

Availability of More Seats for Children and Families: Strategic Implementation Plan, 2020-2023

Introduction

The phrase “access and availability” is commonly used in discussions on the early care and education needs of children and families, expressing the deep interrelationship between the presence of resources (availability) and the ability of families to locate and secure them (access). However closely linked these two concepts are, the strategies for increasing availability are not the same as those for improving access. Consequently, Strategic Implementation Plans were developed separately for Availability and Access.

Needs Assessment Summary on Availability, 2016-2017

The summary can be found at: <https://earlylearning.hawaii.gov/wp-content/uploads/2020/08/Pre-2019-Needs-Assessment-Summary-for-Availability-of-More-Seats-SIP.pdf>

The most comprehensive survey of seat availability in the early care and education system (2017) finds serious shortages in regulated child care spaces, especially for infants and toddlers. It is estimated that 64% of children birth to five require care because their parents work, but available space can only accommodate one-quarter of those children. Essentially, there are 2 ½ children age 3-5 for every center-based space, and that number jumps up to 37 children per space for those under 3. The statistics are similar for other settings: Family Child Care (FCC), 44 children per space, and Family-Child Interaction Learning (FCIL), 35 children per space. Kaua‘i, Moloka‘i, and Lāna‘i have no infant/toddler centers.

A small survey of families (2016), not generalizable statewide or for vulnerable populations, provides some indication of who is providing care and education for their children birth to five (respondents could provide more than one answer): parents sharing the responsibility (70%); other family members (58%); preschool (34%); child care center (13%); and individual child care provider (18%). Factors affecting parents’ decisions about care include quality, location, cost, and hours of availability. Nearly one-third indicate a preference for family as the caregiver.

The 2017 survey also explores the opportunity to expand services from the perspective of current providers. FCIL directors (100%) express the greatest interest in expanding both the number of children/families served, as well as developing new sites; FCC providers (44%), and center-based directors (20%) express less interest in expanding services. The most commonly cited barriers to expansion include the lack of available facilities/space and staff and the high costs associated with expansion. For FCC providers, the barriers include business management (44%), caring for children without relief (31%), issues related to their own children and families (29%), and burdensome regulations (6%).

Providers of all types and settings are also very concerned about the cost of child care for families, which rivals that of a college education. Half of those surveyed—representing directors of centers and FCILs—identify the need to reduce cost for families as a key issue. The business models vary for different types of early care and education settings. Center-based models rely primarily on tuition, donations, government, and private sources. FCILs do not charge tuition and rely primarily on government, in-kind, and private support, as well as

fundraising. FCIL directors express great concern regarding their reliance on grant funding, as it is inherently unstable.

Population and census data allow planners to estimate the need for early care and education seats by community. However, information on family preferences is very limited and this impedes the development of more robust strategies to encourage the expansion of available spaces. The state's contracted child care resource and referral agency, PATCH, tracks information on the child care requests it receives from families, but there is no comprehensive study of families statewide.

While demand for child care can be fairly well approximated, discerning the number of available spaces for children birth to five presents many challenges and illuminates the reality of a fragmented system of early care and education. The best source for establishing the number of regulated child care spaces is the database of licensed and registered providers maintained by the Department of Human Services (DHS). Using this source, one study (2017) concludes that one-quarter of children under age six who require child care are currently receiving it through regulated service providers. This is likely an overestimate because DHS records the maximum number of children a provider may enroll, called "maximum licensed capacity" of a center or home, whereas many providers cap enrollment below the maximum at their "desired capacity." The survey of providers indicates that over half of the child care centers and family child care providers are at maximum capacity. Simultaneously, the 2017 study does not include some types of early care and education providers/spaces in their analysis – Department of Education (DOE) Special Education Preschool, Executive Office on Early Learning (EOEL) Public Prekindergarten Program, military child care, public charter schools, and informal family/friend/neighbor care that is exempt from regulation by DHS. Therefore, the picture of available spaces for children birth to five remains somewhat unclear.

