

# EARLY LEARNING POLICY BRIEF

Focus on Integrated Early Care and Education Data

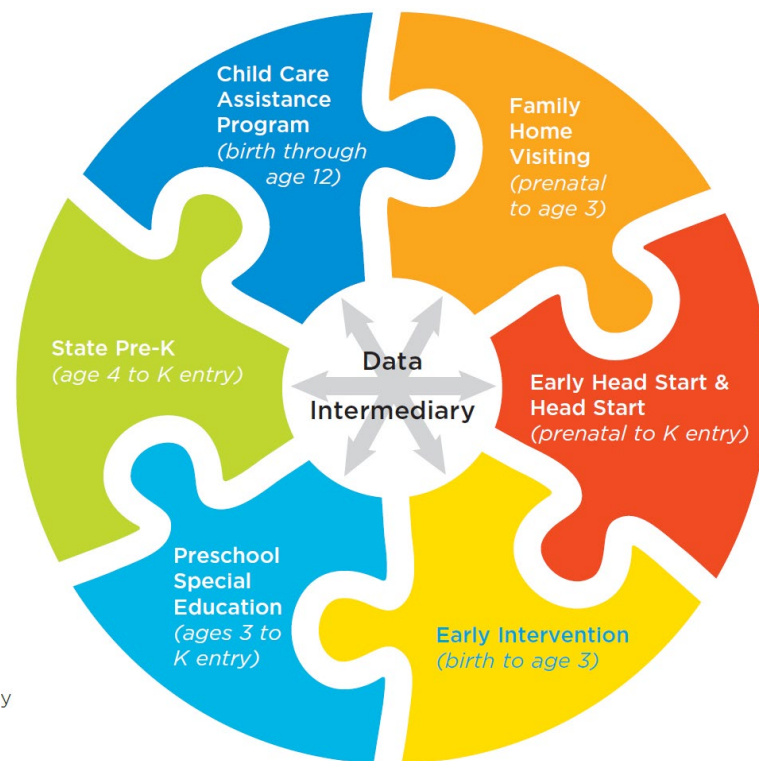


# Why Do We Need Integrated Early Care & Education Data?

Development and use of integrated state early care and education data, helps state policymakers:

- improve the quality of programs;
- improve the qualifications and effectiveness of the educators who work in the programs;
- increase participation in high-quality programs; and
- improve child outcomes.

INTEGRATED EARLY CARE AND EDUCATION PROGRAM DATA  
CAN SUPPORT CHILDREN'S DEVELOPMENT & LEARNING



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# Questions Requiring Integrated ECE Data

- 1) Which children are enrolled in early care and education programs? Which children are missing out?  
*by age, race, ethnicity, city/town, risk factors, type of program, quality of program*
- 2) What is the quality of our early care and education programs? What are the barriers for quality improvement?  
*by ages served, funding stream (Child Care Assistance Program (CCAP), Head Start, private pay, etc), city/town, hours of operation*
- 3) Are we attracting and retaining effective early educators/home visitors?  
*by program, funding stream, city/town, staff characteristics*
- 4) How many children need and receive more than one program at a time?  
*simultaneous participation by city/town, risk factor, quality of program*
- 5) What happens at key transition points?  
*succession of program participation (e.g. Early Intervention > Preschool Special Education) by city/town, risk factors, quality of program*
- 6) Are low-income and high-needs children getting the services and supports for which they are eligible and entitled without any gaps and with the appropriate dosage and duration?  
*by child risk factor (low-income, victim of child maltreatment, in foster care, in homeless family, with developmental delay or disability, with challenging behavior, substance affected at birth, etc.)*

# Where Are the Data?

## EARLY CARE & EDUCATION PROGRAM DATA IN RHODE ISLAND

### EARLY CARE & EDUCATION PROGRAM

### AGENCY AND DATA SYSTEM(S)

#### **Family Home Visiting** (*prenatal to age 3*)

In-home coaching for parents to improve child health and school readiness and reduce parental stress.

