

**Date:** 2/1/2018  
**To:** Sweetened Beverage Tax Community Advisory Board  
**From:** Monica Liang-Aguirre, Director, DEEL Early Learning Division  
**Re:** Sweetened Beverage Tax Birth-to-Three Proviso Budget

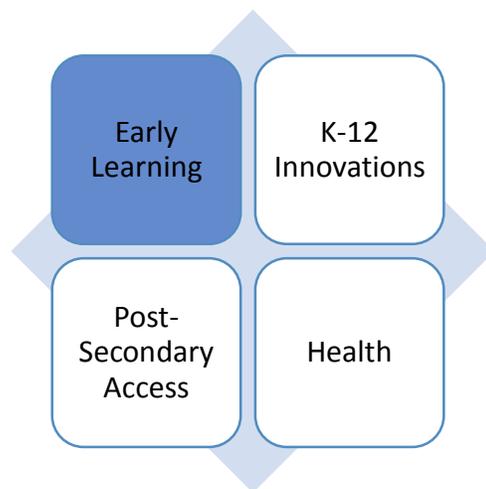
## The Department of Education and Early Learning

### *Background*

The Department of Education and Early Learning (DEEL) was formed in January 2015, combining the former Office for Education and portions of the Human Services Department. The overarching goal of DEEL is to eliminate race-based disproportionalities in achievement, opportunities, and outcomes in education. To achieve this goal, DEEL invests in evidence-based programming to meet the needs of children and youth across the birth to postsecondary continuum to meet the following goals:

- 1) Enter Kindergarten prepared to succeed
- 2) Achieve academically and reduce the opportunity gap
- 3) Graduate from high school prepared for college and career

By leveraging public funding from the City's general fund, voter-approved property tax levies, and grants from the Washington State Department of Early Learning, DEEL invests in early learning, health, K-12, and postsecondary access and success. Through targeted investments, DEEL supports children, families, and youth to flourish in school and life—regardless of race, family income, neighborhood, immigrant or refugee status, or any other factor.



