

| Proposed Policy Strategies/Solutions | Current Status | Planned Action | State and Community Partners | Timeline/Progress to Date | # of infants and toddlers projected to be impacted annually |
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| <p>Ensure North Carolina’s infants and toddlers benefit from their fair share of federal programs that support healthy development with an accurate 2020 Census count of all North Carolina young children.</p> | <p>No state funds are currently allocated toward Census 2020 preparation.</p> | <p>Legislative Action Allocate at least \$1 million in the FY 2020 budget to support a North Carolina Complete Count Commission, with staffing related to census outreach and implementation of strategies to inform the families of young children in hard-to-count census tracts.</p> | <ul style="list-style-type: none"> • Governor's Complete Count Commission (currently in formation) • NC Child • NC Counts Coalition • Equality NC • National Association of Latino Elected Officials • NC Center for Nonprofits • NC Community Health Center Association • El Pueblo • NC Justice Center • NC Asian Americans Together • Smart Start (NCPC) | <ul style="list-style-type: none"> • Governor’s proposal for \$1.5 million was not approved by the legislature in 2018 • Governor's Office is appointing a state-level Complete Count Commission to meet in Fall 2018 • NCECF and NC Child hosting webinar to raise awareness about potential young child undercount on November 13 • NC Child has two fact sheets on the Census (one on young child undercount and another on how the Census impacts funding decisions in the state) • NC Counts Coalition has been meeting for several months and has begun tracking and supporting activity of local Complete Count Committees • NC Child presented on the importance of the Census and work being done in NC to avoid an undercount at the ZERO TO THREE Conference in October | <p>An estimated 73,000 NC children under age 5 (0-3 data is unavailable) in hard-to-count census tracts will not be missed in the Census occurring April 1, 2020. This would result in the retention and potential increase of the existing \$5.1 billion federal investment in programs that primarily support young children in the state (e.g., Medicaid, WIC, SNAP, CCDBG, and Head Start).</p> <p><i>Note: There isn't a straight linear relationship between state population count and federal funds flow, so there isn't a way to estimate how much overall federal funding increases for each additional person counted.</i></p> <p><i>That said, there is a per-person-missed in the 2010 Census estimate for the decline in FY2015 funds based on the FMAP (Federal Medical Assistance Percentages). This formula doesn't account for all Census funding in the state, but it is responsible for a large portion of the funding that goes to children's programs. There's also a per-one-percent-of-the-population-missed estimate based on FMAP. Using both of those, we could say that approximately \$65,953,000 - \$72,124,000 is at stake.</i></p> |

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| <p>Support babies being born healthy by adopting reasonable pregnancy accommodations for all state employees.</p> | <p>There are no pregnancy accommodations or discrimination protections for state employees beyond federal law.</p> | <p><u>Executive Order or Administrative Action</u> Clarify and establish reasonable accommodations and additional protections for pregnant state employees.</p> | <ul style="list-style-type: none"> • MomsRising • NC Child • Prevent Child Abuse NC • NC Early Childhood Foundation • NC Early Education Coalition • Ad Hoc Pregnant Workers Fairness (MomsRising, NC Child, NC Justice Center, ACLU, Planned Parenthood, and NARAL) • A Better Balance • National Women's Law Center • ACLU | <p>A meeting is scheduled with members of the Administration for late September 2018 to discuss this policy proposal and provide additional information including a draft EO prepared by A Better Balance, the ACLU, and the NC Justice Center and fiscal analysis done by the State of Tennessee on a similar policy proposal. Ideally, the Governor would choose to act by the end of 2018 with implementation no later than January 1, 2019.</p> | <p>Specific data regarding number of pregnancies per year amongst state employees is not publicly available. However, according to the Office of State Human Resources, there are 80,509 state employees. Of those, 50% are women and 48,345 are roughly within childbearing age, defined by the CDC as 15-44 (these figures go up to 49). Assuming that North Carolina's average birth rate of 60.7/1,000 applies to state employees, then we would expect approximately 1,481 pregnancies each year to which these protections could apply.</p> |
