

## DCCS CCDF Planning Day - Input from ECAC Members

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### Quality Improvement Workgroup

Suggestions	
<p><b>#1</b> Review and improve licensing of centers and homes; focus on efficiencies and supporting integration of children and collaboration of programs.</p> <p>An example of how to do this from a different group: Differential/tiered inspections based on regulatory history of provider. Discussion was the most predictive factors for success would be chosen and those who scored well on those would receive a “lesser/lighter” inspection the next time.</p>	<b>#1</b>
<p><b>#2</b> Build on existing quality improvement strategies such as I-T Resource Centers, CCRR’s that are effective and support continuous quality improvement at the local level.</p>	<b>#3</b>
<p><b>#3</b> Maintain subsidy rates at/about 75<sup>th</sup> percentile of current market rates.</p>	<b>#3</b>

### Promoting Healthy Development Workgroup - Original group identified agencies as the lead agencies for these items.

Suggestions	
<p><b>#1</b> Expand access to child care services to children with developmental challenges and disabilities through provider education and support. – <b>OCFS &amp; contracted workers</b></p> <ul style="list-style-type: none"> <li>• Through greater cooperation and collaboration with EI.</li> </ul>	<b>#2</b>
<p><b>#2</b> Work with child care providers to promote social-emotional development in young children. <b>CCF</b></p> <ul style="list-style-type: none"> <li>• Implementation of Pyramid Model                             <ul style="list-style-type: none"> <li>○ To address social-emotional development of children birth to 5 and improve retention.</li> </ul> </li> <li>• Guidance on social-emotional development for EI and other early childhood providers. – <b>DOH/ECAC/EICC</b></li> <li>• Develop infant mental health endorsement credentialing system for providers.</li> <li>• Medicaid redesign related to services for children with chronic conditions (include oral health and trauma).</li> </ul> <p><i>All address children with developmental delays and disabilities. These initiatives should inform the CCDF Plan.</i></p>	<b>#5</b>
<p><b>#3</b> Intensive TA with providers <b>ECLC</b></p> <ul style="list-style-type: none"> <li>• Consulting and coaching by Infant/Toddler Specialists</li> <li>• Continue to fund</li> </ul>	<b>#9</b>

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<p><b>#3</b> Stronger relationships between Division of Nutrition and OCFS in reaching providers about nutrition, health and obesity prevention. <b>DOH</b></p> <ul style="list-style-type: none"> <li>• Child &amp; Adult Care Food Program (CACFP)</li> <li>• Nutrition Standards</li> <li>• Food Assistance Program             <ul style="list-style-type: none"> <li>○ Grant – currently exist - Review current outreach (brochures) and consider new ways to reach target audience.                 <ul style="list-style-type: none"> <li>▪ Outreach, educate and increase enrollment for providers (all modalities)</li> </ul> </li> </ul> </li> <li>• Healthy Active Living</li> </ul>	<b>#9</b>
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### Training and Workforce Development Workgroup

Suggestions	
<b>#1</b> Better utilize CCRR's, Community Colleges, SUNY, CUNY and tap into other training entities to offer/provide more relevant training. (ex: Head start system into Community Colleges)	<b>#5</b>
<b>#1</b> Reconfigure CCRR contract to pay for training	<b>#5</b>
<b>#3</b> Get Training Directors to use calendar	<b>#11</b>

### Strong Families Workgroup

Suggestions	
<b>#1</b> CCRR presents an opportunity to shift focus from 'parent calls' to using some of this resource to do outreach to families (ex: calls coming into CCRR have decreased because families obtain information/resources on own/website/etc., therefore instead of waiting to field calls, reach out actively)	<b>#5</b>
<b>#2</b> Develop mini parenting guide (smaller chunks of information) with links to website	<b>#12</b>
<b>#2</b> Community Action Programs do community needs assessments and this information should be accessed, shared and used to inform	<b>#12</b>