs to kindergarten on St. Croix, at which 110 parents were in attendance. Workshops and resources were provided focused on how parents can assist their children in preparing for kindergarten through fun, engaging, and healthy activities.

Recommendations to Children and Families Council: In order to build a system of smooth transition of children and families from preschool programs and experiences, the Quality Education Work Group reviewed the research literature and made specific recommendations to the children and Families Council, as follows:

Background**:**

In 1998, the National Education Goals Panel established the goal that by 2000, all children in the United States will start school ready to learn. The panel urged a close examination of the "readiness and capacity of the nation's schools to receive young children."[20] It continued by outlining 10 keys to "ready schools" including:

- Ready schools smooth the transition between home and school, and

[20] The National Goals Panel (1997).

- Ready schools strive for continuity between early care and education programs and elementary schools.

Ensuring that children are ready to learn goes beyond the skills they have or have not achieved. Attention must be paid to their transition to kindergarten as one of the most significant and complex changes they will experience. Children often face new expectations, more formalized settings and routines, and larger class sizes as they enter school settings. Research indicates the importance of continuity in the transition from preschool to elementary school settings. Studies suggest that children's achievement, particularly in the cognitive domain, in early childhood fades as children progress through the primary grades. "This drop-off may be attributed, at least in part, to dramatic differences between parent involvement, classroom organization, and teaching style in early care and education programs and elementary schools. Children often have difficulty adjusting to classrooms where the rules, routines, atmosphere, or philosophy may differ dramatically from preschool and child care settings. Results of the National Head Start Demonstration evaluation also suggest that local commitments to effective transition demonstrated at local sites appear to combat the 'fade-out effect' with respect to student achievement."[21]

According to the "Position Statement on School Readiness" of the National Association for the Education of Young Children, ready schools are those that are ready to help children learn and embrace the following principles:[22]

- **A school is ready if the curriculum in kindergarten and the early grades builds on prior learning.** In early childhood and beyond, skills are most effectively learned and practiced when embedded in meaningful experiences. Even for children who enter school without having mastered specific skills, curriculum should include child-guided as well as teacher-supported activities and should emphasize hands-on, integrated learning.
- **The school must take into account individual differences in language, culture, and prior experience.** Children whose experiences differ from those of the school they enter may be viewed as less ready. Effective kindergarten and primary programs meet children where they are and take extra care to help make meaningful connections with each child's home, culture, and community.
- **Teachers must know how to teach young children and have the resources to do so.** Ready schools need kindergarten and primary grade teachers who have professional preparation in child development and early education. Class sizes are small enough to meet children's individual learning needs. Classroom equipment and materials support children's active, thoughtful engagement with learning.

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[21] Bohan-Baker & Little (April, 2004).

[22] 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.

Transition to kindergarten has become more critical, and perhaps more difficult, due to the increased focus on school accountability and increased academic demands on children. Many kindergarten programs throughout the nation have abandoned research-based developmentally appropriate practices in favor of more didactic teaching of discrete skills. 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."[23] 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.[24] "Kindergarteners need a balance of child-initiated play in the presence of engaged teachers and more focused experiential learning guided by teachers."[25]

In their policy brief entitled, "Restoring Play and Playful Learning to U. S. Kindergartens," the Alliance for Childhood recommends the following regarding teacher education and professional development: "Managing play-rich classrooms requires sophisticated understanding of children's development, keen observation skills, and practical knowledge of play and playful learning techniques. New research for early childhood teacher education that supports play-based learning and addresses the needs of modern children, especially English-language learners and those at risk with disabilities, are of critical importance."[26]

In the task to advise the Children and Families Council regarding the provision of a smooth transition to kindergarten for children and families, the ECAC outlined the following low-cost and no-cost recommendations –

<u>Recommendations to support effective transition of children from preschool programs and home environments to kindergarten</u>**:**

1. As the Board of Education engages in an initiative to develop "highly qualified administrators," it is recommended that the competencies for elementary school administrators include knowledge of appropriate and research-based practices in early childhood education, including pre-Kindergarten to third grade. Credentials and competencies for elementary administrators should be reviewed to determine if each

[23] Copple & Bredekamp (2009).
[24] Miller & Almon (2009).
[25] Ibid.
[26] Alliance for Childhood (November, 2010).

possesses qualifications necessary as early childhood educational leaders. Those that need additional professional development should be supported to meet appropriate early childhood administrator competencies.

2. It is recommended that relevant topics in early childhood education be included in the Administrators' Summer Professional Development Institute, as a first step in participating in early childhood professional development. (The ECAC Quality Education Work Group is willing to design and conduct professional development.)
3. As 'School Improvement Plans' are under development, it is recommended that specific goals are included related to early childhood education as stated from State-Level Mandated Priorities, including:
    a. Professional development in meeting educational standards and expectations through play-based curriculum (both through "classroom rich child-initiated play" and "playful classroom[s] with focused learning"[27]) and research-based developmentally appropriate practices in kindergarten through third grade for teachers;
    b. Appropriate planning and implementation of curriculum to meet requirements for Language Arts and other curricular mandates, including strategies for how to design and appropriately use learning centers, hands-on activities, and play-based learning and intentional teaching strategies; and
    c. Implementation of technical assistance and support to assist teachers in implementation of professional development and developmentally appropriate practices.
    d. Opportunities for children and families to visit and tour the school, meet teaching staff, and experience the kindergarten classroom prior to kindergarten entry.
4. Once teachers have completed professional development in early childhood education, it its recommended that they be retained in K-3 classrooms.
5. It is recommended that kindergarten and pre-Kindergarten teachers are offered opportunities for joint professional development to facilitate conversations and common ground.

It is recommended that summer opportunities be offered to children who have not had a preschool center-based experience and to children who are dual language learners prior to kindergarten entry, as these children may be more at risk for school failure.

Transition Activities in the St. Thomas/St. John School District: A transition workshop was held for parents of incoming Kindergarten parents on June 2, 2011, with 118 parents in attendance. The workshop was held in English and Spanish.

[27] Miller, E. & Almon, J. (2009).

On June 4, 2011, orientation activities were held at Guy Benjamin Elementary School and J. E. Sprauve School on St. John and Ulla F. Muller Elementary, J. E. Tuitt Elementary, Lockhart Elementary and E. B. Oliver Elementary on St. Thomas. Tuitt, 1 of the smallest schools, had the largest attendance of 25 parents with children. It is believed that the large turn-out at Tuitt was based on the hands-on approach of the principal as she sent invitations to the neighboring Head Start, Pre-Schools, Tuitt and Marcelli School (closing for the 11-12 school year). We are starting off the new school year with workshop sessions for the parents of Kindergarten students at Parent University. An English as a Second Language (ESL) parent ambassador will be established at each school with ESL classes to assist the non-English speaking parents. A letter was sent to parents accompanying the notice of school assignment providing the parents with the following info about the kindergarten entry assessment and scheduling of appointments.

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

Objectives	Strategies	Outcomes	Indicators
• Provide individually appropriate professional development that is on-going, accessible, supportive and built on professional standards • Strengthen continuous cross-sector collaborations to ensure high quality services • Develop an early childhood education continuum tied to Early Learning Guidelines, a Quality Rating Improvement System, credentialing, and compensation • 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	• Review research to identify core knowledge, skills, and dispositions needed to support young children and families who are culturally, linguistically, and ability diverse across professions • Determine current structures, supports, mechanisms, approaches, and opportunities for professional development across agencies and professions • Identify current opportunities for professionals development • Identify and create opportunities for joint and cross-training • Develop and implement strategic plans for cross-sector professional development • Review existing courses at the University of the Virgin Islands to identify opportunities for imbedding core competencies and cross-listed courses into pre-service professional development and identify opportunities for cross-listing of courses in core professions, including nursing, social work, and education • Make recommendations to amend course descriptions and course	**The cross-sector workforce has access to the knowledge, skills, and supports to work effectively with and on behalf of children and families**	•

Objectives	Strategies	Outcomes	Indicators
	catalogues to reflect professional development in core competencies to the University of the Virgin Islands		
	• Review research and identify core knowledge and competencies needed by early childhood practitioners to educate, nurture, and work effectively with young children and their families who are culturally, linguistically, and ability diverse • Ensure that training in implementation of the Early Learning Guidelines is included in the professional development system • Develop early childhood practitioner qualifications, credentials, and pathways and ensure they are articulated and linked to specific roles and levels linked to the QRIS and as part of a comprehensive system of professional development • Conduct a workforce study and needs assessment to determine early childhood practitioners' prior training, experiences, and competencies to guide individual professional needs and goals and structure the professional development system to assist practitioners in meeting their goals • Identify or establish an early childhood professional development entity or agency with authority to assess knowledge and skill levels for	**Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of children and families**	• % of child care directors with CDA or equivalent • % of child care directors with an AA in early childhood • % of child care directors with a BA in early childhood • % of child care teachers with a CDA or equivalent • % of child care teachers with an AA in early childhood • % of child care teachers with a BA in early childhood • % of Head Start and Early Head Start teachers with CDA or equivalent • % of Head Start and Early Head Start with an AA degree in early childhood • % of Head Start and Early Head Start with an BA degree in early childhood • % of early childhood teachers with early childhood certification or licensure • Early Intervention: % of special educators with degree or licensure in early childhood special education • Early Childhood Special Education: % of special