Recommendations. The 2017 needs assessment recommends strategies for increasing the availability of spaces, particularly infant/toddler seats in rural and remote areas of Hawai'i:

1. Offer incentives to providers to serve infants and toddlers, including supports to defray the additional costs associated with care for this age group.
2. Gather community input when addressing child care deserts (see page 4 for definition) and design services to meet community-identified needs and characteristics.
3. Seek new and diverse funding, including county, business, and philanthropic sources, to supplement state and federal funds.
4. Increase the Department of Human Services' subsidies and develop other solutions to support private providers.
5. Expand the EOEL Public Prekindergarten Program, with attention to mitigating any negative effects on existing providers.

Outstanding Questions about Availability of More Seats. The breadth of information required to deepen the early childhood sector's knowledge of the barriers to increasing

availability is substantial. The Availability of More Seats Work Group identified these outstanding questions:

- What are the comprehensive costs associated with early care and education programs and services in Hawai'i, and how do we account for them in meaningful ways when developing plans to increase available space, preparing funding requests, and generating business model and incentives, etc.? [Note: *Facilities Evaluation and Cost Analysis Study (2020)* addresses 1) Start-up construction costs; 2) Start-up operating costs; 3) Annual operating costs; and 4) Hidden costs (<https://earlylearning.hawaii.gov/wp-content/uploads/2020/06/Hawaii-Early-Childhood-Facility-Study-and-Supplemental-Report-By-MGT.pdf>).]
- What is the comprehensive availability of seats by types of settings, including DOE Special Education, public prekindergarten in DOE and charter schools, military child care, and informal family/friend/neighbor care that is exempt from regulation by DHS? Also, can the availability by types be mapped geographically?
- What are families' preferences for types of early care and education settings over time for their children birth to five, including cultural and language preferences and issues particular to vulnerable children and families (e.g., English language learners, children and families in unstable housing situations, and children with special needs)?
- What are families' expectations regarding "quality" early care and education?

Hawai'i PDG Birth to Five Early Childhood Comprehensive Needs Assessment 2020

The complete report can be found at: <https://earlylearning.hawaii.gov/wp-content/uploads/2020/06/Hawaii-Early-Childhood-Comprehensive-Needs-Assessment-and-Using-Risk-and-Reach-Data-supplement-to-ICFs-comprehensive-NA.pdf>

A risk and reach analysis based on indices that measure family and economic stability, health, and school readiness, identifies six school complexes as having the highest overall risk; together, they represent 9,867 children (10.8%) birth to five. Hawai'i County has the greatest concentration of high-risk complexes, including Ka'u, Kealakehe, Laupāhoehoe, and Pāhoa. Other high-risk complexes are Moloka'i as well as Wai'anae/Nānākuli.

Geographic communities where high risk is found, in combination with low reach by existing early care and education supports and related programs and services, should be considered for prioritized resources.

School Readiness is strongly associated with long-term success throughout a child's academic career. It is also strongly associated with the availability of high-quality early care and education programs and services. Eight school complexes are identified as high risk in school readiness, as measured by third grade reading and math proficiency – five complexes in Hawai'i County, one in Honolulu County, and two in Maui County. The reach of school readiness programs is based on the availability of: 1) Early Childhood Special Education and 2) Head Start and the EOEL Public Prekindergarten Program.

- **Early Childhood Special Education (DOE Special Education Preschool)** reaches 5.3% of all children ages three to five statewide. The school complexes with the highest risk/lowest reach are Hāna, Ka'ū, Kohala, and Pāhoa.
- **Head Start and Public Prekindergarten** reaches 15.3% of the estimated eligible population statewide. The complex with the highest risk/lowest reach is Wai'anae/Nānākuli.

Licensed and Registered Child Care Capacity is sufficient for just 23.4% of the total population of children birth to five statewide. Child care “deserts” are communities where child care capacity is less than one space per three children potentially needing care. Child care deserts in Hawai'i include:

- **Hawai'i County**, excepting Hilo and Waiākea complexes
- **Honolulu County**, excepting the city-center areas of Honolulu (Farrington, Kaimukī, Kalani, and McKinley complexes)
- **Kaua'i County, entirely**
- **Maui County, entirely**

The 2020 needs assessment is not able to further break down regulated capacity specific to infants and toddlers or children ages three to five. In addition, its data excludes some privately funded programs and services. In some communities, private entities such as Kamehameha Schools provide additional early childhood programs and services, particularly in rural and remote areas of the state.