#### **Department of Health**

ETO and KIDSNET databases

#### **Early Head Start & Head Start** (*prenatal to K entry*)

Early care and education, health, nutrition, and parenting supports for families living in poverty.

#### **7 Early Head Start & Head Start Agencies**

Individual databases managed by each agency\*

#### **Child Care Assistance Program** (*birth through age 12*)

Subsidized child care, early learning, after school and summer programs for low-income working families

#### **Department of Human Services**

RI Bridges database

#### **Early Intervention** (*birth to age 3*)

Family-focused services for children experiencing or at-risk for developmental delays.

#### **Executive Office of Health & Human Services**

Welligent database

#### **Preschool Special Education** (*age 3 to K entry*)

Child-focused services for children with a developmental delay or disability.

#### **Department of Education**

Special Education Census database

#### **State Pre-K** (*age 4 to K entry*)

Early education for children age 4.

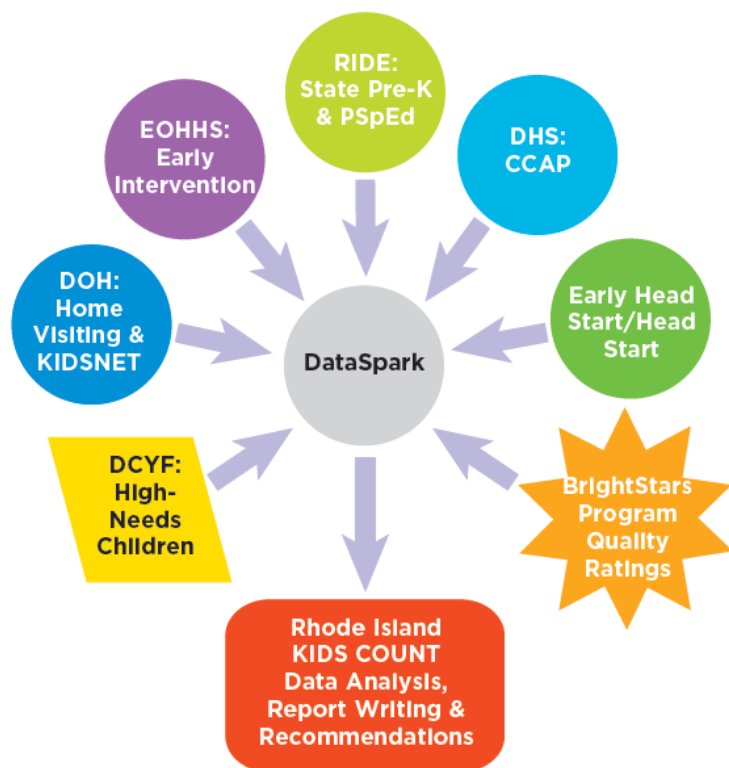
#### **Department of Education**

Pre-K - Grade 12 Enrollment Census

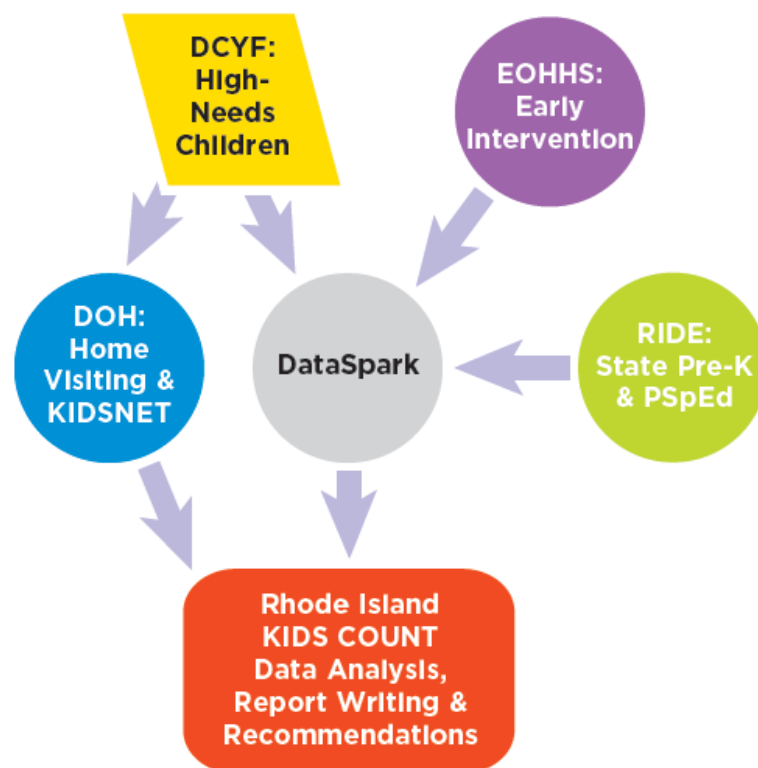
\* Head Start agencies are: CHILD, Inc., Children's Friend, Comprehensive Community Action Program, East Bay Community Action Program, Meeting Street, Tri-County Community Action, and Woonsocket Head Start Child Development Association. As of June 2018, two Early Head Start and Head Start agencies send their enrollment data to the Department of Health for inclusion in the KIDSNET data system.