Objectives	Strategies	Outcomes	Indicators
	various roles, levels, or programs; and issue territorial credentials; maintain a professional development registry; and serve as a professional development clearinghouse • Develop a career advisory system • Develop a professional development provider registry to ensure that instructors have the credentials and are knowledgeable in their subject area • Provide incentives and scholarships to those pursuing a career in early childhood education • Provide rewards and compensation for early childhood practitioners who successfully achieve various levels of professional competence		educators with degree or licensure in early childhood special education • % of home visitors with specific training in home visiting, child development, working with parents/families, or community health nursing • % of center workforce earning minimum wage ($7.25/hr or $15,080/year) • % of center workforce by degree and earnings (in increments) • % of Head Start workforce by degree and earnings (in increments) • % of center workforce earning equivalent to public school K teacher salary • % of Head Start workforce earning equivalent to public school K salary
	• Conduct a study focused on collecting information from current and previously enrolled students to determine their satisfaction with the Inclusive Early Childhood Education Program, supports available, and the appropriateness of their preparation to meet their needs as practitioners • Utilize the results of the study to make appropriate recommendations • Support and assist the University of the Virgin Islands Inclusive Early	**Inclusive Early Childhood Education students at the University of the Virgin Islands are supported and have opportunities to develop the knowledge and skills they need to work effectively with and on behalf of children and families**	• # of graduates with AA and BA degrees per year • % of students receiving scholarships/student aid • % of students graduating from NAEYC and/or NCATE accredited programs

Objectives	Strategies	Outcomes	Indicators
	Childhood Education Program in achieving NAEYC and NCATE accreditation for their AA and BA programs		

Professional Development: 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 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:

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. A series of workshops are under development to include each of the eight domains – 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. Workshops have been provided in the first three domains with the others to follow beginning in fall 2011. Following is a chart listing workshops conducted and attendance at the various workshops:

Workshop	St. Thomas	St. Croix	TOTAL
Overview for Directors	27	37	64
Overview for Teachers	74	116	190
Overview for Parents	120	50	170
Domain 1: Physical Health and Development	88	65	153
Domain 2: Social, Emotional and Values Development	94	51	145
Domain 3: Approaches to Learning	35	25	60

Best Beginnings Early Childhood Conference: The 13th annual Best Beginnings conference was held the week of May 23, 2011 with two days of workshops on St. Croix and two days on St. Thomas. A total of 1,045 teachers, child care providers, directors, parents, and other interested members of the community attended with 572 attendees on St. Croix and 473 attendees on St. Thomas. Workshops were designated in three tracks planned for specific populations – parents, teachers/caregivers, and directors/agency heads. Particular focus was on providing information about plans for the Virgin Islands QRIS and workshops on the *Virgin Islands Early Learning Guidelines.*

Workforce Study: Currently the Community Foundation of the Virgin Islands, has received a grant from the Office of Child Care and Regulatory Services of the Department of Human Services, to conduct 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. It is anticipated that the study will be completed and information available by October 1, 2011.

Comprehensive System of Professional Development: The Professional Development Work Group is charged with leading the effort in the development of a comprehensive system of professional development. Drawing from the recommendations in the report, "Getting in Sync: Revamping Licensing and Preparation for Teachers in Pre-K, Kindergarten, and the Early Grades,"[28] and the National Association for the Education of Young Children (NAEYC) Standards for Early Childhood Professional Preparation Programs,[29] the focus of the professional development system will be on children ages birth to eight years or third grade. Additionally, the work group will utilize the NAEYC Early Childhood Workforce Systems Initiative Policy Blueprint as a guide for planning the system, as described below:

[28] Bornfreund, Laura (March 2011).
[29] NAEYC (2009).

1. Professional Standards: The content of professional preparation and ongoing development (knowledge and competencies)

- *Integration*
  - Standards are designed for all early childhood professionals regardless of role or setting.
  - Standards are aligned with teacher licensing, Head Start, QRIS, and other related standards from various sectors, agencies, and quality initiatives.
- *Quality assurance*
  - There are mechanisms and processes to ensure that standards are appropriate and current.
  - Standards incorporate national research-based criteria, required to be reviewed and updated on a regular basis.
- *Diversity, inclusion, and access*
  - Standards address and support diversity, inclusion, and access.
  - Standards include a focus on cultural competence and language acquisition.
  - Standards integrate general and special education.
  - Standards incorporate or value adult learners' previous knowledge and skill acquisition.
- *Compensation parity*
  - Adult learners' proficiency in or mastery of professional standards are tied to increased compensation with a connection to career pathways and/or salary scales through wage supplements via QRIS, etc.

2. Career Pathways: Routes of continuous progress for early childhood professionals, so they can plan the achievement of increased qualifications, understand the professional possibilities, and be appropriately compensated

- *Integration*
  - Pathways include and link or align professional opportunities across early childhood sectors and roles.
- *Quality assurance*
  - There are specifications for systems to verify, record, update, and track individuals' qualifications and ongoing development, placement on career pathways and/or evaluate such efforts.
- *Diversity, inclusion, and access*
  - There are processes to inform professionals about and advise them on professional growth and career opportunities, and/or include varied entry points and qualification alternatives.
- *Compensation parity*
  - Advancement on career pathways is linked to increased compensation or compensation to other professions with similar requirements.

3. Articulation: The transfer of professional development credentials, courses, credits, degrees, and student performance-based competencies from one program or institution to another, ideally without loss of credits

- *Integration*
    - Articulation agreements support qualification requirements for all sectors – Head Start, child care programs, prekindergarten, and others and/or systems connect institutions of higher education to each other and to community-based or non-credit training.
- *Quality assurance*
    - Time specifications are included for implementation of agreements, requirements for review and revision of courses or agreements, reports n progress, and/or evaluations of progress or efficacy.
    - Evaluation of progress includes review of student outcomes, matriculation rates, departments or institutions involved in agreements.
- *Diversity, inclusion, and access*
    - There is a process to inform students about and advise them on education options and requirements.
    - There are alternative methods of course and degree completion and/or other requirements specifically aimed at supporting, recruiting, or retaining minority student populations.
- *Compensation parity*
    - There is attention to student financial aid, scholarships, attendance and degree completion incentives and other monetary support and/or attention to career placement/opportunities and salary prospective.

4. Advisory Structure**:** The coordination mechanism for an integrated early childhood professional development system, which should be free standing and have some authority or direct link to authority in the state's governance structure

- *Integration*
    - The advisory structure includes representatives from the various childhood education sectors, across agencies and quality initiatives.
- *Quality assurance*
    - There are mechanisms and processes to ensure accountability.
    - There is strategic planning.
    - There is research and/or evaluation tied to planning processes.
    - There are regular reviews of or reports on progress.
    - There is stakeholder/public input tied to planning and recommendations.
- *Diversity, inclusion, and access*
    - There are requirements for the advisory structure that include perspectives representing the diversity of the field (racial, ethnic, ability, role)

- *Compensation parity*
    - The advisory structure addresses compensation related issues (as part of planning, as an objective)

5. Data: To gauge impacts and systems change, as well as to inform planning, evaluation, quality assurance, and accountability

- *Integration*
    - There are methods for collecting, sharing, and disseminating cross-sector data to stakeholders, funders, and the public.
- *Quality assurance*
    - There are specifications for systems to verify, record, update, and track individuals' qualifications and ongoing development, placement on career pathways, professional development offerings, and/or evaluate such efforts
- *Diversity, inclusion, and access*
    - Workforce data is collected by role, program setting, credential, demographic characteristics, experience in the field, population and age of children served, and/or compensation.
    - Data related to program sustainability, stability, and other access and support related issues is collected.
    - Data systems are intentional in sharing data with those it represents and who need it.
- *Compensation parity*
    - There is collection and analysis of data on compensation (salaries and benefits).
    - There is collection of data on other professions for which parity is sought for early childhood professionals.
    - Data is collected on retention by role in the early childhood field.

6. Financing: The funding that all professional development systems need in order to operate, including needs-based support for early childhood professionals to obtain education and ongoing development, support for programs/workplaces that facilitate professional development, explicit rewards and compensation parity for attainment of additional education and development, and financing of the professional development system infrastructure

- *Integration*
    - Federal, state, and/or private sources are coordinated to fund professional development system needs.
- *Quality assurance*
    - There is transparency in where and how resources are being directed and why and/or review processes and/or accountability measures are tied to financial programs or spending.

- *Diversity, inclusion, and access*
    - Funders, administrators, participants, and families know what fiscal resources are available.
    - Barriers to financial aid are examined and relevant access policies are crafted.
    - There is financing of the governance and institutional aid to higher education and early childhood programs
- *Compensation parity*
    - Workforce compensation and/or specific financing in all sectors of the system to support compensation equivalent to positions within and across fields requiring similar preparation and experience are addressed.

Inclusive Early Childhood Education students at the University of the Virgin Islands are supported and have opportunities to develop the knowledge and skills they need to work effectively with and on behalf of children and families:

The ECAC is mandated by the Improving Head Start Act of 2007 and through the Governor's Executive Order to "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." In a meeting in December 2010 among Governor John de Jongh, UVI President Dr. David Hall and their respective staff members, Dr. Hall expressed a commitment to the continuation, enhancement, and support of the Inclusive Early Childhood Education (IECE) program. At the February Professional Development Work Group meeting, Dr. P. Rudolph Mattai, Dean of the School of Education, reiterated UVI's commitment to the IECE AA and BA programs. He stated that the goal is for the program to meet NAEYC and NCATE standards and his intention to review the credentials of instructors to ensure appropriate educational credentials, to review the program for fidelity, and to determine if it meets the professional developmental needs of the community.