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| <p>Support infants' health and social-emotional development by adopting paid family and medical leave for all state employees</p> | <p>State employees do not have access to paid family/medical or parental leave. They are eligible for 12 weeks of unpaid, job-protected family and medical leave to welcome a new child, deal with a serious health condition of a family member or their own serious health condition. The State also offers an additional 52 weeks over 5 years of unpaid job-protected family illness leave to care for a serious health condition of a child, spouse, or parent. Paid sick leave can be used for a fixed set of purposes including temporary disability due to childbirth and up to 30 days maximum for adoption of a child. Temporary and part-time (less than half-time) employees are not eligible for leave. Vacation leave can be used for a range of purposes, including to welcome a new child to recover from illness, or care for a family member. Full-time employees receive 14 days paid vacation leave per year and part-time employees receive a prorated amount. Employees may also request voluntary shared leave for a medical condition of the employee or of a member of the employee's immediate family that will require the employee's absence for a prolonged period of time. Donations must be made employee to employee (not in a shared fund). Up to 1,040 hours may be donated, though management may grant a continuation up to 2,080 hours. Voluntary shared leave may be used to cover the period of</p> | <p><u>Executive Order or Administrative Action</u> Establish paid family and medical leave for state employees.</p> | <ul style="list-style-type: none"> • MomsRising • NC Child • Prevent Child Abuse NC • NC Early Childhood Foundation • NC Early Education Coalition • NC Families Care coalition consisting of 25 plus organizations co-chaired by MomsRising and the NC Justice Center | <p>A meeting is scheduled with members of the Administration for late September 2018 to discuss this policy proposal and provide additional information including a draft EO and policy recommendations prepared by A Better Balance. Ideally, the Governor would choose to act by the end of 2018 with implementation no later than January 1, 2019.</p> | <p>Specific data regarding use of FMLA, leave taking, and birth/welcoming of a new child by state employees is not tracked and/or not publicly available. However, according to the Office of State Human Resources, there are 80,509 employees. According to a US Department of Labor survey, 15.9% of FMLA eligible employees took leave for FMLA-related reasons in a given year. Assuming this percentage applies to state employees, approximately 12,800 employees could take family or medical leave in a given year. According to the "Family and Medical Leave in 2012 Technical Report", 21% of those taking FMLA use it for the birth or adoption of a new child, 24% is used to care for the health conditions of a child, spouse, or parent, and 55% is used for an employee's own medical condition. If we apply these numbers to the percentage of state employees likely to take FMLA in a given year, 2,688 would do so for the birth or adoption of a new child. An additional unknown percentage of the 24% taking leave to care for a seriously ill loved one would be for a child under the age of 3.</p> |
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| | disability related to pregnancy and/or birth as documented by a physician, but may not be used for parental care of a newborn child absent a documented prolonged health condition. | | | | |
| Support babies being born healthy by making sure adults have access to health insurance. | NC has not expanded Medicaid. As a result, current eligibility for adults requires extremely low income, plus being either aged, blind, disabled, pregnant, or having dependent children. Young adults – those who need to be healthy before becoming pregnant – largely do not have access to Medicaid. In addition, women who give birth under Medicaid coverage lose coverage after 60 days of postpartum care, and are unable to access follow-up medical and mental health services needed in the postpartum period. | Legislative Action Expand Medicaid. | <ul style="list-style-type: none"> Care4Carolina Health Action NC NC Child NC Justice Center NC Department of Health and Human Services | In 2017, three Medicaid expansion proposals were considered that would increase eligibility for adults ages 19 to 64. There is potential for additional legislative action in 2019. | <p>Would impact between 375,000 and 550,000 adults in North Carolina. 