Some leaders in the state indicate significant interest in a rapid expansion of the EOEL Public Prekindergarten Program. However, state agency leaders express caution given the need to build the capacity to support expansion, especially in terms of longstanding workforce and facilities shortages. Leaders particularly express concern about the challenge of state constitutional prohibitions on public funds being used for private-sector education programs. This is seen as a particular barrier to workforce development initiatives and facilities development, ultimately contributing to the significant barriers restricting the creation of more spaces.

Quality Workforce Development is integrally tied to the availability of more spaces of all types and in all settings. The Department of Health leaders acknowledge a need for specialized early childhood educators, occupational and physical therapists, and speech pathologists. The University of Hawai'i is attempting to develop a more systematic approach to educating the early childhood workforce, but there is no significant statewide investment in early childhood preparation programs.

Facilities Development has been examined in a separate sub-study of the 2020 needs assessment ([insert link to Facilities Study](#)). This study reports that expanding child care in Hawai'i involves two significant factors affecting operational and overhead costs, both of which are related to the age of the child and to maintaining quality standards. First of all, Hawai'i is among the most expensive states in terms of cost of living, real estate, and

equipment. The staffing and facilities necessary to expand services makes the provision of affordable child care very challenging. The cost-of-living factor is compounded by state regulations related to the age of the children being served. Programs serving younger children are required to maintain a lower ratio of children to adults, increasing the operational costs associated with staffing. The recommended adult-to-child ratio changes as children grow older, allowing more children per adult. Programs serving older children may opt to accommodate higher enrollment and, consequently, they need larger facilities for the greater number of children in care. Increased space requirements, in turn, affect capital and infrastructure costs. Even with the greater space needs among programs opting to serve a high number of older children, the fewer number of staff members required makes this a more attractive business model, rather than operating an infant and toddler center.

Recent efforts in Hawai'i to explore the expansion of available space for early care and education services further reveal the scope of challenges involved. This study compares the relative advantages of new construction, the use of existing Department of Education space, and renting or buying space. Construction of new and/or renovated facilities requires considerable time and resources, and must address health, safety, welfare, and environmental protections for young children in compliance with regulatory requirements. High-quality building materials, equipment, and skilled labor are costly. The study estimates the costs of renovating a facility for use as a child care center range from \$281,000 to \$577,000, while the costs of new construction range from \$1.35 million to \$1.7 million. Estimated costs of renovating a residence for use as a registered family child care home range from \$25,000 to \$128,000. (It should be noted that renovations to a residence is purely optional and the choice of the family child care home operator; nothing in the DHS rules require a home to fit specific structural requirements for home-based care.)

The Department of Education has recently ruled out the option of classroom expansion using portable buildings in favor of new construction and/or using existing space, which is very limited. This decision has a significant impact on efforts to rapidly expand the EOEL Public Prekindergarten Program.

Early care and education providers surveyed for the facilities study identify the most significant barriers to expanding services as 1) the cost involved, especially for children birth to three; 2) regulations governing start-up and operations; and, 3) the lack of available space that meets the necessary quality standards. A majority of private providers also express concern that expansion of the EOEL Public Prekindergarten Program will negatively impact their businesses by reducing enrollment and increasing workforce recruitment and retention challenges.

Increasing the availability of more seats requires an understanding of whether or not families will utilize the spaces created. Therefore, it is critical to consider family preferences in selecting early care and education programs and services for their children. The 2020 needs assessment indicates that families factor in two priorities: 1) cost and 2) flexible drop off/pick up time. Families also indicate a strong need for programs and services with both morning and evening hours. Families who have chosen informal care alternatives (family/friend/neighbor care)

indicate a preference for a smaller, family-like environment where their level of trust in the provider(s) is adequate.

The Hawai'i PDG Birth to Five Early Childhood Comprehensive Needs Assessment 2020 recommends that plans for increasing the availability of more seats target those communities identified as child care deserts.

