OKFutures Strategic Plan

Submitted by the Oklahoma Partnership for School Readiness Foundation, Inc., to the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services for the Preschool Development Grant Birth through Five Initiative (PDG B-5)

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We thank the numerous OKFutures partners who made substantial and timely contributions to this strategic plan, including the parents and providers who shared their time and perspectives in community conversations across Oklahoma. We offer special thanks to consultants and research partners who contributed expertise to the development of this plan, including Grace Kelley of SRI International, Nancy vonBargen of the National Center on Early Childhood Quality Assurance, Advocacy & Communication Solutions, Chapin Hall, Foresight Law + Policy, Mathematica, the Oklahoma Policy Institute, Saint Francis Ministries, Third Sector Intelligence, and the University of Oklahoma.

We also thank Chris Botsko, senior technical assistance specialist on the PDG B-5 technical assistance team of Atlas Research, for his valuable guidance and the Oklahoma Partnership for School Readiness staff for their contributions and tireless efforts in support of the young children and families of Oklahoma. Finally, we are grateful to the Oklahoma Partnership for School Readiness Board in their role as Oklahoma’s State Advisory Council for reviewing and approving this plan.

Please refer to Appendix A for a full list of acknowledgements and OKFutures partner roles.
Executive Summary

The vision for OKFutures is that all of Oklahoma’s infants, toddlers, and preschoolers will be prepared for happy, healthy, and successful lives. The mission of OKFutures is to develop the capacity of families, communities, public agencies, and private organizations to provide children from birth to age 5 equitable and seamless access to the physical, emotional, and educational supports they need to thrive. The OKFutures Strategic Plan is a rigorous five-year road map for achieving our mission and moving toward our vision via integrating and improving the state’s systems of care for children from birth to age 5 and for the families and communities who embrace them. The OKFutures plan represents the combined input of high-level state elected officials and policymakers, the State Early Childhood Advisory Council (the Oklahoma Partnership for School Readiness, or OPSR, Board), numerous expert workgroups and other partners, and families and communities who have a direct stake in ensuring bright futures for children.

This plan is the product of a federal Preschool Development Grant Birth through Five (PDG B-5) awarded to OPSR by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) in December 2018. The plan was heavily informed by the OKFutures Needs Assessment, which was also funded under the PDG B-5 grant (Greenberg et al. 2020). The two documents go hand in hand. The needs assessment aided our understanding of the gaps and inefficiencies in existing early childhood care and education (ECCE), family supports, and health systems, so we can ensure all families, especially those who are vulnerable, underserved, or in rural areas, have equitable access to a high-quality mixed-delivery system that supports their overall health, development, and learning. Fulfilling the goals and objectives articulated in this plan will maximize choices for families; implement best practices and other resources across ECCE, family, and health providers to increase program quality, collaboration, effectiveness, and efficiency; and develop a cohesive system of care.
Five Goals to Address Urgent Priorities

This plan has five goals to address immediate needs identified by the needs assessment:

1. Align Systems of Care to Produce More Seamless, High-Quality, and Cost-Effective Services for Families with Young Children

Oklahoma’s early childhood mixed-delivery system is fragmented, and its services are funded by multiple sources, which often means children and families are served by more than one program. Coordinating and aligning this complex system of whole-family, health, and child learning is critical not only to ensure children’s needs are met but to maintain consistently high-quality standards and reduce system inefficiencies and duplicative efforts. The objectives and strategies under this goal address these issues by providing a path toward alignment at the local and state level; prioritizing engagement with policymakers, state and local programs, and community members; and ensuring that system alignment to support healthy early childhood development is a state priority.

2. Secure Affordable, High-Quality Early Care and Education for Children from Birth to Age 3

Oklahoma has established itself as a national exemplar in providing universal pre-K to 4-year-olds, with an impressive record among nationwide rankings in terms of access and quality. Yet for children too young to enroll in universal pre-K early care and education is often too expensive and difficult to access, and a lack of high-quality programs prevents some parents from enrolling their children altogether. The objectives and strategies under this goal will increase participation among infants and toddlers in high-quality, affordable ECCE programs, which include home- and center-based child care, Early Head Start, Head Start, pre-K programs, home- and center-based parenting programs, and special education services. Targeted funding strategies (financial capital) and workforce development (human capital) are also critical.


Families with young children in Oklahoma face challenges that limit options for high-quality early care and education and that erect barriers to parents’ or kin caregivers’ work or school participation. Many families also distrust public programs, further affecting options for high-quality care. The availability of
culturally responsive care and services for children in rural areas, children in nontraditional families, children in out-of-home placements, or those who have experienced adverse childhood experiences or adverse community environments were identified as an unmet need in the needs assessment. To meet these diverse needs, Oklahoma must expand options for parental choice and promote policies that enhance families’ economic and overall well-being. The objectives and strategies accompanying this goal lift families’ voices by emphasizing the role they play in their child’s development, expand the choices they have for their children, and create better opportunities for all children to thrive in their parents’ care.

4. Prioritize the Urgent Health and Mental Health Needs of Young Children and Their Families

Oklahoma ranks 47 out of 50 states in overall health and performs poorly on most major indicators related to infant and maternal health, including prenatal care, preterm births, and infant mortality (United Health Foundation 2018). Further, the state has felt the impact of the national mental health and substance abuse crises, with some of the nation’s highest rates of opioid use and neonatal abstinence syndrome. To leverage the mixed-delivery system and combat the effects of these health indicators, the objectives and strategies in this goal address care expansion for all pregnant women and families with young children and emphasize supports needed for families involved in the justice or child welfare systems.

5. Communicate Better with Families about How to Support Their Children’s Development and Well-Being

Effective communication and education is critical for parents and caregivers to understand their options and make the best choices for their family. Yet many stakeholders cite a lack of clear communication regarding available resources and a general mistrust of the system as barriers to access and participation in ECCE programs and support services. The objectives and strategies under this goal aim for consistent, clear messaging for all caregivers and for leveraging trustworthy communication sources that engage parents and build trust in key service areas.
Four Pillars for Sustainable Success

The OKFutures Strategic Plan also includes four "pillars" for long-term success. These pillars represent investments in the workforce, facilities and other physical spaces, research and data collection, and financial and political support necessary for Oklahoma to achieve the immediate goals of this plan and to realize a long-term vision.

1. Human Capital

The quality, availability, and potential future expansion of early childhood services in Oklahoma rests on its workforce. The changing ECCE landscape — characterized by a declining number of centers and homes, heightened requirements under the reauthorized Child Care and Development Block Grant, and
the increasing number of children with diverse backgrounds and needs in Oklahoma — has resulted in an overworked workforce with high turnover rates and limited opportunities for training and development. Stakeholders identified high-quality child care staff as both a primary need and one of the most important components of a well-aligned, streamlined system of care. Beyond the scope of child care, other members of the workforce — including frontline child welfare workers, foster parents, kin caregivers, adult mental health and substance use disorder treatment providers, infant-toddler mental health specialists, and hotline operators — would benefit from continued investment in workforce development. This plan highlights our state’s workforce goals around recruitment, retention, and training of a highly qualified ECCE workforce.

2. Physical Capital

Many strategic plan objectives require improving physical spaces where care and education are delivered and improving accessibility for rural families who face increased barriers to service because of where they live. Data from focus groups and community conversations suggest that parents cite safety and cleanliness as indicators of high-quality ECCE programs and transportation in rural areas as a barrier to high-quality care. This plan highlights the infrastructure goals around creating more opportunities for children and families in rural areas and improving ECCE facilities to better serve Oklahoma’s youngest children.

3. Intellectual Capital

Continuous research and data collection are critical to a successful strategic plan. The intellectual capital pillar represents the use of data and research and a commitment to best practices as key to moving Oklahoma’s mixed-delivery system forward. Oklahoma does not maintain a waiting list for child care subsidies, making it difficult to estimate unmet need. Furthermore, additional information is needed to address the needs of young children in the child welfare system and to better identify those with disabilities. This plan highlights the need to leverage data and technology to improve upon existing data systems and infrastructure to better serve Oklahoma’s youngest children and their families.

4. Financial Capital

Underscoring all the goals, objectives, and strategies in this plan is the need for greater financial investment in the futures of the youngest Oklahomans. In Oklahoma, funding reductions have led to many of the service gaps identified by the needs assessment, emphasizing the importance of engaging
policymakers and maximizing the use of funds to support the ECCE system (Greenberg et al. 2020). This plan highlights the importance of creating a sustainable strategic financing plan and a well-aligned policy agenda, which would increase the efficiency and effectiveness of local, state, federal, and private resources while identifying promising sources of future funding.

BOX ES.1

Why Goals and Pillars?

The goals in this plan express urgent priorities, especially for vulnerable groups, that Oklahoma intends to address with the five-year plan. The pillars are goals in their own right but are long term. They cut across the urgent priorities (the five goals) and address the complete infrastructure that systems leaders will need to achieve for the plan to reach all Oklahoma families with young children and for progress to be sustained beyond five years.

Our Commitments

Oklahoma is a national model for addressing the educational needs of 4- and 5-year-olds through universal pre-K. The OKFutures Strategic Plan takes Oklahoma to the next level to become a champion for children by prioritizing the needs of its youngest constituents—infants and toddlers—while focusing on important unmet needs of all children from birth to age 5 and their families. This will be accomplished through increasing culturally responsive choices for high-quality care and services throughout Oklahoma’s mixed-delivery system that support working families and overall family well-being, including early intervention programs, regional technical assistance hubs that create a consortium of options from coaching to mental health consultation, and increased funding opportunities for diverse child care settings.

This plan will also produce a more cohesive system of care for Oklahoma’s families with young children by focusing on quality throughout every objective, aligning systems of care, and moving toward seamless community-based supports. Oklahoma has a history of coordination and collaboration on behalf of young children and families. Building on this reputation, we aim to restore community partnerships by providing resources that support community-level coordination toward single enrollment systems; engage parents seeking services and needing information; identify innovative solutions to address facilities, transportation, and nontraditional care; and improve collaboration
among services for children and families, including stronger partnerships with Oklahoma’s tribal governments and expansion of high-quality ECCE program models offered by tribes.

Importantly, this plan will address the critical needs of Oklahoma’s most vulnerable young children and their families. Strategies focused on Oklahoma's most vulnerable families include piloting contracts with rural child care centers focused on infants and toddlers, piloting community-based preschool programs for 3-year-olds, leveraging Medicaid to support enhanced developmental and behavioral support of embedded primary care, and prioritizing children with disabilities, children involved in the child welfare system, and children experiencing homelessness. This plan prioritizes strategies that address the barriers Oklahoma’s most vulnerable families face and reflects our recognition that raising strong, healthy children is the key to a brighter future for all Oklahoma families.

Finally, to ensure this plan becomes a sustainable reality, the State Early Childhood Advisory Council will step into its role as Oklahoma’s statewide ECCE convening body by leading efforts in collaborative, diversely representative decisionmaking throughout strategic plan implementation and continuous review processes. OKFutures stakeholders will establish a common agenda and will develop and use shared measures to achieve the OKFutures vision and desired outcomes. Families with young children from all walks of life will serve on the council’s subcommittees and OKFutures steering committee workgroups to maintain their role as equal partners in recommending program, policy, and other mixed-delivery system improvements. OKFutures capacity-building initiatives will equip communities to engage in enhanced collaborative efforts that include families, providers, and other local stakeholders and will ensure communities have a consistent place at the table to inform state-level strategic plan work. Ongoing OKFutures efforts to facilitate interagency data sharing and to create an early childhood integrated data system (ECIDS) also support top administration priorities to increase efficiency and accountability and target investments in high-quality programs and services that benefit all of Oklahoma’s families with young children.
### TABLE ES.1

**OKFutures Plan Crosswalk with PDG B–5 Strategic Plan Requirements**

*The strategic plan’s alignment with Administration for Children and Families requirements*

<table>
<thead>
<tr>
<th>Strategic plan domain</th>
<th>Corresponding pages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stakeholder contribution.</strong> Identify the full range of stakeholders that developed or updated the strategic plan and how they will be affected by the work</td>
<td>4–6; 8; 53–56; Appendix A (57)</td>
</tr>
<tr>
<td><strong>Goals and action steps.</strong> Lay out a plan with goals and action steps that establish a comprehensive ECCE system</td>
<td>11–52</td>
</tr>
<tr>
<td><strong>Partnerships, collaborations, coordination, and quality improvement activities.</strong> Identify these areas that will be used to leverage policy alignments, program quality, and service delivery across ECCE</td>
<td>XI; 14–16 (1.1–1.5); 20–21 (2.2, 2.3); 27–28 (3.7, 3.8); 31–32 (4.1, 4.2); 39 (5.3), 45 (B.1), 47 (C.2), 51 (D.2)</td>
</tr>
<tr>
<td><strong>Transitions between ECCE programs and elementary school.</strong> Identify activities that improve the transitions from ECCE programs into elementary schools</td>
<td>16 (1.5); 25 (3.2); 26 (3.4); 38 (5.2); 39 (5.4); 43 (A.3)</td>
</tr>
<tr>
<td><strong>Coordination and collaboration among programs.</strong> Delineate how the plan will build on and support improved coordination and collaboration among ECCE programs</td>
<td>14–15 (1.2); 16 (1.5); 21 (2.3); 31–32 (4.1, 4.2); 43 (A.2, A.3); 47 (C.1)</td>
</tr>
<tr>
<td><strong>Framework for quality.</strong> Provide a strong framework for laying out how the state or territory will increase participation in high-quality ECCE programs, services, and settings within and across a mixed-delivery system</td>
<td>Goals 1–5 (12–40); Pillars A–D (40–52); and throughout</td>
</tr>
<tr>
<td><strong>Statutory requirements.</strong> Assess federal, state, and local statutory requirements and identify potential barriers or roadblocks that these requirements put on future coordination</td>
<td>13; 44; 49–50; Appendix F (91–111)</td>
</tr>
<tr>
<td><strong>Measurable indicators.</strong> Identify how the state or territory will use indicator data to assess progress, achieve desired outcomes, inform cost and resource efficiency, and support continuous quality improvement</td>
<td>8–9, 14, 21, 27, 34, 37</td>
</tr>
<tr>
<td><strong>State Advisory Council.</strong> Describe how the state or territory will continue to involve the State Advisory Council in implementing the strategic plan</td>
<td>v, xi, 53–55</td>
</tr>
</tbody>
</table>

**Notes:** ECCE = early childhood care and education; PDG B–5 = Preschool Development Grant Birth through Five. Objectives are in parentheses.
OKFutures Strategic Plan

High-quality early child care and education is critical not only for setting children on a positive developmental trajectory but for supporting the economic well-being of families and contributing to the healthy development of families as a whole. A burgeoning body of literature suggests children’s earliest experiences form the foundation for later growth and development, making early childhood a key area to focus prevention and intervention efforts. Further, high-quality early childhood programs have demonstrated large economic returns in the form of improved incomes for children and families who receive high-quality services and supports, as well as savings that result from lower spending on poor outcomes (Garcia, Heckman, and Leaf 2016). Finally, supporting the whole child through a system of comprehensive, integrated care (e.g., physical, emotional, social) is essential for children to grow and thrive.

Oklahoma is a national leader in early childhood care and education, yet a recent statewide needs assessment suggests there is still significant unmet need across the mixed-delivery system, particularly for those who are African American, Hispanic or Latino, or low-income or who live in rural areas (Greenberg et al. 2020). To meet this need, Oklahoma envisions a mixed-delivery system that provides equitable access to high-quality early care and education, health care, and family support services to all children and families, regardless of their background. A truly comprehensive and culturally responsive system must also acknowledge and respond to the unique and evolving circumstances of the state’s vulnerable and underserved families. Given the large socioeconomic and racial and ethnic disparities that persist across nearly every important measurable outcome in Oklahoma, early interventions are key to closing these gaps before they arise. Recognizing this, OKFutures has put forward a strategic plan that prioritizes the well-being of vulnerable families and presents carefully-crafted, targeted and universal approaches to ensure every child in Oklahoma has a fair chance to succeed.

Findings from the needs assessment are addressed in the goals and intended outcomes of this plan. Broadly, Oklahoma must promote equity through (1) coordinating and aligning family support and early childhood systems of care; (2) securing affordable, high-quality ECCE for its youngest children (from birth to age 3); (3) boosting parents’ choices for high-quality, culturally responsive care and services; (4) addressing poor health and mental health and the substance abuse crisis; and (5) communicating with parents of young children in engaging and meaningful ways. These priority areas are critical for Oklahoma to support the equitable development and overall well-being of its youngest constituents and their families. Without meaningful progress in these priority areas, Oklahoma families with young
children will continue to struggle, and state rankings related to child and family outcomes, workforce stability, and the preparedness of the future workforce will not improve.

The Federal PDG B-5 Grant

Because of its desire to focus on building out supports for unmet need, Oklahoma was awarded a federal Preschool Development Grant Birth through Five by the U.S. Department of Health and Human Services, Administration for Children and Families in December 2018. Former Gov. Mary Fallin designated the Oklahoma Partnership for School Readiness (OPSR) to lead this effort, known as OKFutures. OPSR is a quasi-governmental organization created under the enabling legislation of the Oklahoma Partnership for School Readiness Act of 2003, 10 O.S. § 640, to promote school readiness. Since 2010, the SAC has been designated in state statute as the State Early Childhood Advisory Council (SAC) and is responsible for supporting efforts to increase the number of children who are ready to succeed by the time they enter school and for fulfilling responsibilities outlined under the Head Start Act of 2007.

The grant’s purpose was to improve the effectiveness of Oklahoma’s early childhood mixed-delivery system. Foundational to this goal were two activities: first, to analyze the landscape of the early childhood mixed-delivery system (Greenberg et al. 2020), and second, to plan for changes to the system that maximize the availability of high-quality ECCE options across providers and partners for children and families, improve quality of care, streamline administrative infrastructure, and increase state-level ECCE funding and administrative efficiencies. The strategic plan reflects this second purpose through a thoughtful approach to the implementation of a multiyear effort to execute a comprehensive, high-quality mixed-delivery system for all children from birth to age 5 (hereafter, “young children”) and their families, especially those identified as vulnerable or underserved according to the needs assessment (Greenberg et al. 2020).
The Strategic Planning Process

OPSR used research and its own knowledge of Oklahoma’s ECCE landscape of state and local best practices to deliver a comprehensive plan capable of realizing the ambitious vision and mission put forth by OKFutures stakeholders. The plan’s foundation was laid by synthesizing data and recommendations from all segments of Oklahoma’s mixed-delivery system. We also sought new input on the needs and perspectives of stakeholders — especially those of families — from many Oklahoma communities, including metropolitan, rural, and tribal areas. OPSR led an intensive process in which hundreds of diverse stakeholders and area experts analyzed state data and recommended the goals, objectives, and strategies laid out in this plan.

The Needs Assessment Process

To inform the strategic plan, OPSR used PDG B-5 funds to contract with the Urban Institute to conduct a comprehensive, statewide needs assessment of Oklahoma’s early childhood mixed-delivery system (Greenberg et al. 2020). This document identified key needs in the 10 required ACF domains, organized into three major categories: early care and education, health, and family support services. The needs assessment was informed by multiple data sources, including a review of more than 53 needs assessments and related documents, original analysis of American Community Survey data, administrative data exports from state government agencies, qualitative data from parents and providers, and rapid-response surveys of key stakeholders throughout Oklahoma’s ECCE system.

The OKFutures Strategic Plan builds upon the needs assessment by offering strategies that directly address the needs identified in the 10 ACF domains. Table 1 presents a crosswalk that shows where each domain from the needs assessment is discussed in the strategic plan. Most strategies in this plan fall under goals that reflect urgent priorities for action identified in the needs assessment.
TABLE 1
How the OKFutures Strategic Plan Aligns with the Needs Assessment

<table>
<thead>
<tr>
<th>Alignment with needs assessment domains</th>
<th>Corresponding pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focal populations for the grant</td>
<td>v–vii; x–xi; 1–2; 8–11</td>
</tr>
<tr>
<td>Quality and availability</td>
<td>Goals 1–5 (12–40); Pillar A (40–44)</td>
</tr>
<tr>
<td>Children being served and awaiting service</td>
<td>15 (1.4); 25(3.3); Pillar C (46–49); 54</td>
</tr>
<tr>
<td>Gaps in data on quality and availability of programming and supports for children and families</td>
<td>20 (2.1); Pillar C (46–49); 50 (D.1)</td>
</tr>
<tr>
<td>Gaps in data, research to support collaboration, services to maximize parental choice</td>
<td>Pillar C (46–49)</td>
</tr>
<tr>
<td>Measurable indicators of progress</td>
<td>9–10; 16; 22; 28; 35; 40</td>
</tr>
<tr>
<td>Issues involving early childhood care and education facilities</td>
<td>Pillar B (44–46)</td>
</tr>
<tr>
<td>Barriers to the funding and provision of high-quality ECCE services and supports and opportunities for more efficient use of resources</td>
<td>Pillar D (49–52); Appendix E (76–88)</td>
</tr>
<tr>
<td>Transition supports and gaps</td>
<td>16 (1.5); 25 (3.2); 26 (3.4); 38 (5.2); 39 (5.4); 43 (A.3)</td>
</tr>
<tr>
<td>System integration and interagency collaboration</td>
<td>Goal 1 (12–16); Pillar C (46–49); Pillar D (49–52)</td>
</tr>
</tbody>
</table>

Notes: ECCE = early childhood care and education. Page numbers are listed, and objectives are in parentheses.

Existing Inputs

This document reflects input from more than 20 state- and county-level strategic plans in Oklahoma. These plans include recent School Readiness Community Assessment and Improvement Plans from several counties (Comanche, Haskell, Jackson, Kay, LeFlore, Tulsa, and Washington) and Oklahoma City. The plan also draws on relevant reports, fact sheets, and scholarly articles, including Impact Tulsa’s Countdown to Kindergarten 2018 Pre-K Campaign Plan and Oklahoma’s 2019–2023 state plan for the prevention of child abuse and neglect. All documents were catalogued and coded per a rubric based on ACF guidance. These documents both inform and align with many of the goals and objectives set forth in this plan.

Stakeholder Contributions

An extensive process of stakeholder engagement informed the OKFutures Strategic Plan. In coordination with OPSR, the Urban Institute conducted semistructured focus groups and interviews with over 100 Oklahoma parents and providers in June 2019 to inform the needs assessment. Conversations took place in English and Spanish. One provider-specific focus group was also conducted with the Oklahoma Tribal Child Care Association. Urban Institute recorded parent and provider
perspectives with the aid of audio recordings, analyzed notes through an emergent coding scheme, and extracted key themes and variations.

Also in June 2019, OPSR staff led 11 community conversations with over 230 community members across the state using a data walk format. Stakeholders included parents; early childhood educators and service providers; other providers from center-based, home-based, Head Start, and Tribal Head Start settings; philanthropic partners; state and local government officials; SAC members; and other community leaders and organizers. These rich discussions provided community members an opportunity to describe the current state of Oklahoma’s mixed-delivery system, identify areas in need of improvement, and develop strategies for accomplishing goals. These conversations were framed using OPSR’s School Readiness Pathway by focusing on health, early care and learning, and family support. A note taker transcribed key discussion points, which Urban Institute subsequently coded and analyzed. Community conversations took place at the following 11 community organizations:

- Ada Regional United Way (Ada)
- CAP Tulsa (Tulsa)
- Tulsa Community Service Center (Tulsa)
- Community Development Support Association (Enid)
- KI BOIS Community Action Foundation (Stigler)
- United Way of Southwest Oklahoma (Lawton)
- Latino Community Development Agency (Oklahoma City)
- Smart Start Central Oklahoma (Oklahoma City)
- Northern Oklahoma Youth Services (Ponca City)
- KI BOIS Community Action Foundation (Tahlequah)
- United Community Action Program (Stillwater)

The plan was also informed by data collected from key stakeholders in the state’s early childhood mixed-delivery system and related programs. OPSR supported data collection by disseminating surveys to its staff, board, steering committee, and OKFutures workgroup along with additional leaders in partner agencies throughout Oklahoma. The Urban Institute synthesized survey responses and extracted findings for incorporation into the strategic plan. Further, one-on-one interviews were conducted with 15 agency and other program administrators and managers as well as other state and
community leaders. These stakeholders initially reflected on the strengths and challenges of the current system and proposed new strategies to address unmet needs. They then provided feedback on proposed activities in this strategic plan in their area of expertise.

Separately, OPSR included many stakeholders in analyzing and synthesizing the data described above to develop the plan’s vision, mission, desired outcomes, and goals. Several stakeholders served in advisory roles. In January 2019, OPSR convened a steering committee comprising SAC, state agency and tribal government program leaders, early care and education professionals, and researchers from Oklahoma’s institutions of higher education. The steering committee met monthly since March 2019 to guide the direction of the needs assessment and strategic plan and to coordinate the activities of OKFutures teams. Steering committee members also gathered data, needs assessments, and plans from their organizations.

OPSR also convened five teams focused on family and community engagement, professional development, quality improvement, evaluation, and early learning equity and diversity. These teams convened more than 20 times for needs assessment and strategic plan development and review. A sixth workgroup was convened in July 2019 to align PDG B-5, the Families First Prevention Services Act, and the child welfare system.

