



Wednesday, May 4, 2022 • 12:00 p.m. – 2:00 p.m.

Microsoft Teams

[Click here to join the meeting](#) or call 323.776.6996; Phone Conference ID: 746 158 11#

Theme for 2021-22: Centering equity and lifting community voices to build a path for transformative change in our early care and education system.

AGENDA

- | | | | |
|-------------|--|--------------------|---|
| 1.
12:00 | Welcome and Introductions | | Ernesto Saldaña, Chair |
| | ▪ Roll Call of Members/Alternates | | Erica Weiss, Staff |
| 2.
12:15 | COVID-19 Update | | Debra Colman, OAECE |
| 3.
12:25 | Approval of Minutes • April 6, 2022 | Action Item | Ariana Oliva, Vice Chair |
| | ▪ Roll Call of Members/Alternates | | Erica Weiss, Staff |
| 4.
12:35 | Shifting Landscape in Developmental Milestones and Using as a Parent Engagement Tool | | Fran Goldfarb, CHLA-USC University Center of Excellence in Developmental Disabilities (UCEDD) |
| 5.
1:25 | Public Policy Report | | Lisa Wilkin |
| | ▪ Update on Priority Legislation | | |
| | ▪ Public Policy Platform – Legislative Session 2023-24 | Action Item | |
| 6.
1:50 | Announcements and Public Comment | | Ariana Oliva |
| | ▪ Policy Roundtable for Child Care and Development Update | | |
| 7.
2:00 | Call to Adjourn | | Ernesto Saldaña |

Next Meeting – Wednesday, June 1, 2022

Virtually via Microsoft Teams

VISION STATEMENT

Children are healthy, thriving and have equitable opportunities to achieve optimal development and succeed in life.

MISSION STATEMENT

Lead, build and strengthen an affordable and high-quality early care and education system for the children and families of Los Angeles County.



Goals for FY 2021-22

Needs Assessment Goal

- Complete data collection for needs assessment by June 2022.

Strategic Plan Priority 1: Access

Strategy 1.3: Lead the analysis of data on the needs of Los Angeles County families for early care and education services and share with stakeholders to inform local planning and increased early learning investments.

Workforce Pathways LA Goals

- Increase by 20% of non-state contracted training organizations in California Early Care and Education (ECE) Workforce Registry by June 2022.
- Conduct analysis of professional development needs of early educators to inform future trainings by June 2022.

Strategic Plan Priority 3: Workforce

Strategy 3.2: Advocate for an efficient comprehensive statewide data system to track information on the workforce and provide a portal for early educators to access professional development opportunities and build their career profiles.

Strategy 3.3: Reduce barriers to professional development opportunities.

Family and Community Engagement

- Convene at least nine Planning Committee meetings to serve as a forum for emerging issues in the field in FY 2021-22.
- Establish Child Care Planning Committee Parent/Consumer Work Group priorities and draft a plan to address priorities by June 2022.

Strategic Plan Priority 4: Families and Communities

Strategy 4.3: Engage parents, families, and community members as thought partners on early care and education issues through events and committees.

Public Policy

- Elevate at least one public policy priority issues to the Policy Roundtable for Child Care and Development for consideration of a pursuit of position in 2022.

COUNTY OF LOS ANGELES



POLICY • PLANNING • PRACTICE

Meeting Minutes – April 6, 2022

Members in Attendance (36)				
Parents	ECE Program	Community Agency	Public Agencies	Discretionary
Dominic Amendariz	Angela Lucero for Norma Amezcua	Genetric Brown	Anne Blackstock-Bernstein	Kevin Dieterle
Jessa Costanzo for Jessica Chang	Rocio Bach	Samitha Givens	Eileen Carrillo-Lau	La Tanga Hardy
Cathy Coddington	Andrea Fernandez	Joelle Landazabal	Dr. Melita E. Ferguson	Yolanda Carlos for Toni Isaacs
Mona Franco	Jacqueline Torres	Ariana Oliva	Nora Garcia-Rosales	Patrick MacFarlane for Jessica Guerra <i>2nd Supervisorial District</i>
Crystal Jones	Micha Mims	Kathy Schreiner	Scott Herring	Kimberly Dobson-Garcia for Kelly O'Connell <i>1st Supervisorial District</i>
Ernesto Saldaña	JoAnn Shalhoub-Mejia	Shanna Warren	Ana Lopez	Dianne Philipbosian <i>5th Supervisorial District</i>
	Lisa Wilkin	Laurel Murray for Jana Wright	Ranae Amezcuita	Sarah Soriano <i>4th Supervisorial District</i>
			Vanessa San Martin for Tom Woodward	Julie Taren <i>3rd Supervisorial District</i>