Availability of More Seats for Children and Families: Strategic Implementation Plan, 2020-2023

Key Priority for Collective Action

Drawn from the Hawai'i Early Childhood State Plan 2019-2024, italics refer to the Building Block (1-5), Key Strategy (A-D), and Priority (i-viii):

Engage the community in advocacy for universal access to early childhood services delivered through public and private programs, with particular focus on increasing availability of infant and toddler spaces for children birth to 3, and increasing seats in all types of settings in rural and remote areas of the state. *(BB3, i, modified)*

Objective 1: Increase public and private support to broaden access to early care and education through funding and other mechanisms to families for diverse programs and settings, including multigenerational, Hawaiian medium, home visitation, family child care, center-based, and family-child interaction learning programs. <i>(BB3, ii, modified)</i>		
Champions:		
<ul style="list-style-type: none"> ✓ Department of Health ✓ Department of Human Services ✓ Early Childhood Action Strategy: Team 4 Equitable Access to Programs & Services, plus the Funders' Hui 	<ul style="list-style-type: none"> ✓ Executive Office on Early Learning ✓ Kamehameha Schools ✓ Maui County 	
Actions	When & Resources Required	Indicators of Success
<p>1. Align funding resources intended to help families access early care and education programs and services in their community based on data (e.g., parental preferences, alternative funding models).</p> <p>1.1 Collect, analyze, and report data on parental preferences in rural and remote communities.</p> <p>1.2 Use the data to align funding resources to programs that are successfully providing early care and education programs and services.</p>	<p>When:</p> <ul style="list-style-type: none"> • First community assessment completed: December 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Center on the Family Early Learning Needs Assessment (2017) • Early Childhood Action Strategy's SMS Research report on Parental Preference (2016) <p>Needed Resources:</p> <ul style="list-style-type: none"> • Funding for research • Families willing to participate in research 	<ul style="list-style-type: none"> • Data exists on parental preferences for specific rural and remote communities. • Target communities identified for additional resources. • Long-term: 1-2 targeted communities are receiving additional resources.
<p>2. Update Dept. of Human Services' protocols to include support of Family Child Care (FCC) providers.</p> <p>2.1 Establish a work group to develop criteria proposal for DHS' tiered subsidy payment rates for FCCs.</p>	<p>When:</p> <ul style="list-style-type: none"> • Quarterly check-ins initiated: December 2020 • Protocol and criteria completed: December 2022 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Child Care Aware • ECAS, Team 4 Equitable Access to Programs & Services' Infant and Toddler Plan • National Association for Family Child Care accreditation • Office of Child Care, Technical Assistance • PATCH <p>Needed Resources:</p>	<ul style="list-style-type: none"> • Updated protocols are available. • Criteria for tiered subsidy payment rates are available.

	<ul style="list-style-type: none"> National models of tiered systems 	
<p>3. Secure the investment of every county in early care and education.</p> <p>3.1 Identify county leaders to educate on the Maui County funding model (i.e., creation of an Early Childhood Resource Coordinator position for Maui County).</p> <p>3.2 Identify county-level supporters willing to engage in funding opportunities.</p>	<p>When:</p> <ul style="list-style-type: none"> Identify at least 1 county to focus on: December 2020 Secure the county's financial support: December 2021 At least 1 county has institutionalized early care and education in their county system: 2023 <p>Existing Resources:</p> <ul style="list-style-type: none"> Maui County Model Historical knowledge (e.g., Good Beginnings Alliance, Department of Human Services) <p>Needed Resources:</p> <ul style="list-style-type: none"> County-level early childhood advocates Funding for early care and education subsidies from Hawai'i, Honolulu, and Kaua'i counties 	<ul style="list-style-type: none"> All 4 counties have engaged in early care and education discussions and planning. At least 1 county has moved forward to institutionalize early care and education into their county system. Long-term: County-level Early Care & Education "Commissions" are established in each county. Long-term: Each county is actively engaged in early care and education (e.g., established an Early Childhood Resource Coordinator position for the county).
<p>4. Secure increased and sustainable funding sources for Family-Child Interaction Learning (FCIL) programs and services.</p>	<p>When:</p> <ul style="list-style-type: none"> State funding secured for 4 additional FCIL sites: July 2020 Current funding sustained for 2 current sites: July 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> Existing federal, state, county, and private monies FCIL organizations INPEACE Keiki O Ka 'Āina Partners in Development Foundation <p>Needed Resources:</p> <ul style="list-style-type: none"> Advocacy efforts Political support 	<ul style="list-style-type: none"> 4 additional school-based FCIL sites have been funded and are operating. State monies funding FCILs become part of the Executive Office on Early Learning's base budget. Increased clarity on how to engage FCILs.
<p>5. Seek and acquire private partners willing to engage in funding opportunities.</p> <p>5.1 Develop funding priorities for presentation to potential funders.</p>	<p>When:</p> <ul style="list-style-type: none"> Present to Funders Hui: 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> Funders Hui member organizations <p>Needed Resources:</p> <ul style="list-style-type: none"> Fund Development Plan 	<ul style="list-style-type: none"> 1-2 private funders have supported a priority by 2023.