# Demonstration Project

DEMONSTRATION PROJECT DESIGN 2016:  
INTEGRATED EARLY CARE & EDUCATION  
PROGRAM DATA



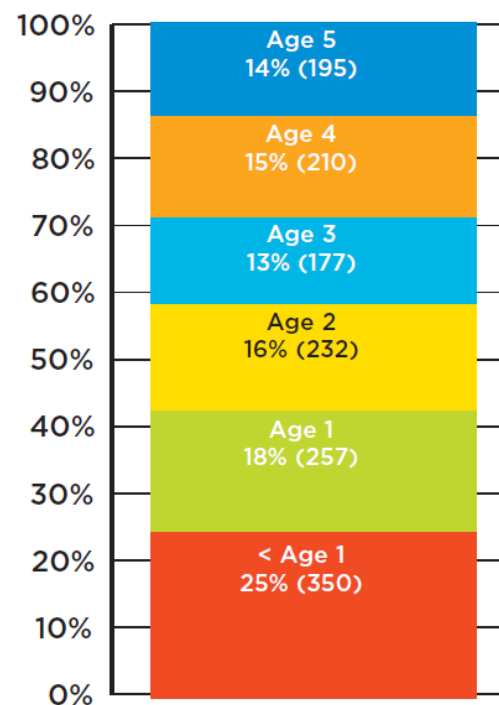
DEMONSTRATION PROJECT AS EXECUTED 2018:  
INTEGRATED EARLY CARE & EDUCATION  
PROGRAM DATA



# DCYF Cohort

- 1,421 children under age 6 who were maltreated in 2015
- 12% (171) were repeat victims of maltreatment within the past 12 months
- 33% had been removed from their home at least once (402 had one removal, 56 had two removals, 11 had three removals, 1 had four removals, 1 had five removals)
- 66% White, 13% Black, 13% Multi-Racial
- 25% Hispanic, 65% Non-Hispanic
- 48% lived in core cities

MALTREATED CHILDREN BY AGE  
AS OF DECEMBER 2015, RHODE ISLAND



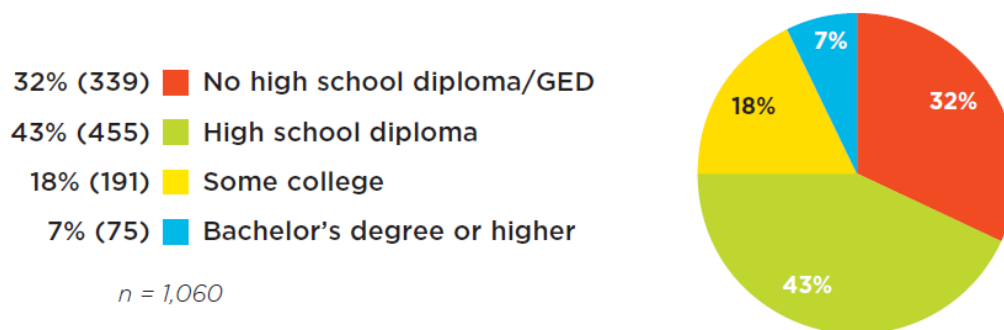
Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2015.



