

## **Progress Report**

### **Progress on Goals and Objectives listed in Abstract**

Goal 1: Completion of the State comprehensive early childhood plan with outcomes and timelines by October 2005.

**Progress:** The State early childhood plan was completed and approved by the Oklahoma Partnership for School Readiness (OPSR) in April of 2005 and the timeline was submitted in November 2005.

Objective 1: Formation of work groups, with agencies assigned to specific goals and outcomes.

**Progress:** The formation of work groups has been an ongoing process that has changed direction over the grant year as it became apparent how broad the goals and objectives were. The Executive Director and Policy and Systems Analyst of Smart Start Oklahoma (SSO) are holding meetings with state agency directors and staff from their agencies involved in the early childhood plan. Outcomes and strategies from the early childhood plan are addressed.

The OPSR Policy and Systems Development Committee continues to take the lead responsibility for forming the action teams that will work toward the specific strategies outlined in the Smart Start Oklahoma Early Childhood System Model. Community members, staff and partners have accepted responsibility for 39 strategies and have agreed to complete action plans for the strategies.

Objective 2: Develop strategies and timelines for implementation of the state plan.

**Progress:** The strategies are listed under each goal in the early childhood system model. The timeline is included in the model, based on the years of anticipated grant implementation: 2006, 2007 and 2008. As Oklahoma began implementation in the fall of 2005 it became apparent that the number of strategies was almost overwhelming, and the work of implementing all 77 by the dates listed may not be feasible.

Goal 2: Services promoting health are available and accessible to all children by June 2008.

**Progress:** The Oklahoma State Department of Health (OSDH) and the Oklahoma Health Care Authority continue to work on the goal of having health services available to all children in Oklahoma. Many of the Smart Start communities and Turning Point initiatives are also working toward this goal.

Objective 1: Support the enrollment of all children in public or private health insurance.

**Progress:** There is not an OPSR action team meeting to address this issue yet. In the System Model the timeframe for this strategy is 2007.

Objective 2: Promote and support a comprehensive and ongoing system of health consultation to early care and education programs.

**Progress:** The Maternal and Child Health Service (MCH) of the OSDH has been working toward this objective since the HRSA Healthy Child Care funding began. MCH continues to work toward this objective by providing free training twice a year for anyone interested in becoming a child care health consultant in Oklahoma. All participants receive a binder of pertinent information and resources, and upon completion of both the fall and spring training

sessions, participants receive a copy of “Caring for Our Children: National Health and Safety Performance Standards”. In addition, the trained child care health consultants receive updated information and invitations to additional training opportunities in Oklahoma.

MCH and the Division of Child Care, Oklahoma Department of Human Services (OKDHS) each provide funding for one full-time child care health consultant for the two large metropolitan areas in Oklahoma.

MCH has recently forwarded a letter to all Oklahoma trained child care health consultants providing them with the opportunity to join the national registry of child care health consultants.

A Child Care Warmline is available for Oklahoma child care providers through a collaborative project of the Child Guidance Service of the OSDH and the Division of Child Care, OKDHS.

The Child Care Warmline offers free telephone consultation to child care providers on numerous topics of concern, and refers providers to appropriate services and resources within their communities when needed. There is also the option of pre-recorded messages on a variety of topics related to child care, health, and development available 24 hours a day.

The OKDHS, the OSDH and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) have collaborated on a joint project to provide mental health consultation to early childhood programs dealing with children with challenging behaviors. Child care facilities in the 39 eligible counties may contact the Child Care Warmline to request a consultation on a mental health or behavioral issue.

Goal 3: Provide ongoing MCH involvement with and technical assistance to the Smart Start Oklahoma communities.

**Progress:** MCH has been involved with the Smart Start communities through providing information on child care health consultants, participating in the funding and planning of a statewide conference for the communities and their supporters, and through the participation of the Early Childhood Comprehensive Systems (ECCS) Coordinator on the OPSR Community Mobilization Committee. MCH also provided the Smart Start communities with the opportunity to submit a proposal to receive Title V funding to accomplish a community based activity that will address a health issue in young children. Three communities were awarded funding in June 2006 and completed their activities in September 2006.

Objective 1: Coordinate the Smart Start community training events through the Oklahoma Child Care Resource and Referral Agency (OCCRRA) Office.

**Progress:** This objective was changed mid-year, with a budget request change submitted and approved. The community training was done through a statewide conference held in Norman, Oklahoma on May 1 & 2, 2006. The ECCS Coordinator and support staff person from MCH played a major role in the planning and registration of this conference. All sixteen Smart Start communities participated, along with interested parties from their communities. The sessions and speakers available at the conference provided the communities with an opportunity to improve their skills and abilities and return to their communities better able to achieve their collaborative community effort to meet the needs of families with young children.

Objective 2: Assure that parent involvement is included and a parent component occurs in each community.

**Progress:** Parents participate on the statewide OPSR Board, and the sixteen Smart Start communities have invited and included parents in their planning process. Funding was available

for parents to attend the statewide Smart Start Conference, though not every community had parents who were able to attend. A few of the parents involved in home visitation programs were able to participate in the conference. Communities have held special training events on early childhood topics, health issues and parenting issues.

Smart Start Oklahoma was awarded a mini-grant from the Center for Law and Social Policy to conduct research relating to barriers affecting access to and participation in high quality early education programs among immigrant families with young children. Five focus groups were held, three with Mexican families and two with Vietnamese families to gather initial information that guided the development of a survey instrument. The survey was distributed to Mexican and Vietnamese families with children from birth to five years of age. There were 182 surveys completed and returned, 101 from Mexican families and 81 from Vietnamese families. These parents have provided very valuable input for the research. A follow-up forum was held in May 2006 that included professionals and parents. This forum allowed the opportunity to involve immigrant parents in policy discussions, and identify best practices associated with increasing participation and promoting collaborative relationships among early education and immigrant service providers. The focus was on removing barriers to access and improving early education participation rates among children of immigrants. The forum was held at the Latino Community Development Agency in Oklahoma City and was well attended with 46 participants.

Goal 4: Assure the continuation of Healthy Child Care Oklahoma goals.