One of the major challenges in regard to the IECE program is inconsistency in leadership with four Deans in the last four years, as there is now a new Acting Dean. The new Dean has been invited to fully participate as a member of the Professional Development Work Group. IECE faculty is a member of the ECAC and serves as a member of both the Quality Education and Professional Development Work Groups.

A central goal for the UVI IECE program to meet the professional development needs of the early childhood system is to ensure articulation between the AA and BA degrees and to meet NAEYC and NCATE standards. Additionally, it is crucial that courses are offered consistently, in sequence, and taught by faculty with expertise and experience in the field, with strong consistent student advisement. The ECAC review will include these aspects as well as focus on the following questions and guidance outlined by the federal State Advisory Councils Office:

- How can we assess capacity?
    - What are the certifications and degrees available?
    - Are there professional development and career advancement opportunities?
    - What should be available?
    - Is there articulation between programs?
    - Are there opportunities for internships/practica?
    - Is there a workforce study?
    - What exists?
    - What is needed?
- What can the University do to support development of early childhood educators?
- What is the effectiveness of the program in reaching its intended result?
    - What are we trying to accomplish?
    - Have we met students' needs? (Hear from students)

5 Recommended Strategies:

1. Include a representative from higher education
2. Determine the number and character of early childhood education degree programs that exist in your state (AA, BA, and advanced)
    - Do they meet NAEYC and NCATE professional development standards?
    - Is there accessibility?
3. Is there early childhood teacher licensure or certification?
    - What age groups/grade levels does it cover?
    - What settings are included?
    - Who needs certification?

    Note: The focus should be on birth to 8 years with field experiences in 2 age-groups in 2 settings (i.e. 0-3 years, 3-5 years, and 5-8 years)
4. Examine the supports and recruiting in the field
    - Are there scholarships? Are they available for part-time, working students?
    - What are the barriers to enrollment, retention, and graduation?
    - Are programs/courses offered in ways that meet state accessibility issues and challenges?
    - Are programs customized for older non-traditional students going back to school? (ex. refresher courses, child care, tutoring, and other support)

- Are there policies and procedures to assist students in staying employed while student teaching?
- Can some student teaching occur at student's work sites?

5. Develop a vision
   - Explore current and future directions
   - Identify strengths and challenges
   - Identify existing leaders and resources

In fall 2011 focus groups of current and former IECE students will be convened and a survey disseminated to determine student satisfaction with the program and its success in meeting their professional development and career needs.

The Board of Education expressed an interest in working with the ECAC to provide an avenue for early childhood educators to be certified according to the recommendations of NAEYC, recognizing the unique training requirements of early childhood educators. A goal of the Work Group is to ensure there is an integrated and unified early childhood professional development system, in which there are avenues for certification for those employed across the system – Head Start, child care, and pre-kindergarten (should that become a reality), and K-3 programs. In our efforts to ensure high quality programs in all settings and to ensure that professionals can move easily across programs, it is imperative that there be a unified system. As we begin to embark on the creation of a professional development system, it must be consistent with research-based professional development standards, increased access to professional development opportunities, and collection and analysis of data to inform our work. There will be a need for professionals to become certified at the various levels along the continuum within a career pathway that is linked to work opportunities and compensation and anticipate working with the Board of Education to this end.

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

Objectives	Strategies	Outcomes	Indicators
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	• Identify and map agencies • Develop and implement professional development overview and modules as cross-agency resources • Identify/develop instrument(s) and conduct family needs assessments • Identify/develop instruments and conduct staff and program assessments • Identify/develop instrument(s) to collect information about program/agency implementation • Imbed the Strengthening Families approach into the QRIS • Imbed the Strengthening Families approach into appropriate coursework at UVI • Convene faith-based summits focused on the Strengthening Families approach	**Agencies and programs that serve young children and families implement the Strengthening Families approach**	• # of community agencies/programs implementing and reporting on Strengthening Families approach • # of early childhood programs/centers and home visiting programs implementing and reporting on Strengthening Families approach • % of births to mothers with < HS diploma/GED • % of mothers with children entering kindergarten with < HS diploma/GED (need data) • # of births to teens • # of parents with children < 5 years completing parenting programs/classes • # of children < 5 years with substantiated cases of child abuse and neglect • # of reported cases of domestic violence • % of children < 5 years in foster care • % of children < 5 years in foster care who have no more than 2 placements in a 24-month period

Objectives	Strategies	Outcomes	Indicators
	• Convene a meeting of potential partners to support family financial literacy and asset building • Develop/adopt/adapt training modules for centers, agencies, and programs to use to build family financial literacy and assets	**Families have increased economic security and stability**	• % of families with children <5 years old below the Federal poverty level • % of children <5 years old below the poverty level • % of families eligible for receiving economical support services who receive services (need data from SNAP, TANF, Medicaid, Housing, and other support programs) • Increase access to affordable housing options to reduce homelessness (couch surfing)
	• Develop and adapt the "Parent Café" strategy for building family strengths and social connections to the VI and implement across agencies • Provide opportunities and activities in the community for families to gather, socialize, and "play" together • Encourage early childhood centers and home visiting programs to offer opportunities for families to socialize	**Parents have increased opportunities to develop social connections**	• % of early childhood centers (child care, Head Start, Early Head Start) and home visiting programs that provide socialization activities • % of parents of each program that participate in socialization activities • # of programs implementing "Parent Café" strategy • # of families participating in "Parent Cafés"
	• Determine strategies programs/agencies are currently implementing • Identify self-study training modules that can be used for in-service training	**Services across agencies demonstrate culturally competent family-centered services**	• # of agencies including cultural competence professional development as part of in-service training • #of agencies including family-centered practices professional

Objectives	Strategies	Outcomes	Indicators
	• Imbed concepts of cultural competence and family-centered practice into appropriate coursework at UVI • Promote professional development opportunities among agencies		development as part of in-service training
	• Provide post partum depression prevention, early Identification, and intervention services and strategies for at-risk families • Provide prevention, early identification, and intervention services and strategies for children with persistent behavior challenges • Provide greater availability of and access to trained service providers to provide child and family counseling and therapy • Refer all families who come to the attention of the Department of Human Services with children birth to 5 years for prevention and/or intervention support services and refer their children for a developmental evaluation • Provide social and emotional consultation to early childhood settings and home visiting programs • Imbed mental health observation, supports, and referral for interventions into primary health care	**Community agencies have increased capacity to provide appropriate and coordinated social and emotional health services**	• % of children and families who are identified as at risk receive prevention and/or intervention services • % of early childhood settings and home visiting programs with access to mental health consultation services
	• Determine strategies programs/agencies are currently implementing	**Parents demonstrate knowledge of parenting and child development by**	• % of early childhood centers (child care, Head Start, Early Head Start) and home visiting

Objectives	Strategies	Outcomes	Indicators
	• Develop/compile family training modules (include family financial literacy, CSEFEL modules, Early Learning Guidelines, Born Learning) for use by multiple agencies serving young children and families • Research current family literacy and GED programs • Develop and adapt the "Parent Café" strategy for building family strengths and social connections to the VI and implement across agencies • Provide opportunities and activities in the community for families to gather, socialize, and "play" together, where interactions can be modeled and parents can obtain important child development information • Encourage and conduct activities to involve fathers in their young children's lives	**providing a healthy and nurturing environment and positive playful learning activities for their children**	programs that provide parenting and other parent education programs • % of parents of each program that participate in parenting and other parent education programs • # of programs implementing "Parent Café" strategy • # of families participating in "Parent Cafés"
	• Maximize funding through federal grant opportunities • Coordinate home visiting activities across agencies/programs • Collection of data to measure and monitor federally identified benchmarks • Use data to inform on-going quality improvement efforts	**High risk pregnant women and families with young children have increased access to high quality evidenced-based home visiting programs**	Benchmark areas established by federal funding guidelines • Improved maternal and newborn health • Child injuries, child abuse, neglect, or maltreatment and reduction of emergency room visits • Improvements in school readiness and achievement • Crime or domestic violence • Family economic self-sufficiency

Objectives	Strategies	Outcomes	Indicators
			• Coordination and referrals for other community resources and supports
	• Train a cadre of instructors and coaches skilled in the educational and training models designed to promote children's social and emotional development and competence including: Center for the Social and Emotional Foundations of Early Learning (CSEFEL) model; Sesame Street emotional support materials; Zero to Three materials, parenting programs, Strengthening Families approach, and others as adopted. • Ensure that those who complete training receive recognition through certificates, clock hours toward certification, or CEUs	**Individuals who provide professional development to families, service providers, and teachers across the system and in early childhood settings will demonstrate the ability to impart the knowledge and practice of nurturing and supportive behaviors to promote children's social and emotional development and competence.**	• # of trained instructors and coaches
	• Provide training to parents in the CSEFEL Model combined with other programs that support positive parenting skills • Ensure all training is a hands-on active engagement approach • Emphasize an understanding of typical development • Include strategies for stress reduction into training • (See above regarding parenting and parent education) • Establish and support home-visiting models ensuring that promotion of social and emotional development is	**Families will be supported in promoting their children's social and emotional development and competence**	