OPSR engaged with additional research partners to inform areas of the plan where specialized expertise and analysis were required to formulate optimal strategies in communication, funding, infrastructure, and systems alignment. These partners included Advocacy & Communication Solutions, Chapin Hall, Foresight Law + Policy, the Oklahoma Policy Institute, Saint Francis Ministries, SRI International, and Third Sector Intelligence.

The table below shows where additional information can be found on how stakeholders provided input into the strategic plan.
### TABLE 2
How Stakeholders Provided Input on the OKFutures Strategic Plan

<table>
<thead>
<tr>
<th>Stakeholder input</th>
<th>Corresponding pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents, family members, or guardians</td>
<td>Appendix B, C; 4–5; 7</td>
</tr>
<tr>
<td>Child care providers from different settings (e.g., center based, Head Start, home based)</td>
<td>Appendix A, B, C; 4–5; 7</td>
</tr>
<tr>
<td>Child care providers from different parts of the state, including rural areas and areas with diverse populations</td>
<td>Appendix A, B, C; 4–5; 7</td>
</tr>
<tr>
<td>Other early childhood service providers</td>
<td>Appendix A, B, C; 4–5; 7</td>
</tr>
<tr>
<td>State or local Early Childhood Advisory Council(s) or other collaborative governance entity</td>
<td>Appendix A; iv; 5; 7</td>
</tr>
<tr>
<td>Key partner agencies</td>
<td>Appendix A; 5; 7</td>
</tr>
</tbody>
</table>

Lists of stakeholder group members can be found in Appendix A. Additional details concerning data collection and gathering input from stakeholders that supported the development of this plan appear in Appendixes B and C.
FIGURE 1
Stakeholder Engagement and Involvement in OKFutures

Over 389 people, including family and community members, state agency leaders, providers, and OPSR Board and committee members, engaged in the needs assessment and strategic plan.

11 community conversations with over 230 community members across the state sharing their stories of need and hope for their youngest children.

6 State Advisory Council (OSPR Board) meetings to discuss the strengths and barriers of the early care and education system and to review and approve the strategic plan.

20 OKFutures steering committee meetings in which partners representing childcare, Head Start, education, health, foster care, disabilities, research, tribal governments, and families came together to contributed to the strategic plan.

5 governor and cabinet secretary meetings to review and provide input for the strategic plan to ensure that children and families receive the services and supports they need.
The Plan

Our Vision and Outcomes

The vision for OKFutures is that all of Oklahoma’s infants, toddlers, and preschoolers will be prepared for healthy, happy, and successful lives.

OKFutures stakeholders expect this plan will produce outcomes for people, namely young children, their families, and Oklahoma citizens overall.

- All children meet optimum health and developmental milestones upon entry to school
- All families provide safe, positive, and nurturing environments for children
- All children and their families live in healthy and supportive communities
- Oklahomans benefit from the efficient use of tax dollars and other resources and from a healthy, productive workforce
### TABLE 3
**Tracking Outcomes for OKFutures**
*Indicators for Child and Family Well-Being*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator</th>
<th>Data source</th>
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<tbody>
<tr>
<td>All children meet optimum health and developmental milestones upon entry to school</td>
<td>% of mothers who carry babies to full term (&gt;37 weeks)</td>
<td>OK Department of Health (OSDH)</td>
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<td></td>
<td>% of babies born weighing more than 5.5 pounds</td>
<td>OSDH</td>
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<td></td>
<td>% of mothers with access to prenatal care, including early (first trimester) prenatal care</td>
<td>OSDH</td>
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<td></td>
<td>% of children with health insurance</td>
<td>National Survey of Children’s Health (NSCH) 3.4</td>
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<td></td>
<td>Infant mortality rate</td>
<td>OSDH</td>
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<td></td>
<td>% of children who eat the recommended dietary guidelines of fruits and vegetables</td>
<td>OSDH</td>
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<td></td>
<td>% of children who receive coordinated care with a medical home</td>
<td>NSCH 4.12</td>
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<tr>
<td></td>
<td>% of children, ages 9 months through 35 months, who received a developmental screening using a parent-completed screening tool in the past year</td>
<td>NSCH 6 &amp; TBD</td>
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<tr>
<td></td>
<td>% of kindergartners who enter school ready to learn as determined by assessments</td>
<td>Oklahoma State Dept. of Education (OSDE) &amp; TBD</td>
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<tr>
<td>All families can provide safe, positive, and nurturing environments for children</td>
<td>Number and % of children living in poverty</td>
<td>Small Area Income and Poverty Estimates (SAIPE)</td>
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<td></td>
<td>% of parents reporting their children's health is excellent or very good</td>
<td>NSCH 1.1</td>
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<tr>
<td></td>
<td>Number and % of substantiated cases of child maltreatment for children younger than 6 (includes abuse and neglect)</td>
<td>OK Department of Human Services (OKDHS)</td>
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<tr>
<td></td>
<td>Number and % of parents who report reading to their child</td>
<td>NSCH 6.7</td>
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<td></td>
<td>% of children living in food-insecure households</td>
<td>Economic Research Service; Feeding America</td>
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<td></td>
<td>Unemployment rate of families of with children younger than 6</td>
<td>American Community Survey</td>
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<tr>
<td></td>
<td>Median household income</td>
<td>SAIPE</td>
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<td></td>
<td>Number and % of children younger than 6 in foster care who are placed in a permanent home</td>
<td>OKDHS</td>
</tr>
<tr>
<td>All children and their families live in healthy and supportive communities; Oklahomans benefit from the efficient use of tax dollars and other resources, and a healthy, productive workforce</td>
<td>Number and % of parents who are satisfied with ECCE settings</td>
<td>TBD</td>
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<td></td>
<td>Rate: Number of reported crimes per 1,000 residents</td>
<td>Oklahoma State Bureau of Investigation uniform crime reporting system</td>
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<td></td>
<td>Number of low-income census tracts with low access to nutritious food options</td>
<td>Economic Research Service</td>
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<td></td>
<td>Number and % of people living in ECCE child care deserts</td>
<td>Center for American Progress &amp; OKDHS</td>
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<td>% of ECCE workforce who are culturally and linguistically reflective of the community</td>
<td>OSDE &amp; American Community Survey</td>
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<td></td>
<td>% of ECCE programs that meet standards of high program quality</td>
<td>OKDHS</td>
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<td></td>
<td>Number of revised state and local policies that support young children and their families</td>
<td>TBD</td>
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<td></td>
<td>Number and % of licensed ECCE programs reporting sustainable financing throughout previous 12 months of operation</td>
<td>TBD</td>
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<tr>
<td></td>
<td>Rate of job growth and earnings growth by industry</td>
<td>OK Department of Commerce</td>
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<tr>
<td></td>
<td>Prevalence of high benefit-to-cost ratio for ECCE services</td>
<td>TBD</td>
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**Notes:** Data sources listed as TBD indicate a need for measurement of this indicator. Refer to the intellectual capital pillar for more information.
Almost every indicator will be used to track vulnerable groups, such as families living in poverty (earning less than 100 percent of the federal poverty level) and families with low incomes (earning less than 200 percent of the federal poverty level); children from historically marginalized racial and ethnic groups; children involved in the child welfare system and foster care; children exposed to trauma and adverse childhood experiences; children facing homelessness; children of parents who are incarcerated, have mental illnesses or substance use disorders; English language learners; children with developmental delays and disabilities; children of teenage parents; and families with inadequate income, transportation, or access to services.

Our Mission and Goals

The mission of OKFutures is to develop the capacity of parents, communities, public agencies, and private organizations to provide young children equitable access to the physical, emotional, and educational supports they need to thrive.

Our five goals address the most urgent ECCE needs of children, parents, and communities identified by the needs assessment that accompanies this plan. Each goal has a performance measures to track its progress. Data collection and analysis (intellectual capital pillar) links each performance measure to the population-level outcome it drives forward. This will allow the state to better understand how improvements in the mixed-delivery system contribute to child, family, and community well-being.

The pillars, which follow the goals, address long-term objectives for building human, physical, intellectual, and financial capital (i.e., broad infrastructure) that Oklahoma will need to sustain its mission. These objectives are generally not attributable to any single goal but represent Oklahoma’s understanding that the work we do in the next five years (enhanced by PDG funding) will not go far unless we build a solid foundation. Where a human, physical, intellectual, or financial strategy is specific to a particular goal (i.e., urgent priority), we placed the strategy within that goal and used an icon to signal the pillar to which it relates.
Goal 1. Align Systems of Care to Produce More Seamless, High-Quality, and Cost-Effective Services for Families with Young Children

In Oklahoma, families with young children may be served by multiple governmental and nongovernmental entities, including the state departments of education, health, human services, mental health and substance abuse services, and commerce; tribal governments; private providers; and nonprofit and other community-based organizations. Providers access multiple funding streams from different sources for different types of programs, such as early care and education, family support, and health. Likewise, children and families participate in multiple programs throughout their children’s early years.

THE URGENT NEED FOR BETTER ALIGNMENT OF SYSTEMS AND SERVICES

The fragmented nature of Oklahoma’s mixed-delivery system presents challenges to coordination and collaboration. Stakeholders rank interagency collaboration and system integration among their most pressing priorities. Specifically, varying program standards and data collection efforts across the mixed-delivery system make it difficult to compare the quality of services that children receive in different programs and to determine links between measured quality and child and family outcomes. It also remains challenging to estimate the number of families who need care and could benefit from child care assistance.

Head Start also experiences collaboration challenges, given its federal-to-local structure. Some Head Start programs have no relationship with child care resource and referral agencies, the subsidy system, or planning committees that address child care issues. In a recent survey, Head Start directors indicated little relationship with non–Head Start committees, Interagency Coordinating Councils, and preschool special education work and advisory groups. In several programs, relationships with SoonerStart are nascent, and numerous programs indicate difficulty obtaining timely Part B and Part C
evaluations and evaluation results. Building and fostering these relationships is paramount for meeting the diverse needs of the families Head Start serves (OHSCO 2018).

Further, young children, their birth parents, and family members involved in or at risk of becoming involved in the child welfare system may experience gaps and breakdowns in services that are particularly troubling given their elevated need for identifying and healing their trauma. The importance of considering and addressing children’s safety, well-being, and learning and developmental needs is key to stabilizing the family or otherwise creating a plan for permanency.

OBJECTIVES AND STRATEGIES FOR BETTER ALIGNING SYSTEMS AND SERVICES
The objectives and strategies below provide a framework for coordinating the many moving pieces of Oklahoma’s mixed-delivery system in a way that produces maximal quality and efficiency for all stakeholders.

Accomplishing this will require a multipronged approach that includes establishing a shared statewide vision and strengthening governance around early childhood, aligning ECCE program quality standards, engaging and empowering communities to be decisionmakers, collecting and tracking data across programs, and improving transitions between programs. This goal is both an urgent priority and inextricably linked to the plan’s long-term pillars for sustainable success because aligning the mixed-delivery system will require ongoing coordination across multiple domains, including data systems, program standards, knowledge building, professional development, and funding streams. For example, linked data between programs are crucial to develop accurate program participation counts and to identify unmet needs, eliminate service gaps through targeted investments, and establish high-quality programs and policies that promote equitable service delivery. Ultimately, alignment across currently siloed programs and data systems will bring about more cohesive service provision and improve outcomes that result in long-term benefits to Oklahoma’s families with young children. These efforts are particularly important for vulnerable and underserved children and families, as these families are more likely to face preexisting barriers to accessing and participating in early care and education programs and other services offered through Oklahoma’s mixed-delivery system.

Further, a recent fiscal map report, conducted by the Oklahoma Policy Institute (OK Policy), on the spending and funding resources for Oklahoma programs serving young children suggests that fiscal resources are not coordinated, maximized, and leveraged to the greatest extent possible, in part because federal and state programs for early childhood have different goals, target audiences, and constituents (see Appendix E for the full report). OK Policy’s companion legislative report also assesses current federal, state, and local statutory and policy requirements that significantly affect the early
childhood landscape and highlights opportunities and roadblocks to future coordination across Oklahoma’s mixed-delivery system (Appendix F). Despite the fragmented current landscape, goal one emphasizes that system effectiveness can be maximized by coordinating statewide services, encouraging local collaboration, and advancing common goals.

Progress within goal one will build on Oklahoma’s current strengths. In recent years, Oklahoma broke down silos throughout the state’s mixed-delivery system. Stakeholders note that OPSR plays an important role as the central coordinating body for statewide early childhood initiatives by providing education and resources to Oklahoma families with young children. Other examples of cross-sector collaboration throughout the ECCE landscape include Oklahoma’s seven Early Head Start–Child Care Partnerships (EHS-CCP) and four Educare locations, which access multiple funding streams and are promising examples of innovative collaborative efforts; the Oklahoma Early Learning Guidelines for Children Ages Three through Five, which have been revised by a cross-sector workgroup that aligned its standards with the 2016 Head Start program performance standards and Oklahoma academic standards used in universal pre-K; and coordinated communication among state agencies and tribal programs to reduce duplicative efforts, such as the Tribal-State Child Care Network that convenes child care administrators from more than 20 tribes, state agency personnel, and other providers and program staff (including OPSR) each quarter. Further, Oklahoma maintains reciprocal agreements with tribes so each party recognizes the others’ child care licensing and subsidy systems. This allows families who are eligible for both programs to move seamlessly between the two systems.

OBJECTIVE 1.1. ADVANCE OKLAHOMA’S MIXED-DELIVERY SYSTEM BY CREATING A SHARED VISION AND COMMON GOALS AMONG STATE AND LOCAL LEADERS

- Redefine the responsibility of the SAC, as the State Early Childhood Advisory Council, to lead collaborative decisionmaking for planning, coordination, system assessment, and resource distribution.
- Empower local communities to coordinate service delivery, ensure funds are used effectively, and coordinate with the SAC.
- Construct a statewide policy agenda, informed by families, that leads with equity, increases coordination, and removes bureaucratic barriers to participation in services that support young children and their families.
- Cultivate a network of early childhood ambassadors to inform and engage lawmakers and cabinet members in a statewide policy agenda that supports young children and their families.
OBJECTIVE 1.2. REDUCE FRAGMENTATION BY ALIGNING PROGRAM QUALITY STANDARDS, ELIGIBILITY REQUIREMENTS, AND FUNDING STREAMS

- Create uniform standards across programs in the mixed-delivery system to ensure children participating in multiple programs are more equitably prepared for school entry.
- Periodically review the alignment of standards between state-administered child care programs and tribal child care programs.
- Adopt common screening, intake, and child and family assessments, and create processes with informed consent to share information between providers to improve efficiency in service delivery.
- Simplify eligibility determination processes and ensure income thresholds and other factors relevant to eligibility determinations are aligned to the greatest extent allowed under federal law.
- Leverage multiple sources of state funding for income-scaled supports to help families transition out of federal benefit program eligibility.
- Conduct thorough research across Oklahoma’s financial landscape, examining new and existing funding sources that agencies and other providers can leverage, and produce recommendations for Oklahoma’s mixed-delivery system to better navigate numerous funding streams to support sustainable, high-quality service delivery.

OBJECTIVE 1.3. SUPPORT COMMUNITIES IN BUILDING UPON EXISTING RESOURCES AND LEVERAGE FUNDING FOR COORDINATED ENROLLMENT, CROSS-SECTOR TRAINING AND TECHNICAL ASSISTANCE, AND SHARED SERVICES

- Support community-level coordinated enrollment for more seamless access to home- and center-based child care, Early Head Start, Head Start, pre-K programs, home-based and center-based parenting programs, and special education services.
- Expand capacity and use of existing public and private technical assistance resources, including those offered through tribal government programs and regional hubs that offer training and support for early childhood programs, services, and family supports.
- Support the development of community-level shared administrative services, including human resources support for payroll, insurance, billing, data collection, and accountability review.
OBJECTIVE 1.4. EQUIP POLICYMAKERS AND OKFUTURES STAKEHOLDERS WITH THE TOOLS THEY NEED TO MAINTAIN ACCOUNTABILITY AND MAKE INFORMED DECISIONS

- Link data across agencies and programs to capture a distinct count of children receiving early childhood services through an ECIDS.

- Establish statewide child outcome measures across all mixed-delivery programs, monitor trends, and publish outcomes to inform investments, policies, programs, and practices.

- In partnership with state leadership, implement a data-driven stakeholder engagement and review process to keep the OKFutures plan current and dynamic.

OBJECTIVE 1.5. OFFER SUPPORTS THAT EASE TRANSITIONS ACROSS THE MIXED-DELIVERY SYSTEM

- Support the earliest transitions, from prenatal to birth, and from home to any level of early care and education by establishing universal home-visiting programs that scaffold transitions for families with young children.

- Create avenues through which ECCE and other service providers can communicate toward improved intra- and interorganizational transitions coordination for better continuity of care.

- Establish cross-sector community transition teams that provide education and resources to families about transitions throughout the early years before school entry, which include representatives from Head Start and Early Head Start, tribal ECCE programs, child welfare, child care, teachers, parents, and schools.

- Implement a statewide pre-K and kindergarten assessment to inform and assist the transition into kindergarten.
HOW TO MEASURE SUCCESS IN THIS GOAL

Performance Measures

These performance measures may measure Oklahoma's success in achieving goal one objectives:

- Number of public policy–related measures voted on and endorsed by the SAC
- Share of SAC appointees having made formal commitments to be early childhood ambassadors
- Number of families with young children, agencies, providers, tribal government representatives, Oklahoma lawmakers, and cabinet-level officials participating in the OKFutures continuous review process
- Percentage increase in the number of two or more programs or services using common screening and assessment tools
- Number of regions and counties engaging with cross-sector ECCE transition teams
- Number of agency and program data linked to the Oklahoma ECIDS
- Number of pre-K and kindergarten programs participating in Oklahoma’s student assessment
- Percentage increase in newly identified state or local funding streams leveraged to match ECCE federal funding

Goal 2. Secure Affordable, High-Quality Early Care and Education for Children from Birth to Age 3

Oklahoma has established itself as a national leader in providing pre-K to 4-year-olds and scores high on nationwide rankings for access to pre-K and pre-K quality. In 2018, 74 percent of the state’s 4-year-olds were enrolled in pre-K (Friedman-Krauss 2019). PDG B-5 presents a unique opportunity for the state to build on its successes and expand high-quality, affordable ECCE programs to children from birth to age 3.

Ensuring that families of infants and toddlers have access to ECCE programs that meet their needs is critical for children’s success in school and beyond. A child’s brain develops faster from birth to age 3 than during any other period in life, which has important implications for children’s cognitive, emotional, and social development. Research demonstrates that well-planned interventions beginning at birth can set the stage for lifelong success and reduce socioeconomic and achievement gaps that arise before kindergarten (Center on the Developing Child 2017; Duncan and Sojourner 2013). From both a scientific and economic perspective, investing in children early is more efficient and produces more
favorable outcomes than remediation later in life. Family economic stability also improves when ECCE programs for infants and toddlers are available and affordable, and parents are able to work.

THE URGENT NEED FOR MORE AFFORDABLE, HIGH-QUALITY CARE FOR INFANTS AND TODDLERS

There is an urgent need to redirect attention to affordable, high-quality care for infants and toddlers across all relevant systems. In a recent evaluation of Oklahoma’s quality rating and improvement system (QRIS), Reaching for the Stars, an early childhood education subcommittee commissioned by the governor as part of his transition team recommended an overhaul of the criteria and additional child care quality star levels. Subsidy reimbursement rates based on star level have been improved but are still not adequate to cover the full cost of quality care, especially for three-star programs. Recent budget constraints also resulted in replacing the Environment Rating Scale external assessment with a self-assessment tool that programs use as part of an ongoing evaluation process. The constraints also eliminated 12 consultation and technical support specialists. Another concern is that roughly 45 percent of the 3,022 licensed child care programs in the state are one-star programs.

For children too young to enroll in universal pre-K in Oklahoma, studies consistently find that the high cost and inadequate supply of early care and learning options — particularly high-quality child care options — are the two largest barriers to children’s participation in ECCE programs. The state does not maintain a waiting list for child care subsidies, but parents, providers, and stakeholders confirm substantial availability gaps for infants and toddlers. Capacity concerns have been exacerbated by the steady decline in the number of child care facilities, especially in family child care homes. Care for children with disabilities has become even more difficult to access. Parents have increasingly had to rely on family, friend, and neighbor care that is not supported by training or the resources available to licensed programs.

Children involved in the child welfare system are often not connected to ECCE programs at all, or, when they are, the programs are not equipped to manage the predictable effects of trauma on child behavior. Additionally, children enrolled in an ECCE program who experience a child welfare–based disruption (e.g., removal from the home, placement in foster care) also risk experiencing a disruption in their enrollment, causing additional instability as children are moved from one setting to another. Ensuring that children involved in the child welfare system experience stability in early care and education is critical for ensuring their healthy growth and development.

High-quality options, in particular, are difficult to access, with just 9 percent of licensed child care facilities earning the highest rating on Reaching for the Stars in 2018.¹ The Oklahoma Early Childhood
Program (OECP) leverages public funding with matching private dollars to expand the supply of high-quality early education for low-income children. But few communities can identify the private matching funds needed for the OECP. A similar concern of securing matches is noted with grantees who wish to apply for the EHS-CCP grants. Expanding these model programs positively affect the supply and quality of services for vulnerable families. They also benefit from exceptions to subsidy policies: teachers are paid a full-time rate with absent-day payments, family share copayment is waived, and the child’s attendance is not tied to the parent’s work schedule. Granting these exceptions to more providers could offer further incentives for and enhance high-quality infant and toddler programs.

Many families also find the high cost of infant and toddler care to be unaffordable because of increased program costs to meet low staff-to-child ratios and access additional classroom resources. Additionally, recent evidence shows that only a small portion of Oklahoma children who are potentially eligible for child care subsidies are receiving them, and even families who can secure subsidies sometimes find that their family-share copayment is unaffordable. Child care subsidy rates and policies pose barriers to both provider and family participation. One example is that provider payment is based on child attendance, not enrollment, which creates inequities between children whose care is paid for via subsidy payments versus privately paid, with the later more likely to retain their enrollment.

Parents, providers, and stakeholders noted that child care is particularly difficult to access for families earning just over the income threshold to qualify for subsidies, and parents voiced frustration at being penalized for working by losing subsidies. One Oklahoma child care provider stated, “It’s a catch 22 – parents work hard to provide for their children but are making too much to receive assistance for high-quality child care.” Parents echoed this sentiment during interviews, with one frustrated parent saying, “The middle class struggles. We don’t get the advantage of Head Start but are not wealthy enough to get a good program. It feels like — what about our kids?”

OBJECTIVES AND STRATEGIES TO ACHIEVE MORE AFFORDABLE, HIGH-QUALITY CARE FOR INFANTS AND TODDLERS

The objectives discussed below focus on making high-quality early care and education programs available and accessible to families of infants and toddlers. They reflect a deep understanding of and attention to the fact that effective early childhood intervention must start before pre-K. Accomplishing this goal will require comprehensive reforms to the mixed-delivery system that include addressing the declining number of child care facilities; creating a statewide, voluntary preschool program for 3-year-olds; expanding promising programs that serve the state’s youngest children; reevaluating child care subsidy rates; and raising quality standards. Together with the health and family support objectives
detailed in this plan, this goal creates a road map that will make Oklahoma the nation’s leader in putting children from birth to age 3 on a path to lifelong success.

The objectives and strategies put forth in goal two will build on the current strengths of Oklahoma’s mixed-delivery system, including capitalizing on the ways programs support families with young children. Several components of the mixed-delivery system serve families of infants and toddlers, including Early Head Start, tribal Early Head Start, EHS-CCP, Educare, the Oklahoma Early Childhood Program, state-administered and tribal home-visiting programs, SoonerStart (IDEA Part C), and the Child Guidance program. These programs layer public and private funding to support families and enhance provider competencies, improve facilities, and increase access to affordable, high-quality care. Some tribes in Oklahoma also elevate relative caregivers through relative provider programs, wherein families with young children who are cared for by grandparents, adult siblings, or other extended family members are eligible for subsidies. Programs serving infants and toddlers also collaborate with health and family support programs and facilitate transitions between ECCE programs. In past studies and recent focus groups, parents reported receiving important benefits from program participation, including increasing their understanding of their child’s development, improving their parenting skills, and being connected to community and state resources that support their family’s well-being.

Further, these goals will build on Oklahoma’s effort of launching the nation’s first statewide QRIS in 1998 in which all child care and licensed Head Start programs received a rating, providing valuable information for families and a framework for programs to enhance quality. The Reaching for the Stars program awards one to three stars based on increasingly higher standards that build upon minimum licensing requirements in the areas that most affect quality of care. Although some criteria have been added or revised, there has not been a major review since 2012.

OBJECTIVE 2.1. EVALUATE AND ADDRESS THE SIGNIFICANT DECLINE IN THE NUMBER OF CHILD CARE FACILITIES

- Conduct a statewide supply-and-demand trend analysis that includes program location, capacity, ages of children, hours of operation, QRIS quality level, and acceptance of child care subsidies.

- Collect and compile data on reasons for the decline in the number of child care centers and family child care homes, and develop responses to address barriers (e.g., regulations, facilities, and subsidy policies).