**Progress:** MCH continues to work toward the goal of improving the health and safety of all child care facilities in Oklahoma. The Child and Adolescent Health Division (CAH) within MCH is collaborating with the Division of Child Care, OKDHS to revise the Good Health Handbook for the Child Care Provider, a resource of health, safety and child development information which is distributed to all licensed child care facilities in Oklahoma. The CAH also distributes a Child Care Providers' Health and Safety Resource Calendar twice a year.

Objective 1: Provide ongoing child care health consultation training and technical assistance.

**Progress:** MCH provides the National Training Institute for Child Care Health Consultants training for anyone interested in becoming a child care health consultant in Oklahoma. Upon completion of all four days of training, the consultants receive a copy of "Caring for Our Children: National Health and Safety Performance Standards". They also receive updated information and invitations to pertinent training throughout the state.

Objective 2: Continue to improve the child care licensing requirements, using "Caring for Our Children" as a resource.

**Progress:** The ECCS Coordinator is a member of the Child Care Advisory Committee of Oklahoma, the committee charged with revising licensing requirements. The Child Care Advisory Committee's next revision project is the Licensing Requirements for Family Child Care Homes. The ECCS Coordinator has been asked to chair this subcommittee. "Caring for Our Children" is always used as a resource, keeping in mind that the licensing requirements are minimum standards. The subcommittee for the revision of Family Child Care Requirements began meeting in June 2006 and hopes to have revisions ready for public hearings in January 2007.

Goal 5: Assist in the implementation of the public engagement campaign for the early childhood plan.

**Progress:** MCH has provided funding and support toward the development and implementation of the Smart Start Oklahoma Website and multimedia presentations.

Objective 1: Maintain the collaborative partnership with the OPSR and the OKDHS to fund and develop the website and multimedia presentations.

**Progress:** The Smart Start Oklahoma Website was developed and available in the fall of 2005 – [www.smartstartok.org](http://www.smartstartok.org). The multimedia presentations were also developed and are used when introducing Smart Start Oklahoma to new audiences.

Objective 2: Assist in printing and distributing the comprehensive early childhood state plan.

**Progress:** The current version of the early childhood system model is not “reader-friendly”, so it has not been widely distributed. There is a one-page fact sheet entitled “Smart Start Oklahoma... Quick Facts” that contains an overview of Smart Start and lists the goals.

### **Progress of Goals and Strategies in the Smart Start Oklahoma Early Childhood System Model, Oklahoma’s Early Childhood Initiative**

Goal 1.1. Increased public awareness of the importance of the early years.

Strategy 1.1.1. (2006 timeframe) Launch an effective broadly executed and ongoing public awareness campaign designed to increase awareness of the importance of early childhood development and its impact on Oklahoma’s future.

**Progress:** The Oklahoma Partnership for School Readiness adopted Smart Start Oklahoma as the unifying name to disseminate information to the public and embrace all the community level school readiness efforts. They also adopted a logo to go with the new name, to be used by the Partnership and the community network.

The Governor declared April of 2006 the Month of the Young Child and Smart Start Oklahoma released the first four page, full color newspaper insert that focused on the vision and mission of SSO. The insert listed the 16 Smart Start communities, events happening around the state for the Month of the Young Child, and it also included a resource guide for parents of young children. On April 3, 2006, Smart Start Oklahoma held a press conference to release the annual report, proclaim the Month of the Young Child and launch Born Learning. Press releases were issued to the local communities for use in their media markets.

On June 18<sup>th</sup> and June 25<sup>th</sup>, full-color inserts were published in the two major papers in Oklahoma featuring SSO and the work being done at the local level.

Advertising has been brokered with the two Spanish newspapers in Oklahoma and radio and print ads are featured across the state in Spanish.

The Executive Director of SSO was featured on the front page of “Oklahoma Women” magazine, June issue, in an article about Smart Start Oklahoma and the local communities.

Goal 1.2. Families are well-informed and supported in their role as parents.

Strategy 1.2.2. (2006 timeframe) Assist parents in understanding the importance of quality services and how to seek and identify high quality programs for their children.

**Progress:** Smart Start Oklahoma is partnering with United Way of America, Ad Council and Civitas in a national campaign called Born Learning, which aims to reach parents with short informative television spots, billboards and printed pieces that stress “teachable moments” in every child’s life. The Partnership funded the printing of two brochures and worked with media outlets to arrange public service time for the television announcements and billboards. The collaborative partnership on the Born Learning campaign will increase public awareness of the importance of the early years and keep families well-informed through these exciting activities:

- On June 4, 2006, print ads and radio jingles were released across the state.
- Advertising was brokered in each local community and the surrounding regions, a month of radio and print with Smart Start and local community coalition taglines and a 1- 800 telephone number.
- National television ads are running in collaboration with United Way of America and Ad Council. The ads have been tagged with Smart Start Oklahoma information and are running as PSA’s across the state.
- On June 9, 2006, Smart Start Oklahoma went live on [www.NewsOk.com](http://www.NewsOk.com), an online news and information source in Oklahoma. The online service ran through July 9, 2006.

Goal 1.3. Public policies support young children and their families.

Strategy 1.3.1. (2006 timeframe) Bring state and local agencies and organizations together to work collectively to achieve the mission.

**Progress:** This was accomplished through the OPSR board meetings, OPSR committee meetings, the Smart Start community directors’ meetings and a statewide Smart Start Conference that brought many of the partners together.

Strategy 1.3.2. (2006 timeframe) Develop and annually update an Early Childhood System Model that identifies strategies with outcomes and action plans.

**Progress:** This is an ongoing process conducted by the Smart Start Policy and Systems Analyst and the ECCS Coordinator, with input from the Policy and Systems Development Committee.

Goal 1.4. The structure necessary to support the system is in place at both the state and community levels.

Strategy 1.4.1. (2006 timeframe) Include parents in planning and designing state and local efforts to improve early childhood programs.

**Progress:** Parents serve on the OPSR board at the state level and serve on the some of the action teams. Many of the Smart Start communities have parent representatives on their boards and committees, and they have also conducted “parent surveys” to assess the needs of the families with young children in their area.