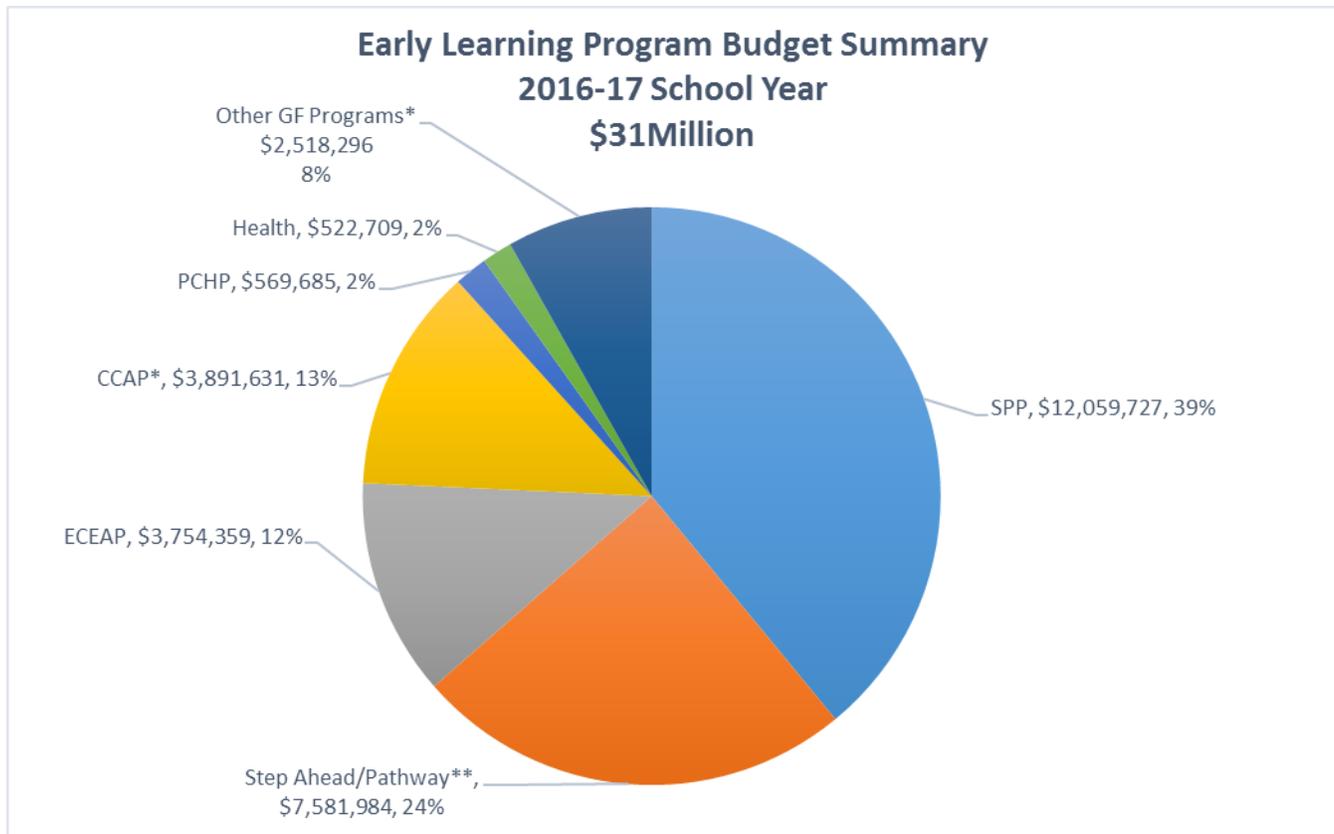
*Figure 1: DEEL Investment areas*

## Early Learning

DEEL's *Early Learning Division* strives to ensure that all children are academically, socially, and emotionally ready for kindergarten by:

- Supporting expanded access to affordable, high-quality preschool.
- Improving quality across the early learning continuum through strategic investments in professional development and infrastructure.
- Funding evidence-based home visiting programs.
- Subsidizing the cost of child care for low-to moderate-income working families.

The amount and percentage of each programmatic investment as part of the whole is illustrated in *Figure 2*.



*Figure 2: Percentage and amount of DEEL Early Learning budget allocations, School Year 2016-17*

The Seattle Preschool Program, Step Ahead, Pathway, and the Early Childhood Education Assistance Program (ECEAP) fund preschool access and quality improvements. The Early Learning Academy provides curriculum training for family childcare home owner-operators. The Nurse-Family Partnership is a home visiting program for families and the child care assistance program subsidizes the cost of child care for low- to moderate-income working families not covered by the State's Working Connections Child Care program.

### *The Prioritization of Investments along the Birth-3 Continuum*

The City has a long history of funding programs that specifically aim to support families with young children furthest from opportunity through modest investments in the Nurse Family Partnership since 2003, Parent Child Home Program (PCHP) since 2004, and through support provided to city-funded child-care providers via the Comprehensive Child Care Program since 1972. (See Appendix 1 for details on the individual programs.)

In 2004, the Families and Education Levy added early learning to the Levy’s investment portfolio. This constituted a shift in focus for the City. Since high-quality preschool for low- to moderate-income 3- and 4-year-olds became the largest investment in early learning and because preschool was a new line of business for the City, resources were redirected to focus on the success of the preschool initiative. Though the Parent-Child Home Visiting Program, Nurse-Family Partnership, and the Comprehensive Child Care program continued to receive funding, providers that did not focus on preschool were deprioritized. The birth to three had access to training, but it was no longer guaranteed.

In 2014, Seattle voters passed the Seattle Preschool Program levy which is a 4-year demonstration project exploring a universal preschool concept for the Seattle context. The focus of the program is to make high-quality preschool accessible to families across the city by offering free or reduced tuition to income-eligible families. The City’s commitment to high-quality preschool has required considerable time and investment, further diverting staff and resources from a once strong focus on 0-3 programs.

With the rapid and high-profile expansion of preschool over the past three years, the birth-3 investments have been largely sustained but not with the strategic support they deserve.