Objective 2: Employ intentional recruitment strategies and supports for early childhood practitioners for small business start-ups of child care centers and family child care homes in vulnerable communities (*BB3, iv*), especially for rural and remote areas, and for infant and toddler care in all areas, encouraging their maintenance and expansion.

Champions:

- ✓ Early Childhood Action Strategy, Team 4 Equitable Access to Programs & Services – Infant & Toddler Subcommittee
- ✓ PATCH
- ✓ University of Hawai'i, Community Colleges, Early Childhood Education Program

Actions	When & Resources Required	Indicators of Success
<p>1. Evaluate current practices for the recruitment of providers, determine what is working and what needs to be modified, and take steps to implement improvements/changes.</p> <p>1.1 Assess the factors affecting providers' sustained work in the field.</p> <p>1.1.1 Look at data to identify the trajectory of people who are interested in working with young children.</p> <p>1.1.2 Monitor the "tipping point" that triggers providers to leave the field.</p> <p>1.1.3 Identify the supports required to sustain providers.</p> <p>1.2 Department of Human Services (DHS) works with contractors on continuous improvement around recruitment strategies.</p> <p>1.3 Align with Quality Workforce Development Strategic Implementation Plan, where applicable.</p>	<p>When:</p> <ul style="list-style-type: none"> • Align with Quality Workforce Development Work Group's Strategic Implementation Plan: September 2020 • Complete Assessment of Factors Affecting Provider Retention: December 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> • DHS Resource and Referral Contract • Existing Child Care Centers and homes • PATCH's County of Maui grant for provider retention and business development on Maui • PATCH's Maui United Way grant Cash for Caring for business support for Family Child Care providers <p>Needed Resources:</p> <ul style="list-style-type: none"> • Research expertise • Collaboration with the Quality Workforce Development Work Group • Engagement of Department of Labor & Industrial Relations, Hawai'i Workforce Development Board 	<ul style="list-style-type: none"> • Early Care & Education sector and key stakeholders have a better understanding of provider recruitment and retention issues and strategies and how to strengthen the Early Care & Education workforce.
<p>2. Identify providers interested in offering licensed care for infants and toddlers, and assess the supports required to do so.</p> <p>2.1 Take a strategic geographic approach to determine areas to focus on, guided by each island's preference.</p> <p>2.1.1 Assess the potential for unintended consequences (e.g., supplanting seats rather than expanding them).</p> <p>2.2 Build on existing small business training for Family Child Care providers.</p>	<p>When:</p> <ul style="list-style-type: none"> • Determine geographic areas of focus: September 2020 • Create Action Plan: 2021 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Department of Human Services • Early Learning Board's Resource Mapping Sub-committee • Existing Infant/Toddler Centers • PATCH's Trainings (e.g., Basic Series and Infant/Toddler) • PATCH's County of Maui grant for provider retention and business development on Maui <p>Needed Resources:</p> <ul style="list-style-type: none"> • Early Care & Education Workforce Study 	<ul style="list-style-type: none"> • 1 target community has increased access to licensed infant and toddler care. • Long-term: Increased number of providers offering licensed infant and toddler care.