Strategy 1.4.2. (2006 timeframe) Support the public-private partnership for school readiness comprised of leaders from business, philanthropy, state agencies, the Governor’s office, the legislature, and family support and early childhood systems.

**Progress:** This is accomplished in part with the OPSR Board, a 29-member public-private partnership that meets throughout the year.

The Executive Director and Policy and Systems Analyst of SSO have been meeting with the state agency directors to identify their priorities, research needs and available resources.

In April 2006 the Smart Start Oklahoma Annual Report was distributed to the Oklahoma legislators.

Strategy 1.4.3. (2006 timeframe) Build a strong and effective governance board with a shared vision overseeing and coordinating state efforts to support a comprehensive early childhood system.

**Progress:** Smart Start Oklahoma facilitated the transfer of responsibility to the new OPSR board chairperson and vice-chair, and assisted with the reorganization of the committee structure from five to three committees. Committee responsibilities were redefined under the new structure and active participation of all board members on a committee was strongly encouraged.

Strategy 1.4.4. (2007 timeframe) Ensure adequate staff with the expertise and skills necessary to support the state early childhood efforts described in this plan.

**Progress:** The OPSR hired an Executive Director in September 2005 and permanent office space was obtained in October. Additional staff members have been hired to advance the Partnership's efforts, including a Public Information Officer, a Policy and Systems Analyst, and a small team of community planners to support the 16 Smart Start communities. The Policy and Systems Analyst, hired in November 2005, is responsible for monitoring progress relating to the system model. OKDHS and OSDH provide staff to support the early childhood initiative. The Division of Child Care, OKDHS provides one full-time employee to SSO. The ECCS Coordinator of the OSDH divides work time between the OSDH office and the Smart Start office.

Strategy 1.4.5. (2007 timeframe) Advocate for sustainable funding at both the state and community level, with an increase in both public and private dollars devoted to early childhood services.

**Progress:** The Oklahoma Partnership for School Readiness Foundation is a ten-member board of successful private citizens appointed to raise private-sector funds to support the activities of the Partnership and the local work of the Smart Start communities. The Foundation commissioned communications materials using the new Smart Start logo as a unifying image. The materials included: a comprehensive case statement for Foundation members to use in soliciting financial commitments from private organizations and individuals; a brochure that details each Smart Start community, the area it serves and highlights of its recent major projects; and one-page fact sheets that explain Smart Start's organization and vision at a glance, summarize the need for school readiness efforts and offer examples of what is being done.

The Foundation also engaged a development consultant to assess the feasibility of launching its first major fund-raising campaign and, based upon the final report, set to work on planning and scheduling the campaign.

Strategy 1.4.6. (2006 timeframe) Integrate the vision, mission and goals of the Early Childhood Comprehensive System grant with the work of Smart Start Oklahoma.

**Progress:** The vision, mission and goals of the ECCS grant have been integrated into the Smart Start Early Childhood System Model.

Goal 1.5. Communities respond to the needs of children and families.

Strategy 1.5.1. (2006 timeframe) Mobilize a network of effective community organizations that are staffed to implement coordinated services at the local level.

**Progress:** Sixteen Smart Start communities received funding for FY ‘06 to provide staff support to local collaborative coalitions, and “seed” funding to address gaps in service or pilot innovative solutions to local problems.

Strategy 1.5.2. (2006 timeframe) Provide criteria defining the expectations of a Smart Start Oklahoma community.

**Progress:** The OPSR Community Mobilization Committee has identified the following action steps: revising criteria that define the expectations of a Smart Start Coordinator; developing a funding formula for Smart Start community funding; and revising criteria for community mobilization. This is an ongoing process and will carry over into 2007.

Strategy 1.5.3. (2006 timeframe) Provide support through technical assistance, training and funding to communities in order to sustain their efforts to prepare all children for school.

**Progress:** SSO provided support to the communities and helped them stay connected through bi-monthly conference calls, quarterly Directors’ Meetings, bi-monthly newsletters along with site visits and shared training events. A statewide Smart Start Oklahoma Conference was held May 1-2, 2006, and the Community Mobilization Committee lists a statewide conference every two to three years in their action plan. They also plan to add three new Smart Start communities in FY 2007.

The conference was a collaborative effort with the ECCS funding, Smart Start state appropriations and an Inasmuch Foundation grant to Smart Start Oklahoma. The conference planning details were handled by the ECCS Coordinator from MCH, the MCH Support Staff and the Smart Start Staff.

Day One of the conference was open to the Smart Start communities, parents, early childhood partners and all those interested in early childhood in Oklahoma. The day began with a keynote address by Anthony Solari and the participants were able to choose from many breakout sessions. There were approximately 325 in attendance on the first day. Day Two held a focus for the sixteen Smart Start communities and their business partners and began with a Poverty Simulation in the morning, followed with a Business Luncheon where business leaders from across the state heard Charles Kolb discuss the economic impact of investing in young children. There were approximately 150 participants.

In terms of outcomes associated with attendance at the 2006 Smart Start Oklahoma Conference, an overwhelming majority of those responding to an electronic survey distributed after the conference indicated that the breakout sessions they attended had a positive impact. Data for this summary have been aggregated for reporting purposes and include responses for all breakout sessions combined. Approximately 94% of responses for all sessions indicate that respondents somewhat or strongly agreed that they gained new knowledge or skills as a result of attending a breakout session. Further, approximately 93% of responses for all sessions indicate that respondents somewhat or strongly agreed that they could apply their newly acquired knowledge or skills to their job. These results are evidence of the positive impact of the 2006 SSO

Conference, and illustrate the potential for additional longer-term benefits as attendees apply what they have learned.

The OPSR provided grant funding that allowed community representatives to attend the national Smart Start conference, held annually in Greensboro, North Carolina, where they exchanged experiences and best practices with their counterparts in other states.

Goal 2.1. Parent education programs are available to all families to ensure that families have the tools and resources to be their children's first and most important teachers.

Strategy 2.1.2. (2006 timeframe) Provide parents with materials on child development, early literacy and school readiness so that they can support their child's learning and healthy development.