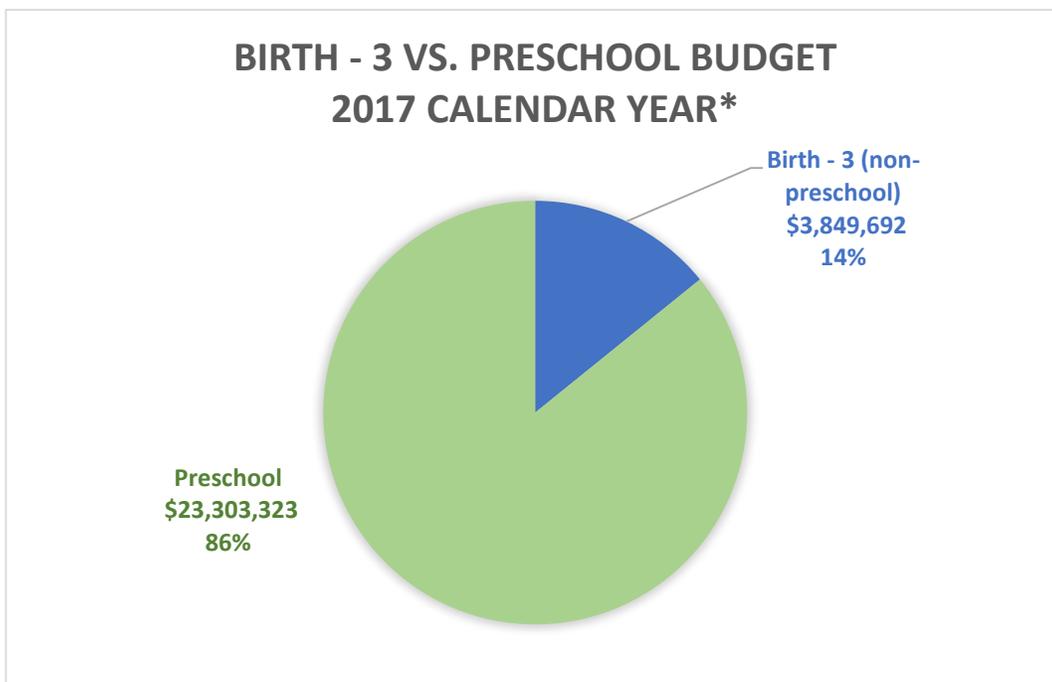


Figure 2: Percentage and amount of DEEL budget allocations, birth-to-three versus preschool, 2017.

## Why Focus on Birth-Three?

Investing early in supports and interventions for families and their young children is the most effective strategy for ensuring a strong start for children and for maximizing the impact of later investments in the education continuum.

- Research shows that the brain is strengthened by **positive early experiences**, especially **stable relationships** with caring and responsive adults, safe and supportive environments, and appropriate nutrition.
- Early social emotional development and physical health provide the foundation upon which **cognitive and language skills** develop.
- High-quality early intervention services can **change a child's developmental trajectory** and improve outcomes for children, families, and communities and is **more effective** and **less costly** when it is provided earlier in life rather than later.<sup>i</sup>

## Sweetened Beverage Tax (SBT)

### Background

**Ordinance 125324** (PURPOSE) Section 3. Services funded by the proceeds of the beverage tax are intended to expand access to healthy and affordable food, close the food security gap, promote healthy nutrition choices, reduce disparities in social, developmental, and education readiness and learning for children, assist high school graduates enter college, and expand services for the birth-to-five population and their families.

(USE OF FUNDS) B. The remainder of net proceeds from the beverage tax shall be used to support, in order of priority:

1. Expanding access to healthy and affordable food, closing the food security gap, and promoting health food choices through programs including, but not limited to: (...)
2. Evidence-based programs that improve the social, emotional, educational, physical health, and mental health for children, especially those services that seek to reduce the disparities in outcomes for children and families based on race, gender, or other socioeconomic factors and to prepare children for a strong and fair start in kindergarten.

The SBT provides a new opportunity for a strategic planning in Birth-Three investments that will align with the larger continuum of DEEL investments as well as compliment the needs identified by other city partners. SBT strategy planning included over six months of close collaboration with King County Best Starts for Kids, Public Health Seattle King County, Seattle Public Schools, and community-based providers. Furthermore, DEEL has been engaged in on-going planning for the Families and Education and Seattle Preschool Program levies, both expiring in 2018, and has conducted extensive community outreach to learn more about needs and priorities by all constituents, including preschool directors, community -based organizations, school principals, unions, youth and parents.