Objectives	Strategies	Outcomes	Indicators
	an essential component (See above regarding home visiting) • Empower parents and build their leadership skills by providing opportunities for peer-to-peer training • Link parents to existing parenting training programs within the community • Provide specialized training for families experiencing specific stressors (ex. military families being deployed or re-united; preparing for and responding to disasters) • Establish "Play and Learn" mobiles, events and/or centers where best practices can be modeled and children and parents can learn together • Provide opportunities at community events for parents to learn about and experience best practices (i.e. Agriculture Fairs, Week of the Young Child, etc.) • Establish respite care co-op programs for parents of children with disabilities and at-risk families • Establish a community-based doula project to support pregnant women		
	• Define and develop a sustainability plan to ensure that CSEFEL training is applied to training clock hours, core knowledge, professional development CEUs necessary for	**The early childhood workforce serving children birth through kindergarten demonstrate increased**	• % of early childhood teachers and caregivers who receive CSEFEL training • % of centers at each QRIS level in the Social and Emotional

Objectives	Strategies	Outcomes	Indicators
	credentialing • Create professional development training opportunities in the CSEFEL Model for staff working with children from birth through kindergarten • Provide coaching and mentoring to assist in implementation and development of skills • Infuse concepts and practices of the CSEFEL Model into UVI coursework • Create and disseminate "My Feelings Books" to child care centers, Head Start, and kindergarten	**skills in supporting children's social and emotional development and competence**	sub-scores
	• Adapt the CSEFEL Model to meet the service environment needs of providers • Review "Bright Futures" from American Academy of Pediatrics for use in VI for infusing social and emotional wellness in primary care • Create professional development training opportunities that combine the best of both models • For physicians and other health providers, provide training with CEUs • Infuse concepts of child development and practices for supporting children's social and emotional development into UVI coursework in Education, Nursing and Social Work courses	**Service providers (i.e. health care providers, social workers, therapists, etc.) who work with young children and/or their families have increased knowledge and skills in supporting young children's social and emotional development**	• # of health care providers participating in training • # of health care providers including social and emotional wellness into primary care
	• Engage in media campaigns focused on the importance of early	**Initiate and sustain public engagement campaigns designed to increase**	• # of schools, early childhood centers, religious entities, and

Objectives	Strategies	Outcomes	Indicators
	identification and intervention of social and emotional health problems • Engage in media campaigns focused on the de-stigmatizing of "mental health" services and supports • Implement a community-wide "Virtues Project" • Conduct facilitators' training in implementing the "Virtues Project" • Expand the dissemination of "Born Learning" materials through various media throughout the community	**community awareness**	workplaces receiving and implementing the "Virtues Project"

Strengthening Families: Progress

Agencies and programs that serve young children and families implement a Strengthening Families approach:

Strengthening Families is an approach developed by the Center for the Study of Social Policy which focuses on building five researched-based protective factors –

1. Parental resilience: competence in coping with both crisis and everyday challenges, managing stress, balance between seeking help and autonomy
2. Social connections: having networks of friends and family who provide both emotional and concrete support
3. Concrete supports in times of need: understanding one's family needs, recognizing personal resources for meeting needs, knowing where and how to access services and goods
4. Knowledge of parenting and child development: awareness of typical stages in child development, signs that children need special help, ways to promote healthy development, and appropriate discipline methods
5. Social and emotional competence of children: ability to recognize and express feelings, development of pro-social behaviors, self-confidence, self-efficacy, age-appropriate skills that support social adaptation

The protective factors 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.

Aspects for implementation within early childhood settings are included in the QRIS system within the Engaging Families Standard. UVI will be encouraged to incorporate concepts into existing coursework, and agencies serving young children and families will be encouraged to provide in-service training and activities that support the implementation of Strengthening Families. It is anticipated that the new Maternal, Infant, and Early Childhood Home Visiting Program will incorporate the Strengthening Families approach, as well. An orientation workshop was presented at the Best Beginnings Conference with positive responses.

Community agencies have increased capacity to provide appropriate and coordinated social and emotional health services:

Virgin Islands Perinatal, Inc. has taken the lead in the area of identification of post partum depression by working with providers and consulting with Dr. Rita Dudley-Grant, who provided training to health care providers on St. Thomas

(December 2010) and will be providing training on St. Croix (January 2011). The goal is to establish pre/post partum depression screening as a routine part of perinatal care and during periodic well-child pediatric visits. The Roy Schneider Hospital screens mothers before leaving the hospital with their newborns. When a problem is identified, a meeting is set up with a psychologist prior to leaving the hospital. A comprehensive referral and treatment process for those identified as at risk is also being developed. One of the major concerns is the lack of mental health professionals to provide follow-up treatment within the public mental health system. Therefore, members of the Strengthening Families Work Group developed recommendations, approved by the ECAC and forwarded to the Children and Families Council and subsequently to the Governor's Health Reform Task Force. Recommendations made are as follows:

Introduction:

The Early Childhood Advisory Committee (ECAC) of the Children and Families Council is charged with "advising the Children and Families Council on all matters regarding the welfare of children from birth through school entry" and to "develop strategies and make recommendations to support optimal development and well-being in all domains of early childhood growth to include: physical well-being and motor development, social and emotional development, approaches to learning, language development, cognitive development and general knowledge." To assist in meeting these mandates (and others), the ECAC established several work groups focused on specific areas.

In its guiding principles, the ECAC recognizes that the "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 made up of multiple components and shaped by numerous factors. Improving school readiness, therefore, must address children's development of skills and behaviors as well as the environments in which they spend their time. The Virgin Islands ECAC uses a comprehensive view of school readiness as the foundation for its work which describes the range of components that influence children's ability to be ready for school, including a ready Virgin Islands, ready community, ready health services, ready early care and education, ready schools, and ready families. Only then can we expect children to be ready.

"Ready families" refers to children's family context and home environment and includes the supports necessary for families to be "ready families." A ready family recognizes their 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 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.

Issue:

The Social and Emotional Wellness Work Group has as one of its objectives the early identification and treatment of women experiencing postpartum depression. Postpartum depression can have a significant impact on the mother-infant relationship, affecting bonding and optimal development. VI Perinatal, Inc provided postpartum depression screening to health care and social service providers on both St. Croix and St. Thomas. ECAC members are concerned about access to follow-up treatment for those identified.

Recommendations:

- As the VI Medicaid State Plan is being revised, it is recommended that out-patient mental health treatment and counseling become an allowable service under the revised plan, particularly to ensure that women experiencing postpartum depression receive the treatment they need.
- Additionally, it is recommended that funding be allocated for training of mental health professionals in treating women with postpartum depression and for hiring additional mental health professionals.

Parents have increased opportunities to develop social connections:

"Parent Cafés" were held as part of the Best Beginnings early childhood conference as a pilot to explore the potential for more widespread implementation of the strategy. Parent Cafés, which originated with the Illinois Strengthening Families Program, are a vehicle for parents to have their own conversations about keeping their families strong based on the set of protective factors described above that help prevent child abuse and neglect and encourage optimal child development. Parent Cafés were created based on the World Café model as a core component with the goals to build protective factors during Café sessions and connect parents to resources they can use in day-to-day family life to strengthen their families. Parent Cafés help parents:

- Grow stronger and more flexible as they share challenging personal events and reflect on the actions they took in response, what happened as a result, and what they learned. Listening to each other, they realize that everyone faces difficult events but survives them and gets stronger as a result.
- Build friendships and relationships of mutual support in the process of having conversations with other parents and family-serving staff.
- Learn about resources and get support by reflecting on their barriers to receiving help, becoming more open to accessing help, and learning from other parents about support that has been helpful to them.
- Add to their parenting knowledge by listening to other parents and sharing ideas and approaches to their issues.
- Build their appreciation for the essential role they play with each of their children in helping them to reach their potential.

All the parents who participated in the workshop affirmed that they found the experience of participating in the Parent Café very meaningful and would welcome the opportunity to participate in other Parent Cafés if these were offered in their community in the future. They felt that it validated their parenting experiences and it also provided a meaningful opportunity to share with other parents about their experience as caregivers to their children and family. It also provided an opportunity for them to talk about the other support services that were available to them locally and the concerns some had with the quality of the service delivery of some of those programs. On day one, 12 parents participated in the workshop and 14 on the second day. It is hoped that funding can be identified to implement the Parent Café model territory-wide.

Early Head Start: The Early Head Start program, operated by Lutheran Social Services, convenes monthly socialization activities for the 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 demonstrate knowledge of parenting and child development by providing a healthy and nurturing environment and positive playful learning activities for their children:

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.

"Play and Learn": At the 2011 Agriculture and Food Fair on St. Croix, ECAC members set up a "Play and Learn" tent designed to encourage children and parents to engage in play and developmentally appropriate activities together. There was an overwhelming positive response, with many returning for a second day. Parents were provided with information about supporting their child's development, as well as, suggestions about how to engage their young children in constructive play experiences. A handout, entitled "Talk at the Fair," was created and disseminated to parents with ideas of how to engage in conversation with their child and build their child's vocabulary while exploring the activities at the fair.