**Progress:** Smart Start Oklahoma created a comprehensive guide for new parents. The guide is called "As They Grow" and provides information about normal developmental phases of children from birth through age five, gives tips on caring for children at each stage, facts about nutrition, well child exams and the importance of immunizations. The booklet also provides space for parents to record their child's progress and insert photos. 50,000 copies were printed (the number of births in Oklahoma each year) and distributed to all birthing hospitals in Oklahoma to be given to parents of newborns before leaving the hospital.

The parent guide has been revised and a second printing was completed and distributed to hospitals in April of 2006. The Smart Start communities were provided with copies to distribute as needed.

Another significant support effort was the funding of Raising a Reader, a program in which parents receive information about the importance of reading to young children regularly and suggestions for their child's literacy skills. The Smart Start communities are participating in the Raising a Reader program and it includes the distribution of high quality, age-appropriate children's books to parents through central points in the communities. The books can be exchanged weekly for new ones to maintain interest and variety.

Goal 3.1. Services promoting health are available and accessible to all children.

Strategy 3.1.1. (2006 timeframe) Address accessibility of adequate prenatal services including rural areas of the state; and Strategy 3.1.2. (2006 timeframe) Explore strategies to ensure that prenatal services are effective and lead to improved birth outcomes.

**Progress:** The Action Team has not yet completed the Action Plan for achieving the strategies under Goal 3.1. however, adequate prenatal care is being addressed through currently existing organizations; the Health Care Authority, Oklahoma Healthy Mothers, Healthy Babies Coalition, the Turning Point initiatives, the Children First Home Visitation Program and the county health departments.

Goal 3.2. Children have a source of comprehensive, family-centered primary health care.

Strategy 3.2.1. (2006 timeframe) Support expansion of newborn screening.

**Progress:** On June 5, 2006, the OSDH Newborn Screening Program expanded its screening of genetic conditions to include testing for the metabolic disorder medium-chain acyl-CoA dehydrogenase deficiency (MCAD). MCAD testing is the third major expansion of the Newborn

Screening Program in Oklahoma in the last two years. In 2005, the Newborn Screening Program expanded to include the genetic disorder cystic fibrosis (CF) and congenital adrenal hyperplasia.

Strategy 3.2.2. (2006 timeframe) Ensure that children receive all immunizations within the recommended timeframe.

**Progress:** The Immunization Service of the OSDH is working with the action team to develop the action plan, with increasing the number of young children immunized on time being the overall goal.

Smart Start communities, with the collaboration of their local health departments, have made progress on this over the past year. A number of communities have held special health events where young children received immunizations and health screenings. Some communities have a Caring Van that will provide immunizations “on-site” at early childhood programs.

Strategy 3.2.4. (2006 timeframe) Adequately reimburse health care providers for services provided to families receiving Medicaid.

**Progress:** Adequate reimbursement is currently happening in Oklahoma by the legal definition, but this will need continued monitoring to assure that it is maintained.

Strategy 3.2.7. (2006 timeframe) Offer comprehensive and ongoing health consultation to early care and education programs.

**Progress:** MCH continues to provide the child care health consultant training and technical assistance, and OKDHS and OSDH have funded and are continuing to each fund one full-time child care health consultant. A collaborative partnership with ODMHSAS, OKDHS and OSDH has implemented the mental health consultation in early childhood settings, and OKDHS and OSDH continue to support the Child Care Provider Warmline.

The action team for this Strategy has ongoing plans to further develop health consultation in early care and education programs.

Goal 3.4. Families of children with special health care needs receive the support and resources they need.

Strategy 3.4.1. (2006 timeframe) Improve family access to information and services, regardless of income, when children are born with or experience delays or disabilities.

**Progress:** The Oklahoma Family Network Mentorship Program links trained mentors to family members who are just starting out raising a child who has a developmental delay, medical need, or a disability. Special Parents Access Network (SPAN) focuses on providing resources, information, education and emotional support for families raising young children with special needs.

The Oklahoma Family Network also has the Neonatal Parents Network to support those experiencing parenting a child in the Neonatal Intensive Care Unit.

Strategy 3.4.3. (2006 timeframe) Improve access for children in state custody to consistent health professionals who understand their special needs and issues.

**Progress:** All children under the age of three who receive a confirmed allegation of child abuse/neglect are now referred to SoonerStart early intervention services. If the child is in state custody, a SoonerStart form is completed by the child welfare worker and submitted to the local

SoonerStart office. OKDHS contracts with a pediatrician to provide consultation to the child welfare agencies.

Goal 3.5. Families have access to individualized mental health services that address the social/emotional needs of their children.

Strategy 3.5.5. (2006 timeframe) Ensure that early care and education providers have access to training and on-site consultation on healthy social-emotional development and appropriate interventions for children with behavioral issues.

**Progress:** The OKDHS, ODMHSAS and OSDH have collaborated on a joint project to provide mental health consultation to early childhood programs dealing with children with challenging behaviors. This project provides the opportunity for child care providers in 39 of Oklahoma's 77 counties to call and request a consultation on a mental health or behavioral issue. This project will hopefully expand to statewide coverage in the future.

In addition, an effort has been made to ensure that all early childhood conferences include training sessions on behavioral issues.

Goal 4.1. Children have access to a variety of high-quality, developmentally appropriate early care and education programs when needed.

Strategy 4.1.2. (2006 timeframe) Improve access for child care programs to resources and increased funding to support programs serving infants and toddlers, children with disabilities and children with emotional and behavioral issues.

**Progress:** A work group is in the process of developing Early Learning Guidelines for Infants and Toddlers.

Oklahoma's Better Baby Care Health and Development Committee developed and distributed a resource list for child care programs. This list will assist them in finding helpful information on child development, health concerns and behavioral and emotional issues.

The Child Care Warmline, a collaborative project of OSDH and OKDHS provides telephone consultation to child care providers and offers the option of pre-recorded messages on a variety of topics relating to child development, health and behavioral issues.

Strategy 4.1.5. (2006 timeframe) Provide technical assistance and grants to assist programs in meeting national accreditation standards.