# DCYF Cohort & KIDSNET

## (DOH Intermediary)

MALTREATED CHILDREN UNDER AGE 6 BY MATERNAL EDUCATION AT BIRTH, RHODE ISLAND, 2015

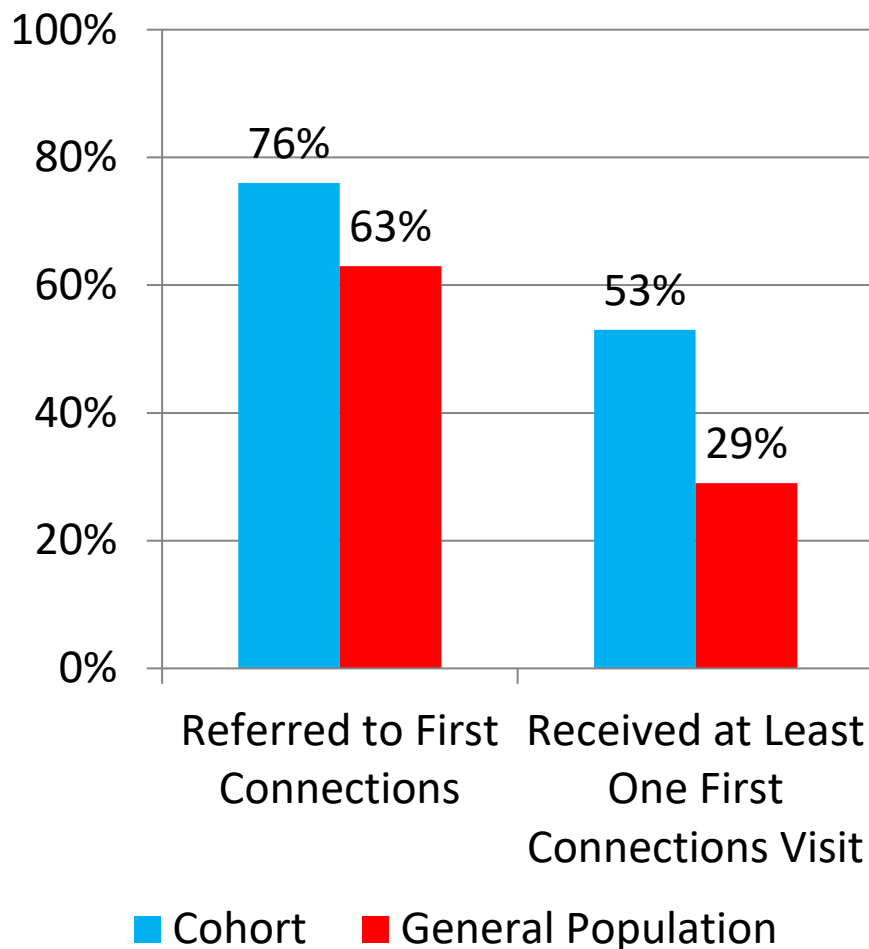


Source: Rhode Island Department of Health, KIDSNET Database matched with DCYF cohort of children with indicated child abuse and neglect.

- 32% born to a mother with a high school diploma or less vs. 11%
- 86% born to a low-income family (Medicaid or no insurance) vs. 50%
- 54% born to a mother with a documented history of treatment of mental health conditions vs. 31%
- 24% born to a mother with a documented history of substance abuse vs. 6%
- 17% born to a mother with a documented history of involvement with DCYF vs. 2%
- 10.4% pre-term vs. 9.0%, 11.5% low birth weight v. 7.5%
- 12% elevated blood lead level vs. 4%