Together with these community partners, the following planning principles and priorities were identified:

### Planning Principles:

- Align with existing DEEL work, County partners, & community needs
- Build a Birth-to-Three infrastructure
- Close the opportunity gap

Priorities:

1. Develop and sustain the quality of Birth-to-Three childcare providers
2. Increase focused and specialized support for Family Child Care providers
3. Develop an infrastructure that will bridge the gap between 0-3 providers and health support, with a focus on mental health and identifying developmental needs
4. Support families with children 0-3 with developmental needs
5. Develop the DEEL infrastructure to support and maintain the burgeoning 0-3 work

*Investment Priorities*

<b>Birth-to-Three Investment Priorities</b>	<b>Cost</b>
<b>Coaching and professional development for 0-3 Child Care providers (Expand)</b>	
<ul style="list-style-type: none"> <li>• On-going individual coaching</li> <li>• HighScope curriculum training</li> </ul>	\$427,482
<b>Family Child Care Program Support Development (Expand)</b>	
<ul style="list-style-type: none"> <li>• On-going individual coaching</li> <li>• HighScope curriculum training</li> <li>• Expansion of Parent-Child Home Program pilot for FCCs</li> <li>• Support FCC infrastructure</li> </ul>	\$378,824
<b>Comprehensive Developmental and Health Support for Birth-to-Three Providers</b>	
<ul style="list-style-type: none"> <li>• Increase health care worker support</li> <li>• Infant mental health endorsement</li> <li>• Ages and Stages Questionnaire</li> </ul>	\$770,010
<b>Support for families of children 0-3 with developmental delays (New)</b>	
<ul style="list-style-type: none"> <li>• Birth-to-Three developmental “Bridge” Program pilot</li> </ul>	\$150,000
<b>City/County Collaboration Support</b>	\$150,000
<b>DEEL 0-3 Infrastructure Supports</b>	
<ul style="list-style-type: none"> <li>• Staff expansion for Birth-to-Three policy development, budget and contracts</li> <li>• Staff training for increased capacity in Birth-to-Three</li> <li>• Space expansion for new 0-3 staff</li> <li>• Rental and fleet costs for expanded staff and line of business</li> </ul>	\$858,683
<b>TOTAL</b>	<b>\$2,735,000</b>

**I. Coaching and professional development for 0-3 Child Care providers (Expansion)**

**A. *On-going individual coaching***

Rationale for investment: Regular and intensive coaching for teachers and administrators has been widely researched and recognized as a necessary component of professional development to improve teaching and learning compared to traditional one-shot professional development which usually fails to have any significant positive impact on a teachers' instructional practices. Coaches incorporate research-based interventions to support children's learning and development, create quality learning environments, help in the early identification of children with special needs and support fidelity of curriculum implementation.

Cost: 2.0 FTE Instructional Coaches (Education Specialist Srs) = \$227,482

**B. *HighScope Curriculum Training***

Rationale for investment: Birth-3 providers require specialized training and coaching to maximize the window of opportunity for infants and toddlers. Research tells us that the most rapid brain development occurs during the first three years of life. An infant's positive attachment to her or his primary caregivers is the foundation for healthy social emotional and cognitive development. The presence of a secure, nurturing relationship between a child and his or her primary caregivers protects the developing brain.

*HighScope Training:* To support a successful and well-aligned education continuum, just like preschool teachers, Birth-to-Three care providers must also be trained in developmentally appropriate and culturally relevant practices.

The HighScope curriculum is an intensive, evidenced based, active learning model that includes systematic in-service training with a strong emphasis on adult/child interactions. Classroom activities build upon children's natural curiosity and are matched to a child's current and emerging abilities. Teachers are trained over a 4-week period using an active participatory adult learning model to strengthen teachers' foundational knowledge of developmentally and culturally appropriate practices leading to children's long-term school success, improved cognitive development, language and early literacy skills and social-emotional development. HighScope is aligned with the Washington State core competencies for early care and education professionals and the assessments used to measure children's progress.

