



Date: 2/12/2018
To: Sweetened Beverage Tax Community Advisory Board
From: Monica Liang-Aguirre, Director, DEEL Early Learning Division
Re: Follow-up questions from the SBT Advisory Committee meeting on 2/1/18

1. Equity. What is your projected reach or population targets by income, race/ethnicity?

The core strategy for Birth-to-Three (B-3) is to directly support the adults (families and caretakers) of infants and toddlers.

The DEEL SBT funds initially invest in two groups of childcare providers with whom we already partner:

- Child Care Assistance Program (CCAP) providers
- Family Child Care (FCC) providers participating in either CCAP, the Seattle Preschool Program (SPP), or Parent-Child Home Program (PCHP).

DEEL will prioritize serving families furthest from opportunity by working directly with B-3 providers that accept children whose families receive subsidies through the City-funded CCAP. Because families must be between 200.1–300% of the Federal Poverty Level (FPL) to be eligible for CCAP subsidies, and because many CCAP providers also accept subsidies from Washington’s Department of Social and Health Services (DSHS), which serve families up to 200% FPL, the bulk of B-3 initiatives will first and foremost benefit low-income families. In addition, B-3 investments will support children and families that would otherwise be overlooked by early intervention programs, such as children who have other special needs not addressed in Part C of the Individuals with Disabilities Education Act (IDEA).

Providers:

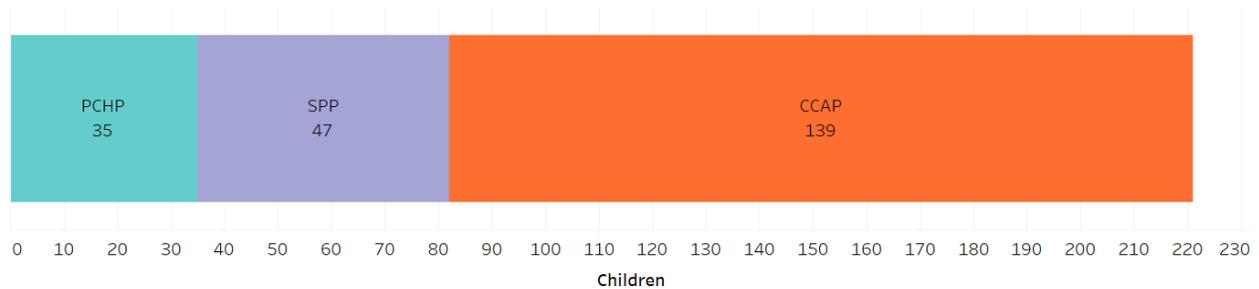
We anticipate serving between 120–150 providers. Participation in all our programming will be voluntary. At this time, DEEL does not collect demographic data on CCAP providers.

DEEL also currently serves 19 FCC providers through either the SPP-FCC pilot or the FCC-PCHP pilot. 100% of providers are people of color, eight of which are immigrant or refugee providers.

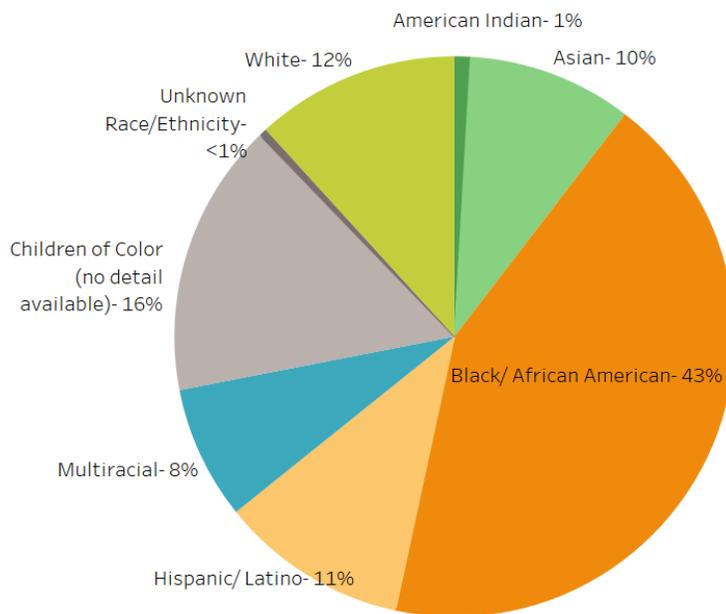
Children 0-3 Currently Served:

DEEL currently provides CCAP subsidies to 221 children ages 0-3; this is approximately one-third of all the CCAP subsidies provided by DEEL.

DEEL also serves children ages 3-4 in SPP FCC homes and children ages 1-8 in PCHP FCC homes.



The majority of children currently served by these programs are children of color. The largest group is Black/African American



2. Linkage with interests in healthy nutrition guidelines, especially related to sugary drinks. What guidelines are going to be taught?

All licensed child care programs must follow State regulations around health and nutrition. Specific Washington Administrative Codes (WACs) 170-295-3140 through 170-295-3230 govern what is required for menu planning, the types of meals, snacks, milk and formula that can be served as well as how to

safely prepare, store and serve food to children in care. Additionally, most licensed child care programs also participate in the Child and Adult Care Food Program (CACFP) that reimburses for meals served according to USDA guidelines.

Public health nurses, dietitians, and community health workers who provide child care health consultation rely on several commonly accepted standards and best practice to guide their work. Education and guidance to providers would be focused around one or several of the following guidelines related to sugary drinks:

- *Caring for Our Children*¹ (CfOC) is the commonly accepted standards and best practice guidelines created and maintained by the American Academy of Pediatrics and the American Public Health Association. CfOC provides extensive nutrition and food service guidelines to support healthy development, covering such topics as meal and snack patterns, availability of drinking water, infant bottle preparation and feeding practices, and encouraging self-feeding by older infants and toddlers. In regard to sugar beverages specifically, the guidelines note that “Liquids with high sugar content have no place in a healthy diet and should be avoided. Continuous consumption of juice during the day has been associated with a decrease in appetite for other nutritious foods which can result in feeding problems and overweight.” Further, if juice is to be served, it should be 100% juice, limited to four ounces per day, and only served to children over age 12 months.
- *USDA Child and Adult Care Food Program (CACFP)* provides guidance, resources, best practices, and training for CACFP centers and day care homes to support them in providing healthy, balanced meals and snacks to the children and adults they serve. The program also provides access to resources and materials for healthy environments for children in care. CACFP standards maintain that pasteurized, full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- *NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care)* is an evidence-based program for improving the health of young children through better nutrition and physical activity in early care and education programs. The NAP SACC program contains several components including a self-assessment instrument, continuing education workshops, collaborative action planning and technical assistance materials, and an extensive resource manual which includes copy-ready materials. The NAP SACC intervention was designed for implementation through an existing infrastructure of public health professionals, typically registered nurses and health educators, trained as NAP SACC consultants. Evidence shows that child care centers participating in the NAP SACC program showed significant changes in nutrition standards and strengthened policies and practice. NAP SACC best practice is to only offer 100% fruit juice two times per week or less.

3. Evidence base for the programs. Provide references or research summaries of programs and curricula proposed for use. What outcomes might we expect from implementing these programs/curricula?

HighScope—The HighScope Infant-Toddler Curriculum emphasizes the importance of caregivers using four broad strategies: policies that promote continuity of care; creation of a climate of trust for children; the formation of partnerships with children; and support for children’s intentions. Based on a longitudinal study on an earlier HighScope preschool program, one conclusion was that young children living in low-income families should have access to preschool programs with features reasonably similar to those of the HighScope Perry Preschool program. Since the HighScope curriculum for three- and four-

year olds has shown successful child outcomes, it can be expected that HighScope’s developmentally-appropriate curriculum for children B-3 would yield similar results. (See: *Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40* (pp. 194–215), by Lawrence J. Schweinhart, Jeanne Montie, Zongping Xiang, W. Steven Barnett, Clive R. Belfield, & Milagros Nores, 2005, Ypsilanti, MI: High/Scope Press.)