<p>3. Secure resources to support existing early care and education providers to expand their delivery capacity (e.g., funding, facilities, nontraditional hours of service).</p> <p>3.1 Identify what licensed and registered child care providers need in order to build upon their services.</p> <p>3.2 Explore and expand funding models, where appropriate, for providers (e.g., Cash for Caring; mini-grants for small business renovations and quality improvement; adoption of back-office services to support program operations).</p> <p>3.2.1 Increase awareness of the current Cash for Caring program.</p>	<p>When:</p> <ul style="list-style-type: none"> Needs assessment initiated: June 2021 <p>Existing Resources:</p> <ul style="list-style-type: none"> Department of Human Services contract for Teen Parent Child Care Program on 1 high school campus <p>Needed Resources:</p> <ul style="list-style-type: none"> Funding to support existing early care and education providers to build upon their services or expand their delivery capacity 	<ul style="list-style-type: none"> Needs assessment of what providers require in order to expand services has been completed. Recommendations for actions addressing providers' needs have been identified and articulated clearly. Action Plan has been developed to address needed supports. Long-term: The number of providers existing in 2019 have increased their delivery capacity over 2019 baseline.
<p>4. Identify key policies that disincentivize the creation of increased services for infants and toddlers, and develop strategies to address them. For example:</p> <ul style="list-style-type: none"> Appropriate use of public funds like Title I and IDEA to pay child care providers directly because they are considered private providers; this limits the expansion of the mixed-delivery system. The Hawai'i State Attorney General's interpretation of the state constitution warrants review. Different state departments have different protocols. Homeowners' insurance requirements and costs increase if they are providing child care services in-home. Homeowners' associations don't allow people to start Family Child Care sites. The costs and knowledge needed to implement center-based services warrants review. <p>4.1 Revisit infant and toddler staff licensing qualifications with the Department of Human Services.</p> <p>4.2 Research infant/toddler policies in other states and identify those appropriate for adoption in Hawai'i to support increasing the availability of seats.</p>	<p>When:</p> <ul style="list-style-type: none"> Policies have been identified: December 2021 Policies have been prioritized for action: December 2022 Action initiated to affect policy change(s): 2023 <p>Existing Resources:</p> <ul style="list-style-type: none"> Centers that have ceased providing infant and/or toddler care (e.g., KCAA Preschools of Hawai'i; Seagull Schools) <p>Needed Resources:</p> <ul style="list-style-type: none"> To be determined based on information acquired through action steps 	<ul style="list-style-type: none"> Plan of action to address policy change(s) is in place, and work has been initiated on Action 1 of the plan. Long-Term: Policy change efforts have resulted in policy changes.

<p>4.3 Identify potential for organized advocacy by small providers/businesses.</p>		
<p>5. Identify and implement a best practice model for working with rural/remote communities.</p> <p>5.1 Coalesce the lessons learned and best practices developed by local and national agencies (e.g., INPEACE, Keiki O Ka 'Āina, National Association for Family Child Care, Partners in Development Foundation).</p> <p>5.2 Select preferred model for pilot project in Hawai'i.</p> <p>5.3 Implement the pilot project.</p>	<p>When:</p> <ul style="list-style-type: none"> • Select preferred model: 2022 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Child Care Aware • INPEACE • Keiki O Ka 'Āina • Partners in Development Foundation <p>Needed Resources:</p> <ul style="list-style-type: none"> • Resources to implement the pilot 	<ul style="list-style-type: none"> • Pilot has begun.
<p>6. Establish strong networks for mutual support and shared resources among early care and education providers.</p> <p>6.1 Strengthen existing networks for practitioners.</p> <p>6.1.1 Assess the needs and interests of existing networks and identify opportunities to enhance their ability to support network practitioners.</p> <p>6.2 Identify national models for back-office support services through a centralized company for early care and education providers.</p> <p>6.2.1 Assess early care and education providers' interest in purchasing back-office support services and determine if this is a viable model in Hawai'i.</p> <p>6.2.2 Cultivate for-profit business(es) to offer back-office support services to early care and education providers in Hawai'i.</p> <p>6.3 Research other types of shared resources (e.g., bulk purchasing, curriculum ideas, environment design, professional development).</p>	<p>When:</p> <ul style="list-style-type: none"> • Models explored: 2021 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Business models in other states • PATCH County of Maui Grant for Provider Retention and Business Development <p>Needed Resources:</p> <ul style="list-style-type: none"> • Resources for contractor to explore business model 	<ul style="list-style-type: none"> • Back-office pilot is underway.