Cost: \$4000/teacher for 4-week course x 50 providers = \$200,000 (Cost per teacher includes facilities, materials, food, and substitute costs)

**II. Family Child Care Program Support Development (Expansion)**

*Family Child Care, or child care that is licensed within a residential home and does not serve more than 12 children, is a major part of our early learning landscape in the city. Seattle currently has more than 350 family child care business that both are owned, and serve, a large proportion of 1<sup>st</sup> generation immigrants and owners/children of color. They*

*are a critical partner in addressing the educational opportunity gap. At the same time, because of the unique nature of these privately run, home-based providers, their needs are vastly different from those of community-based centers and often require a distinct approach.*

**A. *On-going individual coaching***

Rationale for investment: Very similar to the coaching needs described above in Section 1.A, FCC providers also require one-on-one coaching, but even more specialized for the unique Family Child Care setting. Because FCC providers are typically one per household, an FCC coach must travel more and therefore has a lower caseload.

Cost: 1.0 FTE Instructional Coaches (Education Specialist Sr) = \$113,741

**B. *HighScope Curriculum Training***

Rationale for investment: As described in Section I.B, FCC providers also have a need for this intensive, evidence-based active learning model that will train teachers to deliver a program that is developmentally and culturally appropriate, leading to children’s long-term school success, improved cognitive development, language and early literacy skills and social-emotional development. The HighScope FCC curriculum is especially designed for the FCC setting and is one week in duration.

Cost: Provide curriculum training for 40 new providers \$40,000

**C. *Expansion of Parent-Child Home Program pilot for FCCs***

Rationale for investment: PCHP is a nationally recognized and evidence-based program designed to bolster the language and literacy skills of 2- and 3-year-olds from low-income families by providing in-home coaching and modeling to parents and care-givers as well as providing developmentally appropriate play materials for children. The City has been investing in PCHP since 2004 and currently is serving 250 families. Day-to-day operations are administered through the United Way of King County.

In 2017, the City invested in a small pilot to implement the Parent-Child Home Program specifically designed for Family Child Care Providers. The pilot was designed by the National Parent-Child Home Program and has been implemented in several other parts of the country. PCHP FCC Pilot model is an innovative professional development and approach for FCC providers because it takes place in their homes, during their work day, while they care for children. Providers are able to practice new skills with the children in their care, under the mentorship of a PCHP Early Learning Specialist. By working to enhance the school readiness and early literacy components of family child care environments, the PCHP FCC Pilot is committed to addressing the unequal availability of high-quality early learning programming, extending PCHP’s 50-year tradition of ensuring all children are ready for school.

Enrolled FCC providers are assessed using the following two validated assessments: the abbreviated version of Family Child Care Environmental Rating Scale (FCC ERS) (Revised Edition 2007) provided by PCHP National, and the Caregiver Interaction Scale (CIS) (Arnett, 1989). These assessments allow the Agency to monitor each FCC provider’s growth, interaction development, and positive behavioral changes.

Seattle's 2017 pilot included 6 Family Child Care providers. While the final report is still pending, initial feedback from United Way, the service agencies and the Family Child Care providers has been uniformly and overwhelmingly positive. In a recent feedback session with the City of Seattle's Family Child Care Advisory Committee, members declared: "Nothing about this doesn't work," and "How do we open up the pilot? Let's keep it."

Cost: \$6,000 per FCC provider x 12 = \$72,000

#### **D. Support FCC infrastructure**

Rationale for investment: SBT funding will support the continued growth and infrastructure of two family child care Hubs, or cooperatives, that were created as part of Seattle Preschool Program as a means for family child care to participate in SPP. The Hubs provide shared services to a network of family child care homes to support compliance with SPP, business support, and professional development.

DEEL also convened a Family Child Care Advisory Council this year to advise DEEL on our family child care partnerships and investments. Funding from SBT would provide the resources for a facilitator and meeting expenses annually for the council.

Cost: Support for two FCC Hubs: \$143,083 + FCC Community Advisory Committee support \$10,000=\$153,083

### **III. Comprehensive Developmental and Health Support for Birth-to-Three Providers**

#### **A. Increase health care worker support**

Rational for investment: A commitment to promotion, prevention and early intervention is at the heart of a health strategy in early childhood. Increasing promotive and protective factors within families and communities, while also reducing risk factors, will increase the likelihood of achieving the outcomes we seek for our children.