The Family Connection Center: The TFC center operates a lending library to provide books, educational materials, and toys to children, their parents, child care providers and teachers on St. Thomas. Materials, especially designed for infants and toddlers and children with special needs, have been added. Every month we have new visitors with a regular clientele. From September 2009 through August 2010 there were 478 visits with 292 different clients. It is anticipated that a TFC Center on St. Croix will open in the near future.

Fatherhood activities:

Head Start: On St. Croix, the Head Start program conducted numerous activities focused on father involvement which included: father and child literacy activities; “Doctor Dad” fathers parenting class, in conjunction with Learning Network Foundation Project, fathers parenting classes were held, monthly, for five months focused on health and safety to enable men to handle the majority of medical situations that may arise as their children grow; Fathers Night Out at which fathers listened to topics such as building strong families and parenting your child; and individual Head Start Center Committee Father's Day activities at which fathers received free haircuts, observed their children in the classroom, and took part in a luncheon. Inter Island Parent Coalition for Change presented the story book "Froggy's Day with Dad" by Jonathan London to the fathers to read with their children.

Early Head Start: The Early Head Start program conducts activities specifically for fathers and to encourage father involvement twice per year, in addition to monthly activities that all parents are invited to.

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 schools to take 2 hours per month to visit their child’s school and its existing amendment which includes parents of children attending private schools. The recommended amendment from the ECAC would include parents of children attending preschool and child care.

High risk pregnant women and families with young children have increased access to high quality evidenced-based home visiting programs:

Maternal Child Health of the Department of Health was designated as the lead agency for the Maternal, Infant, and Early Childhood Home Visiting Program. This federally funded program is a national initiative to strengthen and improve programs and activities carried out under Title V; 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 through evidenced-based home visiting models. The Department of Health Maternal Child Health Program submitted the third phase application for funding on June 8, 2011. If approved, the Virgin Islands will receive $1 million for this initiative. The home visiting program is viewed as one service strategy aimed at developing a comprehensive, high-quality early childhood systems that promotes maternal, infant and early childhood health, safety and development, and strong parent-child relationships in targeted at-risk communities. The aim is to develop and implement a comprehensive plan that addresses community risk factors and builds on strengths identified in the targeted communities, and that responds to the specific characteristics and needs of families residing there. In addition, the project includes activities to support the home visiting model in the targeted community,

such as developing community referral systems and service linkages and promoting collaboration among public- and private-sector partners.

Initiate and sustain public engagement campaigns designed to increase community awareness:

Celebration of Children's Mental Health Awareness Day: For the first time, the territory participated in National Children's Mental Health Awareness Day on May 3, 2011 by focusing on activities that support social and emotional wellness of young children. The Governor proclaimed the day, May 3, 2011, as U.S. Virgin Islands Children's Mental Health Awareness Day, in conjunction with the National Children's Mental Health Awareness Day, and urged the participation of people, agencies, and organizations. As part of the celebration, "My Feelings Books" were distributed to Child Care, Head Start and Kindergartens as an interactive activity for teachers and caregivers to do with the 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. A 30 second PSA was created with pictures taken locally, entitled "Relationships Matter" to be distributed to local TV media.

Virtues Project: The Virtues Project is an international initiative focused on building peaceful and caring communities aligned to 52 virtues – such as "compassion," "integrity," "respect." The Virtues Project promotes community capacity-building to teach positive behaviors and attitudes and contribute to healthy and supportive environments across sectors. It was launched territory-wide the first week of October 2010. 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 meets monthly to put together suggested activities and picture books appropriate for preschool children. These are forwarded to Head Start and Child Care for distribution to early childhood settings. Fourteen Head Start teachers responded to a survey indicating that they have been implementing the activities, songs, and stories received about the "Virtue of the Week." Of these, eleven responded that they created some of their own activities and ten responded that they shared information with parents. The Community Foundation of the Virgin Islands is disseminating them to Government agencies (Commissioner level – 21), churches and other religious institutions (136), private schools (14), and the media, non-profit organizations (210), St. Thomas Chamber who send it out to their members (500), and Donors (52). Both the St. Croix Avis and The Daily News in October had articles announcing the launch. The online newspaper, The VI Source publishes the "Virtue of the Week" online. The "Good News Guy" on station WSTA announces the "Virtue of the Week" on his radio program. Beginning July 2011, the St. Croix Chamber of Commerce will disseminate the "Virtue of the Week" to its 320 members.

Born Learning: *Born Learning,* a national public engagement campaign developed by the Ad Council and made available by United Way International, is designed to help parents, caregivers and communities create early learning opportunities for young children. It focuses on awareness, education and action. The Family Connection, a program of the Community Foundation of the Virgin Islands, has brought Born Learning to the USVI. Born Learning Trails are designed to provide suggestions for activities that parents can do with their young children to stimulate parent-child interaction, playfulness, and learning. The Community Foundation of the Virgin Islands, with the support of donors, installed permanent trails at Magen's Bay, Winston Raymo playground in Hospital Ground, and at the playground and water park in Lindbergh Bay. The first St. Croix trail will be installed on June 15, 2011 at Altoona Lagoon. Additionally, portable trails are available on St. Thomas, St. Croix, and St. John to set up at community events.

TFC newsletter, "Stay Connected": The newsletter, entitled "Transition," was distributed at the beginning of the school year and focused on supporting young children as they changed schools or classrooms with suggestions about how parents and teachers can help. Another issue, entitled "Teaching Virtues," discussed how parents and teachers can use the language of virtues in everyday conversations with young children. These newsletters were widely distributed – 4,000 copies of each – to parents, child care and health professionals and other interested community members throughout the Territory. At kindergarten registration, parents were given a newsletter combining "Transition" with a prior edition, "Ready for School," which discusses how parents and child care providers can assist children in developing the skills needed to be successful in school.

Appendix A: 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. Readiness for learning is greatly influenced by each of these.

Demographics

According to the 2008 VI Community Survey (VICS), the USVI population was 115,852 persons; 56,783 on St. Croix and 59,069 on St. Thomas/St. John. This corresponded to an increase from the 2007 population of 114,744. The 2008 VICS estimated that males represented 47% (54,110) of the population with females at 53% (61,742).

In 2008 children represented 24% of the population, the same proportion as in the nation. Over the past eight years the per cent of children as compared to the total population has declined, as seen in the following chart:[30]

2000	2001	2002	2003	2004	2005	2006	2007	2008
31.6%	31.5%	29.6%	28.4%	28.4%	27.7%	25%	24%	24%

54% of the children of the VI live on St. Croix and 42% on St. Thomas. Although children on St. John represent only 4% of the entire child population, they represent 21% of St. John's population, reflecting an increase of 7% from the previous year.[31]

The USVI population primarily consists of persons who are predominantly 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 near-by Spanish-speaking islands, such as Puerto Rico or the Dominican Republic. The 2008 USVI Community Survey showed a racial demographics of 89,341 Blacks (77%), 10,892 Whites (9.4%) and 15,692 (13.6%) other races, with the number of persons of Hispanic origin increased to 23,052 (19.9%) of the population. The majority of Hispanics live on the island of St. Croix (15,301) and 751 on St. Thomas and 388 on St. John. On St. Croix, the overwhelming majority of Hispanics originated from Puerto Rico; whereas, the majority on St. Thomas emigrated from the Dominican Republic.[32]

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[30] Kids Count (2010).
[31] Ibid.
[32] USVI Community Survey (2008).

The Virgin Islands is a diverse and multicultural society. The 2008 VICS estimated that approximately 51.8% (60,005 persons) of the population was born outside the territory.

Regarding the number of children birth to five years the following information on the number of births was provided by the VI Department of Health, Division of Health Statistics and Research:

Year	# Live Births	Year entering Kindergarten
2006	1,763	2011-12
2007	1,771	2012-13
2008	1,844	2013-14
2009[33]	1,793	2014-15
2010[34]	1,793	2015-16
TOTAL	**8,964**	

Socioeconomic Indicators

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, enter school behind their more affluent peers, are more likely to experience health problems and abuse or neglect.[35] 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.[36] This is played out in the number of detached youth in the USVI, youth ages 16 to 19 years not in school and not working, at 15%, higher than the national rate of 9%, and the recent rise in arrests for juvenile violent crime.[37]

[33] At the time of this report 2009 figures were not available. This number has been calculated based on an average of the previous 3 years for which data is available.
[34] Ibid.
[35] Children's Defense Fund*, "Child Poverty in America"* (2008).
[36] Ibid.
[37] *U. S. Virgin Islands Kids Count Data Book 2010.*

The federal poverty threshold for 2008 was set at $21,834 for a family of four. In 2008, our most recent statistics, 28% of our children were living in poverty;[38] which shows improvement from the previous years. It should be noted, however, that over the last two years as a result of the recession, the number of families eligible and recipients of the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) has doubled. St. Croix children had the highest poverty rate with 31.4% living below the poverty threshold. Although local and regional variations are not reflected in the federal poverty thresholds, it is recognized that the cost of living in the USVI is higher than in most jurisdictions. Federal workers living in the USVI receive a cost of living adjustment to their salaries of 22.5%, in recognition of the higher costs of living in the USVI. By implication, the actual poverty level in the USVI is likely significantly higher than reported.