**Progress:** A work group has met and is evaluating the needs of programs seeking accreditation. Workshops have been provided at early childhood conferences on the accreditation process. A work plan will need to be developed for funding and publicizing an Accreditation Support Project.

Goal 4.2. Schools have the resources to ensure that high quality early learning environments are available to all parents who wish their preschool child to attend.

Strategy 4.2.1. (2006 timeframe) Expand pre-kindergarten to be available to all children who want to attend.

**Progress:** Oklahoma offers a free universal four-year-old program in the public schools. Last year 33,402 children were served in Oklahoma's pre-kindergarten public school program, with

all but 12 school districts participating. This number is down from the 21 districts of the year before that did not offer pre-kindergarten.

The Oklahoma State Department of Education (OSDE) and Smart Start Oklahoma continue to publicize research findings on the positive impact of participation.

Strategy 4.2.2. (2006 timeframe) Encourage collaborations between pre-kindergarten, Head Start and child care.

**Progress:** In the school year 2004/2005, 255 schools indicated the pre-kindergarten program was located at a collaborative site.

SSO through the Smart Start communities has provided education to child care and Head Start providers on how to initiate a discussion with the local school district on the value of collaboration. It is hoped that the number of collaborative sites will increase.

Goal 4.3. Adequate public and private funding is available to assist with the cost of early education programs.

Strategy 4.3.2. (2006 timeframe) Supplement federal funding with state funds to ensure a strong and stable subsidy program.

**Progress:** An action team was formed and has worked to educate legislators on the importance of providing adequate support for Oklahoma's child care subsidy program. The steps taken have been to provide fact sheets and hold personal meetings discussing this topic with legislators.

The action team has also educated and motivated other advocates throughout the state through meetings and presentations.

Strategy 4.3.5. (2006 timeframe) Support school districts that offer full-day kindergarten and differential funding for those that are full-day.

**Progress:** OSDE currently supports differential funding for full-day kindergarten. The action team will continue to monitor this strategy.

### **Plan for the Period for Which Continuation Funds are Being Sought**

Oklahoma's ECCS Strategic Plan and Implementation Schedule is the Smart Start Oklahoma Early Childhood System Model. The early childhood system model, with the vision, mission, outcomes, goals, strategies and timeframe are listed below.

SMART START OKLAHOMA EARLY CHILDHOOD SYSTEM MODEL			
Vision: All Oklahoma children will be safe, healthy, eager to learn, and ready to succeed when they enter school.			
Mission: Lead Oklahoma in coordinating an early childhood system focused on strengthening families and school readiness for all children.			
		Timeframe	
OUTCOME 1	A statewide comprehensive and coordinated system of early childhood services meets the needs of families with young children.		
GOAL 1.1.	Increased public awareness of the importance of the early years		
RESPONSE	OPSR will lead a coordinated awareness effort to inform parents and the public of the importance of the early years.		
STRATEGIES	1.1.1.	Launch an effective, broadly executed and ongoing public awareness campaign designed to increase awareness of the importance of early childhood development and its impact on Oklahoma's future.	2006
	1.1.2.	Recruit visible and effective champions for children from the business, faith and political sectors.	2007
	1.1.3.	Build widespread consensus on the broad nature of "school readiness" and an appropriate assessment of such readiness.	2007
EXPECTED IMPACT	There will be increased public support for early childhood services.		
GOAL 1.2.	Families are well-informed and supported in their role as parents.		
RESPONSE	OPSR will coordinate efforts to ensure that parents are well-informed about services for their children and engaged as partners with programs.		
STRATEGIES	1.2.1.	Support the development of a toll-free telephone line where parents can request information, learn about resources, and talk through concerns as well as customer-friendly websites.	2007
	1.2.2.	Assist parents in understanding the importance of quality services and how to seek and identify high quality programs for their children.	2006
ACTION STEPS	a.	Ensure that a portion of the public awareness campaign addresses this strategy.	

	b.	Work with various referral services to include this information.	
	c.	Create resources on what parents should expect from service providers.	
STRATEGIES	1.2.3.	Support family access to affordable, culturally sensitive and quality services and resources that meet their individual needs.	2008
	1.2.4.	Support service providers and other entities relied on by families to better understand family needs and how to access the broader system.	2007
EXPECTED IMPACT		Increasing numbers of families will seek higher quality early childhood programs for their children.	
GOAL 1.3.		Public policies support young children and their families.	
RESPONSE		OPSR will examine current policies impacting young children and work with policymakers and advocates to promote policies that support the well-being of children.	
STRATEGIES	1.3.1.	Bring state and local agencies and organizations together to work collectively to achieve the mission.	2006
ACTION STEPS	a.	OPSR will convene workgroups of state and local agencies and organizations to address each of the proposed outcomes and actions plans during the state FY 06.	
	b.	Workgroups will review policies, interagency agreements, funding mechanisms and service delivery in order to better coordinate and collaborate with early care and education services with the intent of preparing children for school.	
STRATEGIES	1.3.2.	Develop and annually update an Early Childhood System Model that identifies strategies with outcomes and action plans.	2006
ACTION STEPS	a.	OPSR will annually distribute the existing Early Childhood system model to each of the agencies and organizations represented in the plan for their input and update on achievement of outcomes and action plans.	
	b.	OPSR will annually determine priorities and goals for upcoming year.	
	c.	OPSR will conduct focus groups and review community assessments every two years, information will be used to inform and update Early Childhood System Model.	
STRATEGIES	1.3.3.	Engage and inform elected officials at the federal, state, and local levels.	2007
	1.3.4.	Urge state agency and city government staff to give priority to services for families of young children.	2007

