

# PDG B-5 Needs Assessment to ECAC Strategic Plan – Alignment & Gaps

## EARLY LEARNING (EL)

PDG B-5 Needs Assessment		ECAC Plan (SP=Strategic Plan; AP=Action Plan)	
Part 1 ECCE programs in NV	Child care capacity shortage! Nevada has some serious licensed child care deserts.	SP Pg. 11 AP Pg. 3	<p>SP: EL Objective 1: Describe Early Childhood Education (ECE) in terms of Workforce Development and Economic Development for federal, state and county policy makers.</p> <p>Strategy 1.2: Build capacity for early learning program slots to meet Nevada’s needs today and tomorrow. AP: 2 actions</p>
Part 1 Parent/Community - Quality	Parents want access to safe, educational programs with low ratios. Very limited for families especially for those how have children with disabilities. Also recognizes the need for qualified individuals and culturally-responsive teachers/programs.	Above + AP Pgs. 4-8	<p>See above, PLUS Objective 2 regarding standards.</p> <p>SP: EL Objective 2: Revise and align child, program and workforce standards for all programs and personnel in the B-3 field.</p> <p><i>Child Standards</i> Strategy 2.1: 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). AP: 2 Actions</p> <p><i>Program Standards</i> Strategy 2.2: Explore implementation guidelines to support teachers and administrators in both ECE and early elementary settings to put the B-3 framework into practice. AP: 7 Actions</p> <p>Strategy 2.6: Explore appropriate Out-of-School Training program standards and requirements AP: 1 Action</p> <p><i>Workforce Standards</i> Strategy 2.7: Conduct a review to establish state-of-the-art, aligned licensure and credential standards for community and school-based professionals that are responsible for the care and education of children ages birth through age eight. AP: 3 Actions</p>

			<p>Strategy 2.8: Use research to establish reasonable requirements for teachers across licensed (center and home provider), OST, and FFN settings. AP: 2 Actions</p> <p>Strategy 2.9: Align CEUs, training hours, and/or college credit to provide access to all early childhood and early elementary teachers and other adults in supporting roles. AP: 4 Actions</p> <p><i>Do we assume in the ECAC plan that building capacity includes these things? Do we assume that our environment and program standards will address this need?</i></p>
Part 1 Parent/Community - Quality	Parents recognize need for pay and benefits if we want highly qualified staff	SP 15-16 AP 12-14	<p>SP: EL Objective 2: Revise and align child, program and workforce standards for all programs and personnel in the B-3 field.</p> <p>Strategy 2.5: Explore marketing strategies to promote Silver State Stars to parents through employers, health systems, United Ways, and community-based providers. Encourage QRIS participation by creating new marketing strategies aimed at eligible early childhood programs. AP: 5 Actions</p> <p>SP: EL Objective 5: Advocate for greater investment in wage and incentive programs that reward increased education levels.</p> <p>Strategy 5.1: Map all B-3 workforce financing by funding source in comparison to the overall investment in the early childhood and early elementary system. AP: 2 Actions</p> <p>Strategy 5.2: Research and identify promising wage and incentive programs. AP: 3 Actions</p> <p>Strategy 5.3: Identify opportunities for federal, state, county and municipal funding to increase wages of birth to age 5 early childhood teachers in all settings. AP: 2 Actions</p> <p>Strategy 5.4: Explore the growth and stability of the B-3 workforce in states, counties or municipalities with investment in higher wages and benefits. AP: 1 Action</p> <p>Strategy 5.5: Explore significant funding request (i.e., state marijuana tax dollars) for workforce investments.</p>