- Explore funding to create and sustain staffed family child care networks, while giving providers incentives to participate in staffed family child care networks.
OBJECTIVE 2.2. INCREASE THE SUPPLY OF HIGH-QUALITY INFANT-TODDLER CARE AND EDUCATION THAT MEETS FAMILIES’ NEEDS

- Pilot an enrollment-based child care subsidy program that increases the number of slots for infants and toddlers living in rural areas and child care deserts.
- Expand state funding for the OECP to include additional geographic areas.
- Expand the capacity of infant-toddler child care providers to offer high-quality care by replicating quality enhancements available through existing EHS-CCP grants.
- Support family, friend, and neighbor caregivers to be successful infant-toddler caregivers by providing access to special trainings, consultation with specialists, and toy and book lending libraries.

OBJECTIVE 2.3. RAISE THE BAR FOR HIGH-QUALITY CARE FOR OKLAHOMA’S YOUNG CHILDREN BY ENHANCING THE STATE QRIS, REACHING FOR THE STARS

- Revise Reaching for the Stars to add two levels (change to a five-star system), align with Head Start and pre-K quality standards, and provide resources for child care programs to successfully participate.
- Evaluate incentives and subsidy rates for providers to implement new criteria, such as home visits, coaching, mental health consultation, provider benefits, improved student-teacher ratios, developmental screening, environmental assessments, curriculum and assessment, and other family supports.
- Restore the consultation and technical support specialists to provide on-site technical assistance to programs to support participation in Reaching for the Stars.

OBJECTIVE 2.4. IMPROVE CHILD CARE SUBSIDY RATES, ESPECIALLY FOR PROVIDERS MEETING DIVERSE FAMILY NEEDS

- Implement an enhanced rate for both full-time and part-time care during nontraditional hours that supports parents’ flexible work schedules.
- Evaluate the application process and eligibility for an enhanced subsidy rate for children with disabilities, and assess the current reimbursement rate.
- Evaluate subsidy rates that give providers incentives to participate in Reaching for the Stars, ensuring equity across geographic areas, tribal and state-administered programs and improving access for vulnerable and high-need populations.
- Extend the subsidy program exceptions available to OECP and EHS-CCP to infants and toddlers served in three-star programs.

- Analyze the cost of high-quality care, and advocate for adequate subsidy rates for infants and toddlers.

- Identify and enact an approach to ensure greater accessibility to child care for infants and toddlers in the child welfare system, regardless of child placement, as part of Oklahoma’s Family Centered Services Program and Family First Prevention Services Act prevention program.

HOW TO MEASURE SUCCESS IN THIS GOAL

Performance Measures

These performance measures may measure Oklahoma’s success in achieving goal two objectives:

- Share of eligible children enrolled in Early Head Start, disaggregated by race, ethnicity, and geography

- Share of children from birth to age 3 enrolled in high-quality care (two or three stars), disaggregated by race, ethnicity, income, and geography

- Share of children from birth to age 3 receiving child care subsidies, disaggregated by race, ethnicity, income, and geography

- Share of infant and toddler care settings offering nontraditional hours of care

- Share and number of infant and toddler care settings using coaching or mental health consultation services


Oklahoma’s young population, rural geography, rapidly changing demographics, and nontraditional family structures lend to the state’s rich diversity and many strengths. But Oklahoma’s consistently poor rankings on multiple indicators of well-being suggest the state is not adapting to its citizens’ changing needs. The lack of a supportive and flexible mixed-delivery system leaves uncertain the quality of life and the workforce the state can produce. By fulfilling parents’ desire for high-quality ECCE
options that are responsive to their culture, support their family’s well-being, and allow them to be successful in the workplace, Oklahoma can chart a course for a better future.

Research shows that children have better outcomes when they grow up in a stable household and when their parents are engaged in their development. Providers in the mixed-delivery system are uniquely positioned to deliver two-generation approaches that meet the needs of both children and their families through direct provision of care or through referrals to government and community resources. Beyond ensuring that appropriate ECCE programs and supports exist, prioritizing parents’ ability to work is critical for ensuring family and community well-being.

THE URGENT NEED TO INCREASE CHOICE AND PROMOTE FAMILY WELL-BEING

Studies of Oklahoma’s early care and education systems consistently find that, beyond cost and capacity, key barriers to accessing care include a lack of culturally and linguistically appropriate care and a dearth of options for families working nontraditional hours. Key stakeholders noted that the mixed-delivery system also faces acute challenges serving children in rural areas (where nearby options for care are often scarce or nonexistent), homeless children, children involved in the child welfare system, and children with disabilities or developmental delays. Oklahoma also has the nation’s second-highest suspension and expulsion rate in pre-K programs, and nationwide racial and ethnic disparities in discipline practices create inequities in access to high-quality ECCE between groups (Stegelin 2018). There is also insufficient awareness of available early childhood services among communities, particularly among racial and ethnic minorities or important intermediaries, such as frontline child welfare workers, kin caregivers, and foster families. Additionally, stakeholders noted in community conversations that the nontraditional structure of many of Oklahoma’s families (i.e., many children live with their grandparents, relatives, or young parents) can present challenges for service provision.

Oklahomans experience some of the highest rates of poverty, food insecurity, child abuse and neglect, and child and parental adverse childhood experiences in the country, but past studies and recent data reveal an inadequate supply of services to meet these needs, particularly in rural areas. Parents, providers, and stakeholders emphasized the need for more family support services, professional development around trauma-informed care, and information for families to support children’s development. Many of these programs and services have faced budget cuts. Wraparound family support services, such as food, public assistance, affordable housing, workforce development, and transportation, are necessary to ensure young children develop in healthy and stable conditions.
OBJECTIVES AND STRATEGIES TO ACHIEVE INCREASED CHOICE AND FAMILY WELL-BEING

The objectives and strategies below outline the steps Oklahoma will take to reduce the barriers families face on the path to success. These objectives are meant to ensure that all families receive the support they need to provide their young children with a healthy and safe upbringing. Further, goal three emphasizes the importance of parental choice and voice, as parents’ involvement is of primary importance to a child’s success. The objectives were written to fit the diverse needs of Oklahoman families and to support overburdened and nontraditional families. In addition to creating culturally responsive services, Oklahoma will work to make these services accessible to all families. If implemented with fidelity, goal three will increase the choices available to parents and allow families to find economic security and overall well-being.

Goal three builds on the existing strengths of Oklahoma’s mixed-delivery system, which already has supports in place that allow care and education services to more comprehensively meet young families’ needs. Families of children with disabilities and developmental delays receive important services through SoonerStart and their school districts. In response to increasing demand for bilingual caregivers, the Center for Early Childhood Professional Development (CECPD) has increased the availability of trainings focused on language acquisition and cultural competence. Tribal governments offer early childhood services that increase culturally appropriate access to early learning for tribal members, and the Oklahoma Child Care Resource and Referral Association delivers information about ECCE options to parents in a culturally and linguistically responsive manner. In focus groups, parents reported that ECCE programs help them access services, including income and nutritional support, education and training programs, parenting supports, public transportation, and paid leave policies.

OBJECTIVE 3.1. EXPAND OPTIONS FOR SAFE AND HEALTHY CARE WHEN PARENTS WORK OR ARE IN SCHOOL OR FOR FAMILIES WHO OTHERWISE NEED OPTIONS FOR NONTRADITIONAL CARE

- Enhance the skills of child care providers to support the needs of nontraditional or overburdened families (e.g., grandparents raising grandchildren, teenage parents, families who have experienced trauma or homelessness).
- Access the Child Care Access Means Parents in School Program or other funding to create affordable and flexible on-site child care at high schools, colleges, universities, and career training programs.
- Explore a higher subsidy rate for programs that operate during nontraditional hours.
- Offer incentives (e.g., tax credits) for businesses that offer high-quality on-site child care or otherwise help their employees find high-quality child care or offset child care costs through employee benefit offerings.

- Create employer–child care alliances to provide child care services during nontraditional hours that meet schedules of local businesses.

**OBJECTIVE 3.2. CREATE A VOLUNTARY FEE-SCALED PRESCHOOL PROGRAM FOR 3-YEAR-OLDS THROUGH MULTIPLE FUNDING SOURCES THAT PRIORITIZES ACCESS FOR VULNERABLE POPULATIONS**

- Establish standards for a high-quality program for 3-year-olds aligned with Head Start, child care, and universal pre-K program standards.

- Ensure there is an adequate number of slots to support and provide priority access to children experiencing homelessness, children in foster care, English language learners, and children with parents involved in the justice system.

- Ensure program access regardless of parents’ work or school status.

- Create a funding structure that maximizes federal, state, and local resources, which benefits community-based providers, and establishes a fee schedule for family participation that is aligned with child care subsidy eligibility.

- Support community-driven capacity building to develop more comprehensive transitional supports for 3-year-olds through funded pilot projects and expanded technical assistance.

**OBJECTIVE 3.3. EVALUATE NEED AND TARGET SUPPORTS TO COMMUNITIES WITH VULNERABLE OR UNDERSERVED POPULATIONS TO IMPLEMENT SERVICES THAT ENHANCE FAMILY HEALTH AND WELL-BEING**

- Evaluate preschool participation gaps and disparities in universal pre-K participation across various demographics.

- Evaluate transportation needs to determine whether family members can access employment, child care, health services, and healthy food options.

- Provide resources for communities to create recreational opportunities for families with young children.

- Promote the Strengthening Families’ protective factors framework across all programs serving young children in the mixed-delivery system.
- Promote environmental screening and remediation of environmental hazards.

**OBJECTIVE 3.4. ENSURE THAT CHILDREN AND FAMILIES, INCLUDING THOSE INVOLVED OR AT RISK OF BECOMING INVOLVED IN THE CHILD WELFARE SYSTEM, RECEIVE THE SUPPORT THEY NEED**

- Streamline consent processes for services for children living with kin caregivers, particularly grandparents, to access ECCE and other support services.
- Provide evidence-based home-visiting programs and community supports to all children and their families who are eligible for the Family First Prevention Services Act.
- When a young child in foster care is enrolled in an early childhood program, ensure that maintaining enrollment is prioritized when foster care placement changes.
- Create a transition plan for young children in foster care enrolled in ECCE programs to increase continuity in early learning by supporting placement or continued placement in a stable ECCE setting.
- Train early care and education providers in the Strengthening Families’ protective factors framework and other trauma-responsive strategies to aid their interactions with children, parents, and kin caregivers.
- Offer “front porch” access to more comprehensive health and social services to increase quality in family child care homes where children are at risk of becoming involved in the welfare system.
- Prioritize an adequate number of slots in early childhood care and education programs to enroll children involved in the child welfare system, regardless of child placement.

**OBJECTIVE 3.5. INCREASE PARTICIPATION IN ECCE PROGRAMS FOR YOUNG CHILDREN IN OUT-OF-HOME PLACEMENTS**

- Require all children younger than 3 entering state custody to be referred by the Oklahoma Department of Human Services (DHS) to ECCE programs or services, such as child care, Early Head Start, parenting or kinship caregiver support offerings, or other activities that support child enrichment and promote protective factors against adverse childhood experiences.
- Require that individualized service plans document why children younger than 5 are not enrolled in ECCE programs, services, or other enrichment activities.
- Require annual training for all DHS child welfare care workers on why and how to connect children in out-of-home placements to ECCE services.

**OBJECTIVE 3.6. PROVIDE NECESSARY SERVICES AND SUPPORTS FOR CHILDREN WHO MIGHT HAVE A DEVELOPMENTAL DELAY OR DISABILITY**

- Propose expanded eligibility criteria for SoonerStart early intervention and early childhood special education services, ensuring that funding is adequate to support children with special needs.

- Secure resources for families with young children who are receiving SoonerStart services but desire additional supports.

- Identify developmentally appropriate resources, and ensure they are available throughout Oklahoma’s mixed-delivery system to support children who are evaluated and not found to be eligible for SoonerStart services.

**OBJECTIVE 3.7. ESTABLISH CULTURALLY RESPONSIVE PRACTICES THROUGHOUT OKLAHOMA’S MIXED-DELIVERY SYSTEM, INCLUDING PRACTICES THAT SUPPORT CHILDREN WITH CHALLENGING BEHAVIORS**

- Implement evidence-based, trauma-informed practices throughout all early care and education settings.

- Offer and encourage the use of early childhood mental health consultation for all early care and education providers.

- Establish developmentally appropriate suspension and expulsion policies throughout Oklahoma’s early care and education system that do not disproportionately affect any group and that use suspension or expulsion as a last resort.

- Develop statewide best practice guidance and training on exclusionary discipline that are in accordance with the U.S. Department of Health and Human Services and the U.S. Department of Education’s joint policy statement on expulsion, suspension, and other discipline practices.

**OBJECTIVE 3.8. INCLUDE FAMILY MEMBERS IN DEVELOPING POLICIES AND PRACTICES AT BOTH THE STATE AND COMMUNITY LEVEL**

- Establish a standing committee of the SAC comprising family members who are current and former recipients of services to advise OPSR on mixed-delivery system policies, including program procedures and accountability.
- Include family members on the OKFutures steering committee to provide input into the implementation of the strategic plan—in particular, focusing on fostering cross-sector partnerships to best support diverse families.
- Create a grassroots advocacy initiative that includes family members in communities across Oklahoma to identify and support a unified ECCE policy agenda.
- Involve families in policy discussions around program performance and accountability.

HOW TO MEASURE SUCCESS IN THIS GOAL

Performance Measures

These performance measures may measure Oklahoma’s success in achieving goal three objectives:

- Share of employers offering child care–relevant benefits to employees (e.g., paid family leave, on-site child care, reimbursements for child care costs)
- Share of surveyed programs and providers incorporating the Strengthening Families protective factors framework into their program or professional development curricula
- Number of mixed-delivery system providers who have received equity training
- Share of 3-year-olds enrolled in high-quality ECCE, disaggregated by income, race, ethnicity, geography, and housing status
- Share of young homeless children who are enrolled in high-quality ECCE
- Share of young children meeting Family First Prevention Services Act eligibility enrolled in high-quality ECCE programs
- Share of young children in foster care receiving a coordinated transition plan
- Share of families whose children were deemed ineligible for SoonerStart who report using referrals to external support services
- Share of home- and center-based ECCE providers using early childhood mental health consultation
- Share of young children suspended and expelled, disaggregated by race, ethnicity, income, and geography
- Percentage distribution of families with young children participating in SAC or OKFutures subcommittees who are racial or ethnic minorities, who live in rural areas, or are subsidy-eligible
- Share of young children who have a developmental delay and receive services
Goal 4. Prioritize the Urgent Health and Mental Health Needs of Young Children and Their Families

Oklahoma stakeholders believe that its early childhood mixed-delivery system must foster equitable access to health-related services and ameliorate the impact of the state’s mental health and substance abuse crises on children and families. Though many objectives under goal 3 focus on supporting child and family well-being with respect to productivity, culture, and overall stability, this goal is designed to address the health and mental health issues that often threaten family stability and optimal child development throughout Oklahoma.

Meeting the health needs of young children is key to fostering positive child development and long-term success. Research shows that healthy students have better behavior, attendance, and achievement. Evidence also shows that children who receive screening and early intervention for developmental issues may be more likely to enter school ready to learn. Health insurance coverage is critical to ensuring that parents and their young children can access health services, as these services are otherwise prohibitively expensive for most families. Additionally, implementing appropriate prevention and treatment measures can help prevent this crisis from having lasting, negative effects on children’s lives, as parents’ mental health and substance use disorders can lead to unstable home environments — and sometimes to family separations — that cause trauma for young children and disrupt their social and emotional development.

THE URGENT NEED TO ADDRESS THE HEALTH AND MENTAL HEALTH OF YOUNG CHILDREN AND THEIR FAMILIES

Oklahoma is ranked 47th out of 50 states in overall health and performs poorly on most major health indicators related to infant and maternal health, including prenatal care, preterm births, and infant mortality (United Health Foundation 2018). For the 7 percent of young children and the 14 percent of the general population who remain uninsured, there are major barriers to accessing health care (Greenberg et al. 2020). In interviews and focus groups, parents and providers said that obtaining health insurance is most difficult for families earning just over the income threshold to qualify for SoonerCare. Studies and recent data analysis document substantial racial, ethnic, and socioeconomic disparities in child and adult health and in health care coverage. Even families with health insurance face difficulty accessing high-quality, affordable health care, given inadequate supply of physician and dentist services, particularly in rural areas.

Oklahoma has also suffered exceptionally from the nationwide mental health and substance abuse crises. Oklahoma has the nation’s fifth-highest rate of adult mental distress, and the Oklahoma
Department of Mental Health and Substance Abuse (ODMHSAS) identifies substance abuse as the state’s leading public health problem (NHVRC 2018). Stakeholders identify high rates of maternal depression and growing concerns about infant mental health as acute challenges for healthy child development.

This crisis has devastated families and strained the child welfare system. The system's growing caseload and the rising prevalence of child and parental adverse childhood experiences (rates in Oklahoma are among the nation’s highest) have weakened the ability of early care and education programs to both enroll and to adequately serve children in the child welfare system (see goal 3 for strategies to fill this gap). Stakeholders have emphasized the need for closer connections between the two systems, and providers have voiced a need for more professional development around trauma-informed care to address the needs of affected families. Additionally, parents, providers, and stakeholders confirmed the difficulty that past needs assessments have documented in families’ ability to access mental health and substance use disorder treatment services, particularly in rural areas, because of a dearth of service providers, high costs, and stigma around using these services. In a community conversation, one mother said that providing mental health supports and counseling to parents creates the bandwidth for them to adequately focus on their children, which is critical for high-quality parenting.

OBJECTIVES AND STRATEGIES TO ADDRESS THE HEALTH AND MENTAL HEALTH OF YOUNG CHILDREN AND THEIR FAMILIES

The objectives and strategies below focus on creating a comprehensive and cohesive health care system that works for all Oklahomans. These objectives include improving access for emotional and social health services, expanding home-visiting programs, and coordinating services among providers. The mental health of Oklahoman children who have interacted with the justice and child welfare systems were given particular consideration, as these events can negatively affect children’s health. This goal encompasses objectives meant to improve children's health and families’ mental health to ensure the success of all young children.

Progress on objectives in goal four will build on historic and recent progress of various governmental and nongovernmental entities in ensuring that young families are healthy and that they have access to mental health and substance use disorder treatment services. For example, the Oklahoma State Department of Health works with regional and local health programs and providers to promote health for all Oklahomans, and the ODMHSAS has long valued children’s services and has supported the systems of care model for over 25 years. The most recent systems of care grant included
an infant-toddler component. Moreover, the Child Guidance program is a model unique to Oklahoma, offering center-based screening, assessment, parenting, and treatment services to all families, regardless of income, on a sliding-fee scale through public health departments. Trained mental health providers from ODMHSAS and the Child Guidance program at the Oklahoma State Department of Health provide early childhood mental health consultation to child care centers that accept subsidy payments. In focus groups, parents of children in ECCE programs reported receiving helpful referrals to health services. Additionally, all Early Head Start and Head Start programs and some private child care providers screen children for developmental delays. Oklahoma is also piloting interventions for families of young children with special health care and mental health needs.

OBJECTIVE 4.1. INCREASE COLLABORATION WITHIN THE MIXED-DELIVERY SYSTEM TO ENSURE COMPREHENSIVE HEALTH SERVICES ARE AVAILABLE TO YOUNG CHILDREN AND THEIR FAMILIES

- Work with medical providers to ensure prenatal and postpartum care is accessible during hours and at locations convenient for women who lack transportation or paid leave.

- Work with medical providers to offer more opportunities for well-child visits conducted during hours and at locations convenient for parents who lack transportation or paid leave.

- Support community capacity-building efforts to combat food deserts, and increase access for pregnant women and families with young children to food programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), and community- and faith-based food pantries.

- Promote statewide alignment with Every Student Succeeds Act standards for innovative food assistance outreach models in pre-K programs, such as (universal free) breakfast in the classroom, and build upon the Oklahoma State Department of Education and Department of Human Services’ pilot initiative supporting SNAP outreach in schools.

- Evaluate administrative and capacity barriers to child care providers receiving Child and Adult Care Food Program benefits, and support evaluation and capacity-building efforts aimed at increasing Oklahoma’s young children participating in Summer Food Service Program.

- Strengthen partnerships in communities where families live by piloting innovative access models such as mobile medical or dental options, telemedicine, and coordinators in neonatal intensive care units and pediatric intensive care units that connect families to vital safety net supports before they leave the hospital.
OBJECTIVE 4.2. IMPLEMENT PERIODIC DEVELOPMENTAL SCREENING AND MONITORING FOR INFANTS AND TODDLERS, AND ESTABLISH COMMUNITY-LEVEL CENTRALIZED ACCESS POINTS TO COORDINATE DEVELOPMENTAL SCREENING AND REFERRAL SERVICES, AS WELL AS A PROCESS TO SHARE RESULTS AMONG PROVIDERS

- Create online access to developmental screenings for families.
- Include developmental screening as a requirement in early care and education program standards.
- Expand the Children’s Health Insurance Program–funded Health Service Initiative that supports developmental screening services at Reach Out and Read primary care sites.
- Conduct education and outreach to underserved populations in a culturally respectful manner to identify and treat developmental delays.
- When developmental screening indicates a need for services, ensure that families with infants and toddlers are referred to and have access to appropriate services.
- Adequately reimburse primary care providers to provide child development guidance and the use of standardized developmental screening at well-child visits.
- Collect and coordinate data on developmental screening, referral, and follow-up.

OBJECTIVE 4.3. EXPAND THE REACH, ELIGIBILITY, AND FAMILY CHOICES FOR HOME-VISITING PROGRAMS

- Increase income eligibility criteria for expectant parents and families with infants and toddlers to access evidence-based home-visiting programs, especially those that specialize in improving health and mental health outcomes for families with very young children.
- Extend home-visiting supports to family child care homes and families, friends, and neighbors caring for children with working parents.
- Expand home-based parenting models approved for families involved in the child welfare system, such as those eligible to receive services under the Family First Prevention Services Act.

OBJECTIVE 4.4. PROMOTE AN INTEGRATED CARE MODEL, INCLUDING PREVENTIVE HEALTH AND BEHAVIORAL HEALTH SERVICES

- Increase access to immunizations in ECCE settings.
- Pilot more mobile health care options in communities with children of the highest need for access to integrated health care services.

- Extend telemedicine capabilities for rural or other isolated children in families with limited access to traditional health care services.

- Integrate behavioral health professionals in pediatric care and ECCE settings.

OBJECTIVE 4.5. INCREASE ACCESS FOR PREGNANT WOMEN AND FAMILIES OF YOUNG CHILDREN TO SERVICES THAT SUPPORT SOCIAL AND EMOTIONAL HEALTH

- Establish standards for maternal depression screening and referrals for pregnant and postpartum women through their health care providers.

- Provide resources to families through pediatric care providers to support infant and toddler social-emotional development.

- Train infant-toddler professionals on how to address mental health needs in infants and toddlers.

- Expand the current early childhood mental health consultation network available to child care centers accepting subsidies so additional child care, Head Start and Early Head Start, pre-K, Individuals with Disabilities Act (IDEA) Parts B and C, and home-based programs can access services.

- Create a service delivery system so infants and toddlers with social-emotional or behavioral needs are assessed, diagnosed, and treated by trained infant mental health professionals.

- Adequately reimburse primary care providers for administering standardized early childhood mental health screening tools.

- Ensure reimbursement rates for mental health services are similar to physical health and telehealth reimbursable services.

- Advocate for paid parental leave to allow parents to establish healthy attachments with newborns.
OBJECTIVE 4.6. PROVIDE FAMILIES WITH MENTAL HEALTH NEEDS OR SUBSTANCE USE DISORDERS THE SERVICES AND SUPPORTS THEY NEED TO KEEP THEIR FAMILIES INTACT

- Address the needs of pregnant women affected by substance use disorder through integrated prenatal care and substance use disorder treatment, as well as the needs of infants affected by neonatal abstinence syndrome.
- Emphasize the use of family-centered treatment, wherein each family member has a treatment plan and receives individual and family services.
- Ensure participation in ECCE services is built into treatment plans for pregnant women and caregivers affected by substance use disorder.
- Create portals of access through embedded behavioral health consultants in primary care facilities, clinics, and schools.

OBJECTIVE 4.7. INCREASE THE AVAILABILITY OF PROGRAMS THAT BUILD HEALTHY ATTACHMENTS BETWEEN PARENTS AND CHILDREN TO COMBAT THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES

- Identify risk factors among families, recognize children experiencing adverse childhood experiences, and be trauma reactive in making appropriate referrals.
- Build the capacity of the Oklahoma State Department of Health and Department of Mental Health and Substance Abuse Services' joint efforts to ensure parents are attuned to their children and open to new ways of relating to them through the Facilitating Attuned Interactions framework.
- Expand the reach of specialized interventions offered through the departments of human services, health, and mental health and other providers such as infant massage and behavior management training, which promote healthy bonding and positive parent-child interactions.