Objective 3: Promote and incentivize the creation and maintenance of settings and services in remote and rural areas and/or infant and toddler care in communities statewide. (BB3, v, modified)

Champions:

- ✓ Early Childhood Action Strategy, Team 4
 - ✓ Hawai'i Head Start Association
- Equitable Access to Programs & Services

Actions	When & Resources Required	Indicators of Success
<p>1. Identify best practice models for delivery of early care and education in rural and remote communities that have the potential to be applied effectively in Hawai'i.</p> <p>1.1 Articulate the business case for innovative infant/toddler services in all settings and/or rural and remote services early care and education services.</p>	<p>When:</p> <ul style="list-style-type: none"> • Models for best practice delivery in rural and remote communities have been identified: December 2020 • Business case(s) has been generated: December 2021 <p>Existing Resources:</p> <ul style="list-style-type: none"> • ECAS Infant/Toddler Action Plan • INPEACE • Keiki O Ka 'Āina • Military 24-Hour Child Care Model • Partners in Development Foundation <p>Needed Resources:</p> <ul style="list-style-type: none"> • Funding for contractor to build the business case 	<ul style="list-style-type: none"> • Preferred model(s) of delivery have been identified.
<p>2. Identify new, innovative partnerships to provide early care and education in communities, e.g., local business, nonprofit organizations/ community centers, under-utilized government buildings/libraries which might have facilities that would allow co-location.</p> <p>2.1 Identify facilities in the community that could be utilized for early care and education.</p> <p>2.1.1 Assist FCILs in identifying and securing sites for program operations.</p> <p>2.1.2 Create "child spaces" in public facilities operated by trained volunteers and/or agency staff.</p> <p>2.2 Engage in 1-2 partnerships to pilot a model for early care and education services.</p> <p>2.2.1 Prepare and share best practice models.</p> <p>2.2.2 Identify 1 or 2 for-profit businesses willing to pilot an infant/toddler (birth to 3) program.</p> <p>2.2.3 Explore potential partnerships with public libraries.</p> <p>2.2.4 Explore partnerships with local businesses, counties, state, and federal (e.g., Kualoa Ranch, Hawaiian</p>	<p>When:</p> <ul style="list-style-type: none"> • Identify and prioritize available space: 2022 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Early Learning Board, Systems Mapping/Relationship Building Subcommittee • INPEACE • Keiki O Ka 'Āina • Partners in Development Foundation • State and county facilities and parks <p>Needed Resources:</p> <ul style="list-style-type: none"> • To be determined 	<ul style="list-style-type: none"> • In general, existing programs serving children birth to 3 are full. • 1-2 employers are sponsoring infant/toddler centers on-site. • Long-term: Guided by each island's preference, establish an infant/toddler center on all 3 islands where there are none now.

<p>Electric Company, shopping malls).</p> <p>2.2.5 Partner with developers to support children birth to 5, in addition to children K-12 when designing communities.</p> <p>2.2.6 Develop space and facilities in locations developed for families who recently experienced homelessness (e.g., Kahauiki model) and for families currently experiencing homelessness (e.g., safe zones).</p> <p>2.2.7 Develop space and facilities in public housing developments (e.g., KA’I (Kūkulu Alaka’i ‘Iolani) Programs – a public/private partnership between ‘Iolani School and the Pālolo ‘Ohana Learning Center in Pālolo Valley public housing).</p>		
<p>3. Encourage expansion of evidence-based home visiting models for family engagement that best fit families' needs for families with children birth to 5 (e.g., Head Start/Early Head Start).</p> <p>3.1 Explore phased expansion of existing home visiting programs.</p> <p>3.2 Ensure alignment of funded programs to diminish duplication and serve a broader array of families.</p> <p>3.3 Advocate for expansion with state legislators.</p>	<p>When:</p> <ul style="list-style-type: none"> Identify communities where home visiting could have the greatest impact: 2022 <p>Existing Resources:</p> <ul style="list-style-type: none"> Head Start and Early Head Start Home Visiting Model Healthy Families America HIPPY (Home Instruction for Parents of Preschool Youngsters) programs Parents as Teachers programs <p>Needed Resources:</p> <ul style="list-style-type: none"> Expanded funding for statewide home visiting services 	<ul style="list-style-type: none"> Funding for expanded home visiting services has been secured. Department of Health has initiated exploration into expanding existing home visiting programs. Long-term: All families with newborn children who wish to participate are visited within the first 3 months after birth.

Note on Federal, State, and Local Statutory Requirements

All actions within this Strategic Implementation Plan seem consistent with existing federal, state, and local regulations. Within this plan there are identified actions (pg. 13) related to policies and regulations that **may** act as barriers to increasing infant/toddler care.

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