In 2008, the per capita income of households in the Virgin Islands was reported as $17,545, slightly higher than 2007 and equivalent to less than half (43.7%) of the average per capita income of households in the U.S. which was $40,166. The median income for families in the VI in 2008 was $43,949 lagging far behind that of the nation at $63,211. St. John families had the highest median income of $58,751, with St. Thomas next at $47,223, followed by St. Croix at $40,683.[39]

Children in Families

Children's well-being is also 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[40] 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.[41] [42] In the USVI, 55.6% of children live in single-parent households compared with a national rate of 32%. Thirty-eight per cent (38%) of VI families headed by a single mother live in poverty.[43]

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.

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[38] Ibid.
[39] Kids Count (2010).
[40] Moore, K., Jekielek, S. and Emig, C., (2002).
[41] US Department of Health and Human Services (1999).
[42] Amato, P.R. & Booth, A. (1997).
[43] *U. S. Virgin Islands Kids Count Data Book 2010.*

Teen mothers are more likely to be unemployed.[44] Children of teen parents are more likely to have health concerns, have behavior and learning problems, drop out 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 50.7 births per thousand births representing 12% of the total live births (compared to 41.5 per thousand in the nation).[45]

Health and Safety

Several health indicators put our children at additional risk. Access to health services is limited with 28.7% of USVI residents uninsured, with 24.3 % of children birth to five years uninsured. 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 53.4% of 18 to 24 year olds and 34.7% of 25 to 34 year olds.[46] Lack of continuous prenatal health care can put their babies at risk. Any efforts to address elimination of health disparities in this population are severely hampered by stringent eligibility criteria of the local Medicaid Program. The poverty threshold for annual allowable income to qualify for Medicaid in the VI is $8,500 for a family of four compared to the national standard at the poverty threshold at $21,834 for a family of four. Such stringent eligibility requirements creates barriers to health care resources and services, as these uninsured individuals are generally unable to afford health insurance premiums and therefore not as likely to seek early prenatal care or well-child care. Government programs, clinics and hospitals provide health care services at little or no cost. Everyone, including low income, uninsured or underinsured individuals and families have access to essential services, with many utilizing the hospital emergency rooms as primary care providers.

The Governor has convened a Health Reform Task Force to review these and other issues to decrease health disparities and increase access to care. The actual cost of providing Medicaid services to include the uninsured low-income population who would otherwise meet eligibility criteria elsewhere is currently unknown, but is being reviewed.

Birth weight is an important indicator of infant health. Low birth weight babies account for more than half of all costs incurred to newborns. Low birth weight babies surviving infancy have an increased likelihood of cognitive and developmental delays. They are more likely to experience greater health risks and disabilities during their childhood and adolescence and face higher adult health risks. The low birthrate for the USVI is 8.7% representing an improvement from the previous year and only slightly higher than the national rate of 8.2%[47]

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[44] US Department of Labor, Bureau of Labor Statistics (1998).
[45] *U. S. Virgin Islands Kids Count Data Book 2010.*
[46] *Results from the 2009 Virgin Islands Health Insurance Survey* (January 2010).
[47] *U. S. Virgin Islands Kids Count Data Book 2010.*

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 2008, 308 children were referred to the USVI Department of Human Services for physical abuse, sexual abuse or neglect (down from 380 children in the previous year).[48] This represents a rate of 11.4 per 1,000 children as compared to the national rate of 10.3 per 1,000 children. In FY 2010, of 112 children in foster care placements, 19% are children under 5 years, 50% between the ages of 5-12 years, and 31% were 13 years and above.[49]

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*[50] for those entering public kindergarten in the 2009-10 and 2010-11 school years. Children enrolled in private kindergartens are not included in the assessment.

[48] Ibid. According to members of territorial not-for-profit and government agencies working in the field of child abuse and neglect, cases are routinely under-reported in the USVI.

[49] As reported by the USVI Department of Human Services. This number does not include children in kinship/relative care that DHS assists with paying for monthly due to abuse/neglect issues.

[50] **Definitions**: **Learning Accomplishment Profile, Third Edition (LAP-3)** Provides method for observing skill development of children in the 36-72 month age-range. Assists teachers, clinicians, and parents in assessing development.

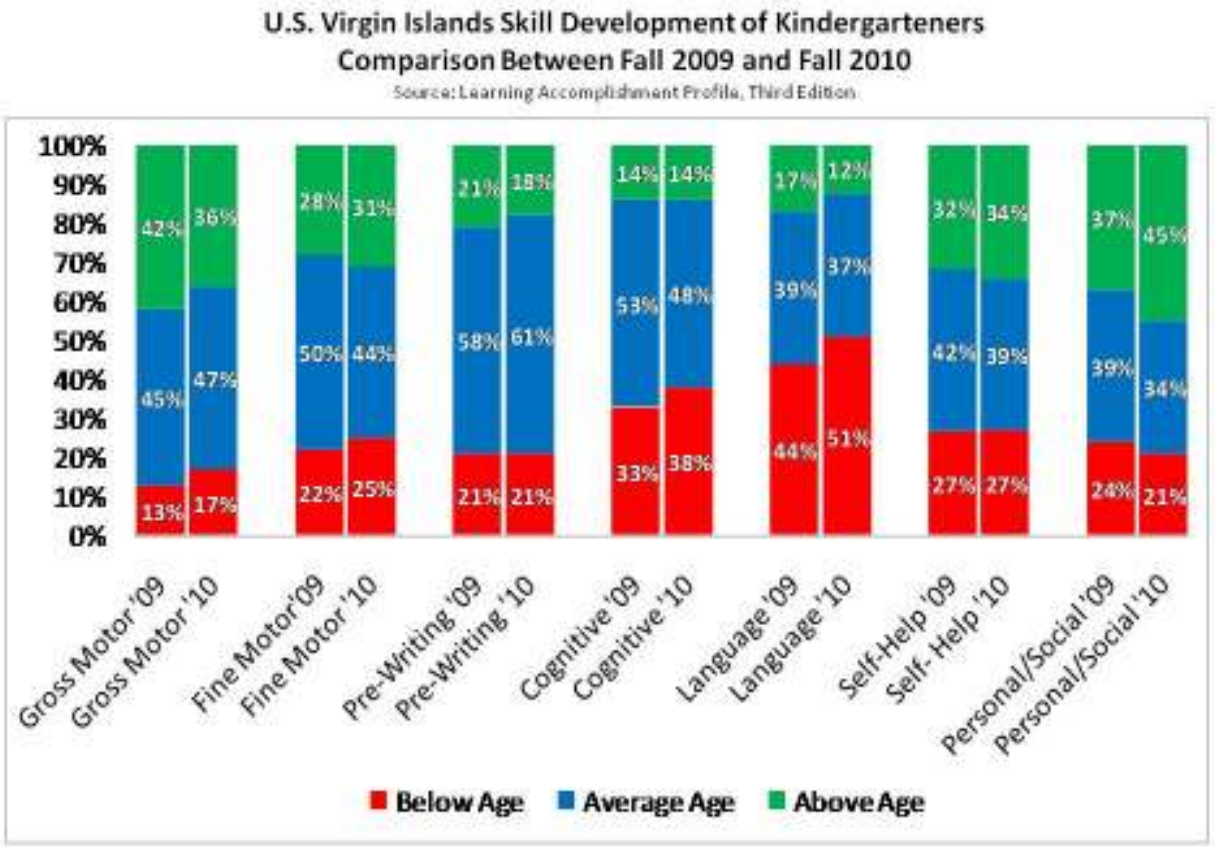
Below Age - Considerably below: Scores are at least one year below developmental expectations for age group.

Moderately below: Scores are 6-12 months below developmental expectations for age group.

Average Age - Average: Scores that are within plus or minus six months of the developmental expectation.

Above Age - Considerably above: Scores are at least one year above developmental expectations for age group

Moderately above: Scores are at least 6-12 months above developmental expectations for age group.



The average number of U.S. Virgin Islands kindergarteners assessed in the Fall of 2009 was 1004.
The average number of U.S. Virgin Islands kindergarteners assessed in the Fall of 2010 was 967.

As we compare the results between the past two 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 social and emotional skills which are predictive of how children interact and get along with others.

It should be noted that there are ten public elementary schools on St. Croix, eleven on St. Thomas, and two 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 two 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.

	Public school[51]		Public School	Private school (estimated: # of births rate minus public school enrollment)	Total number (based on # of births)
	STX	STT/J	Total		
Children enrolled in Kindergarten 2009-10	499	507	1006	568	1,574 for 2004
Children enrolled in kindergarten 2010-11	506	558	1064	622	1,686 for 2005

Children who begin school behind usually do not catch up. This is particularly evident when we review the Virgin Islands reading and math scores, drop-out rates, and juvenile crime rates that are all cause for alarm. In reading, 57.3% of fifth graders, 79.3% of seventh graders, and 70.2% of eleventh graders performed below grade-level expectations and in math, 47.6% of fifth graders, 56.3% of seventh graders, and 55.9% of eleventh graders performed below grade-level expectations on the VI Territorial Assessment of Learning.[52] Our teen drop-out rate was 10.2% as compare to the national rate of 6% and our juvenile crime rate was 743 per 100,000 youth, representing a rise of 34% and compared to the national rate of 306 per 100,000.[53]

In order to ensure that our children have a greater likelihood for success in school and beyond, we need to ensure that children have opportunities to develop the skills necessary before they enter the school door.

[51] Figures from VI Department of Education, Planning, Research, and Evaluation
[52] Community Foundation of the Virgin Islands, *Kids Count Data Book 2010.*
[53] Ibid.