27% of North Carolinians in the coverage gap are parents. Additional data: In SFY 2016, the average monthly enrollment of pregnant women was 17,437 (Sutten, T., NCMJ, Jan. 2017). In 2015, 80.6% of women age 18-44 had health insurance coverage (up from 73.6% in 2011) (Child Health Report Card, NC Child and NCIOM, 2018). In the 2010 census, there were 3.5 million women age 18-44 in North Carolina - so there are roughly 700,000 women of childbearing age with no health insurance (U.S. Census Bureau, Age and Sex Composition 2010.) In addition, more than half of all births in North Carolina are covered by Medicaid (Sutten T., NCMJ, Jan. 2017)</p> <p>In addition, research shows that health insurance coverage for parents reduces rates of maternal depression and other adverse health outcomes and provides financial security for families. Expanding Medicaid to more low-income adults has also demonstrated increased health coverage for children: states that expanded Medicaid have seen higher Medicaid/CHIP participation rates for children compared to states that did not expand Medicaid (92% vs. 89%). In states that have cut eligibility for parents, child enrollment has also fallen, leaving them more likely to go without necessary preventive care and other health services.</p> |
| Support infants' health and social-emotional development by increasing parent knowledge of child development and parenting skills. | A variety of evidence-based home visiting (HV) services and parenting programs are in place in counties across the state. These services and programs are funded by a variety of entities including but not limited to NC's Division of Public Health and Division of Social Services, NCPC/Smart Start, Early | Cross-Sector Organizational Action Continue to engage stakeholders to develop strategies to secure additional public financing for expansion of evidence-based home visiting and parenting programs that | <ul style="list-style-type: none"> Division of Public Health Division of Social Services Early Head Start UNC-Chapel Hill Prevent Child Abuse NC NC Early Education Coalition | <ul style="list-style-type: none"> September 2018: Statewide HV Landscape Study commissioned, conducted, and completed by the Jordan Institute of Families/UNC School of Social Work. October 22-23: North Carolina HV Summit. | <p>With an additional \$10-\$15 M in net new state dollars, we expect a significant impact in the number of infants and toddlers that will be positively reached by this public investment.</p> <p>As a case in point, the author of the recently completed Statewide HV Landscape Study made the following preliminary projection focusing only on the expansion of intensive HV services: With an</p> |

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| | <p>Head Start, and private funders. Currently, NCPC/Smart Start funds the broadest array of home visiting services. DPH offers implementation support for funded Nurse Family Partnership (NFP) and Healthy Families sites (both HV). Some local communities coordinate HV services and others have stand-alone programs with no coordination.</p> <p>The home visiting landscape study conducted by the UNC Jordan Institute for Families provides an analysis of the programs currently operating in NC.</p> <p>For infants and toddlers, Prevent Child Abuse North Carolina (PCANC) provides intermediary supports to the Positive Parenting Program and Incredible Years.</p> <p>PCANC convened a HV Consortium several years ago to improve communication and coordination among public funders and model purveyors. DPH has reconvened the Consortium and is leading efforts to plan a NC HV Summit in late October 2018. In addition to providing professional development, the Summit will launch a structured state-level planning process to develop a shared vision and action plan for a more coordinated and aligned approach across the state with regards to HV services.</p> <p>A bill was introduced in the NC House and Senate during the last</p> | <p>cover the full spectrum of intensive to universal options for eligible NC families.</p> | | <ul style="list-style-type: none"> • Fall 2018 - Winter 2019: In conjunction with stakeholders and researchers who worked on the Statewide HV Landscape Study, expand data collection and deepen data analysis for more comprehensive approach that folds in parenting programs into the calculations regarding impact, investment, and savings. This analysis will include additional information to describe the range of cost-benefit options and forecasts related to the potential appropriation. Introduce legislation based on this wider and deeper analysis. • December 2018: PCANC to reconvene the funders' alliance for parenting education programs. • January 2019: Recruit members of statewide HV planning group and members of PCANC's Prevention