

Early Learning

		No Additional Funding Needed	Increase in Current Funding	New Funding Needed	Funding Source(s) (Potential or Current)	Amount of Increase or New Funding Needed
O1	Describe Early Childhood Education (ECE) in terms of Workforce Development and Economic Development for federal, state and county policy makers.					
S1	Recruit corporate, economic development, workforce development, military, and tribal leaders, to join leaders at the ECAC table.					
S2	Identify and engage corporate champions who require high-skill workforce and young families.					
S3	Collaborate on state and federal advocacy for ECE to be jointly supported by corporate economic development education, labor, military, tribal, and workforce development.					
S4	Seek local investment in ECE to meet rural, tribal, municipal and county ECE provider and workforce needs.			x		
S5	Update and recreate the Economic Impact of Early Care and Education in Nevada report.			x		
S6	Build capacity for early learning program slots to meet Nevada’s needs today and tomorrow.		x		CCDF	
S7	Identify resources to support state and local ECACs.			x		
O2	Revise and align child, program and workforce standards for all programs and personnel in the B-3 field.					
	<u>Child Standards</u>					
S1	Revise and adopt comprehensive evidence-based learning and development standards for children birth through third grade (0-3 early learning guidelines, pre-K standards, K-3 Nevada Academic Content Standards, and social emotional competencies).					
	<u>Program Standards</u>					
S2	Explore implementation guidelines to support teachers and administrators in both ECE and early elementary settings to put the B-3 framework into practice.					
S3	Establish expectations to support child care/pre-K to Kindergarten transitions					
S4	Engage more closely with for-profit center-based companies to expand access to fee-for-service and subsidized childcare.					
S5	Explore marketing strategies to promote Silver State Stars to parents through employers, health systems, United Ways, and community-based providers.					
S6	Encourage QRIS participation by creating new marketing strategies aimed at eligible early childhood programs.					
S7	Explore appropriate OST program standards and requirements.					
S8	Create common messaging for both parents and providers to provide clarity of the relationship between the new licensing grading system and the QRIS program.					

	<u>Workforce Standards</u>					
S9	and school-based professionals that are responsible for the care and education of children ages birth					
S10	provider), OST, and FFN settings.					
S11	childhood and early elementary teachers and other adults in supporting roles.					
O3 Unify the early childhood and early elementary workforce from birth through third grade.						
S1	childhood educators in The Nevada Registry and the early elementary workforce and to align					
S2	for CEUs, Training Hours and College Credits to create opportunities for shared learning and knowledge					
S3	continued professional learning on their career pathway.					
S4	and universities to support the workforce in rural areas and those working during traditional class hours.					
S5	Focus B-3 training investments in geographic and demographic areas of greatest need.					
S6	framework.					
S7	and explore CDA coursework and credentialing for CEUs and possibly college credits.					
O4 Review and align child care licensure and Part C IDEA program requirements and/or structures with other B-3 entities.						
S1	Education along with Part B.					
S2	childhood development, and on-site inspections that also meet the needs and recognize the financial					
S3	Education.					
S4	on model states or counties (e.g. Arizona, Georgia, Florida).					
S5	requirements.					
S6	Establish common statewide licensing standards.					
S7	unified licensure regulations.					
O5 Advocate for greater investment in wage and incentive programs that reward increased education levels.						
S1	childhood and early elementary system.					
S2	Research and identify promising wage and incentive programs.					
S3	5 early childhood teachers in all settings.					
S4	investment in higher wages and benefits.					
S5	Explore significant funding request (i.e., state marijuana tax dollars) for workforce investments.					
S6	Mobilize task force to seek county, municipal and private investment in wage and incentive programs.					
S7	Explore county, municipal, and private funding rewards for 0-5 teacher education and longevity.					
O6 Allocate Personnel and Financial Resources to Integrate ECE Data.						
S1	economic development usage.					
S1	Make data transparent and available through DOE for providers and school districts.					

Family Support & Community Engagement		No Additional Funding Needed	Increase in Current Funding	New Funding Needed	Funding Source (Potential or Current)	Amount of Increase or New Funding Needed
O1 Expand opportunities for families to gain knowledge on and support their children’s development.						
S1	Research Born Learning (www.bornlearning.com), Daily Vroom (www.joinvroom.org), and other available resources and adopt those with evidence-based practices, materials, and information to share with parents.					
S2	Recruit partners throughout the state to promote these resources and provide them with training to do so effectively.					
O2 Provide family guidance in health settings.						
S1	In pediatric settings, expand Reach Out and Read, a nationally proven approach that provides parental guidance and free age-appropriate books during each well-child visit from birth through age 5.					
S2	Measures of progress include the number of health settings engaged, program sustainability, the numbers of families served and books distributed, and the impact on family behavior and satisfaction (via family surveys and health care provider feedback).					
O3 Expand individualized support for families that may benefit most.						
S1	Conduct an updated assessment, led by Nevada Home Visiting, to determine the scope and nature of family need and to identify system enhancement opportunities. Explore doing so with the involvement of multiple agencies that directly serve Nevada families with young children. Engage families directly in this process to gain perspectives on how the system of support could serve them best.					
S2	Pursue crosswalk training for Nevada Home Visiting staff and Nevada community health workers. In so doing, expand the workforce that has the capacity to be a resource for personalized early childhood health and development support for families.					
S3	Promote greater use of the Nevada 211 and Nevada Home Visiting Resource Directory in order to refer families to needed services and follow up to ensure that they obtain the help they want.					
S4	Build linkages between home visiting staff and schools.				Nevada Home Visiting	
O4 Expand community-based learning opportunities for young children and their families.						
S1	Expand family story time in local libraries.					