PCHP— The Parent-Child Home Program (PCHP) is a national, intensive two-year home-visiting program in existence since 1965, aimed at increasing school readiness among young children from families that face multiple obstacles to educational and economic success, such as poverty, low literacy, limited education, and language barriers. A longitudinal study, released in February 2016, demonstrates significant long-term outcomes for PCHP graduates based on standardized Washington state assessments of kindergarten readiness, English language proficiency, and third grade academic performance. ¹ That same year, PCHP rolled out a pilot to offer a similar program to FCC providers rather than families. DEEL supported a small pilot in Seattle with six providers in 2017; initial results are positive (See APPENDIX 1: Parent-Child Home Program Family Child Care (PCHP/FCC) End of Pilot Report). Providers receive bi-weekly visits from home visitors for 26 weeks during which they receive books, toys and educational materials, along with support in using the materials in their homes with the children they care for.

Coaching— Coaching can support relationships between caregivers and infants/young toddlers, and there is evidence that coaching is related to improved observed quality and practices with children. These connections are important factors in a child’s healthy physical, social-emotional and cognitive growth, and they are at the heart of child care quality. High-quality coaching given to providers can yield positive outcomes for infants and toddlers. Early Head Start research shows that the “quality of care appears to have an independent influence on children’s social and cognitive development separate from the family, suggesting that at-risk families may benefit greatly from high-quality care settings.” (See: Raikes, H. H. and Love, J. M. (2002), *Early Head Start: A dynamic new program for infants and toddlers and their families*. *Infant Ment. Health J.*, 23: 1–13.)

4. Monitoring and evaluation. What process and outcome metrics will you be following?

See Appendix 2: B-3 Logic model for an initial outline of short, medium and long-term outcomes and metrics.

5. Reach and Return on Investment

a. What is the anticipated reach of these B-3 investments?

Approximate Impact and Reach of Proposed SBT B-3 Programming for 2018

Accurately predicting the number of adults and children who will be impacted by the B-3 interventions is challenging for the following reasons:

¹ ORS Impact (2015), Long-Term Academic Outcomes of Participation in the Parent-Child Home Program (PCHP) in King County, WA. Seattle, WA.

- 1) The number of infants and toddlers served at a center or FCC home at any time varies greatly because of the strict licensing requirements about adult-to-child ratios that depend on the exact age of the children.
- 2) Two to three adults are associated with a typical classroom serving infants and toddlers, again depending on the exact age of the children. This will vary from site to site, depending on the exact number of children enrolled.
- 3) Each provider sets up their own capacity based on licensing limitations and staffing.
- 4) While our services are directed at 0-3 providers, there will be secondary impact to all children served at the center or FCC.

In Year 1 of SBT new program implementation, we anticipate directly impacting approximately the following number of children and families:

Recipient and programs	Estimated # of children reached	Estimated # families reached
0-3 CCAP Providers: Coaching, HighScope training, nurse support, Ages and Stages Questionnaire (ASQ)	350+ (0-3)	
FCC Providers: Coaching, HighScope training, nurse support, ASQ, FCC infrastructure support	400 (Birth-age 12)	
Infant Mental Health Endorsement (for caretakers)	250 (0-3)	
"Bridge" Pilot program	50 (0-3)	50
Total # of children (all) served	1,050	
Total # of families served (directly)		50

b. Is it better to focus on some programs that have higher return on investment rather than spreading the investments widely as proposed?

DEEL believes that the investments are focused, yet comprehensive. By increasing overall supports to our CCAP providers who serve 0-3 (and who currently receive minimum support), we are elevating the overall quality of these programs and therefore impacting all children served by the provider, now and in the future.

c. How will reach over time change or influence funding?