# DCYF Cohort & Home Visiting

## (DOH Intermediary)



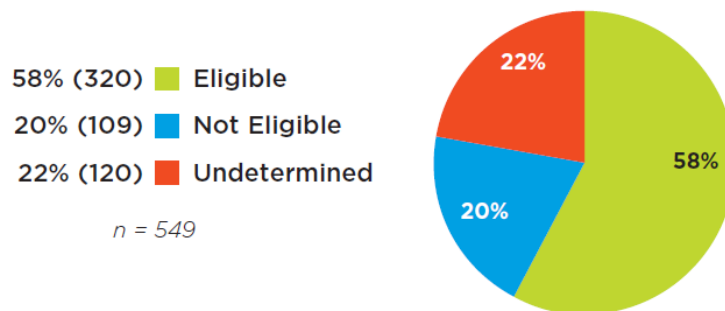
- 136 (10%) children in the cohort participated in an evidence-based home visiting program in 2009-2016 before, during, or after the maltreatment occurred.
- 88 in Healthy Families America
- 30 in Parents as Teachers
- 18 in Nurse-Family Partnership



# DCYF Cohort & Early Intervention

## (DataSpark Intermediary)

CHILDREN MALTREATED IN 2015 MATCHED WITH EARLY INTERVENTION REFERRALS 2009-2016 BY ELIGIBILITY



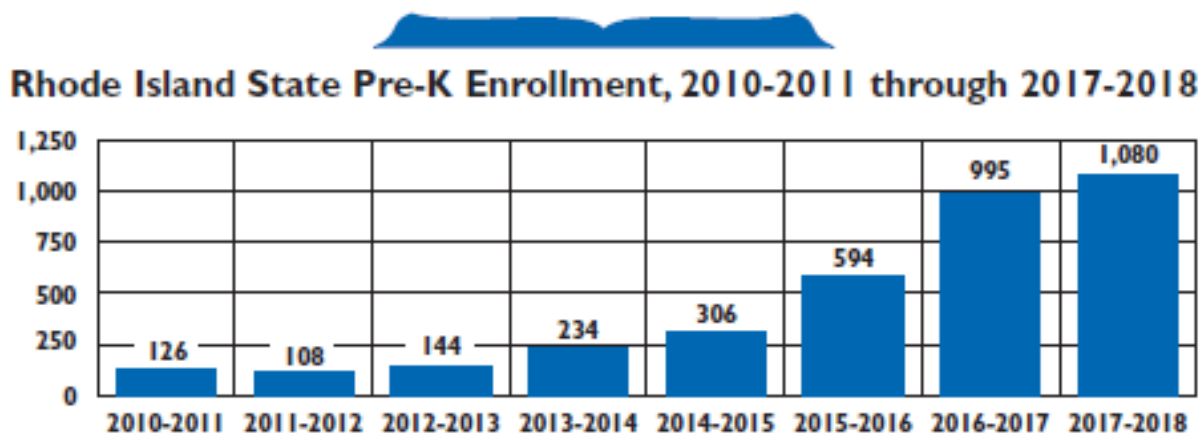
Source: DataSpark at the University of Rhode Island

- 549 (39%) children from cohort had a referral record to Early Intervention in 2009-2016
- 320 (58%) were found eligible (23% of cohort vs. 6% of population in EI):
  - 262 (82%) measured developmental delay
  - 31 (10%) single established condition (e.g. Down Syndrome)
  - 16 (5%) multiple established condition – category eliminated by state in 2013
  - 11 (3%) informed clinical opinion

# DCYF Cohort & State Pre-K

## (DataSpark Intermediary)

- Out of 394 children in the cohort who were old enough, 7 (2%) were enrolled in State Pre-K before June 2016.
- An additional 34 children in the cohort were enrolled since 2016.
- State Pre-K grew from 234 children to 594 children enrolled between 2013-2014 and 2015-2016 school years. Continued to grow after.