Appendix B: Current Status of the Quality and Availability of Programs and Services

	St. Croix	St. Thomas/St. John	TOTAL
# Children birth through preschool	-----	-----	8,964[54]
# Children enrolled in Early Head Start	120	0	120
# Children enrolled in Head Start	464	430	894
# Children enrolled in Private Licensed Child Care	1,061[55]	1,832[56]	2,893
Estimated # Children birth to 5 years ***not*** in licensed care	-----	-----	5,057

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 (HS) Program provides comprehensive education, health, nutrition and social services to low-income children and their families. 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. The federal government funds 894 slots in the VI. Head Start serves the most at-risk and vulnerable children in the community. 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, eligible for Special Education Services. Ninety per cent (90%) of the families must be at or below the federal poverty level.

[54] This figure represents a total of the births in the USVI for 2006, 2007, and 2008, plus an estimate for 2009 and 2010 which comprise children birth to five years old as of 12-31-10. The kindergarten cut off for the USVI is December 31st. Final statistics are not yet available for 2009 and 2010 births. An estimate was calculated based on an average of the previous 3 years.

[55] Numbers are based on a survey of licensed child care centers (excluding Head Start and Early Head Start) that was conducted in spring 2010. Another study is currently underway to update our figures..
Please note – these were figures for last year. Figures for the spring 2011 are not yet available.

[56] Ibid.

In the USVI, the Head Start Program is operated by the Department of Human Services. It 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 enrollment of 894 children comes from 817 families. Of these children, 72 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 49 classrooms utilizing the High Scope Curriculum. This curriculum is one of several that meet the federal requirement of the Head Start Performance Standards. Head Start grantees must select a curriculum that meets these standards. The cost per child is $15,534 for fiscal year 2011 for the comprehensive program of services.

	St. Thomas/St. John		**St. Croix**	**Total**
# of children enrolled	406	20	468	894
# of 3-year-old (born 2007 and eligible for K school year 2012-13)	161		152	313
# of 4-year-olds (born 2006 and eligible for K school year 2011-12)	265		316	581
# on waiting list (as of 3-31-11)	148	17	183	348
# of classrooms	21	1	26	48

Head Start teaching staff received comprehensive High Scope training during the 2009-10 school-year. The Head Start program supports their teaching staff in their pursuit of AA and BA degrees in early childhood education. According to federal mandate, by September 2011 all teachers must have an AA degree, all assistant teachers must have their Child Development Associate Credential (CDA)[57] and by 2013, 50% of all Head Start teachers must have a BA degree in early childhood education or a related degree. The following chart provides information regarding staff qualifications.

[57] 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, although candidates may use college courses to fulfill their education requirements and many institutions of higher education grant college credit for those who have earned a CDA. 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 an oral and written review.

Position	Vacancy	Enrolled in CDA	CDA	CDA enrolled in AA	AA	AA enrolled in BA	BA	Advanced degree	Total
Supervisor	1	--	--	--	4	4	1	1	6
Teacher		--	11	8	29	26	9	0	49
Assistant Teacher		7	24	16	27	0	1	0	59

Eligibility requirements for the Head Start program are set by the Federal Government. Ninety per cent (90%) of children enrolled in the Head Start program must be from families at or below the Federal Poverty Guidelines. Of the 817 families served in the 2010-1011 school-year, 640 or 78% are single parent families. The total number of Head Start families with one or more parents employed full or part-time is 547 or 67% - with 33% unemployed. Sixty-three per cent (63%) of Head Start parents have earned a high school diploma or GED. Three hundred forty-four (344) families, or 36% are eligible for Medicaid, which means that many families fall between the limits of the Medicaid eligibility in the territory and federal Poverty Guidelines, limiting their access to medical care. Through the comprehensive services provided by Head Start, all enrolled children receive medical and dental evaluations, developmental and sensory screening, and follow-up treatment.

- **Early Head Start:** The Early Head Start (EHS) Program promotes healthy prenatal outcomes for pregnant women, the development of very young children (ages birth to 3 years), and healthy family functioning. EHS is a federally-funded program with local 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, only serves children and families on the island of St. Croix. EHS has a federally funded enrollment of 24 pregnant women, 72 children and families served through home visiting, and 24 children in a class-based program for a total of 120 served. In September 2011, a new center will be opened when 48 of those currently served the through the home visiting model will be served in a class-based program, as described in their federal grant. The cost per child is $13,700 per year. Funding is not separated out by type of program/service provided.[58]

  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-

[58] Information provided by Lutheran Social Service of the Virgin Islands

based program. The following chart provides information regarding staff qualifications, listing their highest levels. Similar to the Head Start program, EHS must ensure that their selection of curricula meet the federal Head Start/Early Head Start Performance Standards.

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.

Staff[59]	Currently working towards CDA	CDA	AA	BA	Total Staff
Classroom Teachers		4	2		6
Home-Visitors to Pregnant women	1	--	--	1	2
Home-Visitors to infants and toddlers	7	0	6	1	14

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 is not cost effective to expand to St. Thomas and St. John at this time. It is hoped that in the future, federal funding opportunities with support for their required match, will enable Lutheran Social Services to expand the EHS program to the other islands.

- **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 13 years). For fiscal year 2010, subsidies were provided for a total of 1,226 children from 650 families. Seventy-Five per cent (75%) of participating families were working and 20% were enrolled in school or training programs.[60]

  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 chart on page 36.[61]

[59] Ibid.
[60] Figures provided by the VI Office of Child Care and Regulatory Services, VI Department of Human Services
[61] According to the National Child Care Information Center (NCCIC) subsidy rates for 2010-11, Guam's rates are $250 per week (or $1000 per month) for infants, toddlers, and preschoolers. The rate for Puerto Rico is $259 per month for infants and toddlers and $253 per month for preschoolers.

In fiscal year 2010, the Office of Child Care and Regulatory Services provided scholarships to 17 private child care staff to attend the Inclusive Early Childhood Education program at the University of the Virgin Islands, St. Thomas & St. Croix, two of whom graduated this year with AA degrees and intend to continue to the BA degree.

Client profile:[62]

Children Served

ISLAND	2007	2008	2009	OCT. 09 TO SEPT 31, 2010
STT	551	418	605	679 (STT/STJ)
STJ	7	6	8	
STX	371	212	573	547
TOTAL	**929**	**636**	**1,186**	1,226

FULL YEAR	2007	2008	2009	OCT. 09 TO SEPT 31, 2010
Infants	18%	16%	16%	23%
Pre-School	48%	55%	60%	55%
After School	34%	29%	24%	22%

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

Families Served

ISLAND	2007	2008	2009	OCT. 09 TO SEPT 31, 2010
STT	299	266	351	303 (STT/STJ)
STJ	5	6	7	
STX	235	133	217	347
TOTAL	**539**	**405**	**575**	**650**

Single parent families served

FY YEAR	2007	2008	2009	OCT. 09 TO SEPT 31, 2010
% Served	98%	98%	98%	98%

The waiting list as of May 2011 for subsidized child care is as follows:[63]

CATEGORY	St. Thomas / St. John	St. Croix	Total
Children	300	220	520
Families	210	181	391

- **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.

[63] Ibid. Please note: The waiting list is inclusive of all children eligible birth to age 14. Additionally, it is unknown whether the waiting list for Head Start and Child Care subsidy includes any of the same children.

ISLAND	# Child Care Centers serving children Birth – 5 years[64]	Capacity	# Children Enrolled Birth – 5 years[65]
St. Croix	46	2,135	1,061
St. Thomas/St. John	67	2,386	1,832
TOTAL	113	4,521	2,893

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 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 for children.[66]

Through a contract with CFVI, the Office of Child Care and Regulatory Services is currently conducting 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. It is anticipated that the study will be completed and information available by October 1, 2011.

- **Home-visiting programs**:[67] Currently, there are four Home Visiting programs implemented or in the planning process in the USVI: Early Head Start operated by Lutheran Social Services, Parents as Teachers operated by the Inter-Island Coalition of Parents for Change, the Maternal Child Health and Children with Special Health Care Needs by the

[64] This number does not include Head Start and Early Head Start as they are accounted for above, nor does it include licensed kindergarten programs. Information from the VI Department of Human Services.

[65] This number does not include those enrolled in Head Start, Early Head Start, or licensed kindergarten programs and represents an estimate based on a recent survey of enrollments.
Please note – these were figures for last year. Figures for the spring 2011 are not yet available.

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

[67] Information from the VI Maternal Child Health Program, VI Department of Health from information gathered for their Maternal, Infant, Early Childhood Home Visiting Program grant application

Department of Health, and a service coordination program for pregnant women and mothers of newborns operated by VI Perinatal, Inc.

Early Head Start (EHS) currently serves 24 pregnant women and 72 infants and toddlers through a home-visiting model, although 48 will move to a class-based program in September, 2011 on the island of St. Croix (see earlier description of Early Head Start).