Network to advocate for this policy goal during the next long legislative session. • January 2019: Engage Smart Start local partnerships to educate legislators on the importance of family support programs in local communities and the benefits of expanding access to these programs. • March 2019: Activate the PCANC Prevention Network at the PCANC-sponsored Learning and Leadership State Summit to endorse introduced legislation. • March 2020: The HV planning group will develop an action plan by March 2020. The plan will include recommended strategies for future expansion of home visiting | <p>average annual cost of \$3,500 per family for increased intensive HV services across NC, an estimated 2,857 infants/toddlers and their families across the state would be impacted with an additional \$10 million dollars in net new state dollars. An estimated total of 4,285 infants/toddlers and their families would be impacted with an additional \$15 million in net new state dollars for intensive HV services.</p> <p>Estimated impact calculations will be determined based on additional analysis and planning work with stakeholders who support HV services and parenting programs.</p> <p>This is still a work in progress. Everyone agreed that there should be a placeholder related to home visiting but did not feel they were in a position to make a final recommendation as to a policy goal at the present time.</p> |
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| | legislative session to fund family supports through the Smart Start network that gained significant bi-partisan support. Over 50 legislators signed on to support the House bill (HB DRH10457-LUa-146). This will continue to be a policy goal for NCPC/Smart Start in 2019. | | | | |
| Support the healthy development and learning of infants and toddlers by increasing access to high quality child care. | <p>There are 56,729 eligible children on the waiting list for child care subsidy. The state legislature recently added \$19.5 million in federal funding to serve an additional 3,700 children, but failed to allocate all of the \$71 million in new federal CCDF funds to reduce the subsidy waiting list.</p> <p>Although the state-level child care subsidy wait list is kept by age, proportional access is not given by age because the wait list is so long and, as a result, children are often not served until they are three. DCDEE would need to develop the requirements and process (technology process through NC FAST) for counties to pull the waiting list by age group proportionally.</p> | <p>Legislative Action Allocate \$31.2 million in additional child care subsidy funding to serve approximately an additional 6,000 children, including 3,000 infants and toddlers</p> <p>Administrative Action Ensure equity of access for infants and toddlers by managing the subsidy waiting list by age and awarding slots proportionally for infants and toddlers.</p> | <ul style="list-style-type: none"> • NDCDCDEE • NC Early Education Coalition • Child Care Services Association • DSS Director Association • NC ACCESS (NC Community College Association) • NC Partnership for Children • NC Child • NC Early Childhood Foundation • MomsRising • NC CCR&R Council | <ul style="list-style-type: none"> • DCDEE's NC FAST system now able to track waiting list by age but needs additional improvement. • Key budget leaders briefed on subsidy waiting list issue in 2018 legislative session. Legislators appropriated \$19.8m to serve 3700 additional children, approximately half will be infants and toddlers. • Fact sheet on subsidies and waiting list developed in 2018. • NC Early Education Coalition gathering data specifically about infants and toddlers on subsidy and preparing special fact sheet by November 2018. | 3,000 infants and toddlers |
| Ensure infants and toddlers have teachers with the skills needed to support healthy development and early learning. | There are 15,177 infant and toddler staff, of which 45% are degreed (6,830). 1,049 infant and toddler staff currently receive salary supplements through the WAGE\$ program, which is funded through 55 local partnerships for children. This fall, a new program (AWARD\$) will offer salary supplements to at least 900 infant and toddler teachers who have at least an Associate degree. | <p>Administrative Action Improve infant toddler teacher compensation by expanding the AWARD\$ program in FY 2019-20 to serve at least 1,300 infant toddler teachers.