			<p>AP: 1 Action</p> <p>Strategy 5.6: Mobilize task force to seek county, municipal and private investment in wage and incentive programs. AP: 1 Action</p> <p>Strategy 5.7: Explore county, municipal, and private funding rewards for 0-5 teacher education and longevity. AP: 1 Action</p>
Part 1 Parent/Community - Availability	Availability of care by age (i.e., infants/tods) and extended/non-traditional hours.	SP Pg. 11 AP Pg. 3	<p>SP: EL Objective 1: Describe Early Childhood Education (ECE) in terms of Workforce Development and Economic Development for federal, state and county policy makers.</p> <p>Strategy 1.2: Build capacity for early learning program slots to meet Nevada’s needs today and tomorrow. AP: 2 actions (one for infants and one for PreK).</p> <p><b>Non-traditional hour care not highlighted. Need to add.</b></p>
Part 1 Parent/Community – Barriers to ECE	Barriers to building capacity: funding, licensing requirements, rural feel left out	SP Pg. 11 AP Pg. 3  SP Pg. 15  AP-Need!	<p>SP: EL Objective 1: Describe Early Childhood Education (ECE) in terms of Workforce Development and Economic Development for federal, state and county policy makers.</p> <p>Strategy 1.2: Build capacity for early learning program slots to meet Nevada’s needs today and tomorrow. AP: 2 actions – Actions are to develop a strategy. We need an entire plan that addresses separate strategies for funding and rural inclusion.</p> <p>SP: EL Objective 4: Review the placement and alignment of state offices including child care licensure and Part C IDEA with other B-3 entities.</p> <p>Strategy 4.6: Establish common statewide licensing standards for child care settings (e.g., health, fire, child care licensing). AP: <b>No actions for this Strategy yet.</b></p>
Part 1 Parent/Community – Affordability	Affordability – Nevada top 10 of least affordable states. Programs for low-income families are not available in all areas (i.e., Head Start/EHS).	SP Pg. 23	<p>Not addressed in EL Section of ECAC Plan. In Family &amp; Communities</p> <p>SP: FSS Objective 4: Review the placement of alignment of state offices including child care licensure and Part C IDEA with other B-3 entities.</p> <p>Strategy 4.1: Expand family story time in local libraries. AP: 2 Actions</p> <p>Strategy 4.2: 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.</p>

			<p>AP: 1 Action</p> <p>Strategy 4.3: 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. AP: 2 Actions</p> <p>Strategy 4.4: Encourage non-profit programs to offer services during non-traditional business hours to expand access. AP: 1 Action</p> <p><b>AP: Need specific action step regarding affordability!</b></p>
Part 1 Parent/Community Perceptions – Transitions	Transitions & Alignment between ECCE and K-12	SP 12-14; SP 27	<p>SP: EL Objective 2: Revise and align child, program and workforce standards for all programs and personnel in the B-3 field.</p> <p><i>Child Standards</i></p> <p>Strategy 2.1: 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). AP: 2 Actions</p> <p><i>Program Standards</i></p> <p>Strategy 2.2: Explore implementation guidelines to support teachers and administrators in both ECE and early elementary settings to put the B-3 framework into practice. AP: 7 Actions</p> <p>Strategy 2.3: Establish expectations to support child care/pre-K to Kindergarten transitions (e.g., Countdown to Kindergarten in Boston, MA). AP: 4 Actions</p> <p>Strategy 2.4: Engage more closely with for-profit center-based companies to expand access to fee-for-service and subsidized childcare. AP: 2 Actions</p> <p>Strategy 2.5: Explore marketing strategies to promote Silver State Stars to parents through employers, health systems, United Ways, and community-based providers. Encourage QRIS participation by creating new marketing strategies aimed at eligible early childhood programs. AP: 5 Actions</p>

			<p>Strategy 2.6: Explore appropriate Out-of-School Training program standards and requirements AP: 1 Action</p> <p><i>Workforce Standards</i></p> <p>Strategy 2.7: Conduct a review to establish state-of-the-art, aligned licensure and credential standards for community and school-based professionals that are responsible for the care and education of children ages birth through age eight. AP: 3 Actions</p> <p>Strategy 2.8: Use research to establish reasonable requirements for teachers across licensed (center and home provider), OST, and FFN settings. AP: 2 Actions</p> <p>Strategy 2.9: Align CEUs, training hours, and/or college credit to provide access to all early childhood and early elementary teachers and other adults in supporting roles. AP: 4 Actions</p> <p>SP: EL Objective 3: Unify the early childhood and early elementary workforce from birth through third grade.</p> <p>Strategy 3.1: Determine the steps and resources necessary to create a comprehensive workforce data set of all early childhood educators in The Nevada Registry and the early elementary workforce and to align professional development opportunities AP: 2 Actions</p> <p>Strategy 3.2: Promote the on-line early childhood education opportunities offered by Nevada’s community colleges and universities to support the workforce in rural areas and those working during traditional class hours. AP: 2 Actions</p> <p>Strategy 3.3: Focus B-3 training investments in geographic and demographic areas of greatest need. AP: 2 Actions</p> <p>Strategy 3.4: Identify incentives and opportunities for B-3 teachers and administrators to implement the B-3 framework. AP: 4 Actions</p> <p>SP: FSS Objective 5: Strengthen family partnership throughout early grade education.</p>
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			<p>Strategy 5.1: Provide credit-bearing professional development on family partnership for early grade teachers and administrators. AP: 1 Action</p> <p>Strategy 5.2: Conduct outreach to school districts to promote family partnership, including the implementation of PTA family engagement standards. AP: 1 Action</p> <p>Strategy 5.3: Build partnerships between libraries and schools to promote and offer family programming (see Objectives 1 and 4). AP: 1 Action</p> <p>Strategy 5.4: Identify pre-K to K transition activities for children and families and promote in each district. AP: 1 Action</p> <p>AP: Action TBD</p>
Part 1 Parent/Community Perceptions – Vulnerable Populations	Rural, 2 income households, low income, developmental delays, single parents, language barriers	SP 6; 21	Need specific action step and more in general in plan.

