

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

Background

In 2018, the Early Learning Board (ELB) and Executive Office on Early Learning (EOEL) completed a multi-stakeholder planning process that generated the **Hawai'i Early Childhood State Plan, 2019-2024**. The State Plan set out a vision, five-year goals, key strategies, and priorities to create a stronger future for our keiki, their families, and the entire state. The U.S. Department of Health & Human Services' Office of Child Care, through the Hawai'i Department of Human Services (DHS), awarded EOEL a Preschool Development Grant, Birth through Five (PDG B-5) to develop in-depth, actionable strategic plans that are rooted in the State Plan. EOEL used the PDG B-5 Grant to convene work groups and develop seven Strategic Implementation Plans; each one serves as a "living" document meant to change over time as opportunities emerge, lessons are learned, and challenges are met with innovation.

The Hawai'i Early Childhood State Plan 2019-2024, full Strategic Implementation Plans, Needs Assessments, and background information can be found at: <https://earlylearning.hawaii.gov/resources/hawaii-state-early-childhood-strategic-implementation-plans/>

Introduction

The phrase "access and availability" is commonly used in discussions on the early care and education needs of children and families, reflecting 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. The focus of this plan is on expanding **availability** of child care and early learning space and services, especially in rural and remote areas of Hawai'i.

Needs Assessment Summary

	2016-2017	2020	Recommendations
Child Care Capacity	<ul style="list-style-type: none"> 64% of children birth to 5 (est. 57,600) require care because parents work, but available space can only accommodate 25% of those children (est. 14,400) Across child care settings the ratio of available space for children under 3 is 1 space for every 37-44 children Kaua'i, Moloka'i, and Lāna'i have no infant/toddler centers 	<ul style="list-style-type: none"> Licensed and registered child care capacity is available for just 23.4% of children birth to five (est. 4,446) Child care deserts include Hawai'i County, excepting Hilo/Waiākea complex; Honolulu County, excepting the city-center areas; Kaua'i County; and, Maui County Unable to break down regulated capacity data specific to the age of infants and toddlers 	<ul style="list-style-type: none"> Address child care deserts by designing services tailored to specific community needs Expand EOEL Public Prekindergarten Program
Provider Concerns Affecting Expansion	<ul style="list-style-type: none"> Providers of all types are very concerned about the cost of child care for the families they serve Barriers to expansion for center-based programs include high costs and lack of available facilities and staff Barriers to expansion for family child care providers include business management, needs of personal family, and caring for children without relief 	<ul style="list-style-type: none"> Barriers include costs, regulations, lack of available, quality space Hawai'i is expensive in terms of cost of living, real estate, and equipment – all integral to expanding services Renovating an existing facility as a child care center costs \$281,000-\$577,000 and new construction from \$1.35-\$1.7 million Some state leaders identify the state constitutional prohibition on public funds being used for private sector education programs as a barrier 	<ul style="list-style-type: none"> Incentivize providers to serve infants and toddlers by defraying associated costs Increase DHS subsidies to support private child care providers
Systemic Supports for Child Care	<ul style="list-style-type: none"> Demand for child care services can be estimated, but mapping the number of available spaces across all settings is currently indiscernible 	<ul style="list-style-type: none"> School readiness is strongly associated with the availability of high quality early care and education and the long-term educational success of children; see child care deserts listed above Need for specialized early childhood professionals of all types Families prioritize 1) cost and 2) flexible drop off/pick up time 	<ul style="list-style-type: none"> Understand family preferences in selecting early care and education services Engage county, business and philanthropic organizations to generate funding beyond state and federal sources

Key Priority for Collective Action:

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-3, and increasing seats in all types of settings in rural and remote areas of the state.

(BB3, i, modified, drawn from the Hawai'i Early Childhood State Plan, 2019-2024)

<p>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></p>	
<p>Actions</p> <ol style="list-style-type: none"> 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). 2. Update Department of Human Services' protocols to include support of Family Child Care (FCC) providers. 3. Secure the investment of every county in early care and education. 4. Secure increased and sustainable funding sources for Family-Child Interaction Learning (FCIL) programs and services. 5. Seek and acquire private partners willing to engage in funding opportunities. 	<p>Indicators of Success</p> <ul style="list-style-type: none"> • Data exists on parental preferences for specific rural and remote communities. • Long-term: 1-2 targeted communities are receiving additional resources. • Updated protocols are available. • Criteria for tiered subsidy payment rates are available. • All 4 counties have engaged in early care and education discussions and planning. • At least 1 county has institutionalized early care and education into their county system. • 4 additional school-based FCIL sites have been funded and are operating. • 1-2 private funders have supported a priority by 2023.
<p>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 <i>(BB3, iv)</i>, especially for rural and remote areas, and for infant and toddler care in all areas, encouraging their maintenance and expansion.</p>	
<p>Actions</p> <ol style="list-style-type: none"> 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. 2. Identify providers interested in offering licensed care for infants and toddlers, and assess the supports required to do so. 3. Secure resources to support existing early care and education providers to expand their delivery capacity (e.g., funding, facilities, nontraditional hours of service). 4. Identify key policies that disincentivize the creation of increased services for infants and toddlers, and develop strategies to address them. 5. Identify and implement a best practice model for working with rural/remote communities. 6. Establish strong networks for mutual support and shared resources among early care and education providers. 	<p>Indicators of Success</p> <ul style="list-style-type: none"> • Early Care and Education sector and key stakeholders have a better understanding of provider recruitment and retention issues and strategies and how to strengthen the early care and education workforce. • 1 target community has increased access to licensed infant and toddler care. • Needs assessment of what providers require in order to expand services has been completed. • Action plan addressing providers' needs has been developed. • Plan of action to address policy change(s) is in place, and work has been initiated on Action 1 of the plan. • Best practice model pilot has begun in a rural/remote community. • Back office pilot is underway.
<p>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. <i>(BB3, v, modified)</i></p>	
<p>Actions</p> <ol style="list-style-type: none"> 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. 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. 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>Indicators of Success</p> <ul style="list-style-type: none"> • Preferred model(s) of delivery have been identified. • 1-2 employers sponsor infant/toddler centers on-site. • Long-term: Guided by preference, an infant/toddler center has been established on all 3 islands where there are none at this time. • Funding for expanded home visiting services has been secured. • Long-term: All families with newborn children who wish to participate are visited within the first 3 months after birth.

This is a summary of the Availability of More Seats for Children and Families: Strategic Implementation Plan, 2020-2023.