OBJECTIVE 4.8. INCREASE THE NUMBER OF CARE AND SUPPORT OPTIONS FOR FAMILIES INVOLVED IN THE JUSTICE AND CHILD WELFARE SYSTEMS WITH YOUNG CHILDREN

- Create a cohesive system of services and referrals to ensure all young children and their families who are eligible for the Family First Prevention Services Act are connected to ECCE services and supports.
- Prioritize access to services for all families with young children eligible for the Family First Prevention Services Act so they can address substance use disorder and mental health treatment needs.
- Recruit and contract with child care providers to serve children when family emergencies occur.
HOW TO MEASURE SUCCESS IN THIS GOAL

Performance Measures

These performance measures may measure Oklahoma’s success in achieving goal four objectives:

- Number of pregnant or postpartum women screened for depression
- Share of pregnant or postpartum women connected to mental health services or substance use treatment following screening when indicated
- Share of young children receiving regular well-child visits under SoonerCare
- Share of eligible young children enrolled in WIC or SNAP, participating in programs that receive Child and Adult Care Food Program benefits, or participating in free and reduced-price breakfast or lunch or the Summer Food Service Program
- Percentage increase in communities or program partnerships offering innovative health care access models (e.g., mobile medical services or telemedicine)
- Share of surveyed pediatricians that incorporate behavioral health training and practices into care provision
- Percentage increase in reimbursement rate for mental health or substance use treatment
- Share of ECCE workforce trained in trauma-informed care within the previous year
- Share of young children in out-of-home placements enrolled in high-quality ECCE
- Share of children receiving 13-to-35-month vaccines
- Share of primary care providers that conduct developmental screening

Goal 5. Communicate Better with Families about How to Support Their Children’s Development and Well-Being

Effective communication with parents and families is essential to a successful mixed-delivery system. Providing consistent messaging on available resources to all families will support increased participation in high-quality ECCE programs and support services, particularly for people living in rural areas and for other vulnerable populations. Strategic communication by all providers will allow parents across Oklahoma to make informed decisions about the care and education of their young children.

Several actors in the mixed-delivery system are responsible for providing parents with resources and education to support their children’s development. The Oklahoma Child Care Resource and
Referral Association coordinates with regional agencies to expand access to high-quality ECCE, providing parents with referrals and information about ECCE program quality. Health care providers are viewed as trusted messengers on all aspects of child development and are a source of referrals for other services. OPSR also provides education and resources about the mixed-delivery system to communities and families. Finally, parents report receiving helpful information about their children’s development and referrals to related services from health care and other ECCE providers.

THE URGENT NEED FOR BETTER COMMUNICATION WITH PARENTS

The lack of clear communication regarding available resources has negatively affected the use of ECCE and support services in Oklahoma. Inconsistent messaging about resources has led families to mistrust ECCE programs and misunderstand federal public assistance programs that provide income and nutritional support to low-income Oklahomans. A segment of the eligible population in Oklahoma remains unserved by these programs because of gaps in communication with parents and families. Additionally, stakeholders noted that transitions between and out of ECCE programs—particularly from Early Head Start to Head Start, from SoonerStart to Part B services, and from ECCE programs to kindergarten—sometimes present challenges for children, families, and providers. In focus groups, providers communicated a need for professional development around transitions at all ages.

Mistrust of child care providers is the most common reason parents in Oklahoma do not enroll their children in ECCE programs. In interviews and focus groups, parents of unenrolled children said child care programs put children at higher risk for abuse, neglect, and illness. These parents cited stories on the news and social media as the foundation for these beliefs. In the community conversations, one parent stated, “It’s a trust issue. If something happens, my newborn can’t talk or tell me anything. We hear news stories about bad day cares. We haven’t been to a bad day care; we just hear the stories.” Said another, ”I don’t trust anyone to care for my child except family.”

Though there are significant quality problems in various sectors of ECCE, uptake of ECCE programs is also hindered by harmful misperceptions about even good opportunities and by limited awareness of how and where to find high-quality care. Parents in focus groups reported hearing about programs primarily through word of mouth and social media, rather than from state, agency, or provider communications. Stakeholders stressed the need for adequate promotion of existing services, particularly for children who are homeless or in foster care. Lack of awareness is not limited to ECCE programs. A recent survey revealed that parent support services are the least-known resource among parents. Federal public assistance programs that provide income, child care, and nutritional support to
low-income Oklahomans are also underused, as parents often do not realize they are eligible for the programs.

Awareness of ECCE, health, housing, food and nutrition, and other important resources vary. In statewide surveys, communities of color reported lower awareness of these resources and more difficulty accessing them. Oklahoma must communicate available resources to groups who report lower awareness and greater difficulty. Finally, trauma-informed communications strategies must be used for people who have experienced trauma, including adverse childhood experiences and adverse community environments.

OBJECTIVES AND STRATEGIES TO ACHIEVE BETTER Communication WITH PARENTS

The objectives laid out below create a road map for ensuring families have the necessary information to take full advantage of the services available to them through the mixed-delivery system. Realizing this will require consistent and targeted messaging, particularly to families most in need; providing families with relevant information that allows them to make informed choices; and arming parents with the knowledge and tools to smoothly transition between and out of ECCE programs.

OBJECTIVE 5.1. CREATE CONSISTENT MESSAGES TO EFFECTIVELY COMMUNICATE AND SHARE INFORMATION WITH ALL FAMILIES, WITH A FOCUS ON RURAL AND LOW-INCOME FAMILIES

- Develop consistent core messages with input from agencies, organizations, and trusted messengers that increase families’ knowledge and ability to make informed decisions about their children’s development.
- Ensure core messages focus on building social-emotional skills, nurturing parent-child interactions, brain development, healthy development, and other positive messaging frameworks that encourage families to enroll children in high-quality early learning programs and learn more about their children’s development.

OBJECTIVE 5.2. PROVIDE RELEVANT INFORMATION ON KEY TOPICS SO FAMILIES CAN MAKE INFORMED CHOICES AND DECISIONS

- Ensure families know about and can easily access Oklahoma’s child care resource and referral network to obtain referrals to child care and other ECCE options that meet diverse family needs.
- Expand the scope of the DHS Child Welfare Services’ education, outreach, and liaison office to include information for parents of young children.
Respect parents as consumers of ECCE services by creating easy-to-understand, easy-to-access resources on available program options, how program quality is measured and monitored, and how well programs are performing so parents can make informed choices when considering high-quality early care and learning environments for their children.

Respect parents as partners in expanding opportunities for positive early childhood outcomes by widely distributing easy-to-understand, easy-to-access resources that help families feel secure and ready for successful transitions to settings that meet their children’s developmental and educational needs.

Respect parents as advocates for their child’s well-being by sharing information on how to support child resilience, self-regulation, and social skills and by distributing information on program alternatives, developmental screening and assessment options, and relevant policy materials.

Create more equitable opportunities for families with young children to live healthy, stable lives by offering education and training services that are accessible to working parents and families with diverse needs, including offerings on trauma-informed care, distinguishing healthy development from more serious behavioral health issues, and the value of support services.

**OBJECTIVE 5.3. BETTER LEVERAGE TRUSTWORTHY SOURCES OF COMMUNICATION FOR PARENTS WITH YOUNG CHILDREN TO BUILD TRUST IN AND AWARENESS OF HIGH-QUALITY OPTIONS IN KEY SERVICE AREAS**

- Develop and implement a “trusted messengers” plan, focusing on vulnerable and underserved families, which increases parent knowledge and engagement with high-quality early care and learning through sources they trust.

- Leverage existing trusted relationships with pediatricians, home visitors, ECCE providers, child welfare workers, and other highly trusted sources to deliver core messages and promote increased use of resources.

- Target messengers whom parents trust to deliver accurate messages about options for high-quality ECCE services through social media and traditional media.

**OBJECTIVE 5.4. DISSEMINATE CORE MESSAGES AND TARGETED INFORMATION THROUGH SEVERAL APPROACHES**

- Work with state agencies and other organizations that serve families with young children to adopt and promote core messages through their outreach materials and websites.
- Develop materials to support transitions for child care, Head Start, pre-K, home visiting, and SoonerStart programs to use and share with families during transition touchpoints.

- Implement a process to quickly create and disseminate timely messages in response to events such as changes to the child care subsidy system, immunization alerts, and safety concerns.

- Strengthen the capacity of public libraries, food pantries, and other community centers and organizations to provide core messages and targeted information to all parents of young children seeking information on high-quality early care and education, healthy child development, and support services.

- Create a family toolkit with communication strategies for trusted messengers and advocacy groups to use in their communities and spheres of work.

- Optimize online searchability to increase the chances that families find the resources they need when searching online.

- Implement a media campaign that uses earned and paid media in key markets to communicate core messages and targeted information to families with young children.

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**HOW TO MEASURE SUCCESS IN THIS GOAL**

**Performance Measures**

These performance measures may measure Oklahoma's success in achieving goal five objectives:

- Number of families who report accessing child care resource and referral services
- Number of agencies and OKFutures stakeholders who use unified core messaging
- Number of trusted messengers engaged
- Number of families with young children reached with messaging toolkits
- Share of families with young children who are familiar with ECCE quality standards
The Pillars

The pillars below articulate much of the human, physical, intellectual, and financial capital that Oklahoma will need to bolster the long-range sustainability of the OKFutures mission and to achieve its target outcomes and vision. The objectives below cut across and go beyond all our five-year goals and represent the infrastructure needed both for progress on urgent priorities and to attain cutting-edge integrated care for all families, regardless of level of vulnerability or access to personal resources. Where strategies concerning human, physical, intellectual, and financial capital are especially pertinent to specific goals, we list them in those goals marked by a relevant icon.

Pillar A. Human Capital: Workforce and Education and Training

Having a well-trained, adequately staffed early childhood workforce is critical to providing high-quality care and education to young children and for meeting the needs of young families. Building human capital in the mixed-delivery system necessitates focusing not only on ECCE and professionals in schools, homes, and centers but on professionals in home-visiting programs, Child Guidance, SoonerStart, health and mental health programs, child welfare, and community-based organizations offering family support services, as well as administrators throughout the system who understand and facilitate collaboration.

In focus groups, parents identified staff quality as one of the most important elements of a high-quality ECCE system and a key factor in choosing an ECCE provider. To them, quality meant staff had meaningful and caring interactions with children, provided individual attention, and had adequate qualifications and experience. For Spanish-speaking parents, programs with bilingual staff and instruction were seen as highly desirable as well. A well-staffed workforce ensures that the needs of children and families are met and prevents turnover caused by burnout.

Several aspects of Oklahoma’s early childhood workforce system are strengths, including high standards for pre-K teachers (a bachelor’s degree and specialized training in ECCE are required), teacher pay parity between universal pre-K and later grades, strong statewide professional development opportunities led by the CECPD, the OECP, and scholarships and supports for child care providers through the Scholars for Excellence in Child Care program.

But agency program leadership identified improving the skills, competencies, and ongoing training of both agency staff and service providers as a primary need. They focused on the need to increase professional development opportunities so staff can provide culturally competent and trauma-informed
care, meet the needs of students with disabilities and developmental delays, and provide high-quality care to infants and toddlers. Additionally, Oklahoma did not meet the quality benchmark for pre-K teacher assistant certification on the most recent National Institute for Early Education Research report.

Oklahoma also faces staffing shortages across multiple programs of the mixed-delivery system. In focus groups, parents and providers voiced concerns about large class sizes in pre-K classrooms, teacher burnout, and developmentally inappropriate practices for 4-year-olds. Stakeholders noted the need for more Spanish-speaking ECCE caregivers, SoonerStart providers, and infant-toddler specialists. Additionally, recent data suggest a scarcity of primary care physicians, dentists, and mental health providers, particularly in rural areas, making it difficult for families to access health services.

The greatest concern ECCE providers expressed is the increasing prevalence of challenging behaviors in classroom settings. Oklahomans are increasingly aware of trauma’s impact on children, their parents, and the ECCE workforce. Preparing the ECCE workforce with trauma-informed professional development opportunities and classroom management coaching is necessary to help teachers and staff manage challenging behaviors.

Increasing the supply of a high-quality mixed-delivery system workforce will require revising and aligning provider competencies, creating efficiencies by offering cross-sector professional development opportunities, creating formal connections between professionals by establishing a network to support apprenticeships, mentoring, coaching and offering technical assistance, and ensuring all professionals have consistent training in supporting the unique needs of vulnerable people in a culturally responsive and humble manner.

The objectives and strategies below focus on sustainably increasing the supply and quality of the current and future Oklahoma early childhood workforce. The strategies also focus on ensuring all providers have access to professional development, technical assistance, and classroom supports and can deliver age-appropriate, culturally appropriate, and trauma-informed care. They cut across all five urgent goals and extend beyond the five-year plan.

**OBJECTIVE A.1. REVISE AND ALIGN COMPETENCIES OF EARLY CARE AND EDUCATION PROFESSIONALS TO ENSURE CONSISTENCY AND HIGHLY COMPETENT STAFF, REGARDLESS OF LOCATION**

- Adopt universal competencies that are expected of all staff and administrators working with young children and their families.
- Create professional development opportunities that support the universal core competencies to ensure alignment across settings for competency attainment and progression.
- Ensure state technical assistance providers, coaches, licensing specialists, and other people supporting infant-toddler providers are trained in infant–toddler development.
- Establish criteria, provide training and education, and identify financial resources for ECCE professionals to attain credentials in specialized areas, such as an infant-toddler credential or infant mental health endorsement.

**OBJECTIVE A.2. CONNECT ALL ECCE PROVIDERS THROUGH A FORMAL NETWORK FOR PROFESSIONAL DEVELOPMENT, COACHING, MENTORING, AND CLASSROOM SUPPORTS**

- Form regional technical assistance hubs leveraging public and private networks to provide training, on-site consultation, reflective practice, coaching, and mentoring at no cost to the local ECCE program.
- Develop competencies, training, protocols, resources, incentives for participation, and performance evaluation processes for coaches and technical assistance providers.
- Establish a statewide cross-sector calendar of training available for all professionals in the mixed-delivery system to maximize training resources.

**OBJECTIVE A.3. IMPLEMENT STANDARDS FOR ALL PROVIDERS TO RECEIVE ONGOING PROFESSIONAL DEVELOPMENT THAT BUILDS A CULTURALLY RESPONSIVE MIXED-DELIVERY SYSTEM OF SERVICES AND SUPPORTS**

- Review and revise professional development requirements for all staff in the mixed-delivery system to participate in trainings that improve services for vulnerable people in such topics as culturally and linguistically responsive practices, trauma-informed care, disabilities, equity, and developmentally appropriate discipline techniques.
- Recruit and support early childhood mental health consultation services with training and reflective supervision supports.
- Provide training in best practices on developmental screening, classroom observation, assessment, curriculum, and instruction to support efforts toward establishing universal program standards that include these components.
- Provide training on the importance of transitions and the use of the Early Childhood Education Transition Toolkit.
- Add a staff curriculum specialist and educator at the Center for Early Childhood Professional Development to provide cross-sector professional development and bilingual training.

**OBJECTIVE A.4. DEVELOP AND IMPLEMENT A STATEWIDE PLAN FOR PROVIDER RECRUITMENT AND RETENTION THAT SUPPORTS LEADERSHIP DEVELOPMENT AND CAREER ADVANCEMENT PATHWAYS FOR PROVIDERS IN DIFFERENT SETTINGS**

- Complete an Oklahoma early childhood workforce study to include the number of ECCE teachers and providers, education, training, wages, and turnover.
- Support policies that create compensation parity to ensure all child care professionals are paid at wages comparable with those of other early care and education professionals.
- Partner with the Workforce Innovation Opportunity Act program under the Oklahoma Department of Commerce to establish a registered apprenticeship program to create a career pathway for ECCE providers.
- Provide scholarships to family child care providers and pre-K assistant teachers to obtain a child development associate credential coordinated through the Scholars for Excellence in Child Care program as a step toward adding the credential as a requirement in program standards.
- Expand access to Leadership Academy Institutes at CECPD for ECCE administrators and other early learning providers.
- Expand stipends or restore a wage supplement program to reward teachers for their professional growth and experience and reduce turnover, especially in high-need areas.

**Pillar B. Physical Capital: Facilities, Transportation, and Information Technology**

Improving the early childhood mixed-delivery system will require thoughtful assessment of and upgrades to physical capital, including early childhood facilities and transportation. Ensuring access to ECCE programs requires that providers have adequate capacity to serve young children and that families can reach services. Additionally, the quality of the environment in which young children learn and play each day is important both for their school preparedness and for parents’ level of comfort in participating in an ECCE program. In focus groups, the safety and cleanliness of ECCE facilities were the dimensions parents most frequently identified as indicators of a high-quality program.
Yet in Oklahoma, capacity shortages and concerns about facility quality make it more difficult for families to access high-quality ECCE programs. According to the DHS, between 2005 and 2017, the number of licensed child care centers and homes in Oklahoma declined 43 percent, resulting in 15 percent fewer slots. Parents voiced concerns about old or run-down facilities, which may decrease their willingness to enroll in ECCE programs.

Additionally, the state’s rural geography makes it difficult for many families to access ECCE programs and other services. In focus groups and community conversations, parents and providers cited transportation as a major barrier to child care for many families and reported that public transportation costs were sometimes prohibitive. Oklahomans who do not have a car and lack adequate access to public transportation may also struggle to get to work, education, job training, health and mental health services, and community support services.

The physical environment in which children live and learn affects their development. Stakeholders pointed to incentives for classroom materials funded through the Child Care and Development Block Grant and a sunset state tax credit as useful in the past to fund facility improvements, but funding declines and the burden of related requirements suggest a need for new approaches to resolving facility concerns. This presents opportunities for engaging new community sectors, such as investors, developers, planners, and designers.

The objectives and strategies below focus on working with lead entities seeking to improve the infrastructure that allows families to take full advantage of ECCE services. The emphasis is on working with other stakeholders who have more direct input into these areas to increase the number and quality of ECCE facilities; address transportation barriers, particularly in rural areas; and expand internet access across the state.

**OBJECTIVE B.1. IMPROVE THE INFRASTRUCTURE OF HIGH-QUALITY EARLY CARE AND EDUCATION THROUGH ASSESSING FACILITY NEEDS ACROSS OKLAHOMA**

- Conduct a statewide assessment of needs on the condition of licensed and school-based early care and education facilities focused on environmental hazards, national health and safety best practices, and developmentally appropriate materials and practices.
- Offer financial incentives to increase the quality of early care and education facilities through various funding sources and exploring quality-facilities tax credits.
- Identify providers that will anticipate serving large numbers of children, pending expansion, and collaborate on a plan that outlines resources necessary to meet demand.
OBJECTIVE B.2. ADDRESS TRANSPORTATION BARRIERS FAMILIES FACE IN RURAL AND URBAN COMMUNITIES

- Distribute collaborative resources with a transportation focus throughout all community capacity-building work to prioritize transportation within local ECCE policy efforts, and facilitate partnerships with other community-led efforts to improve transportation.
- Offer incentives to programs that provide transportation to ECCE, health care, and other services.
- Evaluate distance to facilities, transportation safety concerns specific to young children, and other transportation barriers families face accessing ECCE services.

OBJECTIVE B.3. ADDRESS BARRIERS TO INTERNET ACCESS TO ENSURE ALL FAMILIES WITH YOUNG CHILDREN HAVE ACCESS TO INFORMATION AND SUPPORT FOR INNOVATIVE LEARNING OPPORTUNITIES

- Form focused partnerships through the office of Oklahoma’s cabinet secretary of digital transformation and administration toward a unified agenda ensuring access to digital learning and innovative technology to aid high-quality education for preschoolers and their families.
- Pursue state and federal funds to deploy internet to rural areas, and explore partnerships with organizations that promote internet access in every classroom in America.

Pillar C. Intellectual Capital: Data, Research, and Technical Assistance

Early childhood data must be collected, analyzed, and used to ensure the strategic plan’s success. Garnering a deeper and more complete understanding of Oklahoma’s early childhood landscape will allow stakeholders, policymakers, and families to make informed and effective decisions for young children. This commitment to continuous learning and improvement in ECCE will ensure the successful implementation of the activities outlined in this plan. The intellectual capital pillar highlights the importance of additional investment in data, research, and technology to address unmet need in Oklahoma.

There is no unified system across state agencies to collect and analyze data on early childhood programs. Such a system would allow for deeper analysis and understanding of what the state needs to improve outcomes for young children. In addition to collecting, storing, and analyzing data, Oklahoma must provide technical assistance to families and stakeholders to increase access to resources. An
online platform to help families navigate ECCE systems will ensure the improvements made through the activities in this plan are accessible to all families.

In addition to the lack of a unified system, there are few important indicators that would help benchmark progress and facilitate a deeper understanding of the ECCE system and the communities where services are deployed. Table 4 highlights the lack of sources that collect comprehensive information for Oklahoma on the ECCE workforce, programs and services, and parent satisfaction. To truly measure change across these indicators, Oklahoma must expand the types and sources of data it collects across the ECCE mixed-delivery system as well as other programs that serve families with young children.

The objectives and strategies below focus on investing in knowledge-building to streamline and improve early childhood services for families. They focus on setting up data systems and analytic supports to help stakeholders more effectively manage data, evaluate ECCE program outcomes, and increase the availability of resources.

**OBJECTIVE C.1. IMPLEMENT OKLAHOMA’S EARLY CHILDHOOD INTEGRATED DATA SYSTEM**

- Implement a data governance framework to establish interagency leadership for a governance structure, integrate agency expertise to facilitate policy development, and centralize administrative capacity and technical infrastructure.
- Establish an interagency board that oversees partner composition, roles and responsibilities, issue resolution, and security protocols that protect personal information.
- Use ECIDS to conduct data analyses across the integrated mixed-delivery system on program and service availability, quality, and cost by age.
- Display and distribute standard reports (e.g., trends on unduplicated counts of young children being served across programs and the number of children awaiting services) or custom reports, as requested, to inform and engage policymakers, funders, communities, and families.

**OBJECTIVE C.2. ENGAGE AND INVEST IN CONTINUED RESEARCH AND EVALUATION OF THE ECCE SYSTEM AND PROGRAMS TO ADVANCE THE KNOWLEDGE BASE ON EFFECTIVE PROGRAMS AND PRACTICES**

- Develop an integrated research agenda that cuts across all pilot studies, program-specific evaluations, and statewide data collection so findings support ongoing and updated needs assessment and planning, as well as continuous improvement across the mixed-delivery system.
- Work with state leaders and data collectors to refine, enhance, or implement their program performance evaluation plans. They should use data to examine the implementation, outputs, and the costs of activities for continuous quality improvement; track and analyze population-level indicators and performance measures (as delineated in this and future plans); and tie these analyses to monitoring, evaluation, and continuous quality improvement.

- Scan the capacities of state universities and research firms, as well as national entities, to provide formative and summative research within focus areas and across the mixed service delivery system; reach out to offer opportunities for complementary partnerships; and work with key stakeholders to identify important research areas, such as the workforce, family child care home quality, and the impact of various messaging strategies on improving family trust and access.

- Identify opportunities to include parents and other community stakeholders in paid community-based participatory research opportunities around cultural practices, peer networks, and use of social media to support parent choice, family stability, and engaged, effective parenting.

- Leverage Oklahoma’s status as a provider of universal pre-K and build on Tulsa’s reputation for being a “beta city” (especially in early childhood innovation and quality) by telegraphing the state’s intent to be a lab for innovation on mixed-delivery and for expanding high-quality integrated services for pregnant mothers and young children.

- Develop a research agenda to map fiscal flows to Oklahoma and subgrants awarded to in-state partners, which can expand the reach of integrated ECCE resources through an analysis of cross-service enrollment, demographic, and other data to ensure funds address unmet need and meet strategic planning goals.

- Tie evaluation approaches to stakeholder will-building by including maps and other data visualization tools to communicate with intended audiences, including parents.

**OBJECTIVE C.3. INCREASE CAPACITY-BUILDING THROUGH TECHNICAL ASSISTANCE THAT SUPPORTS STREAMLINED, CULTURALLY RESPONSIVE FAMILY SUPPORTS AT THE COMMUNITY LEVEL**

- Implement one or more cross-organizational case management pilots, including these:
  - Opportunities for vulnerable families to access wraparound or one-stop-shop programs or services regarding enrollment or administration
» Creation or expansion of an online platform to coordinate enrollment and offer information to help families more easily navigate eligibility, availability, quality, and costs
» Data collection and analysis toward stakeholders better understanding and responding to what families need and seek from online services and support

- Increase enrollment and use of resources offered through the Child Care Resource and Referral Association’s shared services, professional development, and resource referral offerings.
- Build upon Tulsa BEST program models by piloting family advocates in communities outside Tulsa who are trained to help families navigate program eligibility and enrollment and other resource assistance, offer transition education and support, and perform other home- and center-based services from a whole-child perspective.
- Promote other innovative pilots aimed at improving quality of care and family engagement (e.g., Language Environment Analysis).

**Pillar D. Financial Capital: Funding Sources and Models**

The funding of Oklahoma’s ECCE mixed-delivery system is critical to its success. A strategic plan of this magnitude requires careful consideration of how state funds are used to support children’s healthy development. This plan must determine how to adjust financing efficiently to improve child outcomes in the future. Even though spending on programs for young children increased by $722 million from 2004 to 2018, most ECCE stakeholders and workers still identify a need for more funding. Further, spending on programs that provide parental and family support services fell by $3 million, and while the Maternal, Infant, and Early Childhood Home Visiting federal program added $5 million in funding, spending on state-funded home visiting and the Child Guidance program fell by $9 million because of state budget cuts (see Appendix E for comprehensive information on Oklahoma’s fiscal map for 2019). In an interview with researchers, one stakeholder said, “The most significant shortfall is funding. It is hard to do good work without money for materials, salaries, and efforts within our ECCE field.”