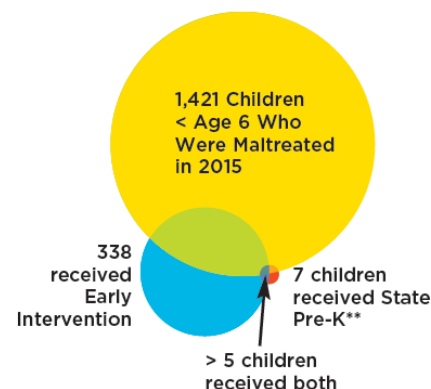


Sources: National Institute for Early Education Research, *The State of Preschool 2010, 2011, 2012, 2013, 2014, 2015*.  
Rhode Island Department of Education, State Pre-K programs 2015-2016 through 2017-2018.

# Integrated Data!

- Integrated data from DCYF (children with high needs), RIDE (State Pre-K enrollment), and EOHHS (Early Intervention referrals and enrollment) allowed analysis of overlapping services and/or services in succession.
- DOH/DCYF data also show that 10% of the DCYF cohort received evidence-based home visiting (but not shared with DataSpark).
- Evidence clearly indicates that young maltreated children also participate in Early Head Start, Head Start, Child Care Assistance Program, and Preschool Special Education (not shared with DataSpark).

YOUNG MALTREATED CHILDREN IN COHORT THAT RECEIVED EITHER OR BOTH EARLY INTERVENTION AND STATE PRE-K, 2009-2016\*



Source: DataSpark at the University of Rhode Island.

\* This diagram does not include data from Family Home Visiting, CCAP, Head Start, or Preschool Special Education because data from these programs was not shared with DataSpark.

\*\* An additional 34 children from the cohort were enrolled in State Pre-K since the 2015-2016 school year.

# Components of ECE Data Systems

- Secure linkage of child-level information across early learning programs
- Access to consistent child, program, and workforce information
- Inform policymakers and provide actionable information to program administrators.
- Facilitate collaboration among different early care and education programs to improve services for children.

INTERLOCKING COMPONENTS OF  
AN INTEGRATED EARLY CARE AND  
EDUCATION DATA SYSTEM



# Data Intermediaries in RI

- DataSpark and RI DataHUB at URI
- Rhode Island Innovative Policy Lab (RIIPL) and RI 360 at Brown University
- KIDSNET at DOH
- Early Care and Education Data System (ECEDS) at RIDE
- The Data Ecosystem at EOHHS

As of June 2018, it is not clear which entity is responsible for integrating data across all ECE programs.

# Children with High Needs

## POPULATION WITH HIGH NEEDS

## DATABASE(S)

**Children in Low-Income Families**

DOH: Children with Public or No Health Insurance  
DOH: Children receiving WIC  
DHS: Children receiving TANF/RI Works

**Infants and Toddlers**

DOH: Children < age 3 in KIDS NET

**Children with Developmental Delays or Disabilities**

EOHHS: Children with an IFSP  
RIDE: Children with an IEP

**Children with Behavioral or Mental Health Challenges**

Rite Care, KIDSNET or KIDS CONNECT?

**Children Experiencing Homelessness**

RIDE: McKinney-Vento data  
RI Emergency Shelter Information Project?

**Children Involved in Child Welfare System**

DCYF: Indicated cases of child abuse and neglect  
DCYF: Children in foster care  
DCYF: Children receiving services from the Family Care Community Partnerships

**Children in Non-English Speaking Families**

DOH: Children born to a mother who does not speak English

**Children in Refugee Families**

Dorcas International Institute & the Diocese of Providence?

**Other**

DOH: Children born to parents with low education levels  
DOH: Children born to parents under age 20  
DOH: Children by race and ethnicity

# Recommendations

- Establish coordinated governance across state agencies to **promote use of integrated ECE data**. Identify goals, develop data sharing and coordination systems, and produce regular reports.
- **Clarify** how data on early care and education enrollment is to be gathered and integrated across state agencies
- Ensure there is a **permanent home and staff capacity** to manage the Early Care and Education Data System (ECEDS)
- Improve systems to **ensure data about early childhood educators and home visitors** is regularly entered into ECEDS
- **Connect integrated data** from early care and education programs to children's health data and K-12 education data
- Consider establishing an **Office of Early Learning** to promote coordination, collaborative decision-making, and shared data and resources across the core early childhood programs.