	1.3.5.	Establish and implement public policy that supports and enhances school readiness efforts.	2007
	1.3.6.	Encourage and fund collaborations among schools, health systems and the early childhood system, e.g. joint professional development, transfer of records, joint funding.	2008
EXPECTED IMPACT		Public policy will increasingly be aligned with the promotion of school readiness.	
GOAL 1.4.		The structure necessary to support the system is in place at both the state and community levels.	
RESPONSE		OPSR will maintain an effective organizational structure.	
STRATEGIES	1.4.1.	Include parents in planning and designing state and local efforts to improve early childhood programs.	2006
	1.4.2.	Support the public-private partnership for school readiness comprised of leaders from business, philanthropy, state agencies, the Governor's office, the legislature, and family support and early childhood systems.	2006
ACTION STEPS	a.	Contact state and national foundations to determine their support for early childhood funding.	
	b.	Visit with each state agency director to identify their priorities, research needs and available resources.	
	c.	Determine the role that the Governor and First Lady wish to play with the partnership.	
	d.	Sponsor an opportunity for legislators to learn more about the partnership.	
STRATEGIES	1.4.3.	Build a strong and effective governance board with a shared vision overseeing and coordinating state efforts to support a comprehensive early childhood system.	2006
ACTION STEPS	a.	Facilitate the transfer of responsibility to the new board chair, vice-chair, and three committee chairs and vice-chairs.	

	b.	Redefine committee responsibilities under the new structure.	
	c.	Ensure active participation of all board members on at least one committee.	
	d.	Reevaluate the frequency, length and format of board meetings.	
	e.	Seek opportunities to share information with the board on state efforts, community initiatives and system building	
STRATEGIES	1.4.4.	Ensure adequate staff with the expertise and skills necessary to support the state early childhood efforts described in this plan.	2007
	1.4.5.	Advocate for sustainable funding at both the state and community level, with an increase in both public and private dollars devoted to early childhood services.	2007
	1.4.6.	Integrate the vision, mission and goals of the Early Childhood Comprehensive System grant with the work of Smart Start Oklahoma.	2006
ACTION STEPS	a.	Utilize the SSO's Policy and Systems Development Committee to create and review the ECCS implementation plan.	
	b.	Include ECCS staff in SSO policy analysis, public engagement and community technical assistance.	
EXPECTED IMPACT	There will be significant progress in implementing strategies and achieving goals.		
GOAL 1.5.	Communities respond to the needs of children and families.		
RESPONSE	OPSR will commit resources to the development and success of community-level efforts to support school readiness.		
STRATEGIES	1.5.1.	Mobilize a network of effective community organizations that are staffed to implement coordinated services at the local level.	2006

ACTION STEPS	a.	16 Smart Start communities will receive funding for FY'06 to provide staff support to local collaborative coalition and "seed" funding to address gaps in service or pilot innovative solutions to local problems.	
	b.	The Community Mobilization Committee (CMC) of OPSR will develop criteria for continued funding of existing communities and the addition of other Smart Start communities during FY'06	
	c.	Smart Start communities will continue to network through bi-monthly conference calls, quarterly Community Directors Meetings, bi-monthly newsletter and shared training throughout the upcoming fiscal year.	
STRATEGIES	1.5.2.	Provide criteria defining the expectations of a Smart Start Oklahoma community.	2006
ACTION STEPS	a.	Community Mobilization Committee (CMC) of OPSR will review criteria based on population of children under age 5, median income, poverty of families with children under age five, percentage of those over 25 with more than a high school diploma and history of collaboration on previous projects. Once compared with statewide data, additional communities will be invited to apply for Smart Start Oklahoma funds should funding be available.	
	b.	CMC will develop proposed multi year roll-out plan including criteria, funding formula and local coalition structure for addition of communities to Smart Start network in order to provide coverage to the State of Oklahoma.	
STRATEGIES	1.5.3.	Provide support through technical assistance, training and funding to communities in order to sustain their efforts to prepare all children for school.	2006
ACTION STEPS	a.	OPSR maintains state level staff that provides technical assistance, training and research on community capacity building, coalition development, strategic planning, financial accountability and program implementation to 16 Smart Start communities.	
STRATEGIES	1.5.4.	Encourage communities in their efforts to engage diverse stakeholders in action that facilitates quality early childhood care and education.	2007
	1.5.5.	Support communities in developing plans focused on creating a common vision and identifying targeted outcomes and actions that promote strong communities and support families as they raise their children.	2007

EXPECTED IMPACT		Smart Start community organizations will have a significant and positive impact on the quality, availability and support of services provided for families.	
GOAL 1.6.		Evaluation is integrated into all aspects of the system and drives public policy and funding decisions.	
RESPONSE		OPSR will develop and implement an evaluation plan with measurement tools and identified outcomes at both the state and community level.	
STRATEGIES	1.6.1.	Assess public and private programs at both the state and community level to determine if the programs are effective, coordinated and maximize the efficient use of state funds.	2007
	1.6.2.	Establish accountability standards that recognize and promote best practice in school readiness programs and policy.	2007
	1.6.3.	Optimize and align resources with desired outcomes.	2008
EXPECTED IMPACT		Analysis of data, outcomes and indicators will ensure an efficient, effective system.	
OUTCOME 2		Families nurture, teach and provide for their young children.	
GOAL 2.1.		Parent education programs are available to all families to ensure that families have the tools and resources to be their children's first and most important teachers.	
RESPONSE		OPSR will support local and state partners in providing information on child development and effective parenting strategies to parents-to-be and parents of young children.	
STRATEGIES	2.1.1.	Offer classes on preparation for parenthood for pregnant parents to support a healthy environment for raising a child.	2007
	2.1.2.	Provide parents with materials on child development, early literacy and school readiness so that they can support their child's learning and healthy development.	2006
ACTION STEPS	a.	Public engagement activities of OPSR and Smart Start communities will focus on informing and educating parents about the importance of early years through distribution of Born Learning campaign material at various sites through out the Smart Start network, PSA's, workshops on important topics related to young children and distribution of Parent Guides to all newborns at hospitals across the state.	