Oklahoma must focus on ensuring reliable funding for the ECCE mixed-delivery system over time and creating a system that allows for interagency coordination on this effort. In addition to considering the methods of providing sufficient funding to organizations and institutions serving young children, Oklahoma must consider how the financing for these programs can be adjusted to ensure the most vulnerable children have access to key resources, all while maximizing efficiency.
When subsidy reimbursement rates are below what child care providers charge the general public, providers are less likely to serve families receiving subsidies. Only 55 percent of licensed providers participate in the child care subsidy program, further limiting access to high-quality care for low-income families. Moreover, Oklahoma is one of 10 states that limits child care subsidy participation to licensed providers only.

State and federal funding for home visiting has declined in the last two fiscal years. These reductions have compromised the infrastructure of the home-visiting system and spread workers too thin to be effective. Notably, Oklahoma serves fewer than 3 percent of the estimated 242,500 families that could benefit from home-visiting services. Although restoring funding for home visiting to the previous high would only serve 5 percent more families, it would render Oklahoma a national leader in home-visiting program penetration.

Further, though the earned income tax credit (EITC) and the child tax credit have been found to improve educational outcomes in young children from low-income families (Marr et al. 2015), the legislature ended Oklahoma’s EITC refundability in 2016. Now, families can claim the credit only up to the amount they owe in state income taxes. Previously, they could claim the difference between the EITC and the amount of state income tax they owed.

The objectives and strategies below are essential to the successful implementation of this strategic plan within its five-year scope and beyond. These objectives were chosen to develop a thorough understanding of Oklahoma’s funding resources and to ensure sustainability of the state’s ECCE mixed-delivery system.

OBJECTIVE D.1. CREATE A SUSTAINABLE STRATEGIC FINANCING PLAN THAT INCREASES THE EFFICIENCY AND EFFECTIVENESS OF LOCAL, STATE, FEDERAL, AND PRIVATE FUNDING RESOURCES

- Develop an early childhood strategic financing plan with broad public and private stakeholder engagement that remains durable through administration changes.
- Pursue flexible fiscal and administrative requirements that promote interagency coordination, support, and shared services.
- Identify a state office or set of officials responsible for tracking, analyzing, and coordinating matching fund resources across agencies and programs to maximize federal funds.
- Identify and explore private funding strategies to fill gaps and avoid duplicating public responsibility.
» Create an early childhood funders consortium that meets periodically with public officials to discuss funding plans.
» Take stock of child care benefits provided by major employers in Oklahoma, and partner with employers to maximize the use of these benefits.

- Recommend a new state tax structure that provides an increased safety net for families with young children, as well as beneficial tax incentives for child care providers that offer infant and toddler care.
- Establish contracts to carry out strategic financing plan objectives that support the goals for the OKFutures Strategic Plan.
- Advocate for restored refundability of the state EITC, refundability of the state child tax credit, and an increase in the Oklahoma EITC and child tax credit.

**OBJECTIVE D.2. ALIGN COMPENSATION WITH ECCE WORKERS' SKILLS AND TRAINING**

- Establish clear credentials, determine requisite qualifications across various levels of the ECCE profession, and identify and propose compensation commensurate with skills and training.
- Evaluate CCDF funding increases to examine whether higher reimbursement rates or provider-friendly payment policies present opportunities for higher pay for segments of the ECCE workforce working in subsidy-based centers.
- Advocate for statewide endorsement of a networked model through Early Head Start–Child Care Partnerships or the OECP, which uses these program frameworks as models to achieve higher pay in conjunction with high-quality child care.
- Use new CCDF funding to boost the stability, competencies, cultural responsiveness, and career advancement of the child care workforce.
- Seek additional revenues to improve compensation through a public-private mix. Private support from employers and philanthropy can raise wages for nontraditional-hour care and reward investments in training and quality improvement. Public revenues from federal and state sources such as the Workforce Innovation Opportunity Act and Oklahoma’s newly approved teacher pay raises can supplement the CCDF and Early Head Start–Child Care Partnership to expand available funding for staff compensation.
OBJECTIVE D.3. INCREASE PERFORMANCE-BASED CONTRACTS THAT FUND COMMUNITY CAPACITY-BUILDING AND ALIGNMENT ACTIVITIES, AND INVESTIGATE FLEXIBLE STATE-LEVEL GRANTS FOR HIGH-QUALITY ECCE

- Target organizations that emphasize activities such as coordinating enrollment, family engagement and empowerment, quality improvement, and other cross-sector professional development opportunities.
- Draw from existing models like Alabama’s First Class Pre-K program and Connecticut’s School Readiness Grants to target services to young children.
The Road Ahead

Oklahoma is already a national model for addressing the educational needs of 4- and 5-year-olds with universal pre-K. This plan takes Oklahoma to the next level as a champion for children by focusing on the needs of its youngest constituents — infants and toddlers — while focusing on the still-unmet needs of all young children and their families. This plan also prioritizes the choice and voice of parents and expanding access to supports to address mental health and substance use disorders. Implementing this plan will produce a more integrated system of care for the families of our youngest children by focusing on quality (not just quantity) throughout every strategy, aligning systems and community-based support in a seamless web, and communicating better with parents and all Oklahomans who recognize that raising strong, healthy children is the key to a brighter future for all residents.

Plan Governance and Stakeholder Commitments

To realize our vision, this strategic plan requires investments and contributions from many stakeholders and a strong, clear governance structure. This plan is only the first step toward improving the ECCE system. State and tribal leaders representing Head Start and Early Head Start and child care programs are poised to lead this effort to strengthen community partnerships with home- and center-based providers and families with young children. Furthermore, state, local, and tribal health and mental health leaders are joining this effort to ensure overall family and child well-being are recognized as critical to improving outcomes.

Under the leadership of Governor Kevin Stitt, Cabinet Secretary of Human Services and Early Childhood Initiatives Steve Buck, State Superintendent Joy Hofmeister, and other early childhood state agency leadership, OPSR and OKFutures stakeholders are developing a comprehensive governance structure, including a robust accountability system, that will ensure this plan’s vision and goals are achieved. The SAC will monitor implementation and oversee continuous improvement. OPSR is the authorized early childhood coordinating body under state law and comprises agency leaders, tribal government representatives, parents, provider groups, federally funded early childhood programs, community volunteers, and governor-designated representatives from the philanthropic, health, and business communities. SAC members will also serve in high-level engagement roles by providing outreach to lawmakers and cabinet officials about the OKFutures early childhood policy agenda and other initiatives that flow from this plan.
Governor Stitt continued the commitment made by former governor Mary Fallin in designating the OPSR Foundation as the lead entity to coordinate state-level efforts for the PDG B-5 renewal grant. This designation contemplates that each of the 15 state agencies represented on the SAC continue to be engaged with and inform this strategic plan. As such, the OPSR Foundation will work with the SAC and administer funded components of the OKFutures Strategic Plan.

In addition, the already-established OKFutures steering committee and cross-sector OKFutures teams working under the SAC umbrella will function as critical accountability partners to implement, evaluate, and be intermediary advisers on strategic plan work. The OKFutures steering committee and associated teams are also tasked with performing direct stakeholder engagement activities and aiding in the design of stakeholder engagement tactics throughout the life of this strategic plan. Current OKFutures teams are organized in five primary areas: professional development, family and community engagement, quality improvement, early learning equity and diversity, and evaluation. Existing OKFutures team focus areas may be reorganized upon Oklahoma completing its comprehensive governance plan, but their broad function and associated duties will remain in place.

Oklahoma’s infrastructure will also be strengthened as state leadership identifies opportunities to streamline program administration, inform decisions through integrated data, and create a sustainable shared decisionmaking process. In a step toward realizing this goal, OPSR received technical assistance this year to implement an early childhood integrated data system and has produced recommendations for a governance structure for data sharing and reporting, system elements needed to answer priority-use cases, and technical components to integrate data collection. Demonstrating our commitment to using data to drive decisionmaking, Oklahoma is obtaining approval for and gathering consensus around the proposed ECIDS design plan, which is targeted for initial implementation in 2020. Oklahoma’s ECIDS will give the state a major push toward estimating an unduplicated count of children being served by early childhood programs and services. With this count, Oklahoma can better target services to vulnerable and underserved children.

This plan is also designed to align with the Family First Prevention Services Act (FFPSA) to ensure a seamless system of ECCE services is accessible to children and families involved in the child welfare system. Oklahoma intends to apply for and begin implementing in 2021 FFPSA Title IV-E prevention services to families with children at imminent risk of entering the child welfare system, and state leaders have crafted strategies to ensure the ECCE system and child welfare services have a shared vision and common goals. A newly formed PDG/FFPSA workgroup has also been created under the OKFutures umbrella to advise and carry out plan alignment efforts.
At the community level, OKFutures has garnered the support of key stakeholders to move this plan forward. Eleven geographically diverse community organizations contributed to the development of this strategic plan. These organizations stand ready for next steps in improving outcomes for young children. Six tribal governments have also donated the cost of food for a coordinated, cross-sector professional development conference to be held in eight geographically diverse sites, reflecting their interest and commitment to forming stronger partnership in boosting ECCE provider skills. Thousands of ECCE professionals are anticipated to attend, and the conference is open to parents of young children at no cost, furthering our commitment to engaging parents as a critical voice in developing the system and offering them an opportunity to increase their knowledge and skills in early childhood development.

Finally, OPSR has long-standing relationships with influential philanthropic funders, both in Oklahoma and nationally, who are interested in improving outcomes for young children and families. We regularly convene diverse partners and have already brought together in-state philanthropic partners such as the George Kaiser Family Foundation, the Inasmuch Foundation, and the Potts Family Foundation, as well as business partners representing Express Personnel and Chesapeake Energy, to develop this comprehensive systems-focused plan to improve the quality, accessibility, and responsiveness of Oklahoma’s mixed-delivery system. All these stakeholders are prepared to help implement the strategic plan and identify funding as a match for future PDG B-5 awards.

**Next Steps**

As we move into the next phase of implementation, the SAC is positioned to continue to be the state-level public-private partnership entity to inform, guide, and monitor implementation. Now that this plan is ready, the board will establish a meeting schedule for 2020, which will ensure sufficient frequency of oversight meetings to ensure progress.

Legislative involvement will also be necessary to create sustainable policy changes and support strategic financing. Results from the needs assessment will be integrated into OPSR’s legislatively required annual report, submitted each year to the governor and legislature. Legislative briefings will follow with House and Senate leadership and key committee members during the 2020 legislative session. Working with stakeholders and evaluation experts to further study and refine outcome indicators and performance measures for this plan will also be a priority moving forward.
Official implementation of the strategic plan will begin in January 2020, during which time OPSR will secure additional staff and contracts, under the advice and direction of the OKFutures steering committee. This committee will also identify existing and new workgroups that will be critical to oversee implementation by the first quarter of 2020.
Appendix A. Key Stakeholders

OPSR thanks the numerous OKFutures partners listed below who made thoughtful, important, and timely contributions to the Strategic Plan. We are grateful for your effort and commitment.

**State Leadership**
Office of the Oklahoma Governor, Kevin Stitt
Steven Buck, Cabinet Secretary for Human Services and Early Childhood Initiatives, Executive Director, Oklahoma Office of Juvenile Affairs
Carter Kimble, Deputy Secretary of Health and Mental Health
Joy Hofmeister, State Superintendent of Public Instruction (SAC Member)
Justin Brown, Director, Oklahoma Department of Human Services (SAC Member)
Ed Lake, Former Director, Oklahoma Department of Human Services
Tom Bates, Former Interim Commissioner, Oklahoma State Department of Health (SAC Member)
Annette Jacobi, Director, Oklahoma Commission on Children and Youth (SAC, Board Chair)

**OPSR Board (SAC) Members**
Angie Clayton, Kids R Us of Tecumseh
Ann Cameron, Community Volunteer
Annette Jacobi, Oklahoma Commission on Children and Youth
Annie Koppel Van Hanken, George Kaiser Family Foundation
Anthony Stafford, Big Five Community Services, Inc.
Becky Pasternik-Ikard, Oklahoma Health Care Authority
Bill Doenges, Community Volunteer
Blayne Authur, Community Volunteer
Brent Kisling, Oklahoma Department of Commerce
Justin Brown, Oklahoma Department of Human Services
Glen Johnson, Oklahoma State Regents for Higher Education
Jessica Ockershauser, Community Volunteer
Joy Culbreath, Choctaw Nation
Joy Hofmeister, Oklahoma State Department of Education
Kathy Cronemiller, Child Care, Inc.
Kay Floyd, Oklahoma Association of Community Action Agencies
Kent Gardner, The Funk Companies
Kevin Corbett, Oklahoma Health Care Authority
Marcie Mack, Oklahoma Department of Career and Technology Education
Marny Dunlap, OU Children’s Physicians
Melinda Fruendt, Oklahoma Department of Rehabilitation Services
Melody Kellogg, Oklahoma Department of Libraries
Misty Montgomery, Community Volunteer
Natalie Burns, Community Volunteer
Polly Anderson, Oklahoma Educational Television Authority
Ray H. Potts, Potts Exploration LLC
Ryan Posey, HSI Sensing
Sarah Roberts, Inasmuch Foundation
Susan McVey, Oklahoma Department of Libraries
Stephan Wilson, Oklahoma State University
Terri White, Oklahoma Department of Mental Health & Substance Abuse Services
Tom Bates, Oklahoma State Department of Health
Will Lightfoot, Community Volunteer

OPSR Board Member Designees
Audra Haney, Designee for Terri White, Oklahoma Department of Mental Health
Cindy Koss, Designee for Joy Hofmeister, Oklahoma State Department of Education
Curtis Calvin, Designee for Polly Anderson, Oklahoma Educational Television Authority
Edd Rhoades, Designee for Tom Bates, Oklahoma State Department of Health
Gina McPherson, Designee for Glen Johnson, Oklahoma State Regents for Higher Education
Janet Karner, Designee for Marcie Mack, Oklahoma Department of Career and Technology Education
Jennifer Stepp, Designee for Stephan Wilson, Oklahoma State University
Joyce Marshall, Designee for Tom Bates, Oklahoma State Department of Health
Marshall Vogts, Designee for Brent Kisling, Oklahoma Department of Commerce
Rita Echelle, Designee for Melinda Fruendt, Oklahoma Department of Rehabilitation Services
Shelly Patterson, Designee for Becky Pasternik-Ikard, Oklahoma Health Care Authority
Tiffany Neill, Designee for Joy Hofmeister, Oklahoma State Department of Education
Vaughn Clark, Designee for Deby Snodgrass, Oklahoma Department of Commerce
Zach Cole, Designee for Kay Floyd, Oklahoma Association of Community Action Agencies

OPSR Foundation Board
Ann Cameron, OPSR Foundation President
Annie Koppel Van Hanken, OPSR Foundation Vice President
Bill Doenges, Former OPSR Foundation President
Bob Harbison, OPSR Foundation Director
Carl Edwards, OPSR Foundation Director
Janet McKenzie, OPSR Foundation Secretary
Jerry Burger, OPSR Foundation Governance Chair
Kathy Cronemiller, OPSR Foundation Treasurer
Lindsay Laird, OPSR Foundation Director
Liz McLaughlin, OPSR Foundation Director
Phil Dessauer, OPSR Foundation Director

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OKFutures Steering Committee
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Lana Beasley, Oklahoma State University
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Curtis Calvin, Oklahoma Educational Television Authority
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Terri Grissom, Oklahoma State Department of Education
Julian Guerrero, Oklahoma State Department of Education, Tribal Liaison
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Janice Hickson, Oklahoma City Indian Clinic, Pediatrics
Diane Horm, University of Oklahoma, Tulsa
Annette Jacobi, Oklahoma Commission on Children and Youth (SAC, Board Chair)
Michelle Key, Chickasaw Nation, Child Care
Susan Kimmel, University of Oklahoma, Center for Early Childhood Professional Development
Paula Koos, Oklahoma Child Care Resource and Referral Agency
Cindy Koss, Oklahoma State Department of Education, Deputy Superintendent (SAC Designee)
Eloise Locust, Cherokee Nation, Child Care Licensing
Erin Maher, University of Oklahoma, Norman
Joyce Marshall, Oklahoma State Department of Health, Title V
Beth Martin, Oklahoma State Department of Health, Child Guidance, Family Support & Prevention
Jennifer McKay, Oklahoma State Department of Education, Early Childhood, Curriculum & Instruction
Tiffany Neill, Oklahoma State Department of Education, Curriculum & Instruction
Joni Riley, Oklahoma Department of Human Services, Child Care Services
Mark Sharp, Oklahoma State Department of Education, Part C

**OKFutures Workgroups**

**Family and Community Engagement**
Misti Boyd, Chickasaw Nation
Melissa Griffin, Oklahoma State Department of Health
Audra Haney, Oklahoma Department of Mental Health & Substance Abuse Services (SAC Designee)
Audra Beasley, Paralegal
Peggy Byerly, Oklahoma State Department of Health
Amy Chlouber, Sunbeam Family Services
Angie Clayton, Child Care Business Owner
Amy Duncan, Oklahoma Family Network
Georgeann Duty, Oklahoma Department of Human Services
Amy Emerson, Tulsa Educare
Jennifer Jesse, Chickasaw Nation
Jennifer McKay, Oklahoma State Department of Education
Lana Beasley, Oklahoma State University
Robin Swaim, Oklahoma State Department of Health
Keitha Wilson, Oklahoma Department of Human Services
Ryan Sierra, Bright Start Development Center
Jennifer Cole-Robinson, United Keetoowah Band of Cherokee Indians

**Quality Improvement**
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Christi Landis, Oklahoma State Department of Education
Alesha Lilly, Oklahoma State Department of Health, Child Guidance
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Curtis Calvin, Oklahoma Educational Television Authority
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Steven Dow, Community Action Project of Tulsa County
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Karen Kiely, Community Action Project of Tulsa County
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Amy Woods, Oklahoma ABLE Tech
Kathy Cronemiller, Child Care Inc., Oklahoma Child Care Association (SAC Governor Appointee)
Cyndi Johnson, Child Care Inc.
Michelle Owens, Child Care Inc.
Rachel Proper, Child Care Inc.
Theresa Fjelstad, WorkLife Systems
Bob Harbison, Oklahoma Partnership for School Readiness Foundation Trustee
Lindsay Laird, Oklahoma Partnership for School Readiness Foundation Trustee
Angie Clayton, Kids R Us of Tecumseh (SAC Governor Appointee)
**Focus Group Hosts**
Tulsa Community Service Council
Infant Crisis Services
Oak Grove Head Start
Cherokee Nation Child Development Center
Cherokee Nation Child Care
Oklahoma Child Care Resource and Referral Agency
Enid CDSA
Chickasaw Nation Nutrition Services
Muscogee (Creek) Nation Child Development
Latino Community Development Agency (LCDA)
Oklahoma Tribal Child Care Association
St. Paul's United Methodist Church, Shawnee

**Community Conversation Hosts**
Ponca City: Northern Oklahoma Youth Services Center and Shelter
Ada: Regional United Way
Tulsa: Community Action Project of Tulsa County
Tulsa: Community Service Council of Greater Tulsa
Lawton: United Way of Southwest Oklahoma
Stigler: Ki Bois Community Action Foundation
OKC: Smart Start Central OKC
OKC: Latino Community Development Agency
Enid: United Community Action Program
Stillwater: United Community Action Program
Tahlequah: Ki Bois Community Action Foundation
Appendix B. Data Collection Process and Methods

This strategic plan pulls together data using multiple methods and sources, including existing strategic plans and related documents, qualitative data from parents and providers, rapid-response surveys of key stakeholders, OPSR workgroups, and engagement of research partners. We provide a more detailed description on select sources below.

Qualitative Data from Parents and Providers

Focus Groups

In coordination with OPSR staff, the Urban Institute conducted 9 semistructured focus groups and 18 interviews with parents and 5 semistructured focus groups with providers. We conducted these over three days in June 2019 in communities across all five regions of the state.

Focus group conversations were 60 to 90 minutes long depending on the size of the group, while interviews were generally 10 to 15 minutes long. Parent and provider focus groups ranged from 2 to 15 participants, with all participants following informed consent procedures and the research team following protocols. There were separate protocols and consent procedures for parents with children in ECCE programs, parents without children in ECCE programs, and providers. All parents received 20 dollars for their time, in addition to refreshments. Conversations took place in English and Spanish, with translators signing the same confidentiality pledges.

The Urban Institute team signed confidentiality pledges before collecting data. We wrote detailed notes on parent and provider perspectives with the aid of audio recordings. All participants consented to the conversations being recorded, and these recordings and notes were stored according to Institutional Review Board procedures on a secure laptop. The data were then transferred to a secure drive at our office, and only staff members on this team who had signed confidentiality pledges had access to these data.
Members of the Urban Institute team cleaned and transcribed notes from the interviews, stripping out personally identifiable information. We then analyzed notes through an emergent coding scheme and extracted key themes and variations across communities defined by race, ethnicity, and urbanicity.

**Community Conversations**

In June 2019, OPSR partnered with 11 local organizations in communities across Oklahoma to host community conversations with parents, early childhood professionals, and community leaders. These conversations gave communities a voice in describing the state of Oklahoma’s early childhood education, identify areas for improvement, and suggest strategies to accomplish goals. Using a data walk format, facilitators presented data to participants and then used the data as a springboard for group discussion. Participants were empowered to share their insights and inform the strategic plan.

The data were organized into four broad categories: early care and education from birth to age 3, early care and education ages 3 to 5, health, and family support programs. Each category had its own set of posters around the room. Participants were organized into groups and asked to progress through each set of posters before participating in a group discussion about strategies and recommendations. A facilitator led the data walk and guided the group discussions while a note taker captured participants’ thoughts, reactions, and suggestions. Urban Institute team members later transcribed and coded these notes. Each community conversation lasted 2.5 hours and took place at the following 11 local organizations:

- Ada Regional United Way (in Ada)
- CAP Tulsa (Tulsa)
- Tulsa Community Service Center (Tulsa)
- Community Development Support Association (Enid)
- KI BOIS Community Action Foundation (Stigler)
- United Way of Southwest Oklahoma (Lawton)
- Latino Community Development Agency (Oklahoma City)
- Smart Start Central Oklahoma (Oklahoma City)
- Northern Oklahoma Youth Services (Ponca City)
- KI BOIS Community Action Foundation (Tahlequah)
- United Community Action Program (Stillwater)

Participants included early childhood care and education providers, parent leaders and representatives, parent policy council members, parent-teacher association members, teachers, and other community members, such as partners from community organizations, local business leaders, and public employees.
Appendix C. Community Conversations Synthesis

Observations and Recommendations from Community Conversations

The data from the community conversations was analyzed and coded to synthesize the information for incorporation into the strategic plan. The key takeaways are organized by goals and pillars below.