## FAMILY SUPPORT SERVICES (FSS)

PDG B-5 Needs Assessment		ECAC Plan (SP=Strategic Plan; AP=Action Plan)	
Part 2 Capacity of support	Lack of programs needed for all, especially those low and medium income, rural areas have no or less service, urban areas can't meet the need	SP21;	<p>SP: FSS Objective 1: Expand opportunities for families to gain knowledge on and support their children's development.</p> <p>Strategy 1.1: Research Born Learning (<a href="http://www.bornlearning.com">www.bornlearning.com</a>), Daily Vroom (<a href="http://www.joinvroom.org">www.joinvroom.org</a>), and other available resources and adopt those with evidence-based practices, materials, and information to share with parents. AP: 5 Actions</p>

			<p>Strategy 1.2: Recruit partners throughout the state to promote these resources and provide them with training to do so effectively.</p> <ul style="list-style-type: none"> <li>• Focus on organizations that interact with families regularly, such as child care providers, schools, libraries, family-serving non-profits, and health providers. Position libraries as hubs for engaging community participation and hosting programming.</li> <li>• Engage local municipalities to offer Born Learning Trails.</li> <li>• Use train-the-trainer approach to ensure effective delivery.</li> </ul> <p>AP: 11 Actions</p>
<p>Part 2 Parent/Community - Community Activities</p>	<p>Lack of activities specifically for kids 0-5, worse for 0-2; if you don't like sports in rurals you are in trouble, lack of facilities especially in rurals, lack of safe places to have activities</p>	<p>SP24-26</p>	<p>SP: FSS Objective 3: Expand individualized support for families that may benefit most.</p> <p>Strategy 3.1: 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.</p> <p>AP: 1 Action</p> <p>SP: FSS Objective 4: Expand community-based learning opportunities for young children and their families.</p> <p>Strategy 4.1: Expand family story time in local libraries.</p> <p>AP: 2 Actions</p> <p>Strategy 4.3: Engage local school districts, Nevada 211 and other entities that serve families on a large scale</p>

			<p>in promoting local out-of-school (OST) learning opportunities for families with young children. AP: 2 Actions</p> <p>Strategy 4.4: Encourage non-profit programs to offer services during non-traditional business hours to expand access. AP: 1 Action</p> <p>SP: FSS Objective 5: Strengthen family partnership throughout early grade education.</p> <p>Strategy 5.3: Build partnerships between libraries and schools to promote and offer family programming (see Objectives 1 and 4). AP: 1 Action</p>
<p>Part 2 Parent/Community Awareness of services</p>	<p>Even in rurals people have a hard time keeping each other up to date; people often hear from word of mouth, social media, and in rurals using grocery stores and community bulletins works; also use other agencies to spread the word</p>	<p>SP36</p>	<p>SP:CFH Objective 3: Raise awareness of mobile health and health fair opportunities and assist in the coordination and expansion of these services.</p> <p>Strategy 3.1: Raise awareness of when (on-line Google calendar through the NICRP- <a href="http://snecac.com/calendar">http://snecac.com/calendar</a>) mobile services are scheduled in each area. AP: 8 Actions</p> <p>Strategy 3.2: Promote events with community partners through various media channels so they connect their clients to these services. AP: 3 Actions</p> <p>Strategy 3.3: 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. AP: 2 Actions</p>



## CHILD AND FAMILY HEALTH (CFH)

PDG B-5 Needs Assessment		ECAC Plan (SP=Strategic Plan; AP=Action Plan)	
Part 3 Capacity of health services	Need affordable services and more services to access in a reasonable time; issue with general health, mental health, and specialties, rural individuals may have NO providers in their area	SP30-34	<p>SP:CFH Objective 1: 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.</p> <p>Strategy 1.1: 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.</p> <ul style="list-style-type: none"> <li>• Advocate for using students (e.g. through internships) to provide health care services in the rural and underserved areas</li> <li>• Advocate for sites that can offer internships or qualify for loan forgiveness programs</li> </ul> <p>AP: 5 Actions</p> <p>Strategy 1.2: Advocate for, and provide better training to, health professionals to work effectively with families with young children.</p> <p>AP: 6 Actions</p> <p>Strategy 1.3: Partner with the key agencies and organizations that have health workforce development and expansion as a part of their mission to insure there is a focus on young children and their families.</p> <p>AP: 5 Actions</p> <p>Strategy 1.4: Work with other partners to:</p>