STRATEGIES	2.1.3.	Provide information on child development and life skills to children beginning in 7 <sup>th</sup> grade through their families, schools and communities.	2008
EXPECTED IMPACT		Among those receiving information, surveys demonstrate an increase in knowledge on child development, parenting strategies to promote school readiness, and indicators of quality early childhood environments.	
GOAL 2.2.		Family support services assist families in providing a safe and nurturing environment.	
RESPONSE		OPSR will promote the expansion of services that provide support to families, encouraging positive parent-child interactions.	
STRATEGIES	2.2.1.	Identify and offer preventive services to families at risk of abuse and neglect.	2007
	2.2.2.	Ensure access to home visitation programs when requested by parents.	2007
	2.2.3.	Encourage business support of family friendly workplace policies such as flexible work schedules, assistance with child care, and broadened parental leave.	2007
EXPECTED IMPACT	a.	Reduction in rates of child abuse and neglect.	
	b.	Increased numbers of families receiving home visitation services, with demonstrated effectiveness in outcomes related to child development and parent knowledge.	
	c.	Increase in the numbers of businesses offering family-friendly policies and practices and a reduction in tension between home and work responsibilities among participating employees.	
GOAL 2.3.		Families have access to resources that support them in becoming economically self-sufficient.	
RESPONSE		OPSR will partner with others in promoting services that encourage economic self-sufficiency.	
STRATEGIES	2.3.1.	Provide parents with access to services to assist them in career planning and advancement, educational opportunities, job search and preparation.	2007

	2.3.2.	Ensure that parents have access to literacy programs to develop or enhance their literacy skills.	2007
	2.3.3.	Make available the resources that will allow parents to improve their financial stability.	2008
	2.3.4.	Reduce the number of births to single teen mothers and children living with a single parent.	2008
	2.3.5.	Improve eligibility rules for social services to allow as many families to participate as permitted under federal regulations.	2008
EXPECTED IMPACT	a.	Adult literacy rates will improve.	
	b.	There will be an increase in the number of parents completing the GED and/or degree programs.	
	c.	Median family income in Oklahoma will increase.	
	d.	There will be a reduction in repeat pregnancies among teens.	
	e.	There will be an increased percentage of eligible families receiving social services.	
OUTCOME 3	Children will be born healthy and remain healthy.		
GOAL 3.1.	Services promoting health are available and accessible to all children.		
RESPONSE	OPSR will support increased access and effectiveness of care for all pregnant women and young children.		
STRATEGIES	3.1.1.	Address accessibility of adequate prenatal services including rural areas of the state.	2006
	3.1.2.	Explore strategies to ensure that prenatal services are effective and lead to improved birth outcomes.	2006
EXPECTED IMPACT	a.	Reduction in infant mortality rates.	
	b.	Reduction in rates of low birth weight and prematurity.	
GOAL 3.2.	Children have a source of comprehensive, family-centered primary health care.		
RESPONSE	OPSR will promote access to affordable health, vision and dental care for young children.		

STRATEGIES	3.2.1.	Support expansion of newborn screening.	2006
	3.2.2.	Ensure that children receive all immunizations within the recommended timeframe.	2006
	3.2.3.	Ensure enrollment of all children and families in public or private health insurance programs.	2007
	3.2.4.	Adequately reimburse health care providers for services provided to families receiving Medicaid.	2006
	3.2.5.	Recruit an adequate statewide supply of pediatric specialists, i.e., developmental pediatricians, hearing and vision specialists, pediatric dentists.	2008
	3.2.6.	Sponsor health promotion and prevention efforts and seek solutions with community partners such as the faith, business, local government and citizen leaders.	2007
	3.2.7.	Offer comprehensive and ongoing health consultation to early care and education programs.	2006
EXPECTED IMPACT	a.	Improved immunization rates	
	b.	Increase in numbers of children covered by insurance and enrolled in primary health care.	
	c.	Increase in percentage of children with medical homes.	
	d.	Reductions in children arriving at kindergarten with untreated dental problems.	
	e.	Reduction in other troubling health indicators, such as obesity and lead poisoning.	
GOAL 3.3.	Families have the knowledge and resources to make decisions on healthy practices and long-term wellness.		
RESPONSE	OPSR will support local and state partners in expanding health and wellness education.		
STRATEGIES	3.3.1.	Support parents and other caregivers in understanding, practicing and teaching children the value of positive health behaviors.	2007
	3.3.2.	Make insurance reimbursement available to service providers that provide parent education on chronic diseases and preventive services.	2008

	3.3.3.	Ensure family access to lead screening for all children	2008
	3.3.4.	Encourage parents and caregivers to implement safety measures to protect children, i.e., seat belt/car seat use, bicycle helmet use, poison prevention, water safety, gun safety, etc.	2007
EXPECTED IMPACT	a.	Reductions in chronic early childhood diseases and other indicators of health problems among children.	
	b.	Reduced rates of childhood accidents and accidental deaths.	
GOAL 3.4.		Families of children with special health care needs receive the support and resources they need.	
RESPONSE		OPSR will promote the expansion of early intervention services for children with special needs.	
STRATEGIES	3.4.1.	Improve family access to information and services, regardless of income, when children are born with or experience delays or disabilities.	2006
ACTION STEPS	a.	Oklahoma Family Network will provide trained mentors to families who have a child in the NICU or a child with a delay/disability throughout the state. The mentors will receive training on people skills and on resources for families.	
	b.	The Governor’s Task Force on Behavioral Health has a statewide screening committee that is implementing several pilot projects to identify the screening tools that are most effective in identifying children and referring them on for services.	
STRATEGIES	3.4.2.	Expand SoonerStart eligibility for services until a child’s school entry.	2008
	3.4.3.	Improve access for children in state custody to consistent health professionals who understand their special needs and issues.	2006
ACTION STEPS	a.	All children under the age of three who receive a confirmed allegation of child abuse/neglect will be referred to SoonerStart early intervention services.	
	b.	If the child is in state custody, a SoonerStart form will be completed by the child welfare worker and will be submitted to the local SoonerStart office.	
	c.	The Oklahoma Department of Human Services will have a pediatrician to work with the child welfare agencies statewide as a consultant.	