Goal 1. Align Systems of Care to Produce More Seamless, High-Quality, and Cost-Effective Services for Families with Young Children

**Observations**
- Parents have to search for resources and may miss out on available services because of a lack of communication between agencies

**Recommendations**
- Increase collaboration between different referral agencies
- Agencies need to share data and collaborate to focus on common goals
Goal 2. Secure Affordable, High-Quality Early Care and Education for Children from Birth to Age 3

Observations
- Finding infant care is challenging; waiting lists are always long for infants and toddlers
- It can be hard to find child care during the summer
- Many high-quality centers do not accept subsidies; some child care facilities do not want to accept subsidies because it requires a lot of bureaucratic work
- Child care is often unaffordable, even for middle-income families
- It does not make sense for both parents to work if all of one parent’s income goes to child care costs
- There is a need for more overnight and 24-hour care
- Care can be hard to find and expensive in rural areas; it requires driving long distances to access high-quality child care
- The low rate of subsidy pay leaves subsidy-supported centers less able to improve quality or meet quality standards
- Waiting lists are a problem for prekindergarten
- Half-day programs create logistical challenges for working parents
- Oklahoma needs additional Head Start programs for pre-K
- Teacher burnout threatens pre-K quality

Recommendations
- Implement a graduated-scale payment system for ECCE
- Increase and expand child care subsidies
- Expand the availability of resources for children with disabilities
- Provide incentives for centers to open extended hours
- Increase the number of Head Start facilities


Observations
- Economic insecurity leads to stress in families, which often has a negative impact on young children
- Job training, college, and technical programs are difficult to access when child care hours are not available
- Families are incentivized to not increase their household income because of the risk of losing support
- Affordable housing is inadequate, rental houses are not maintained, and rent is too high in low-income areas
- Grandparents shoulder a lot of the child care burden because of the high cost of care
- Immigration status is a barrier when enrolling in programs and services; undocumented parents may not enter the process out of fear of alerting authorities
- Healthy food is expensive, and the consumption of processed food is leading to higher diabetes rates; food insecurity is a major contributor to poor health outcomes

Recommendations
- Reinstitute state EITC refundability
- Increase the minimum wage to reflect a living wage
- Increase maximum income cutoffs or have limited step-downs by income level for economic support programs
Goal 4. Prioritize the Urgent Health and Mental Health Needs of Young Children and Their Families

Observations

- Many mothers do not know where or how to seek out health resources; this and a lack of education could contribute to the infant mortality rate
- Physical access to prenatal services are a barrier for mothers who have to drive long distances or to other towns for care
- Oklahoma needs to support the long-term health of the mother, not just health at the point of birth
- Increasing infant mortality rates are likely related to drug use, familial stress, and depression
- Many people may feel ashamed or afraid to ask for help and do not know how to receive support
- Not enough substance abuse and mental health services are available
- Mental health services are too expensive
- Oklahoma needs to better educate families about mental health so people can receive support before problems become more serious and lead to substance abuse or other issues
- Addressing adverse childhood experiences should be a priority
- There is a perception that people on SoonerCare receive low-quality services
- Deductibles and prescription costs are still too high
- Oklahoma needs more Medicaid support to help families who cannot afford the cost of receiving health care services
- Health insurance is confusing and challenging to navigate
- SoonerStart is understaffed, and caseloads are too large for therapists to work with the children and educate parents
- Spending money on health care is often a low priority for low-income families

Recommendations

- Provide parents with a list of resources they may need to support their child before they leave the hospital after giving birth
- Implement postpartum home visits by nurses for at-risk families, and encourage greater participation in home-based counseling services
- Provide more prenatal care and education to expecting mothers, specifically educating mothers on the prevalence of postpartum challenges so women do not feel alone; provide education in person at the hospital upon birth of the child
- Prioritize training on trauma and mental health
- Expand Medicaid
- Implement a sliding-scale health care cost system
- SoonerCare qualifications should be adjusted by county rather than having one state standard because of geographic disparities in earnings and opportunities
Goal 5. Communicate Better with Families about How to Support Their Children’s Development and Well-Being

**Observations**
- Not all parents know when to enroll children in pre-K
- Many parents face challenges in communicating with and being involved in schools because of language barriers
- Many parents are not knowledgeable about the appropriate stages of child development and are unaware when issues regarding development present themselves
- Even if resources are available to parents, they may not know about them or how to receive them
- There may be misconceptions about home visiting; some parents confuse these visits with DHS visits
- Parents face many stressors and need to be able to communicate this with other people
- It can be hard to motivate parents to take parenting classes

**Recommendations**
- Provide more parental education to teach parents how to engage with children in ways that build foundational skills and about irregularities in child development
- Help parents, especially ones with language barriers, apply for pre-K
- Provide education for parents of children with disabilities
- Increase parents’ awareness of child care ratings
- Provide parenting lessons on basic parenting skills
- Begin more aggressive advertising for home visits; could shed light on these programs and ensure families who would benefit do not miss out
- Reinstate home-based services like Oklahoma Parents as Teachers
- Disseminate information through more public service announcements, social media, magazines, TV networks, and the like

Pillar A. Human Capital

**Observations**
- Agencies responsible for improving mental health are understaffed and overworked
- There is a lack of education and professional development for parents and child care teachers
- There are not enough people to complete home visits, which are crucial for educating parents

**Recommendations**
- Oklahoma needs to provide more child care provider and teacher training on how to recognize symptoms of child abuse and address adverse childhood experiences
- Make it easier for people with a criminal record to find jobs
- Train teachers in how to support all children, not just those with involved parents
- Provide more professional development and training for child care providers
- Push for higher wages and higher education of child care providers
- Provide more funding for state and federal ECCE programs that are open to all children
- Provide more training for infant care providers and teachers
Pillar B. Physical Capital

Observations
- Lack of transportation makes it harder to access child care services, food banks, schools, WIC offices, and the like; even if capacity is available, families cannot receive support unless they have reliable transportation to the physical location
- Transportation is a major issue; many counties do not have a public bus

Recommendations
- Need more affordable housing units
- Increase transportation access
- Need more 24-hour centers, drop-in and extended-hour centers, after-school facilities, and facilities for children with special needs

Pillar C. Intellectual Capital

Recommendations
- Increase data collection on teacher and early childhood provider training, trauma, and incarcerated parents
- Agencies need to share data and collaborate to focus on common goals
- Educate legislators so they understand best practices in ECCE and what works and what does not; take advantage of those opportunities to talk with them (group)
- Have a directory (like the newcomer’s guide) or pamphlet with information on services and providers listed; these need to be more readily available (e.g., in doctor’s offices, schools, or libraries)

Pillar D. Financial Capital

Observations
- Some child care providers reported a large decrease in DHS support from previous years
- When determining how to allocate funding to centers and schools, cultural issues must be considered
- We know where there is a lack of services; the question is how can we pay for them?

Recommendations
- Increase funding for child care services
- Educate lawmakers on impacts of eligibility cliffs
- Provide more funding for bilingual teachers
- Offer free lunches at schools throughout the summer
- Implement sliding scales for subsidies
Appendix D. Definition of Terms

PDG B-5 tasks Oklahoma with developing definitions for several key terms. These terms are central to understanding need, and unmet need, for ECCE. OKFutures adopts the following definitions, noting their aspirational nature and iterative development through input from key stakeholders:

- **Quality early childhood care and education.** Oklahoma believes that quality ECCE begins with safe facilities staffed by a skilled and supportive workforce. It continues with enriching interactions between children and adults in culturally responsive environments focused on children’s holistic development. For many parents and providers in Oklahoma, quality centers on trust. The state values comprehensive early learning standards, rigorous provider qualifications and core competencies, professional development, family engagement activities, quality ratings, and the use of integrated data for program improvement. Oklahoma’s vision for quality spans the ECCE mixed-delivery system while acknowledging differences in policies and funding across program types. It involves clear communication about quality with parents and the public, collaboration across programs, and well-supported transitions for children and families.

- **Early childhood education and care availability.** Oklahoma defines availability at the nexus of accessibility and choice. Available programs have sufficient capacity to meet demand in locations desirable to families with young children. In some cases, programs may provide transportation, easing the burden of access. Available programs are also made affordable to all families through public subsidy or direct investment through program provision. In Oklahoma, availability involves choice. Considerations of quality, including safety, trust, cultural and linguistic responsiveness, and child outcomes, all factor into family, provider, and stakeholder perceptions of ECCE availability.

- **Vulnerable or underserved children.** Oklahoma identifies vulnerable or underserved children as those from marginalized communities or experiencing developmental disabilities, including children living in poverty (less than 100 percent of the federal poverty level) and families of low income (less than 200 percent of the federal poverty level); children from historically marginalized racial and ethnic groups; children involved in the child welfare system and foster care; children exposed to trauma and adverse childhood experiences; children facing homelessness; children of parents who are incarcerated, have mental illness, or have substance use disorders; English learners; and children with developmental delays and diagnosed disabilities.
Children in rural areas. Oklahoma adopts a broad definition of children in rural areas as those outside of the Oklahoma City and Tulsa metro areas and their contiguous counties.

Mixed-delivery system. The term “mixed-delivery system,” as defined by the Every Student Succeeds Act (ESSA), Pub. L. 114-95, Section 9212(b)(5), means a system of early childhood care and education services that are delivered through a combination of programs, providers, and settings, such as Head Start, licensed family and center-based child care programs, public schools, and other community-based organizations, that is supported by a combination of public and private funds.

Systems of Care. A variety of effective services for young children and their families that is organized into a coordinated network of support and builds meaningful, culturally-responsive partnerships with families to promote their overall health and well-being.
Appendix E. OK Policy Fiscal Map Narrative

Oklahoma Supports for Early Childhood Health & Education (Birth to 5)

This report summarizes the results of the 2019 early childhood programs fiscal map prepared by Oklahoma Policy Institute for the Oklahoma Partnership for School Readiness (OPSR). The fiscal map reports spending and funding sources for Oklahoma programs serving children ages 0-5 for fiscal years 2011-2018. Data are drawn primarily from state and federal agency reports.

This report updates and extends a 2011 project that reported spending and funding sources for fiscal years 2004-2010. The new edition is prepared as part of the OPSR’s OK Futures grant, funded by a federal Preschool Development grant.

This report was funded by the Oklahoma Partnership for School Readiness through a grant from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, Grant No. 90TP0037.

This report answers six questions, addressed below:

1. How much funding is going to support quality care and education for young children in Oklahoma, and what are the major funding sources?

A total of $1.672 billion in funding for Oklahoma children ages 0-5 was identified for the fiscal year ending June 30, 2018 (FY 2018), an increase from $1.556 billion in FY 2011. The FY 2018 funding total amounts to approximately $5,300 per child aged 0-5.

The FY 2018 total consisted of: $940 million, or 56 percent, federal dollars; $537 million, or 32 percent, state dollars; $145 million, or 9 percent, local dollars; and $49 million, or 3 percent, private dollars. Figure 1 shows the FY 2018 breakdown by funding source.
The largest component of the federal funding was Medicaid (SoonerCare), and the second largest was Head Start/Early Head Start Funds. Other significant federal funding streams were Supplemental Nutrition Assistance Program (SNAP) food assistance, TANF and CCDF grants for Department of Human Services child care subsidies, and federal funding for Department of Education pre-kindergarten programs.

The largest state funding stream was state matching funds for SoonerCare. Other significant state funding went to Department of Education appropriations for Oklahoma’s pre-K program, SoonerStart for infants and toddlers with disabilities, and the Early Childhood Development program.

The major use of local funding is school district taxes and other revenues that support approximately 44 percent of pre-kindergarten spending. Local money also supports several programs of the Department of Health.

Major private donors were the George Kaiser Family Foundation, the Inasmuch Foundation, the Potts Family Foundation, and Nestle infant formula rebates for the WIC program.

State and local spending increases have been the major driver in growth in early childhood programs. State spending was 26 percent higher in FY 2018 than FY 2011. Local spending increased by 30 percent in that period. SoonerCare accounted for the majority of state spending growth, due both to enrollment increases and to a declining federal share that results from stronger economic growth in
Oklahoma. Pre-kindergarten state and local funding grew as well. Federal support was one percent lower in 2018 than in 2011. This decline was due to the end of stimulus funding and of entitlement spending falling from its peak during an economic downturn.

Figure 2 shows the total spending by year and by funding source from FY 2011 through FY 2018. See the Appendix E1 for annual spending by category.

**FIGURE E.2**
Annual Spending by Funding Source, Fiscal Years 2011–18

*Note: Information unavailable in 2011, 2012, and 2013 for some Department of Health programs, with total spending in excess of $40 million.*
As noted above, this work extends a similar study covering fiscal years 2004-2010. Changes in data sources and methods in the two studies, along with missing data, make it impossible to perfectly compare spending at a detailed level. However, aggregate data for the period 2004-2018 accurately represent spending and funding trends over a longer period. Figure 3 extends Figure 2 back to 2004.

**FIGURE E.3**
**Spending by Source, Fiscal Years 2004–18**

Notes: In 2011, 2012, and 2013, data are not available for Oklahoma State Department of Health programs, understating costs by more than $40 million, of which about 75 percent is state spending and 25 percent is federal spending. Data sources and methods differ from 2004–10 and 2011–18, but the data are believed to accurately represent trends.

Looking at the entire 18-year period, several trends are noteworthy:

- Spending on programs for young children increased $772 million (86 percent) from 2004 to 2018. The highest spending years were 2011, when SNAP caseloads reached record levels, and 2014, when Head Start, Medicaid, and pre-kindergarten all had large increases.

- Over time, funding for programs has shifted more toward state and local sources and away from federal funding. Federal sources, however, remain the largest.

- State funding has grown steadily in the period, with 2018 spending $309 million (134 percent) higher than 2004 spending. Most of that growth, however, took place from 2004-2014. State share of Medicaid and expansion of pre-kindergarten took most of the additional state funds. State revenue shortfalls kept spending levels flat for four straight years until a modest upturn in FY 2018.
Federal funding grew during the period as well, by $338 million, or 56 percent. Federal spending peaked during fiscal years 2011-2014. The principal factor was higher SNAP caseloads during and after the recession.

Local funding grew by $92 million (172 percent). Most of the increase occurred before FY 2013, as school districts expanded pre-kindergarten programs. Since most districts have fully built out these programs, local revenue has grown more slowly.

Private funding grew by $32 million, nearly doubling over the period and the largest increase of any funding increase (192 percent). This has provided important resources for early education and basic needs, but is just three percent of Oklahoma spending on young children.

2. How does the funding support key goals for children and youth?

Programs for young children in Oklahoma fit into four categories: 1) Early Education; 2) Health Care; 3) Basic Needs and Economic Security; and 4) Parenting Education, Child Care, and Family Support. While there is some overlap in categories for particular programs – for example, Head Start provides health care and other services in addition to early education - we tried to put each program in the category that it is most focused on.

Of those categories, health care received the largest share of funds with 52 percent in FY 2018. Education received the second highest share of funds at 31 percent. Basic Needs and Economic Security was third at 12 percent, and Parenting Education, Child Care, and Family Support was the smallest category at 6 percent. As compared to FY 2010, spending has shifted to Health Care from the other three categories. Figure 4 shows the total spending by year and by category from FY 2011 through FY 2018.
Health Care funding showed the most growth in recent years, a 17 percent increase from 2011 to 2017. SoonerCare is by far the largest of these programs, serving two-thirds of all children ages 0-5 in Oklahoma. SoonerCare spending rose by approximately $100 million, or 14 percent, from 2011 to 2018. SoonerStart, the second largest health care program, grew by 65 percent ($14 million). Several smaller programs addressing dental care and newborn screenings declined due to state budget cuts to the Department of Health.

Education spending grew by five percent from 2011 to 2018. The largest percentage increase was in Head Start/Early Head Start (30 percent/$34 million), reflecting several federal funding increases, particularly for Early Head Start. The largest dollar increase was in pre-kindergarten, $24 million (8 percent).

Spending change in programs providing parental and family support services can be measured only since 2014, due to missing data from the Department of Health. From 2014 to 2018, spending for these programs fell by $3 million (3 percent). A new federal program for home visiting programs, the Maternal and Infant Early Childhood Home Visiting (MIECHV) added $5 million in funding, while spending on state-funded home visiting and the Child Guidance program was reduced by $9 million due to state budget cuts.
The only program category experiencing cuts since 2011 has been Basic Needs, which fell 8 percent due to reduced SNAP caseloads as the state recovered from recession. SNAP food stamp benefit payments doubled from 2004 to 2010, which was the depth of the Great Recession, but have fallen 23 percent from 2011 to 2018. Other basic need spending also fell during the study period, including WIC (11 percent reduction) and Temporary Assistance to Needy Family (TANF) cash assistance (46 percent reduction).

Figure 5 shows annual expenditures for the five largest programs and all others. See the Appendix E1 for annual spending amounts by program.

3. Are fiscal resources coordinated, maximized, and leveraged effectively? Are funding streams sufficiently diversified and sustainable over the long term?

Federal and state programs for early childhood have different goals, target audiences, and constituents. As a result, programs are difficult to coordinate effectively.

Oklahoma is taking advantage of most of the flexibility the federal government affords in coordinating programs. For example, Oklahoma:
- takes applications for SNAP, child care subsidy, TANF, and Medicaid in a single point of contact;
- uses technology so that participating non-profit agencies, including some Head Start providers, can submit benefit applications electronically on behalf of their clients;
- funds 13 different safety net programs on electronic benefit transfer cards, the most of any state;
- shares information between the Department of Human Services (DHS) and the Oklahoma State Department of Education (OSDE) and the Oklahoma State Department of Health (OSDH) to maximize the number of SNAP recipients who can claim categorical eligibility (automatic enrollment with minimum administrative effort) for WIC and for school meals;
- blends Head Start and Child Care and Development Block Grant (CCDBG) child care subsidies to fund more and higher quality early childhood classrooms, particularly for infants and toddlers; and
- maintains reciprocal agreements with tribes so that each party recognizes the other's child care licensing and subsidy systems, so that families eligible for multiple programs can move between them seamlessly.

Oklahoma has also taken action to coordinate state and federal programs.

The state-funded Early Childhood Development Program (previously the State Pilot Program or Oklahoma Early Childhood Program) effectively leverages the most significant philanthropic support via a continuing commitment of about $14 million per year from the George Kaiser Family Foundation and $10.5 million in state funds through the Department of Education. Many providers in this program also blend the state and private funds with federal Head Start funding.

Oklahoma leverages federal, state, local, and private funds for education for the pre-K program by supporting classrooms both in public schools and in partnership with private child care and Head Start providers.

Oklahoma facilitates transitions within education programs by sharing child data across both parts of the Individuals with Disabilities Education Act into pre-kindergarten and then into elementary school. Oklahoma's universal public pre-kindergarten reduces the difficulty of transitioning into kindergarten, since many students stay in the same school.
Recent policy changes by the Department of Human Services have resulted in better coordination of funds for early education. The Department now offers child care subsidy to supplement federal funding for partnerships between Early Head Start and private child care providers.

Like most states, Oklahoma offers a number of home visiting programs with somewhat different target clients and curricula. It is possible that programs could be more effectively coordinated. Maternal Infant and Early Childhood Home Visiting (MIECHV) grants provide greater opportunities to coordinate programs at both the statewide and local levels.

The Department of Education’s decision to eliminate the Parents as Teachers program reduced the ability to effectively transition children and families from home visiting to classroom-based settings. The Department of Health has adopted this model for its StartRight program, however.

Private funding has consistently and effectively leveraged public funding to increase both quality and quantity of early childhood education classrooms. However, total private support is only about 3 percent of funding. Even if private sector support was increased substantially, funding needs dwarf what the Oklahoma philanthropic sector is capable of providing.

Oklahoma still has room to improve collaboration around financing and varying program requirements. Among those to be investigated are:

- more effectively including public pre-kindergarten and Head Start in the Quality Rating and Information System (QRIS) developed by DHS mainly for the private child care market;
- sharing child-level across home visiting programs and education programs; and
- adding WIC (administered by OSDH) to the DHS electronic benefits card.

4. Are there gaps in funding for particular goals, or are major potential funding streams being neglected?

As discussed under question #2, funding for the category of Parenting Education, Child Care, and Family Support has stagnated. One avenue to alleviate those cuts has been the MIECHV Home Visiting Program established under the Affordable Care Act. This program provides funds for nurses, social workers, and other professionals to meet with at-risk families in their homes and connect them with health care, early education, parenting skills, child abuse prevention, and nutrition assistance. MIECHV provided $5 million in funding in fiscal year 2018.
The largest unused funding stream is in the Health category, where Oklahoma is one of 14 states that has not expanded Medicaid to serve adults up to 133 percent of the federal poverty level. An initiative petition to mandate expansion is being circulated as this report is produced.

5. What funding changes would better support programs for young children in Oklahoma?

The review of program financing trends shows that program spending has been driven by federal and state policy. In most cases, input from and influence of the Oklahoma early childhood community has been limited. One goal of OK Futures is to increase the policy input and influence of that community. This section includes recommendations for state-level policy actions that would increase the funding and reach of programs serving young children and their families. All recommendations will require several years to implement; as such, they can provide a road map for policy and financial aspects of the OK Futures strategic plan.

Recommendations are organized into the four program categories discussed above.

Early Education

Investigate flexible state-level grants for high quality early childhood education for children under age 4

Oklahoma’s funding for early education is high in comparison to similar states. However, it is largely driven by individual program requirements and demand. If the state wishes to increase the supply of high-quality early education, it can do so through a state-level grant program that establishes quality standards, directs funding toward areas of greatest needs, encourages multiple provider models, and supports local flexibility. Because Oklahoma’s universal pre-kindergarten is a well-established and effective program for 4-year-olds, alternative funding models should be directed toward services for children below age 4.

Several states offer models for Oklahoma to investigate including:

Alabama’s First-Class Pre-K program is available to ten different provider types, including public and private schools, Head Start providers, private child cares, and facilities operated by the military, universities, and other organizations. Three-year grants for existing classrooms range from $45,000
where the primary funding source is federal or another state source to $92,700 for primary funding in high-poverty areas. The program offers one-year grants of $120,000-$150,000 for new classrooms, depending on local need. All grants require a match. The program specifies minimum standards for classrooms, pay, professional development, and child assessment. Grant decisions weigh economic need heavily.4

Connecticut School Readiness Grants include a priority program for school districts and a competitive program for communities of relatively low wealth and not served by a priority school district. Funds are awarded to successful grantees that meet accreditation and professional development standards. Grants range from $2,772 per child per year for school district extended day programs to $8,924 for full-day, full-year programs. This split funding model could be an effective way to expand programs for 3-year-olds across many providers and models (COEC 2017).

Florida Voluntary Pre-kindergarten (VPK) is similar to Oklahoma’s pre-kindergarten in that it is free and universally available. However, both schools and other public and private providers can participate and both school-year and summer programs are funded. Funds are distributed from state appropriations to providers on a per-pupil basis. The state establishes standards for teacher preparation, professional development, and class sizes. Programs are required to assess a child’s school readiness at the beginning and end of the program and are held accountable if students do not meet readiness standards.5

Illinois preschool expansion model, funded with a federal Preschool Development Expansion Grant, funds 18 programs offering full-day high quality programs for 4-year-olds in high-needs communities. Families apply for services and the criteria are heavily weighted to serving children in the greatest need.6

Minnesota Early Learning Scholarship program provides state-funded grants to families of 0-4 year-olds. Parents select from among providers that participate in the quality rating and improvement system. Funding ranges from $3,000 to $7,500 per child based on the quality level of the program. Family income must be below 185 percent of federal poverty level (MDOE 2018).

New York offers several pre-kindergarten funding options. The one that merits consideration in Oklahoma is Expanded Pre-K. Unlike most models discussed here, this is a school-district-only funding stream. It may be used to add new full-day slots or expand half-day to full-day slots for 4-year-olds, and to create new half-day slots for 3-year-olds. If Oklahoma wishes to expand the existing school-based system to 3 year-olds it should consider this program.7
The Education Commission on the States compiles early childhood program spending and other information (Diffey, Parker, and Atchison 2017).

Health

Insure more parents

In 2018 14.2 percent of Oklahoma adults lacked health insurance, well above the national average of 8.9 percent. Newly released Census data indicate that 35.6 percent of adults with incomes below the poverty level lack insurance coverage in non-expansion states like Oklahoma, compared to 16.9 percent in states that have expanded Medicaid. Differences are smaller but persistent as incomes rise. Even though expansion does not directly affect children, more children are uninsured in non-expansion states (7.9 percent) than in expansion states (3.9 percent) (Berchick, Barnett, and Upton 2019, figures 5 and 6). When parents can enroll in health insurance programs, they are more likely to enroll many of the children who are not insured.

While Medicaid expansion has been the most popular way to increase health insurance coverage, other methods can be explored. Any method the state chooses must dramatically reduce the number of parents without insurance. Young children would benefit directly from higher adult insurance coverage rates. Research in Medicaid expansion states, which should transfer to any large increase in parental coverage, indicates that low-income families have more access to care and that adults are more likely to enter tobacco cessation programs and have better access to medications and treatment for behavioral health needs. Low income families also are more economically secure in expansion states (Antonisse et al. 2019).

Basic Needs

Restore refundability of the state earned income tax credit (EITC), make the state child tax credit refundable, and increase the Oklahoma EITC and child tax credit.

While traditional approaches to school readiness and later achievement are based on programs such as early education and home visiting, initiatives that increase family income must be considered as well.
Indeed, after an extensive review of studies in the United States and elsewhere, Whitehead concluded that:

...family support in the form of putting more money in the pockets of low-income parents produces substantially larger gains in children’s school achievement per dollar of expenditure than a year of preschool, participation in Head Start, or class size reduction in the early grades (Whitehead 2016).

The Earned Income Tax Credit and Child Tax Credit have both been specifically found to improve education outcomes in young children from low-income families (Marr et al. 2015).

When the Legislature ended Oklahoma’s Earned Income Tax Credit (EITC) refundability in 2016, they reduced an essential tax benefit for over 200,000 Oklahoma families. Prior to that change, if the amount a family received from the EITC was larger than the amount of state income tax they owed, that family got the difference as a refund. Now, families can claim the credit only up to the amount they owe in state income taxes.

Of the 42 states with income taxes, two-thirds (29) have EITCs. The federal government created the first EITC. As states added their own credits, most states made them a fixed percentage of the federal one, to make it simpler for the state and the taxpayer. Oklahoma’s EITC is five percent of the federal credit. Only Montana has a lower credit than Oklahoma. We are one of just four states where the credit is not refundable, and the other three of those states have credits that are four to six times larger than Oklahoma’s.

The federal Child Tax Credit (CTC), which also requires families to have a minimum amount of earned income, is partially refundable, and now provides benefits to families with income over $400,000, also has a gradual phase-out rate. Many states have state tax credits that incorporate some or all aspects of the CTC. Oklahoma has a child/child care tax credit that is the larger of 5 percent of the federal CTC or 20 percent of the federal Child and Dependent Care Tax Credit (CDCTC). However, unlike most states, Oklahoma’s credit is not refundable.

Parent/Care/Support

Increase spending on and efficiency of home visiting programs

Home visiting is documented to make children safer and more ready for school. It also improves both maternal and child health and family self-sufficiency and is a cost-effective investment.
Oklahoma has failed to capitalize on the positive impacts of home visiting due to inconsistent and often reduced funding. As shown in Figure 6, home visiting spending in FY 2018 was $5.8 million (37 percent) less than in FY 2004. It was also 50 percent less than in the peak year, FY 2015. Both state and federal funding declined in the last two fiscal years. Funding reductions have compromised the infrastructure of home visiting and spread staff too thinly to be effective. One would expect they also reduce visitor recruitment and retention.

**FIGURE 6**
Home Visiting Spending by Program, Fiscal Years 2004–18

- **Children First**
- **Child abuse prevention**
- **Parents as Teachers**
- **MIECHV**

Notes: MIECHV = Maternal, Infant, and Early Childhood Home Visiting. In 2011, 2012, and 2013, data are unavailable for Children First and child abuse prevention programs. Data sources and methods differ from 2004–10 and 2011–18, but the data are believed to accurately represent trends.