The practice of integrating Child Care Health Consultants (CCHC) into child care settings is recommended by the American Academy of Pediatrics to ensure that complex health concerns, such as determining safe sleep policies, developing care plans for children with chronic medical conditions, or responding to infectious disease outbreaks, are informed by health care professionals.[1]

A growing body of evidence points to the positive outcomes of CCHC, including improved health and safety practices and policies, improvements in children's immunization status, and increased use of developmental screening tools.[2] CCHC services are correlated with increased provider confidence and self-efficacy, as well as decreased expulsion in child care settings.[3][4]

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[1] American Academy of Pediatrics Council on Early Childhood. 2017. *Quality Early Education and Child Care From Birth to Kindergarten*. Available at: [10.1542/peds.2017-1488](http://10.1542/peds.2017-1488)

[2] Isbell, P., Kotch, J., Savage, E., Gunn, E., Lu, L., & Weber, D. 2013. Improvement of child care programs' policies, practices, and children's access to health care linked to child care health consultation. *NHSA Dialog: A research to Practice Journal*, 16, 34-52.

[3] Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K. 2006. The influence of child care health consultants in promoting children's health and well-being: A report on selected resources. Newton, Mass: The Healthy Child Care Consultant Network Support Center at Education Development Center Inc.

[4] Washington State Children's Mental Health Evidence Based Practices Institute, Division of Public Behavioral Health and Justice Policy, University of Washington School of Medicine. 2010. *Child Care Consultation Pilot Project: Evaluation Report*. Submitted to the Washington State Department of Early Learning. Available at <http://del.wa.gov>

CCHC does not act as a primary care provider, but offers critical services to licensed child care and families by building strong, trusting relationships and sharing health and development expertise, strategies to ensure injury prevention, assessments of child health needs, infant and early childhood mental health support, and connections to community resources. A CCHC may address:

- Typical and atypical child development (developmental screening)
- Safe sleep
- Classroom sanitation/diapering
- Handwashing/disease transmission prevention
- Children with special healthcare needs or medical care plans
- Medication administration
- Healthy caregiver attachment and infant mental health
- Nutrition/infant toddler feeding

By investing funds to support health in early childhood settings, the City will be able to reach additional providers, including culturally or linguistically specific child care homes that are vital resources in communities. Currently these providers may not be sufficiently connected to systems and supports to assure frequent and responsive child care health consultation. Additionally, current standards for licensing in WA State require a nurse to visit sites that have four or more infants in their care, to perform the duties of a child care health consultant.

Like many other CCHC programs, PHSKC follows best practices set out in *Caring for Our Children*, the commonly accepted standards and best practice guidelines created and maintained by the American Academy of Pediatrics and the American Public Health Association.<sup>[5]</sup> The PHSKC team provides a portfolio of CCHC services including:

- Consultation and technical assistance to child care programs to improve health and safety practices that support Washington Administrative Code (WAC) licensing requirements and best practice according to *Caring for Our Children*.
- Consultation on creating environments that support the physical, social, and emotional well-being of children.
- Education and coaching for child care providers to increase understanding of typical and atypical growth and development; encouraging early, appropriate referrals to community resources when needed.
- Classroom observations to identify children at risk of adverse health and behavioral concerns and provide coaching and support to child care providers.
- Technical assistance to child care programs on health screenings.
- Technical assistance and consultation on nutritional and physical activity in the child care setting.
- Collaboration and referral to King County's Birth to Three Early Intervention program and Seattle Child Find to support child care and school accommodations for identified children with special health care needs or developmental delays.

*Community Health Workers* compliment the direct services and expertise of clinical staff like nurses and behavioral health specialists. A community Health Worker is a frontline public health worker who is a trusted member of and/or has unusually close understanding of the community served. This trusting relationship

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<sup>[5]</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available at <http://nrckids.org>.

enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Currently, the Public health team is supporting approximately 45 classrooms that have infants/toddlers (0-3 yrs) across the city. This leaves out countless providers and centers in the CCAP program and especially a large number of family child care providers.

Cost: 3 nurses at \$173,000, 1 community health worker at \$90,000= \$611,010

#### **B. *Infant Mental Health Endorsement***

Rationale for investment: Relationship-focused Practice Promoting Infant Mental Health® (IMH-E®) was developed by the Michigan Association for Infant Mental Health, and is intended to recognize experiences that lead to competency in the infant-family field. It does not replace licensure, certification, or credentialing, but instead is meant as an “overlay” to these. Endorsement® is multidisciplinary including professionals from psychology, education, social work, psychiatry, child and/or human development, nursing, and others. Endorsement® indicates an individual’s efforts to specialize in the promotion/practice of infant mental health within his/her own chosen discipline.