While this data is not Seattle-specific, a 2017 evaluation looking at a cohort of birth-to-five-year-olds receiving child care found that the long-term benefits and return on investment for a high-quality program was as high as \$7.30, due to the decrease in lifetime health costs, special education and remedial education placement, and decrease in crime participation. These studies are evidence that gains can be sustained for a child when B-3 investments are coupled with high-quality preschool. A continuum of high-quality education ensures that early investments can be strengthened and built upon in later years. (See: "Quantifying the Life-cycle Benefits of a Prototypical Early Childhood Program. Jorge Luis García, James J. Heckman, Duncan Ermini Leaf, and María José Prados. [NBER Working Paper No. 23479](#). June 2017.)

6. Long-term plans for funding. SBT revenue could be a declining revenue source. What happens if this funding shrinks over the years? What are your plans for continuing these programs?

SBT revenues are projected to support current program levels for the foreseeable future. If dedicated funding from SBT revenue declines below projections, or program costs escalate, additional funding will need to be found to support these programs, or program service levels will need to be scaled back. Decisions on program prioritization, new revenue sources, and scaling will be determined by department and program leadership, Mayor, and Council.

7. Infrastructure costs. One-third of your budget is for infrastructure. What do you get for that? What would that get us?

The addition of SBT funds brings close to \$6M to support DEEL’s Early Learning and K-12 investments. The K-12 funding (not under proviso) is \$3.2M and the Early Learning Birth-to-Three investments (under proviso) is \$2.7M.

DEEL has increased in size by nearly 50% in the past three years and is at maximum capacity in both staffing for new programming and its office space on the 17th floor of the Seattle Municipal Tower. Funding adequate staffing and infrastructure support is a critical step in maximizing the impact of the dollars of any investment.

The following staff is required to not only manage the incoming funds and contracts, but also to develop programming and maintain partnerships.

Position	Description	Cost (includes salary and benefits)
1.0 FTE Training and Education Coordinator	Develop and coordinate training and professional development module for 0-3 providers	\$104,690
1.0 FTE SA2 B-3 Program Manager	This position will manage and support overall Early Learning Birth-3 strategies and contracts.	\$148,627
1.0 FTE SA2 K-12 SBT Fund Manager*	With the addition of new SBT-funded programs, this is triggering the need for a fund manager to oversee these investments.	\$148,627
1.0 FTE Sr. Grants and Contracts*	Implementation of SBT will require multiple new contracts, prompting the need for additional contracting staff.	\$102,933
TOTAL		\$504,876

Because SBT funding will bring on additional seven staff members (the four listed above as well as three new B-3 instructional coaches), office space must be expanded and fully outfitted to accommodate the staff. DEEL plans on making a one-time investment in expanded office space of \$315,947, and expects \$37,860 in yearly costs to provide for fleet rentals, cell phones and other equipment.

This initial staffing and office expansion is expected to accommodate future growth in B-3 investments.

8. What type of funding support do other similar-sized cities have in their B-3 investments? What is the dollar amount of their B-3 programs?

City	2016 Population Size	Total Funding	Funding Sources
Tulsa (OK)	403,090	At least \$5.2 million	Federal Early Head Start-Child Care Partnership grant matched by George Kaiser Family Foundation
Washington, D.C.	681,170	\$2.7 million	Federal Early Head Start-Child Care Partnership grant, Temporary Assistance for Needy Families, the Child Care and Development Fund, and local resources
Seattle	704,352	\$2.7 million (+ previous \$3.8 million). 2018 total= \$6.5 million.	SBT; Current DEEL Early Learning Budget from General Fund

APPENDIX 1: B-3 Proposed Investments and B-3 Logic Model for an initial outline of short, medium and long-term outcomes and metrics.

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APPENDIX 2: Parent-Child Home Program Family Child Care (PCHP/FCC) End of Pilot Report