S2	Make libraries a) hubs for the promotion of other local learning programs for young children and their families and b) partners with school districts in their communities to provide learning resource information to families.					
S3	Engage local school districts, Nevada 211 and other entities that serve families on a large scale in promoting local out-of-school (OST) learning opportunities for families with young children.					
S4	Encourage non-profit programs to offer services during non-traditional business hours to expand access.					
O5 Strengthen family partnership throughout early grade education.						
S1	Provide credit-bearing professional development on family partnership for early grade teachers and administrators.					
S2	Conduct outreach to school districts to promote family partnership, including the implementation of PTA family engagement standards.					
S3	Objectives 1 and 4).					
S4	Identify pre-K to K transition activities for children and families and promote in each district.					

Child & Family Health

		No Additional Funding Needed	Increase in Current Funding	New Funding Needed	Funding Source (Potential or Current)	Amount of Increase or New Funding Needed
O1	Advocate for increasing access to appropriate health providers in the state, particularly in underserved urban and rural communities, with special attention paid to obstetrics, pediatrics, dentistry, and children’s mental health.					
S1	Partner with the public and private schools/programs that train health professionals (e.g. medical schools, nursing programs, psychology, social work) in the state to increase recruitment and retention of students to practice in the state. Advocate for: <ul style="list-style-type: none"> Using students to provide health care services in the rural and underserved areas Advocate for sites that can offer internships or qualify for loan forgiveness programs 					
S2	Advocate for, and provide better training to, health professionals to work effectively with families with young children.					
S3	Partner with the key agencies and orgs that have health workforce dev. and expansion as a part of their mission to ensure there is a focus on young children and their families.					
S4	Work with other partners to: <ul style="list-style-type: none"> Increase the number of providers who take Medicaid and will provide this coverage in the underserved communities; and Address barriers families experience in making and keeping appointments with their health care providers (e.g., transportation). 					
O2	Support the effective deployment of well-trained community health workers across the state to connect families with young children with insurers (e.g., Connecting Kids to Coverage), physicians and other health care professionals (dental, mental/behavioral/WIC/MCOs/FQHCs) and other					
S1	Assist in development of an EC module as a CHW specialization to work with families with young children 0-8 years that can be offered through the NV-CHW Association.					
S2	Connect with NV-CHW Association, which has a HRSA grant, to place a cadre of CHW interns with EC programs, such as home visiting, Head Start, Early Head Start and others.					
S3	Advocate for CHW services becoming Medicaid reimbursable and coordinate with existing efforts underway through the pilot study among Nye CCC, HCC and the Medicaid office.					
S4	Advocate to employers of CHWS to have them partner with families to help reduce no-show rates for Medicaid dental appointments (see Objective 3 below) and follow-up with families scheduled for other mental/behavioral/medical health appointments.					

S5	Promote and facilitate efforts to deploy CHWs to work as agents for implementing family engagement strategies in the community through libraries and other places where families gather (community centers, after school programs, food pantries, etc.) and to work in concert with existing EC programs, referring families to them as a primary resource along with linking families to health insurance, primary care and other community supports.					
O3 Raise awareness of mobile health and health fair opportunities and assist in the coordination and expansion of these services.						
S1	Raise awareness of when (on-line Google calendar through the NICRP- http://snecac.com/calendar) mobile services are scheduled in each area.					
S2	Promote events with community partners through various media channels so they connect their clients to these services.					
S3	Bridge independent efforts of local and regional partners involved in scheduling mobile health services to the Coordinating Agency's Google calendar: <ul style="list-style-type: none"> • Raise awareness of when (on-line Google calendar through the NICRP-http://snecac.com/calendar) mobile services are scheduled in each area. • Promote events with community partners through various media or other channels (i.e., coalition meetings or parent meetings) so they connect their clients to these services. 					
O4 Child Visit/Bright Future; NHV Home-Visiting models (PAT, HIPPY, Nurse-Family Partnership, Early Head Start).						
S1	Work closely with all strategy partners that touch high numbers of families across the state (like WIC) to insure they are including their EBPs and referring families to high quality programs in the state's 2-1-1 system.					
S2	ECAC will communicate with the Director's Office of DHHS and 2-1-1 to strengthen usability and accuracy of information as a centralized Information & Referral source.					
S3	Review of EBP programming available for Nevada's young children and their families including the service delivery area, eligibility criteria, and if there is a waiting list.					
O5 Expand ECAC to include representation from the health field.						
	appointing individual(s) who represent the health professions (pediatrics, pediatric dentistry, child					
	additional members to be appointed, as the times and need dictates, including but not limited to the					