</p> <p>Organizational Action Child Care Services Association)</p> <ul style="list-style-type: none"> • Implement AWARD\$ program fall 2018. | <ul style="list-style-type: none"> • NDCDCDEE • Child Care Services Association • NC Early Education Coalition • NC Partnership for Children • Local Partnerships for Children • NC ACCESS (NC Community College Association) • NC Compensation Collaborative (includes multiple members in addition to the above, also Moms Rising, NC Early Childhood Foundation) | <ul style="list-style-type: none"> • DCDEE recognized need to improve infant toddler teacher compensation and issued RFA. • AWARD\$ program developed by Child Care Services Association and funding awarded by DCDEE to begin program in October 2018. • CCSA will gather data and stories about impact of AWARD\$ program throughout the year. • Progress report issued at strategic times during 2019 | At least 900 teachers in year one and at least 1,300 in year two , impacting approximately 4,500 children in year one and 6,500 in year two. |

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| | <p>Currently, the only standard for Lead Teachers in law is the NC Early Childhood Credential, which requires a high school diploma and one early childhood course which must be taken within 18 months of employment. However, 65% of all early childhood teachers hold an Associate degree or higher. The state's QRIS system recognizes education levels as one part of standards for achieving a high-quality star-rating. 55% of infant/toddler teachers do not have an AA degree. Data does not exist on the number of teachers who do not have the Infant Toddler certificate. Further, all NC Community Colleges now offer the Infant Toddler Certificate and Preschool Certificate, but this is voluntary. The issue of raising education standards in law has been promoted for numerous years and was led by the NC Early Education Coalition starting in the 2015 legislative session. The challenges have been the low compensation and strong feelings by some in the early childhood field that standards should not be increased without adequate compensation. With resources now available for infant toddler teacher compensation, we are better positioned to approach raising the education standard in law.</p> | <p><u>Legislative or Administrative Action</u> Require all lead teachers to have, or be in progress toward, either the Infant Toddler or Preschool Certificate (or its equivalent) by 2021.</p> | <ul style="list-style-type: none"> • NCDCDEE • Child Care Services Association • NC Early Education Coalition • NC ACCESS (NC Community College Association) • NC Partnership for Children • NC CCR&R Network | <ul style="list-style-type: none"> • NC Early Education Coalition and partners draft legislative proposal for consideration in 2019 and meet with policymakers in 2019 to advance proposal. • Meeting with DCDEE to determine if there are other options to achieve this goal within the restructuring of the QRIS system. | <p>Approximately 6,000 infant toddler teachers, impacting approximately 30,000 infants and toddlers.</p> |

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| <p>Ensure families living in child care deserts have access to high quality infant and toddler child care.</p> | <p>There are two models that have been developed to increase the supply of high-quality infant toddler care. 1) NC Babies First was developed and tested in the Transformation Zone under the Race to the Top- Early Learning Challenge grant. 2) Early Head Start Child Care Partnerships blend child care subsidy and early Head Start resources in 15 counties across the state serving 1,317 children.</p> | <p><u>Administrative Action</u> Allocate \$3.7 million of the CCDF Infant Toddler Quality set aside funding to serve 528 infants and toddlers through the implementation of programs that meet quality standards comparable to the NC Pre-K Program, such as the NC Babies First model previously piloted.</p> <p><u>Administrative Action</u> Apply for federal funding to expand the Early Head Start-Child Care Partnership model.</p> | <ul style="list-style-type: none"> • NCDCDEE • Child Care Services Association • NC Early Education Coalition • NC Head Start Collaboration Office • Agencies operating Early Head Start, including Smart Start local partnerships | <ul style="list-style-type: none"> • NC Babies First program pilot and evaluation was previously conducted in the Transformation Zone during the Race to the Top Early Learning Challenge grant. • Early Head Start Child Care Partnership models have been developed in multiple counties throughout the state. • NC Early Education Coalition is gathering data on quality infant toddler care fact sheet scheduled for release November 2018. | <p>Using NC Babies First proposal as a guide, 216 infants and toddlers could be served in year one.</p> <p>If NC applies and is awarded federal funding for Early Head Start – Child Care Partnerships, approximately 100 new children could be served.</p> |
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