Building the capacity within the Early Intervention System and with Child Care Professionals will increase the high-quality support provided to families and children.

Cost: Approximately \$1500 per providers, 50 providers (includes training, reflective consultation)= \$75,000

#### **C. *Ages and Stages Questionnaire (Universal Screening)***

Rationale for investment: Developmental screenings are a foundational element of health care for young children from birth through five years. Early identification and access to services ensure that intervention is provided when the child’s developing brain is most capable of change. As brain architecture emerges in very young children, it establishes either a sturdy or fragile foundation for all the capabilities and behaviors that follow. When screenings indicate developmental concerns, appropriate high quality early intervention programs can reduce the likelihood that children will experience prolonged or permanent health and learning delays, and reduce the incidence of future problems in their learning, behavior, and health. Intervention is more effective and less costly when it is provided earlier in life.

The City will partner with King County and communities to identify infants and toddlers in need of services as early as possible. Funds will support training for additional child-care providers, home child care providers and assure that all Seattle children have access to developmental screenings. Equally important will be the ability to connect families with resources and services to respond to children’s needs as identified through developmental screenings.

Cost: \$275 one time per year cost per site (100 sites) + \$44,000 for training for 4 cohorts + \$5000 license for City of Seattle = \$84,000

#### **IV. Support for families of children 0-3 with developmental delays (New)**

##### **A. *Birth-to-Three developmental “Bridge” Program pilot***

Rationale for Investment: Children birth to three are in a sensitive window for promoting social-emotional wellbeing and healthy brain development that has been shown to have long term impacts on the children’s overall learning and development. Part C services are designed to support infants and toddlers and their families using individually tailored supports to enhance developmental progress when a child is demonstrating developmental delays or disabilities. However, when they receive a developmental evaluation to determine eligibility for the Part C program, there are some children with mild delays, developmental or behavioral challenges, or other concerns who are not found to be eligible at the time they are evaluated. Still children in the “eligibility gap” and their families could benefit from tailored child/family centered services to promote ongoing healthy development and wellbeing.

Design: A Birth-to-Three developmental “bridge” program would be available in Seattle to reach and serve infant/toddlers and their families who have concerns about development or behavior but are not currently found to be eligible for Part C services. There may be many different reasons for concerns that would help the child/family access this program:

- Family, caregivers, child care providers, or health care providers want to be better able to support the child’s development, relationships, sense of wellbeing or behaviors.
- The child/family may have had early experiences that would benefit from resiliency promotion and developmental supports including health problems, feeding issues or challenges faced by caregivers and family.

Services and supports will be provided to the child/family using a combination of Individualized Family Service Plan, services available at home, child care, or other community settings, family resource coordination, on-going monitoring and training, in families’ home languages and free of charge.

Cost: Pilot would be approximately 50 families, \$3000/family = \$150,000

#### **V. City/County Collaboration Support**

Rationale for investment: The proposed SBT work for Birth-to-Three is, in essence, beginning to build an infrastructure to bridge the gap between 0-3 childcare providers and the quality standards that currently exist in Seattle in preschool, as well as the gap between health (mental, behavioral and physical) and child care. The work will necessarily require a close coordination with King County’s Best Starts and Public Health. At this time, and just like the City, the County does not have the infrastructure for an expanded 0-3 work in Seattle. Since the program is just being developed, it is hard to predict precisely which additional support, if any, is needed. This City/Collaboration Support money can be used for capacity building, contract support or additional staffing.

Cost: Infrastructure contingency \$150,000

**VI. DEEL 0-3 Infrastructure Supports**

Rationale for investment: The SBT-related Birth-to-Three work is a significant expansion of the scope of work that DEEL currently undertakes. In order to commit to a sustainable and effective effort, DEEL staffing and resources must match the expansion.