Parents as Teachers (PAT) is an evidenced-based home-visiting program that provides parents with child development knowledge and parenting support from pregnancy to kindergarten entry. The goals of PAT are to increase parent knowledge of early childhood development, improve parenting practices, detect developmental delays and health issues early, prevent child abuse and neglect, and increase children's school readiness and success. Inter-Island Parent Coalition for Change is funded to serve 75 children and families. The local Parents as Teachers program operates in the St. Thomas/St. John district and recently expanded to St. Croix, although services have not yet begun. The program is operated through a grant received from the US Department of Education from funding under the Parent Information Resource Center. The program currently has three parent educators to serve St. Thomas, St. John and St. Croix. Their current enrollment is:

St. Thomas – 25
St. John – 28
St. Croix – 18

VI Perinatal, Inc. provides service coordination to pregnant women linking them with community programs and services to promote healthy pregnancies and newborns. Healthy Families…Healthy Babies Initiative (HFHBI) operating on the island of St. Thomas is the Virgin Island's own Healthy Start Program. Adopted from the national evidenced-based model to involve the community to create solutions to the high incidence of infant mortality, HFHBI incorporates outreach and client recruitment and case management/care coordination and facilitating services to link low income uninsured pregnant women and their families to medical and social services. Partnering with the Department of Health Prenatal Clinics and St. Thomas East End Medical Center (federally qualified health center), the Family Outreach Educators and Family Care Managers work with clients to ensure they get the services they need as identified on their individual Family Service Plan created in conjunction with the HFHBI clients.

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 Title V or by referral to other agencies and programs that have the capability to provide medical, social, and support services to this population. Public Health Nurses provide assessments, anticipatory guidance, parental counseling and education regarding growth and developmental milestones, proper nutrition practices, immunizations, service / care coordination and home visiting services to high risk children and their families. In fiscal year 2009, 142 home visits were conducted by MCH public health nurses throughout the Territory, 42% of those visits were to high risk infants, 55% were two-week post partum visits, and 3% were ante partum.

The Maternal and Child Health Infant and Toddler Home Visiting Program is currently in the planning stages. The program will be federally funded and will be required to use a research-based home visiting model. The final phase of the grant application that will enable implementation was submitted on June 8, 2011, with a follow-up application due July 21, 2011. If funded, the MCH will receive $1 million to coordinate and provide home visiting services to young children and families throughout the territory.

- **Social Services**: The USVI 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, 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 and 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.

- **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), Immunization, Environmental Sanitation, Mental Health and Substance Abuse Prevention, Medicaid, and Early Periodic Screening and Diagnostic Treatment (EPSDT). It is noted that the WIC Program serves 5,509 children ages birth to five years.[68] DOH also is responsible for health promotion and protection, regulation of health care providers and facilities, and policy development and planning, as well as

[68] Figure from the 2008 Virgin Islands Pediatric Nutrition Surveillance report from the VI WIC Program, VI Department of Health

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.

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[69], for those eligible. For others, the responsibility 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 at community-wide screening events or through referrals. If either program suspects a developmental delay or disability, a comprehensive evaluation is conducted to determine eligibility for special education 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 is planning to conduct Children's Health Fairs in October, 2011.

- **Early Childhood Special Education (Part B)**: Early Childhood Special Education, administered by the USVI Department of Education, serves three- and four-year-olds with disabilities or significant delays who have Individualized Education Plans. Most children 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 ensure children with disabilities and/or delays receive appropriate services.

- **Infants and Toddlers/Early Intervention (Part C)**: The Early Intervention Program, administered by the Department of Health, serves children birth through three years of age with diagnosed disabilities, developmental delays, or substantial

[69] According to the VI Head Start Program, 36% of Head Start families were enrolled in Medicaid during the 2010-11 school year.

risk of significant delays and their families in the child's natural environment. A primary focus is to support and provide 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
Infants and Toddlers (Part C)[70]	103	44
Early Childhood Special Education (Part B)[71]	74	68

In reviewing the above statistics, members of the ECAC have raised concerns about the transition of children from early intervention to preschool services, particularly on the island of St. Croix. Based on national norms and the fact that more mild to moderate developmental delays are typically identified after the infant/toddler years, it would be expected that the number of children eligible for Early Childhood Special Education would be greater than those eligible for Early Intervention (Infants and Toddlers). According to the above, this is not the case on St. Croix.

[70] Figures provided by the VI Infants and Toddlers Program, VI Department of Health
[71] Figures provided by the VI State Office of Special Education by each district, VI Department of Education

Conclusion

The message is clear: increasing access to high quality early childhood experiences – whether within the home or within a center-based program – has the potential to prevent the need for a myriad of costly interventions in the future, while at the same time set the stage for optimal development and future success for individuals and the community as a whole. We can connect the dots.

- We know that if families and caregivers have the resources they need to provide quality early childhood experiences, then children will start school ready to learn.
- If children start school ready to learn, they are more likely to read at grade level by third grade.
- If children read at grade level by third grade, they are more likely to graduate from high school.
- If children graduate from high school, they are more likely to go on to higher education or enter the job market as tax-paying citizens.

As we move forward, we need to ensure that whatever we do is thoughtful, purposeful, and guided by what we know and what research tells us is best practice. We need to come together as a community, utilizing our best resources, knowledge, and expertise to work collaboratively on the single vision that all children in the Virgin Islands thrive, grow, and learn in safe, nurturing, healthy families and communities. Their future depends on it – and so does ours.

References:

- Alliance for Childhood (November, 2010). *Restoring Play and Playful Learning to U. S, Kindergartens.* College Park, MD: Alliance for Childhood.
- Amato, P.R. & Booth, A. (1997). *A Generation at Risk: Growing Up in an Era of Family Upheaval.* Cambridge, MA: Harvard University Press.
- American Academy of Pediatrics (July, 2002). *Policy Statement: The Medical Home*. American Academy of Pediatrics
- *America's Children: Key National Indicators of Well-Being, 2009.* Federal Interagency Forum on Child and Family Statistics, p. 22.
- Barnett, W.S., Epstein, D., Friedman, A., Sansanelli, R., and Hustedt, J. (2009). *The State of Preschool 2009.* New Jersey: The National Institute for Early Education Research.
- Barnett, W.S., Epstein, D., Friedman, A., Sansanelli, R., and Hustedt, J. (2009). *The State of Preschool 2009.* New Jersey: The National Institute for Early Education Research.
- Bohan-Baker, M. & Little, P. (April, 2004). *The transition to Kindergarten: A Review of Current Research and Promising Practices to Involve Families.* Cambridge, MA: Harvard Family Research Project.
- Bornfreund, L. (March 2011). *Getting in Sync: Revamping Licensing and Preparation for Teachers in Pre-K, Kindergarten, and the Early Grades.* Washington, DC: New America Foundation.
- Bowman, B., Donovan, S., and Burns, S. (eds.) (2000). *Eager to Learn: Educating our Preschoolers.* Washington, DC: Commission on Behavioral and Social Sciences and Education, National Research Council, National Academy Press.
- Center on the Developing Child at Harvard University (2007). *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children.* http://www.developingchild.harvard.edu.
- Children's Defense Fund*, "Child Poverty in America"* (2008). http://www.childrensdefense.org/site/DocServer/Chld_Poverty_in_America_Aguust_2008_.pdf?docID=8341
- Community Foundation of the Virgin Islands, *Measuring What Matters: US Virgin Islands Kids Count Data Book 2010.*
- Copple, C. & Bredekamp, S. (2009). *Developmentally Appropriate Practice in Early Childhood Programs.* Washington, DC: National Association for the Education of Young Children.
- Doctors, J., Gebhard, B., Jones, L., & Wat, A. (2007). *Common Vision, Different Paths: Five States' Journeys toward Comprehensive Prenatal-to-Five Systems.* Washington, DC: Zero to Three and Pre-K Now.
- Harms, T., Clifford, R., and Cryer, D. (2005). *Early Childhood Environment Rating Scale (revised edition).* New York, NY: Teachers College Press.
- Lovejoy, Anna (2005). *Final Report of the National Governor's Association Task Force on School Readiness.* Washington, DC: National Governor's Association.

- Miller, E. & Almon, J. (2009). *Summary and Recommendation of Crisis in the Kindergarten: Why Children Need to Play in School.* College Park, MD: Alliance for Childhood.
- Moore, K., Jekielek, S. and Emig, C., (2002). *Marriage from a Child's perspective: How Does a Family Structure Affect Children, and What Can We Do About It?"* Washington, DC: Child Trends.
- 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.
- National Child Care Information Center. http://nccic.acf.hhs.gov
- Pianta, R., Pa Paro, K., and Hamre, B. (2008). *Classroom Assessment Scoring System Manual.* Baltimore, MD: Paul H. Brookes Publishing Co.
- *Preschool Mattes,* "New Tool Costs Out Quality Pre-K." July/August 2008 Vol. 6, No. 2. New Jersey: National Institute for Early Education Research. http://nieer.org/psm/index.php?article=268
- The National Goals Panel (1997). *Getting a Good Start in School.* Washington, DC: *National Goals Panel.*
- Segal, A. & Bruner, C. (March 2004). Resource Brief: "On the Path to School Readiness: Key Questions to Consider Before Establishing Universal Pre-Kindergarten." State Early Childhood Policy Technical Assistance Network.
- Virgin Islands Community Survey (2008). St. Thomas, VI: Eastern Caribbean Center, University of the Virgin Islands.
- Weiss, E. (January 2011). Issue brief: "Paying Later: The High Costs of Failing to Invest in Young Children." Washington DC: Partnership for America's Economic Success.
- World Fact Book (2009). Central Intelligence Agency https://www.cia.gov/library/publications/the-world-factbook/geos/vq.html

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