EXPECTED IMPACT	a.	Increased rates of services to children with disabilities.	
	b.	Reduction in percentages of children arriving at school with unidentified special needs.	
GOAL 3.5.		Families have access to individualized mental health services that address the social/emotional needs of their children.	
RESPONSE		OPSR will encourage the expansion of mental health services for children and their families.	
STRATEGIES	3.5.1.	Integrate strategies for positive social/emotional health into the existing array of programs and services such as the Oklahoma State Department of Health’s child guidance services, well-child visits, home visitation programs and developmental screenings.	2007
	3.5.2.	Recruit, hire and train infant mental health specialists and child psychiatrists to work with families and caregivers.	2008
	3.5.3.	Provide outreach to families most at risk due to negative environmental conditions and experiences such as poverty, domestic violence, and substance abuse.	2008
	3.5.4.	Utilize technology to maximize access to mental health services for families who live in rural areas of the state.	2008
	3.5.5.	Ensure that early care and education providers have access to training and on-site consultation on healthy social-emotional development and appropriate interventions for children with behavioral issues.	2006
ACTION STEPS	a.	Evaluate existing training to determine the level of information on social-emotional development.	
	b.	Meet with two-year college instructors to ensure that children’s social-emotional development is included.	
	c.	Work to identify additional mental health consultants so that all areas of the state can be served.	

	d.	Ensure that all providers are aware of available resources in their area.	
STRATEGIES	3.5.6.	Offer additional funding to early care and education programs serving children with challenging behaviors to provide more attention to those children.	2007
EXPECTED IMPACT	a.	Fewer children will be dismissed from early childhood programs due to social-emotional difficulties.	
	b.	There will be an increase in early childhood programs serving children with challenging behaviors.	
	c.	Kindergarten teachers' survey will indicate a reduced rate of children arriving with emotional and behavioral problems.	
OUTCOME 4		Families with young children are able to find and afford high-quality early care and education programs.	
GOAL 4.1.		Children have access to a variety of high-quality, developmentally appropriate early care and education programs when needed.	
RESPONSE		OPSR will assist in coordinating efforts to improve the quality of early care and education programs.	
STRATEGIES	4.1.1.	Create measurable improvement in the program quality of early education programs.	2007
	4.1.2.	Improve access for child care programs to resources and increased funding to support programs serving infants and toddlers, children with disabilities and children with emotional and behavioral issues.	2006
ACTION STEPS	a.	Develop Early Learning Guidelines for infants and toddlers.	
	b.	Print and distribute resources developed through the Better Baby Care campaign.	
	c.	Share Born Learning materials with child care programs.	

	d.	Expand utilization of the Warm Line.	
STRATEGIES	4.1.3.	Train program directors in hiring, training, coaching and holding accountable their program's teachers.	2007
	4.1.4.	Support professional credentialing and equitable compensation, including benefits, for teachers in early education programs.	2008
	4.1.5.	Provide technical assistance and grants to assist programs in meeting national accreditation standards.	2006
ACTION STEPS	a.	Provide workshops to interested programs on the approved accrediting programs.	
	b.	Convene a workgroup to evaluate the needs of programs seeking accreditation.	
	c.	Research the success of prior initiatives and other state's efforts.	
	d.	Develop, fund, and publicize an Accreditation Support Project.	
STRATEGIES	4.1.6.	Create a child care facility fund to assist programs with improvements to their physical facility.	2007
	4.1.7.	Ensure that programs work together to provide a smooth transition for children from early childhood programs to school.	2008
EXPECTED IMPACT	a.	There will be an increase in accredited and higher quality early childhood programs.	
	b.	Education and compensation levels will rise and turnover rates will fall among early education teachers.	
GOAL 4.2.		Schools have the resources to ensure that high quality early learning environments are available to all parents who wish their preschool child to attend.	
RESPONSE		OPSR will support school systems and Head Start in expanding and improving early learning opportunities.	

STRATEGIES	4.2.1.	Expand pre-kindergarten to be available to all children who want to attend.	2006
ACTION STEPS	a.	Promote expansion through DOE's on-going contacts with school superintendents.	
	b.	Publicize research findings with educators and parents on the positive impact of participation	
	c.	Provide statistics on utilization for use by Smart Start communities.	
	d.	Ensure that superintendents are aware of the opportunity to collaborate when there are space constraints.	
STRATEGIES	4.2.2.	Encourage collaborations between pre-kindergarten, Head Start and child care.	2006
ACTION STEPS	a.	Collect data on the types and locations of successful collaborations.	
	b.	Showcase successful collaborations with other school superintendents.	
	c.	Educate child care and Head Start providers on the value of collaboration and how to initiate a discussion with the local school district.	
	d.	Distribute resources to all parties on logistical, contractual and budgetary concerns.	
	e.	Encourage Smart Start communities to facilitate a dialogue with potential partners.	
STRATEGIES	4.2.3.	Ensure that pre-kindergarten through third grade teachers, administrators and school boards have knowledge and understanding of early learning and developmentally appropriate practice.	2008
	4.2.4.	Provide technical assistance and support to ensure that classroom practices are developmentally appropriate.	2008
	4.2.5.	Support schools' commitment to serving children who arrive at pre-kindergarten and kindergarten with varying levels of readiness.	2007
EXPECTED IMPACT	a.	There will be an increase in the number of high quality preschool classrooms serving children.	
	b.	Third grade reading scores will improve.	

GOAL 4.3.		Adequate public and private funding is available to assist with the cost of early education programs.	
RESPONSE		OPSR will participate in efforts to maximize the availability of subsidy and other public funding supporting families in accessing early childhood education services.	
STRATEGIES	4.3.1.	Make child care subsidy eligibility, parent co-payment levels and provider reimbursement rates consistent with federal recommendations.	2008
	4.3.2.	Supplement federal funding with state funds to ensure a strong and stable subsidy program.	2006
ACTION STEPS	a.	Obtain media coverage in support of the child care subsidy system.	
	b.	Reconvene the Subsidy Coalition and recruit new members to spearhead the campaign.	
	c.	Utilize child care provider associations to advocate and involve their members in advocacy efforts.	
	d.	Work with the Oklahoma Institute for Child Advocacy to support this effort.	
STRATEGIES	4.3.3.	Increase state and federal funding levels to enable more children to participate in Head Start and Early Head Start.	2008
	4.3.4.	Encourage businesses to assist with child care costs as an employee benefit.	2007
	4.3.5.	Support school districts that offer full-day kindergarten and differential funding for those that are full-day.	2006
EXPECTED IMPACT	a.	There will be an increase in the number of children receiving financial support to access early education programs.	