Oklahoma served 6,900 families with home visiting services in 2017. Oklahoma served fewer than three percent of the estimated 242,500 families that could benefit from home visiting services. The MIECHV program, serving 1,100 families, providing 16 percent of all state home visiting in 2017. (NHVRC 2015, 131–32, 253). Clearly, if the state wishes to provide the essential benefits of home visiting to more children and families, it will have to provide additional funding. If the state returns funding to its previous high, it could serve an additional 4,000 families. This would still amount to no more than five percent of families who could benefit from this service, but would make Oklahoma a national leader in home visiting program penetration.
In expanding home visiting penetration, the state also should consider low-cost, universal approaches. One such strategy, a central information and referral site, is already operational at ParentPro.org. Other, more intensive strategies used in other states are:

- Community hubs, which are staffed with family support specialists and provide parents with support groups and help educate children and their families on literacy, and health. Hubs are used in Chicago and many California counties, for example. Oregon has deployed hubs statewide to coordinate the various early learning programs at the local level.\(^{11}\)

- Universal home visiting, which is offered to all families before or at the time of a child’s birth. Advantages of universal programs include the ability to help families access and coordinate services and the ability to ease transitions into and between more intensive home visiting programs as well as into early childhood education and schools. Examples of universal home visiting include Georgia’s First Steps program and community-level programs in North Carolina and Kentucky (Sandstrom 2019).\(^{12}\)

A review of state home visiting legislation since 2018 reveals that no state has established an ongoing, dependable state funding source for home visiting, nor has any state established formula funding for programs administered by different agencies.\(^{13}\) Expanding home visiting will likely depend on appropriations from the State Legislature.

**Establish a statewide home visiting strategy that improves program access, awareness, and efficiency**

Like many states, Oklahoma recently adopted legislation requiring home visiting programs to meet professional development standards, demonstrate outcomes, and coordinate with other programs.\(^{14}\) However, requests for additional funding will be met with questions about how well programs work individually and together.

OPSR is in the best position of any entity to both advocate for additional home visiting funding and to help the state establish uniformly high standards for program access and quality. While efforts to develop a statewide strategy must be Oklahoma-specific and must include agency and program staff as well as early childhood experts and participating families, Oklahoma should consider efforts other states have made in this regard. Ohio, for instance, established a Governor’s Advisory Committee that recommended 1) focusing on racial disparities in evaluating program investments, 2) expanding and streamlining eligibility requirements, 3) improve home visiting connections for children affected by the
child welfare system, 4) overcome program age restrictions to provide continuous services up to age 3, 5) targeting recruitment, 6) using a single risk-based tool to refer families to programs, 7) create a single point of intake for all programs, and 8) create a central data warehouse for all programs (Governor’s Advisory Committee on Home Visitation 2019).

Provide better child care subsidy during nonstandard working hours

Nearly 20 percent of workers in the United States work nonstandard work hours and the percentage is higher for low-wage workers. Mothers working nonstandard hours are less likely to use child care subsidy, according to an analysis by the American Public Human Services Association and Mathematica (Rachidi et al. 2019).

The same analysis reports results of a survey of state child care subsidy administrators. These results suggested state officials do not believe that implementing the 2014 Child Care and Development Block Grant changes will affect parents with nonstandard working schedules. Most of these same officials acknowledge it is somewhat or very difficult for such parents to find subsidized child care. Some states are attempting to improve access by allowing subsidy to be split among multiple providers or by paying for child care while parents sleep during the day. States that are attempting to improve quality of nonstandard hour care are emphasizing training for informal care providers.

Oklahoma’s changes in response to the CCDBG authorization will help many families, but mainly those with parents working standard hours. Oklahoma is in the minority of states that regulate all child care providers, even those with one child in care. Further, Oklahoma is one of ten states that limits child care subsidy participation to licensed providers only.15

We recommend that OPSR work with DHS and other stakeholders to investigate strategies being used by other states to address this need, including:

- expanding free or low-cost training for licensed and non-licensed providers to meet CCDBG training and health and safety requirements; at least one state, Nebraska, provides bonus subsidy payments for providers who complete courses,
- subsidizing informal care, which is essential to many affected parents and children,
- including informal and family, friend and neighbor providers in the QRIS.
- splitting subsidies among multiple providers, and
- liberalizing payment of child care subsidy during daytime sleeping hours of parents who work at night (OCC, n.d., 1, 10; Rachidi 2019, 16–17).

State officials who were surveyed also recommended exploring tax credits for employers that use nonstandard shifts and provide on-site child care.

**TABLE E.1**

**Funding Trends by Source**

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year</th>
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<tbody>
<tr>
<td>State</td>
<td>428</td>
</tr>
<tr>
<td>Federal</td>
<td>950</td>
</tr>
<tr>
<td>Local</td>
<td>112</td>
</tr>
<tr>
<td>Private</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>1,566</td>
</tr>
</tbody>
</table>

**Notes:** Values are in millions of dollars.

a Spending for several programs in the State Department of Health is not available these years.

**TABLE E.2**

**Funding Trends by Program**

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoonerCare</td>
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<tr>
<td>Pre-K</td>
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<tr>
<td>SNAP</td>
<td>152</td>
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<tr>
<td>Child care subsidies</td>
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<tr>
<td>Head Start/Early Head Start</td>
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<tr>
<td>WIC</td>
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<tr>
<td>SoonerStart</td>
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<tr>
<td>ECDP</td>
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<tr>
<td>Children First</td>
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<tr>
<td>TANF cash assistance</td>
<td>7</td>
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<tr>
<td>Early childhood special education</td>
<td>3</td>
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<tr>
<td>MIECHV</td>
<td>0</td>
</tr>
<tr>
<td>Child abuse prevention</td>
<td>N/A</td>
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<tr>
<td>Parents as Teachers</td>
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</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>1,566</td>
</tr>
</tbody>
</table>

**Notes:** ECDP = Early Childhood Development Program; MIECHV = Maternal, Infant, and Early Childhood Home Visiting Program; N/A = not applicable; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children. Values are in millions of dollars.
Appendix F. OK Policy Legislative Report

Overview of Major Oklahoma Laws Relating to Children 0-5

Prepared for: Oklahoma Partnership for School Readiness
Prepared by: Oklahoma Policy Institute
October 2019
Overview of Major Oklahoma Laws Relating to Children 0 – 5

Introduction

The Oklahoma Partnership for School Readiness (OPSR) is using a federal Preschool Development Grant (PDG), branded as OKFutures, to assess needs for health and education services for Oklahoma children from birth to age 5, develop a strategic plan to meet those needs, and develop requirements for an ECIDS.

As part of OKFutures, OPSR has commissioned Oklahoma Policy Institute to assess major federal and state legislation that shapes and impacts services for young children. An understanding of the policy environment, recent changes in that environment, and possible favorable policy changes will assist OPSR in implementation of OKFutures.

This report contains three parts. The first part is a general overview of the state and federal policy environment as it stands today. The second part is a summary of major legislative changes over the last decade that have affected young children and programs supporting them. The third part recommends policy changes that could support OPSR’s work and the implementation of OK Futures.

1. The Policy Environment

How Laws and Legislation Affects Programs and Young Children

State and federal governments create programs by enacting statutes that define the program, establish how it will be carried out, determine who is eligible to participate and under what terms, and assign a public entity to carry out the program. At the state level, the program remains authorized indefinitely, though later statutes often change the terms under which the program operates. The federal government authorizes programs in a number of different ways. Some, mainly those that provide benefits to citizens as entitlements (for example, Social Security and Medicare) are permanently authorized, while others are authorized for fixed periods, often five years.
Programs have no impact if they are not funded. In Oklahoma, though steps have been taken to mitigate the impact of economic fluctuations, the underlying economy and the state’s revenue base are the major determinant of annual appropriations and thus program funding. Many of the programs affecting young children, such as pre-kindergarten, Medicaid (SoonerCare), child care subsidy, and home visiting programs, are subject to appropriations, either to match federal funding or to provide state-supported services.

In Oklahoma, local governments including cities, counties, and school districts, are required to adopt budgets that fund all programs from all sources of revenue, whether federal, state, or local.

Funding for programs that serve young children and their families thus depends on several processes, all of which respond to different economic and political pressures. Generally, this report does not cover funding in detail, as OK Policy has prepared a companion report that analyzes overall spending by source, category and program. The overall spending patterns identified in that report reflect the pressures and preferences of all levels of government as well as private contributors.

Overview of State Statutes Affecting Young Children

Major statutes that provide and define programs for young children are described below.

GENERAL

O.S. 10 § 640.1 creates the Oklahoma Partnership for School Readiness, requiring the Board to serve as the state’s Early Childhood Advisory Council, fulfill the responsibilities described in the Head Start Act of 2007, and outlining responsibilities [O.S. 10 § 640.2] of the Board.

OPSR has played a significant role in Oklahoma’s efforts to expand and better coordinate services for families of young children. Since its creation, OPSR has:

- led efforts to create a robust and unified early childhood integrated data system by convening affected agencies, leveraging national expertise, and securing funding to help plan and design the system;
- funded local efforts to provide direct services to families with young children, engage parents in improving early childhood education options, and collecting data on community needs and resources;
- funded path-breaking research that defined the need and current resources for low-income families with children in all Oklahoma counties;
produced annual reports informing the governor and other state leaders of progress and recommended goals for early childhood education;

produced annual reports on operations and outcomes of home visiting programs; and

informed legislative efforts to establish goals for and to better coordinate programs for young children and to engage families and providers in setting directions for programs.

EDUCATION

O.S. 70 § 10-105.4 requires an early childhood pilot program to serve at-risk children.

Statute provides that legislative intent is to provide a free public kindergarten [O.S. 70 § 18-108] for every 5-year-old child in this state, with the requirement that each district offers full day kindergarten (allowing for intra-district transfers to satisfy the requirement so not every school has to offer it).

O.S. 70 § 11-103.7 allows districts to offer to 4-year-olds the opportunity to participate in an early childhood education program.

The Oklahoma Early Intervention Act (SoonerStart) [O.S. 70 § 13-122] intends to fulfill the requirements of IDEA Part C by providing early intervention services to infants and toddlers with disabilities and their families.

O.S. 10 § 151 for the education of children in orphanages and charitable institutions.

Oklahoma SDE has an Early Childhood and Family Education division that “provides information and resources to support children and families birth to age 8.” This division has a birth through age 3 page that links to early learning guides for ages 0-2 and ages 3-5, as well as linking to the Head Start Early Learning Framework. The state’s early learning guidelines were developed collaboratively between the state departments of Education and Human Services and the state’s Head Start Collaboration office. This allowed for consistency across the domain and strengthened the continuum from birth through 5.

Other resources on the agency’s website include The Early Childhood Learning Environment, Oklahoma’s Preschool Profile, as well as resources ranging from parental involvement to ensure school readiness to information about child care services. In addition, the Oklahoma EDGE plan – the state’s ESSA Consolidated State Plan – includes as its first strategy under Pillar 1, Achieve academic success, a focus on early childhood education. Pillar 3, create engaged communities, also includes an early childhood focus, with the goal of aligning “early childhood education and learning foundations to ensure
at least 75% of students are ‘ready to read’ upon kindergarten entry.” The plan also mentions Oklahoma Academic Standards being vertically aligned beginning in Pre-K, establishing a foundation for more comprehensive standards.

HEALTH

Oklahoma statute requires University Hospitals Authority [O.S. 63 § 1-280.3] to establish a program modeled after Early Foundations, to provide early intensive behavioral intervention for children with autism.

O.S. 10 § 404 provides requirements for child care facilities.

O.S. 10 § 601.1 creates the Oklahoma Commission on Children and Youth (OCCY) and O.S. 10 § 601.3 provides powers and duties. OCCY fulfills many important coordinating and monitoring roles in the state’s universe of services for young children. The agency is tasked with creating a statewide plan for services to children and youth and with creating and supporting districts that coordinate local services. It also has responsibilities to monitor and improve services for children of incarcerated parents and with creating professional development opportunities that improve the delivery of services across the state. Finally, OCCY is responsible for supporting the Interagency Coordinating Council for Early Childhood Intervention, which advises and assists in implementation of the Individuals with Disabilities Education Act (IDEA) Part C early intervention program described below. The Commission itself includes the chief executives of the major state education and health and human services agencies, as well as a broad range of providers and advocates appointed by state elected officials.

O.S. 10 § 601.81 provides certain requirements for Home-Visiting Services. That statute also requires the Early Childhood Advisory Council (OPSR) to submit an annual report. This report summarizes activities and services of all home visiting programs, including their impacts on a common set of outcome metrics. The annual report includes recommendations for developing a system that improves program coordination and quality and provides families with opportunities to continue home visiting services for longer periods (OPSR 2018).

Overview of Major Federal Statutes Affecting Young Children

GENERAL

In 2014, the federal government reauthorized the CCDBG, the program through which the federal child care subsidy program is administered. States, territories and tribes use CCDBG funds to support access
to child care for low-income families. Following the reauthorization of CCDBG, the Department of Health and Human Services released new regulations to support states in implementing the new law and provide guidelines to ensure children receive safe and high-quality early learning experiences. Provisions include a requirement that 3 percent of grant funds be set aside to “improve the supply and quality of providers serving the youngest children.”

The law was designed to both improve the quality of child care (e.g., through increased professional development for the workforce) and increase access (e.g., by extending eligibility to parents looking for work). State lawmakers around the country have enacted legislation to bring states into compliance with the updated federal law. In 2018, Congress increased the CCDBG by $2.3 billion to fully implement the requirements of the reauthorization.

The Oklahoma Department of Human Services has taken advantage of additional CCDBG funding and new programmatic direction to make these changes to child care subsidy programs:

- extending the period between recertification of eligibility from 6 to 12 months,
- keeping co-payments the same regardless of income changes during the eligibility period,
- increasing the maximum income level for eligibility to 85 percent of the state median income, the maximum allowed by federal law,
- increasing rates to all providers by the largest percentage in state history,
- blending child care subsidy with Early Head Start funding to support 653 children in new collaborations, and
- extending the collaboration model to blend subsidy funds with the state-funded Early Childhood Development program.

The Department is planning to add a supplemental rate for child care outside traditional hours.

EDUCATION

The Every Student Succeeds Act (ESSA) was signed by President Obama on December 10, 2015, reauthorizing the 50-year-old Elementary and Secondary Education Act (ESEA), the nation’s national education law and longstanding commitment to equal opportunity for all students. This law sustains and expands investments in increasing access to high-quality preschool. Noteworthy initiatives include the Early Childhood Technical Assistance Center’s partnership with the National Center for Pyramid Model Innovations developed the online Statewide Implementation Guide, which supports state-level decision
makers in implementing evidence-based practices and achieving positive outcomes for infants, toddlers, and preschool children with disabilities and their families.

Oklahoma’s ESSA plan was approved by the U.S. Department of Education (USDE) in July 2018. This plan, also known as “Oklahoma EDGE,” seeks to close the opportunity and achievement gap for all students by focusing on early childhood education, implementing high academic standards, providing equitable pathways to career and postsecondary opportunities, enabling educators to meaningfully use data, and reducing barriers to equity. The plan also commits the state to recruit and retain highly effective teachers, improve family and community engagement, and building state capacity to serve educators, schools, children, and families. Elements of EDGE that support OPSR’s strategic goals include:

- expanding participation in school meals,
- increasing efforts to enroll homeless children in pre-kindergarten,
- vertically aligning learning standards beginning in pre-kindergarten,
- encouraging expanding school-wide programs in Title I schools to improve funding flexibility and coordination and provide Title I programs and services to all children in eligible schools, and
- excluding pre-kindergarten students from out-of-school suspensions and expulsions,
- providing school readiness guidance for parents,
- developing a measure for kindergarten readiness, and
- encouraging school districts to facilitate transitions into kindergarten.

The USDE established the Office of Early Learning, which is the principal office charged with supporting the Department’s Early Learning Initiative with the goal of improving the health, social-emotional, and cognitive outcomes for children from birth through third grade, so that all children, particularly those with high needs, are on track for graduating from high school college- and career-ready. The Office also launched a Birth to 5: Watch Me Thrive! initiative, which encourages healthy child development, universal developmental and behavioral screening for young children, and support for the families and providers who care for them.

The Individuals with Disabilities Education Act (IDEA) makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early
intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities. Infants and toddlers, birth through age 2, with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.

The Oklahoma Department of Education is the lead state agency for SoonerStart, Oklahoma's early intervention program under IDEA Part C. The Department is advised by the Interagency Coordinating Council for Early Intervention, which includes representatives of state health, mental health, education, human services, and insurance agencies as well as parents of children with developmental delays and public and private providers of early intervention services. The State Department of Health provides or arranges services for qualifying children under contract with the Department of Education. Services may be provided by the Department of Health, other state agencies, or private providers, as determined by the Individualized Family Service Plan for each child (OSDE 2013).

Part B is administered at the school level, with oversight by the State Department of Education. Sooner Start personnel engage families of participating children in transition planning for Part B services beginning at 27 months of age so that an Individualized Education Plan (IEP) for Part B is in effect by the child's third birthday. Children transitioning from Part C keep the same identification number when entering school and receiving Part B services.

HEALTH
Authorized by Title XIX of the Social Security Act, Medicaid was signed into law in 1965 alongside Medicare. All states, the District of Columbia, and the U.S. territories have Medicaid programs designed to provide health coverage for low-income people. Although the Federal government establishes certain parameters for all states to follow, each state administers their Medicaid program differently, resulting in variations in Medicaid coverage across the country. In 2013, the Affordable Care Act provided enhanced federal funding for states to expand adult Medicaid coverage. Oklahoma has not expanded as of 2019.

The Children's Health Insurance Program was signed into law in 1997 and provides federal matching funds to states to provide health coverage to children in families with incomes too high to qualify for Medicaid, but who can't afford private coverage. All states have expanded children's coverage significantly through their CHIP programs, with nearly every state providing coverage for children up to at least 200 percent of the Federal Poverty Level.
The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. WIC legislative requirements are contained in Section 17 of the Child Nutrition Act of 1966 and in the Healthy, Hunger-Free Kids Act of 2010.

INCOME SUPPORTS

On December 20, 2018, the Supplemental Nutrition Assistance Program (SNAP) was reauthorized as part of the Agriculture Improvement Act of 2018. The SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.

The Temporary Assistance for Needy Families (TANF) program is designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program, one of which is to provide assistance to needy families so that children can be cared for in their own homes. TANF statute is found in Title IV, Part A of the Social Security Act.

2. Significant Statutory Actions from 2010 to 2019

OPSR requested that OK Policy compile and analyze statutory changes affecting young children and programs that serve them. To do so, OK Policy reviewed all laws affecting children, health, education, and income support programs from the 2010 through 2019 legislative sessions. This review identified 367 laws, summarized in Appendix F1, Table A3. These laws were evaluated by three sets of criteria:

1. Did the law affect programs that serve children from birth to age 5 or their families? Rather than a simple yes-no determination, we created a separate category for school-related laws that affected children in pre-kindergarten as part of the larger public school environment. In a state without universal public pre-kindergarten, such laws might not be considered significant for young children. In Oklahoma they are significant because of the importance of pre-kindergarten in the universe of programs serving young children.

2. Is the law significant? OK Policy categorized a law as significant if it:
   » affected child safety, with particular emphasis on the child welfare and public school environments,
» changed eligibility for any program serving families with young children (including early childhood education, home visiting, programs for children with special needs, child welfare, income support programs, and medical assistance programs),
» changed funding or distribution of funding to any such program,
» increased or reduced administrative requirements for program managers or participants,
» changed requirements, recruitment, training, compensation, or working conditions of teachers and other early childhood professionals,
» enhanced or impeded coordination among programs, or
» increased or decreased transparency of and data-sharing by and between programs.

3. What topic is covered? Laws were classified into 29 different topical areas. Of the 29, 22 topics had at least one law with significant impact on young children, including those affecting only pre-kindergarten pupils. Please see Appendix F1, Table A1 for a complete breakdown of all laws, significant and otherwise, and early childhood-specific and otherwise. The remainder of this report and the remaining reference tables discuss only those laws that are significant and affect young children and pre-kindergarten pupils.

The remainder of this section summarizes significant statutes affecting young children and programs serving them. The purpose of this section is to discern broad topics and general directions of legislation over the last ten years, rather than an exhaustive list of statutes. This section includes two major subsections, one describing statutes affecting young children directly and a second describing statutes affecting only children in public pre-kindergarten. A companion document, “Legislation Affecting Young Children Detail” is an Excel workbook providing a description of all statutes in OK Policy’s data base and allowing the user to make customized summaries and reports.

**Legislation Affecting Young Children**

OK Policy identified 63 laws passed from 2010 to 2019 that significantly affected young children, excluding those affecting pre-kindergarten only. Of the 63, 52 were in three topical areas: child welfare, child care licensing, and child support. These are summarized in turn below, followed by an overview of the remaining 11 laws. See Appendix F1, Table A1 for a breakdown of these laws by topic and year adopted.
CHILD WELFARE

Laws classified in the Child Welfare topic included those affecting child neglect and abuse, child welfare programs operated by the Department of Human Services (DHS) and laws designed to protect children in general. OK Policy identified 36 such laws. Half were adopted in the 2014-2016 period, in which the state had several high-profile cases of child deaths in state custody, a significant increase in foster care populations, often attributed to parental drug use, and during which DHS was implementing the Pinnacle Plan, a legal settlement designed to improve services to children in foster care. Generally, child welfare statutes from 2010 to 2019 affected these major topics:

- Protecting children: Laws were passed that put children into the custody of the state automatically when a parent is convicted for acts harming a child (HB 2667, 2014); authorizing police and court officers to take immediate custody of a child when human trafficking is suspected (SB 1005, 2018); increasing reporting, investigating and service planning for drug-endangered children (HB 3104, 2018); and require a special protocol for investigating cases of abuse or neglect where the child cannot communicate due to disability (HB 3469, 2014). Background checks were also expanded to identify persons who were in a home where child abuse or neglect was reported (HB 1236, 2011), and were expanded for DHS employees (SB 830, 2018) and Court-Appointed Special Advocate (CASA) applicants (SB 722, 2019), Guardianship was restricted to prevent a parent whose rights were previously terminated (HB 1036, 2019) and to prohibit a registered sex offender from being appointed as a permanent guardian of a child in state custody (HB 2341, 2016). Another law expanded the reasons a court may find that reasonable efforts to reunify the child and family are not required, in cases where a court found that a parent committed sexual abuse against the child or is required to register as a sex offender (HB 2300, 2012). Finally, efforts were made to increase reporting of neglect and abuse by expanding the categories of persons who may not interfere with or retaliate for reporting child abuse or neglect (HB 2965, 2016).

- Placing children: Some laws expanded placement and permanency options by allowing DHS to contract for operation of emergency children’s shelters (SB 1449, 2014), allowing courts to grant custody of an abandoned child to a qualified relative (HB 2733, 2010), allowing siblings to be in different placements when one has been in a stable placement (HB 2621, 2016), allowing parental rights to be terminated based on a child’s time in foster care, depending on the child’s age (HB 2130, 2014), requiring more aggressive searches for placements under the Indian Child Welfare Act (HB 1074, 2019), and increasing the costs that can be paid in an adoption (HB 2963, 2016). The Oklahoma Commission on Children and Youth was authorized to investigate
claims that DHS harassed foster parents for filing grievances (SB 1793, 2014). Child-placing agencies that DHS contracts with for foster home recruitment and retention were allowed to not participate in foster placements and adoptions that violated written religious or moral convictions or policies (SB 1140, 2018).

- Increasing criminal penalties for adults in child neglect and abuse cases: One law reduced from three to two the incidents of domestic violence that constitute a prior pattern of physical abuse, which is an element of felony domestic abuse (HB 1491, 2016). Another defined failure to protect for the purposes of being considered in terminating parental rights and clarifying that the law applies to a non-abusing parent or guardian (SB 292, 2015).

- Improving interagency collaboration: Several laws increased collaboration by:
  
  » directing OCCY to establish the Oklahoma Mentoring Children of Incarcerated Parents Program (HB 2300, 2012),
  
  » assigning the Office of Juvenile Affairs, rather than OCCY, to regulate youth shelters operated by the Department of Human Services (HB 2300, 2012),
  
  » authorizing the Office of Juvenile Affairs, when placing children in foster care, and state and local departments of health, when investigating infant deaths, to access adult records at DHS for the purpose of checking for abuse or neglect in the adult’s history (SB 1791, 2014), and
  
  » requiring state agencies were required to share information with military authorities when a service member is being investigated for child abuse or neglect and to share a report of the investigation (HB 1370 and HB 2491, 2016).

**CHILD CARE**

Ten laws relating to licensed child care passed from 2010 to 2019 have significant impacts on young children.

- The most common laws targeted the safety of children in licensed child care facilities by restricting persons who can work in licensed child care facilities. Two laws in the 2017 session expanded the Restricted Child Care Registry (and renamed it the Restricted Registry) to require background checks of any person operating or employed by a child care provider, or any other facility licensed, operated, or contracted by DHS or OJA, expanded the registries that must be checked, and preventing persons with a substantiated case of neglect or abuse in any of these facilities from being employed or operating such a facility (SB 717 and SB 723, 2017). Complementary laws added family child care homes to the list of places a registered sex...
offender may not live near (HB 3330, 2018) and added classes of workers such as OJA employees (SB 1424, 2016) and persons with access to fingerprint information to those subject to background checks (SB 917, 2013). SB 1424 also allowed child care providers to collaborate more effectively to protect children by child care providers to share employee information from background checks with other providers upon request.