			<ul style="list-style-type: none"> <li>• Increase the number of providers who take Medicaid and will provide this coverage in the underserved communities; and</li> <li>• Address barriers families experience in making and keeping appointments with their health care providers (e.g., transportation).</li> </ul> <p>AP: 5 Actions</p>
Part 3 Prenatal Care	Several rural communities have no prenatal care – drive 2-3 hours while pregnant to get services;	SP32-34	<p>SP:CFH Objective 1: 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.</p> <p>Strategy 1.1: 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.</p> <ul style="list-style-type: none"> <li>• Advocate for using students (e.g. through internships) to provide health care services in the rural and underserved areas</li> <li>• Advocate for sites that can offer internships or qualify for loan forgiveness programs</li> </ul> <p>AP: 5 Actions</p> <p>Strategy 1.2: Advocate for, and provide better training to, health professionals to work effectively with families with young children.</p> <p>AP: 6 Actions</p> <p>Strategy 1.3: Partner with the key agencies and organizations that have health workforce development and expansion as a part of their mission to insure there is a focus on young children and their families.</p> <p>AP: 5 Actions</p>

			<p>Strategy 1.4: Work with other partners to:</p> <ul style="list-style-type: none"> <li>• Increase the number of providers who take Medicaid and will provide this coverage in the underserved communities; and</li> <li>• Address barriers families experience in making and keeping appointments with their health care providers (e.g., transportation).</li> </ul> <p>AP: 5 Actions  Need specific action step or can above kinda cover it?</p>
Part 3 Pediatric Care	General doctors available but not in some rural areas, specialist are hard to find, while there is telehealth they want in person services, maybe mobile health clinics in rurals, people without a car are in big trouble especially in rurals that have no public transportation	SP32-34	<p>SP:CFH Objective 1: 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.</p> <p>Strategy 1.1: 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.</p> <ul style="list-style-type: none"> <li>• Advocate for using students (e.g. through internships) to provide health care services in the rural and underserved areas</li> <li>• Advocate for sites that can offer internships or qualify for loan forgiveness programs</li> </ul> <p>AP: 5 Actions</p> <p>Strategy 1.2: Advocate for, and provide better training to, health professionals to work effectively with families with young children.  AP: 6 Actions</p> <p>Strategy 1.3: Partner with the key agencies and organizations that have health workforce development and expansion as a part of their mission</p>

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			<p>rates for Medicaid dental appointments (see Objective 3 below) and follow-up with families scheduled for other mental, behavioral, or medical health appointments. AP: 2 Actions</p> <p>Strategy 2.4: Promote and facilitate efforts to deploy CHWs to work as agents for implementing family engagement strategies in the community (see Born Learning in the Family Support and Community Engagement strategy section) through libraries and other places where families gather (community centers, after school programs, food pantries, etc.) and to work in concert with existing early childhood programs, referring families to them as a primary resource along with linking families to health insurance, primary care and other community supports. AP: 3 Actions</p>
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<p>Part Developmental screenings</p>	<p>3</p> <p>Screening is a concern in all communities, it was very mixed on whether parents thought their child had been screened and several had to prompt doctor to talk about development. Many feel dr is very impersonal and just rushes appointments</p> <p>ECE providers indicated that they are concerned about referrals if they screen and find an issue</p>	<p>SP23;38</p>	<p>SP: CFH Objective 3: Raise awareness of mobile health and health fair opportunities and assist in the coordination and expansion of these services.</p> <p>Strategy 1: 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. AP: 8 Actions</p> <p>SP: CFH Objective 4: Promote high quality programs that are implemented with fidelity to produce positive health outcomes for parents, infants, and children (e.g., Well-Child Visit/Bright Future; NHV Home-Visiting models (Parents as Teachers, HIPPY, Nurse-Family Partnership, Early Head Start).</p> <p>Strategy 1: 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. AP: 2 Actions</p> <p>SP: FSS Objective 2: Provide family guidance in health settings.</p> <p>Strategy 2: 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). AP: 1 Action</p>
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