*DEEL Birth-to-Three Staffing*

Position	Description	Cost
<b>1.0 FTE Training and Education Coordinator</b>	Develop and coordinate training and professional development module for 0-3 providers	\$104,690
<b>1.0 FTE SA2 B-3 Program Manager</b>	This position will manage and support overall Early Learning Birth-3 strategies and contracts.	\$148,627.00
<b>1.0 FTE SA2 K-12 SBT Fund Manager*</b>	With the addition of new SBT-funded programs, this is triggering the need for a fund manager to oversee these investments.	\$148,627.04
<b>1.0 FTE Sr. Grants and Contracts*</b>	Implementation of SBT will require multiple new contracts, prompting the need for additional contracting staff.	\$102,932.57
<b>TOTAL</b>		<b>\$504,876</b>

*Space Planning/Rent/Employee Costs*

Position	Description	Cost
<b>Space Buildout (one time)*</b>	One-time cost to set up ARTS space as needed (purchase cubicles, equipment, basic remodeling, etc.)	\$315,947
<b>Employee cell phone and Fleet costs</b>	Anticipated cost to pay for cell phones and fleet rentals for program staff	\$37,860
<b>TOTAL</b>		<b>\$353,807</b>

\*Indicates support for Sweetened Beverage Tax management for both K-12 and 0-3 investments

**Appendix A: Early Learning Programming currently administered through DEEL**

Through the City’s General Fund, the Families and Education Levy, the Seattle Preschool Program Levy, and a grant from the Washington State Department of Early Learning, the City invests in four overarching early learning strategies to prepare young children for kindergarten and long-term school success:

- Home Visiting Programs
  - o *Parent Child Home Program* (160 children served in 2015-16) – Through a public/private partnership, the City replicated the nationally recognized and evidence-based PCHP in 2004 to bolster the language and literacy skills of 2- and 3-year-olds from low-income families. Day to day operations are administered through the United Way of King County.

- *Nurse-Family Partnership* - The NFP helps low-income, first-time mothers achieve healthy pregnancies, provides them with skills to support their babies' positive development, and puts families on a path of economic self-sufficiency.
- High-Quality Preschool Programs
  - *The Step Ahead Program* (364 children served in 2015-16) – The City contracts with local preschool providers to set aside half- and full- day preschool slots for children from families with incomes between 110-300% of the federal poverty level. The primary focus of Step Ahead is to serve children of color who have been historically underserved in early learning by increasing their access to free half-day or low-cost full-day preschool.
  - *The SPP Pathway Program* (70 children served in 2015-16) - As of the 2015-16 school year, all new Step Ahead slots were rebranded as “SPP Pathway” to allow providers to ramp up to meeting SPP program requirements.
  - *The Seattle Preschool Program* – (270 children served in 2015-16) Passed by voters in 2014 as a four-year pilot, the goal of the Seattle Preschool Program (“SPP”) is to provide accessible, high-quality preschool services for Seattle children to improve their readiness for school and to support their subsequent academic achievement.
  - *The Early Childhood Education Assistance Program* – (411 children served in 2015-16) Funded through a grant with the Washington Department of Early Learning (“DEL”), the City is a provider of the Early Childhood Education Assistance Program (“ECEAP”), which provided half- and full-day preschool services to 411 children throughout the Seattle region in 2015-16.
- Professional Development for Early Learning Educators
  - *Seattle Early Education Collaborative (“SEEC”)* - SEEC is a community collaborative of publicly-funded preschool programs working together to achieve greater gains for children through aligned professional development and common assessments. SEEC provides curriculum, assessment, and content trainings for early learning educators during the annual pre-service, SEEC institutes, and day or week-long, intensive workshops. Professional development and assessments are informed by the partners via the SEEC Advisory Group.
  - *Health and Mental Health Screening and Support* – Public Health Seattle-King County “PHSKC”) provides on-site support for developmental and health screenings for child care and preschool providers contracted with the City. PHSKC also reviews children’s health files, offers trainings in supporting children’s physical and behavioral health, and supports children’s social and emotional development.
  - *Early Learning Academy* - Curriculum training, resource materials, and targeted technical assistance for Family Child Care (“FCC”) providers—individuals who run small child care and preschool businesses out of their homes, many of which are licensed by the Washington State Department of Early Learning.

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<sup>i</sup> Center on the Developing Child at Harvard University (2008). *InBrief: The science of early childhood development*. [http://developingchild.harvard.edu/download\\_file/-/view/64/](http://developingchild.harvard.edu/download_file/-/view/64/)