- Other laws increased flexibility for licensed child care providers by expanding credentials that could qualify to operate a child care facility (SB 1554, 2016 and HB 2692, 2018).
- Other significant laws required DHS to create a grievance process for alleged retaliation by DHS employees against a child care provider (HB 2524, 2018) and requiring safety improvements for rooms in which infants sleep (SB 1273, 2016).

CHILD SUPPORT
The six significant changes in child support laws that could affect young children included:

- establishing an interest requirement on past-due support (SB 1199, 2012), subsequent reduction in the interest rate (HB 2757, 2016), and reduction of the time that back support may be claimed (HB 1003, 2014);
- allowing DHS to charge a reasonable fee for services for child support orders where Temporary Assistance to Needy Families is not received (HB 2866, 2018);
- making revocation of a state license of a person delinquent on child support at the judge’s option rather than mandatory (HB 1784, 2014); and
- clarifying that either parent may seek and either parent may be required to pay child support and changing definitions of what constitutes medical support for a child (SB 1993, 2014).

OTHER SIGNIFICANT LAWS
This section summarizes additional significant laws that affected young children and their families and the programs serving them.

Several laws addressed the governance structure of services for young children. A 2010 law designated OPSR as the state’s Early Childhood Advisory Council to receive funding and perform duties under modifications to the federal Head Start Act (HB 3126, 2010). In 2011, a P-20 Council Task Force was created to determine the value of a P-20 Council to seamlessly blend services from early childhood through career readiness (SB 206, 2011). In 2017, the P-20 Data Coordinating Council, which was originally created in 2009 to assess the current status of state student data systems and advise state
leadership and agencies on creating a longitudinal system for educational and career data, was repealed (HB 1219, 2017). This repeal ended an opportunity for education agencies to progress toward a unified data system from early education through the education system to the workforce. A 2018 law created but did not fund a Children’s Endowment Fund to give grants for innovative programs to address adverse childhood experiences (SB 1081, 2018), thus creating but not enabling greater collaboration in improving services for trauma-affected children.

Two laws affected children with disabilities. HB 2971 (2016) created the Child Welfare Review Committee for the Death and Near Death of Children with Disabilities. This committee, comprised of leading elected officials, state agency leaders, and experts was charged with reporting its findings in 2018 (OUHSC 2019). Another law requires a study of the feasibility of covering autism-related services in Medicaid (HB 2962, 2016).

Two laws affected home visiting programs. One requires agencies offering such programs to collaborate to develop a continuum of care for all state-supported programs, address at least two common goals, and collaborate with community partners to develop needed structures and outcome measures (HB 2157, 2015). The most tangible product of this law to date has been annual outcomes reports published by OPSR (OPSR 2018), and one changing administration and reducing evaluation requirements for the Parents as Teachers program offered by the Department of Education (SB 285, 2015). Subsequent to passage of this law, OSDE discontinued its participation in Parents as Teachers. However, the model is used in the Oklahoma State Department of Health StartRight program and in home visiting programs funded by the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) program.

Several laws affected health and income supports for low-income families. HB 2388 (2012) restricted access to TANF by requiring adult drug screening and denying benefits to adults with positive results. The requirement does not apply to minor parents or to child-only cases. HB 2932 (2018) directed the Oklahoma Health Care Authority to submit a waiver to federal authorities to apply work requirements to non-elderly adults receiving SoonerCare. Both of these laws could harm families with young children by discouraging families needing assistance from applying and by delaying, denying, or discontinuing benefits to some families who do apply and receive benefits. To the extent that enrollment falls as a result of this law, fewer families will benefit from the state’s collaborative efforts to connect families receiving income and medical assistance with other programs that provide food, child care, and training opportunities.
In 2016, SB 341 ended refundability of the state Earned Income Tax Credit. As a result, over 200,000 households, nearly all with children, experienced an increase in their total state tax liability.

**Laws Affecting Children in Pre-kindergarten**

Since education is the state’s largest function by spending, it is not surprising that many laws affecting public education are passed each legislative session. Oklahoma’s public-school-based universal pre-kindergarten means many of these laws affect pre-kindergarten children and their environments. OK Policy identified 64 significant laws passed from 2010 through 2019, shown by category in Appendix F1, Table A2. It is important to note that this section only addresses laws affecting the universal pre-kindergarten program. Laws affecting all early education programs or affecting specific programs other than pre-kindergarten were described in the previous section.

Given OPSR’s mission, the four laws affecting kindergarten were all considered significant. Legislators revised the Reading Sufficiency Act, which targets proficient reading at the third grade level, to allow schools to spend state money allocated for the Act in kindergarten classes and to require that students be assessed for reading at the beginning, middle, and end of the kindergarten year. Another law allowed the State Department of Education to make grants for non-profit organizations to conduct reading instruction before or after school or on Saturday. Finally, a 2019 law created penalties under certain circumstances for school districts that exceed maximum class sizes in kindergarten.

More laws affected teaching and other school staff (20, including laws affecting professional development) than any other subject.

- Laws expanded teacher recruitment efforts by requiring the Department of Education and Regents for Higher Education to develop recruiting materials (SB 15, 2017), by reducing entry test requirements for students graduating with early childhood or elementary education degrees (SB 194, 2019), by expanding means to achieving alternate teacher certification (HB 3025, 2016), by easing the path to certification for special education teachers (HB 1206, 2017), and by creating a pilot program to explore alternative pathways to teacher certification (SB 217, 2019). Taken together, these changes could facilitate unified teacher recruitment for all early education programs and facilitate the path for teachers in other early education programs to teach in pre-kindergarten and other early grades. However, differences in the focus of teacher preparation programs, which are more instruction-focused for pre-kindergarten and more child-focused for other programs, remain.
One new law created a career path with requirements to advance and pay incentives based on additional school days for planning and preparation (HB 3114, 2016).

Teachers’ rights were changed in several respects, including the ability to share public information without recrimination (HB 1952, 2017), prohibits teachers and others from interfering with a school transition from a traditional school to a new classification of Empowered School (SB 2330, 2010), a prohibition on deducting dues for a professional organization that collectively bargains (HB 1749, 2105), and excluding the teacher incentive pay from the definition of total compensation; with this change, incentive pay can be ended without violating the legislative requirement that teacher compensation cannot be reduced from one year to the next (HB 2157, 2017). Disclosure of teacher evaluations and related documents was expanded for hearings relating to personnel actions (SB 1828, 2014). Teachers may also be affected by new requirements that district attorneys notify school districts when an employee is charged with or convicted of a felony, violent misdemeanor, or sex-related crime (SB 283, 2013).

Legislators addressed teacher professional development by allowing school districts to give incentive pay for reaching certain effectiveness levels under the Oklahoma Teacher and Leader Effectiveness Evaluation System (SB 2033, 2010), allowing more time for principal evaluations of probationary teachers and changing evaluation frequency for highly rated teachers from annual to biennial (SB 207, 2013), and ending sanctions for school districts without a professional development program (HB 3029, 2010).

Teacher pay was increased by an average of $6,000 in 2018 (HB 1023) and an average of $1,200 in 2019 (SB 1048).

Pre-kindergarten and kindergarten classrooms are affected by a 2014 law that replaced the PASS academic standards with new state-developed standards for curriculum and assessment and a 2012 law that removed the limit on the number and type of reading screenings that may be administered (HB 3399, 2014).

Legislators restricted corporal punishment for students with the most severe cognitive disabilities (HB 1623, 2016), making school property tobacco-free at all times (HB 1685, 2015), requiring school staff to report discovery of a firearm on school property (SB 259, 2013), and expanding requirements for school policies against bullying (HB 1661, 2013).

Some legislation improved collaboration between schools and the child welfare system. The State Department of Education was required to provide student records to DHS through the passport system.
Schools were directed to create better transitions when children in state custody move between schools (SB 632, 2017). Additional resources and training were required to help school staff identify child abuse and neglect and reporting requirements were expanded (HB 1684, 2015).

Laws changed charter schools by allowing any school district to sponsor a charter school (SB 782, 2015) and by changing state regulation and funding of virtual charter schools (SB 1816, 2012 and SB 2016, 2013).

Two laws expanded the medications that could be administered in schools (SB 48 and SB 381, 2019).

School accountability and administration were affected by legislation as well. A 2011 law (HB 1456) created a school accountability system requiring that schools and districts be evaluated on an A-F grading system. Later laws eliminated the school district grade (SB 1655, 2014), created grades for categories of performance, changed weights of various factors (HB 1658, 2013), and made the reports consistent with new federal laws (SB 1693, 2017). Legislation increased guideline on how school districts can meet the minimum days and hours of school per year (SB 441, 2019), granted large school districts the ability to contract with public or private entities for administrative services (HB 1691, 2015), and created a path to request relief from state requirements as an empowered school system (SB 2330, 2010). Legislation expanded the accrediting organizations that could be considered for evaluating public schools (SB 92, 2019) and authorized the State Department of Education to specify data elements that school districts are required to collect and report (SB 70, 2019).

Many laws affected school financing, including:

- reducing allowable school district administrative costs from six to five percent of total costs (SB 664, 2011),
- requiring the Department to create a searchable data base of detailed school district expenditures (SB 1633, 2010),
- allowing school district building funds to be used for school operations (SB 1398, 2018),
- modifying the state school aid formula for students attending online schools (SB 2109, 2010), and
- changing distribution of lottery funds for schools (HB 1837, 2018 and SB 1047, 2019).

In 2014, the Oklahoma Equal Opportunity Education Scholarship Act was expanded. This law creates up to $3.5 million in tax credits for persons contributing to scholarships for students to added
private and, to a much lesser extent, public schools (HB 2643, 2014). Eligible students are of school age and cannot have income in excess of three times the income standard for reduced price school meals. Both public and private schools can benefit from donations, but most go to private schools.

Laws Affecting Kindergarten

As OPSR’s goals include making all children ready for kindergarten, any statutory change affecting kindergarten is considered significant. There have been five such changes since 2010.

Three new laws addressed reading. In 2012, HB 2516 revised the Reading Sufficiency Act (RSA), which requires students read at a basic level to be promoted from third grade and mandates reading remediation efforts beginning in kindergarten. HB 2516 required that children be assessed for reading readiness at the beginning of kindergarten. It changed allocation of state funding for the RSA to be based on each school district’s share of students identified as needing reading remediation and included kindergarten students in the allocation for the first time. This law also expanded exemptions under which students could be promoted from the third grade. In 2019, SB 601 added requirements that kindergarten students be screened for reading skills at the middle and end of the school year, and that reading instruction be provided for those not meeting grade-level targets at mid-year. This law also removed language that kindergarten through third grade should focus on reading and mathematics in favor of new language mandating a well-rounded education. While not directly related to the RSA, legislators also established the Oklahoma Bridge to Literacy Program, which allows the OSDE to make grants to public and private entities to offer reading programs before and after school, on weekends, and during the summer (HB 2676, 2012).

The Legislature took action to reinstate long-suspended class size limits by restoring financial and accreditation penalties for exceeding the maximum class size for kindergarten beginning in the budget year starting July 1, 2021, contingent on continued growth in state funding for schools (SB 193, 2019).

3. Policy Recommendations

OPSR requested that OK Policy recommend policy changes that will assist in meeting the goals to be determined by the strategic plan developed separately for the OKFutures project. To some extent, policy goals will depend on the direction of that program. However, review of the statutory framework as well as analysis by national organizations suggest some legislative and administrative policy changes
that would be compatible with any strategic direction. Appendix F2 includes summaries of relevant analyses and recommendations by organizations other than OK Policy.

Policy recommendations are below, grouped by topic. Funding recommendations are contained in a companion report.

**Early Education Programs**

1. Consider legislation to coordinate and unify early childhood education models. Oklahoma’s system of early childhood education has grown through federal, state and local decisions to create and adopt models that differ in goals, environment, professional preparation and compensation, and funding. While each model has proven effective in meeting its own goals, there is no cohesive, statewide agreement on what early childhood education should accomplish, how to measure those accomplishments, and how programs can be held accountable for improving child outcomes.

   Oklahoma’s efforts to coordinate programs through voluntary means have met some success, including uniform early learning guidelines and dramatically improved funding coordination. Should additional uniformity be desired, legislation is necessary. The state can consider a centralized approach such as Louisiana’s. Act 3, passed in 2012, combined preschool, Head Start, and child care into a statewide early childhood program. Communities created pilots and agreed on shared standards, enrollment and teacher expectations. They are coordinating efforts to serve more low-income children, share professional development models, and simplify family enrollment. This grant will fund 1,800 new pre-K slots in six high-needs communities with functioning pilot models, at a funding level of $5,185 per seat (LDOE, n.d.).

2. Revise all statutes relating to early education to create a more collaborative, child-centered, and outcome-oriented system of early education. All programs should:
   - formally assign a liaison to a coordination committee that includes representatives of all early childhood education programs and all state agencies with oversight over such programs,
   - provide for maximum possible participation of all potential providers, including public, nonprofit, and for-profit organizations, who desire to participate and demonstrate the ability to meet program standards,
   - provide financial and organization support for state-, local-, and site-level collaboration among providers,
require providers to participate in the early childhood integrated data system to be developed as a result of the OK Futures grant, and

» conduct program-level and community-level evaluations of program outcomes and effectiveness every three years.

3. By statute or regulation, Oklahoma should require that pre-kindergarten teachers hold a Child Development Associate (CDA) credential. This is the only one of ten benchmarks of program quality that Oklahoma’s program does not meet. According to the National Institute of Early Education Research (see Appendix F2) 17 of 61 state-funded preschool programs meet this benchmark. Doing so would make Oklahoma’s program the third to meet all ten benchmarks.

The requirement must allow sufficient time, funding, and support to meet this requirement. Oklahoma lacks sufficient CDA-credentialed candidates to fill all pre-kindergarten assistant teaching positions. At the same time, many current teaching assistants who do not hold a CDA will desire to get one. Collaborative actions necessary to implement this recommendation will include:

» increasing the capacity of higher education institutions to produce CDA graduates,

» increasing funding, flexible hours, and other supports in public schools so that all assistant teachers desiring a CDA can obtain one in a timely and affordable manner, and

» expanding the Scholars program operated by the Department of Human Services to support more students needing assistance to complete their CDAs.

4. When considering school legislation, the Legislature should adopt special rules to consider how legislation would affect pre-kindergarten in its role in the larger early childhood education system. Given the state’s role as primary funder and thus primary regulator of public schools, legislators will inevitably continue to change regulations. However, unlike other grades, pre-kindergarten changes can have unintended consequences across the larger system of services for families with young children. The state has made great strides in collaboration through encouraging mixed-delivery of pre-kindergarten and by adopting system-wide early learning standards. Areas where the Legislature should make decisions in consideration of the early childhood system are those that would affect these aspects of pre-kindergarten:

» teacher preparation, recruitment, professional development, and evaluation;

» school days and hours, which affect the ability to provide full-day, full-year education for parents desiring this option and may conflict with Head Start and Department of Human Services requirements in pre-kindergarten collaborations,
learning environments, which are more structured in pre-kindergarten than in other settings, and
regulation of the environment, which is dramatically different in pre-kindergarten than in other settings, which are regulated by the Department of Human Services and in some cases by the federal Office of Head Start.

5. Capitalize on recent improvements in collaboration between schools and the child welfare program as described above by insuring they are applied across all early childhood education programs. OPSR can take the lead by convening representatives of DHS Child Welfare Services and leadership as well as representatives from child care providers, Head Start, and home visitors. Such an effort should inventory current practices, identify opportunities for improvement, and develop policies and practices to achieve improvement, by focusing on:

- the extent to which early childhood programs share information on program participation and child progress with DHS so that child welfare workers and foster parents can monitor children’s progress;
- whether the Education Compact for Students in State Care Act, (SB 632, 2017), which requires schools to coordinate transitions when a foster child is changing schools, is being applied in child care, Head Start, and home visiting settings;
- whether efforts to increase teacher and school staff awareness of child abuse and neglect as well as reporting requirements are implemented to at least the same degree in all early childhood settings; and
- whether the expanding emphasis on trauma and its impacts on children and adults is being shared equally across providers and parents in all early childhood education programs.

Parental and Family Support Programs

1. Update and expand the Quality Rating and Improvement System (QRIS). The Department of Human Services (DHS) was a pioneer in establishing a QRIS. Oklahoma is one of few states in which all licensed child care providers are rated in the QRIS and Oklahoma is one of the most successful states at tying child care subsidy payments to quality ratings so that low-income families have better access to the highest quality programs.

However, expectations for QRIS have changed since Oklahoma’s was created. A Build Initiative analysis of states participating in the federally-funded Early Learning Challenges found that these states are laying new groundwork by promoting school readiness, focusing on children
with disabilities and English language learners, considering the cost to provide levels of quality when developing subsidy reimbursement rates, and engaging families. While none of these states has successfully moved toward a comprehensive measure of program quality across private providers and public pre-kindergarten, Head Start and other programs, all have begun discussions with that goal in mind.

DHS has been discussing a QRIS update for the past seven or eight years but has not made significant progress. OK Policy recommends that OPSR encourage DHS to begin the update upon completion of the OKFutures strategic plan and ensure that all early education programs agree on the definition and measure of quality. As the coordinating body for early education and the champion of sharing early childhood data, OPSR should take a more active role in partnering with DHS to advocate for progressive QRIS updates and make recommendations that result in impactful QRIS updates.

Program Coordination and Governance

1. Improve processes of collaboration in governing programs. Oklahoma’s system of supports for families with young children is delivered by several state agencies, dozens of non-profits, hundreds of private providers, and over 500 school districts. While all providers strive to maximize program effectiveness and resources by coordinating statewide services and encouraging local collaboration, the system remains fragmented and its complexity frustrates policy makers, providers, and families alike.

Programs can be effectively coordinated and collaborative even when delivered by multiple providers when there is agreement on common goals and when all program providers participate in open information sharing.

The Oklahoma Partnership for School Readiness should be tasked as the primary agency to create systems to facilitate development of statewide goals and to provide a setting for ongoing information sharing. OPSR is designated as the state’s Early Childhood Advisory Council. Its governing board includes leaders of most state agencies that serve young children along with members representing non-state providers, families, and subject matter experts. OPSR’s statutory duties should be expanded to:

» recommend desired outcomes and standards for all programs,
» lead implementation and assessment of outcomes and standards once adopted by the state,
» review and make recommendations on all proposed program changes,
» develop processes so that families are able to access services they need most without developing expertise on individual programs and their requirements,
» lead development and oversight of the Early Childhood Integrated Data System,
» monitor available funding and identify ways to use funds most effectively to promote positive outcomes for families with young children, particularly those who are least likely to thrive without effective public support, and
» extend existing reporting requirements to provide a well-supported "state of the state" analysis of services for young children that includes policy and financing recommendations for improving services and outcomes.

State Laws Affecting Young Children

TABLE F.1
Laws with Significant Impact on Young Children

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Note: OPSR = Oklahoma Partnership for School Readiness.
### TABLE E.2

**Laws with Significant Impact on Pre-K**

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Review of Analysis and Recommendations by Other Organizations

Outside evaluations of Oklahoma services to young children are summarized below. Each is followed by commentary from OK Policy.

Bipartisan Policy Center ranked Oklahoma 19th for creating a coordinated, integrated early care and education system (BPC, n.d.). The strengths outlined in the ranking include IDEA Part C and Part B being administered within the same agency, and the state’s Quality Rating and Improvement System (QRIS) is mandatory for providers receiving subsidies, ensuring quality of care for all children. The Center’s recommendations for Oklahoma’s Early Care and Education system are below:

- Increase efficiency and cost-effectiveness of monitoring and oversight by aligning the administration of the Child Care and Development Fund (CCDF) with state Pre-K and the Child and Adult Care Food Program.
- Improve program alignment and efficiency by co-locating CCDF with state Pre-K and the Head Start Collaboration Office.
- Ensure the State Advisory Council for Early Education and Care, mandated by the Improving Head Start for School Readiness Act of 2007, is fulfilling its required activities, including conducting a statewide needs assessment on the quality and availability of early care and learning programs.
- Include licensing as the entry level for state QRIS to ensure program quality.

OK Policy’s recommendations above address the goals of the Bipartisan Policy Center’s first three recommendations. The fourth recommendation has been state policy since the QRIS was created.

Community Action Project of Tulsa County CAP Tulsa, evaluated several Oklahoma income support and health programs between 2010 and 2013.

- Recommendations for Temporary Assistance to Needy Families (TANF) included increasing benefit payments, allowing TANF adults to earn more money without penalty, reducing sanctions, and increasing child benefit rates. As of 2019, the only changes in TANF are a modest increase in the per-child benefit rate, and cash incentives for meeting milestones in work programs, which the Department of Human Services (DHS) was able to do by administrative action.
Recommendations for child care subsidy included continuing benefits for longer parental job searches, reducing requirements that created gaps in coverage, shifting benefits to parents using high-quality care, better blending funds with other assistance programs. As of 2019, DHS extended the job search period, improved the co-pay structure for the lowest-income families, extended eligibility for a full year, increased income eligibility to the maximum allowed by federal law, and began blending funds by adding subsidy eligibility to Child Care-Early Head Start collaborations and to the Early Childhood Development Program. These changes were accomplished through administrative action and new federal requirements from the 2014 reauthorization of the Child Care Community Development Block Grant.

Kaiser Family Foundation (KFF) has analyzed the impact of Medicaid expansion in Oklahoma and has compiled a review of the effects of expansion in participating states (Antonisse et al. 2018). KFF estimates that 196,000 Oklahoma adults would be served by expansion, representing 43 percent of the state’s uninsured adults (Kaiser Family Foundation, n.d.). Of these, 23 percent are parents and 56 percent work full time. The expansion would have the greatest impact in rural eastern Oklahoma and in Cleveland County. KFF further reported that one study found that expansion increased insurance coverage for children who were already eligible for Medicaid, also with a larger impact on rural areas.

National Institute on Early Education Research (NIEER) evaluated Oklahoma’s pre-kindergarten program in its annual State of Preschool Yearbook (Friedman-Krauss 2019, 136–37). Oklahoma is one of only four states providing universal access to public preschool for 4-year-olds.

Eighty-five percent of Oklahoma 4-year-olds are enrolled in preschool programs, ranking the state fourth in access. However, Oklahoma is one of 20 states without preschool for 3-year-olds. Just 16 percent of 3-year-olds are served by Head Start or special education. Oklahoma ranks 34th in state spending per pupil and 19th in total spending per pupil.

Significantly, Oklahoma’s public pre-kindergarten meets 9 of 10 NIEER benchmarks for program quality. The only benchmark not met is requiring assistant teachers in pre-kindergarten to have a Child Development Associate (CDA) credential. The CDA requires competency not just in the learning environment, but in physical, intellectual, social, and emotional development of the child, building productive relationships with families, and creating programs that best serve children.
Notes

1 2017 Oklahoma child care and early education data from the Oklahoma Child Care Resource and Referral Association Inc.


3 See also “Public Health Impact: Uninsured,” United Health Foundation, accessed July 24, 2019, https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/OK.


References


Governor’s Advisory Committee on Home Visitation. 2019. “Recommendations of the Governor’s Advisory Committee on Home Visitation.” Columbus, OH: Governor’s Advisory Committee on Home Visitation.


About the Authors

Mary Bogle is a principal research associate in the Metropolitan Housing and Communities Policy Center at the Urban Institute. Her research focuses on policies and place-based interventions that help low-income parents surmount the economic, equity, and mental health challenges that often interfere with their efforts to create healthy, productive, and protective environments for their children. During her career, Bogle has worked for street-level human services organizations, been executive director of Grantmakers for Children, Youth, & Families, led the planning efforts for several comprehensive community change initiatives, and been a program specialist for the federal Head Start Bureau, where she played a pivotal role in designing and launching Early Head Start, the premier federal initiative for low-income families with infants and toddlers.

Catherine Kuhns is a research associate in the Center on Labor, Human Services, and Population at the Urban Institute. Her research focuses on child welfare and public programs that support the well-being of low-income children and families. Before joining Urban in 2019, Kuhns was awarded the Doris Duke Fellowship for the Promotion of Child Well-Being to support her research on low-income children and their mothers in Early Head Start programs across the country. During her doctoral studies she also completed a certificate in population studies from the Maryland Population Research Center. Kuhns has a PhD in human development and quantitative methodology from the University of Maryland, College Park.

Natalie Spievack is a research assistant in the Income and Benefits Policy Center at the Urban Institute, where she works primarily on workforce development and postsecondary education issues. Her previous research focused on the academic achievement gap, student loan debt, and voting rights. Spievack graduated with honors from the University of Wisconsin–Madison, where she earned a BA in political science and economics.

Grace Luetmer is a research analyst in the Center on Education Data and Policy at the Urban Institute. Before joining Urban, Luetmer completed her master of science in public policy and management at Carnegie Mellon University. Before her graduate studies, Luetmer was a Teach for America corps member. She was a department chair and high school mathematics teacher for three years in Phoenix, Arizona. Luetmer graduated from Boston College with a BA in economics.