Guests and Alternates:

Staff: Michele Sartell, Leanne Drogin, and Erica Weiss and MSW Interns, Charli Lewis, and Erica Torres-Ness

Guests: Ancelma Sanchez - Alternate for Lisa Wilkin, Fran Chasen - Alternate for Julie Taren , Carla Hegwood - Alternate for Dianne Philipbosian, Ana Oregel, Beth Meloy, Carissa Bell - California Department of Social Services, Cyndi Trujillo -Child Care Resource Center, Cynthia Renteria, Debra Camp-LAC DPH - Help Me Grow LA, Eli Pessar, Ericka Omena Erickson, Francisco Solis - Child Care Resource Center, Jacqueline Lopez - LA County Office of Education, Justin Blakely - Crystal Stairs, Khankneeshaw Watson, Marcella McKnight-Los Angeles Southwest College CDC, Marcy Manker-First 5 LA, Mariana Dale - KPCC/LAist, Patrick Stanley - Child Care Resource Center, Sandra Hernandez, Sara Vasquez- LA County Office of Education, Stephanie Orozco - First 5 LA, Stephanie Ritoper - KPCC/LAist, Veronica Herrera - Proyecto Pastoral, Whitney Leathers - Mayors Fund for Education, Yolanda Carlos, Yvonne Perez

1. Welcome and Introductions

The meeting was called to order at 12:04 p.m. by Ernesto Saldaña, Chair of the Child Care Planning Committee (Planning Committee). He opened the meeting by reading the standardized statement for conducting the virtual meeting.

Ernesto noted today's bittersweet meeting as it is Michele Sartell's last Child Care Planning Committee meeting. He then invited Dianne Philibosian and Genetric Brown to read the vision and mission statements.

2. COVID-19 Update for Early Care and Education

Michele Sartell, staff member of the Office for the Advancement of Early Care and Education, presented a COVID-19 update. Case rates have leveled off and the County continues to assess its level of preparedness for new variants. Indoor masking requirements have expired but indoor masking in public settings is still strongly recommended. Individual early care and education providers are allowed to retain more restrictive COVID-19 policies than the county. COVID-19 vaccinations and boosters are strongly encouraged.

CONSENT CALENDAR

3. Approval of Minutes – March 2, 2021

Ariana Oliva, Vice Chair, reviewed the minutes from March 2, 2022, and asked for a motion to approve. Kevin Dieterle made the motion to approve the minutes; Ranae Amezquita seconded the motion. The minutes were adopted with abstentions from Micha Mims, Vanessa San Martin, and Kimberly Dobson-Garcia.

4. Public Policy Report: Elevating Proposed Pursuit of Position for Early Care and Education Budget Item

Lisa Wilkin, co-chair of the Joint Committee on Legislation Work Group, briefed the Planning Committee on a proposed recommended pursuit of position regarding an increase in reimbursement rates for state subsidized early care and education programs that will be considered by the Policy Roundtable for Child Care and Development (Roundtable) at their meeting scheduled for April 13th. She presented the history of the reimbursement system and that it is now up to the 75th percentile of the 2018 RMR survey. She explained that current rates fail to cover true operating costs and the low rates make it harder to recruit and retain qualified staff.

The recommended pursuit of position is to increase reimbursement rates by 20 percent of the current Standard Reimbursement Rate (SRR) and the Regional Market Rate (RMR) to compensate providers for the true cost of high-quality services.

When a member asked for clarification on what the increase in money would go to and why costs have risen, Lisa and other members replied that basically all costs have risen due to inflation and limited supply chains. Examples include wages, welfare benefits, rent, utilities, food (meals and snacks for the kids), supplies, and even toys – as bulk items are on backorder.

In other markets, the customer typically would absorb some of those costs, but a member noted that early care and education providers may not pass on the rising costs to their subsidized families because they know they cannot afford to pay more. Thus, the provider ends up covering the difference, which eats into their wages.

5. Universal Prekindergarten (UPK) and the Mixed Delivery System: Reviewing the Proposed Action Items and Proposed Policy Recommendations

Erica Torres-Ness, MSW Intern of the Office for the Advancement of Early Care and Education, presented a summary of the ideas the Planning Committee put together in its previous meetings for

possible action items they could undertake to help the implementation of UPK. The summary highlighted communication strategies such as creating fact sheets for providers and social media campaigns for families. She mentioned a mapping tool that was discussed in detail later in the meeting.

As for potential policy issues to elevate, she summarized ideas about leveling the playing field for enrollment, eligibility, and documentation requirements as well as providing free slots for all four-year-olds, whether they are in public or private care. Other ideas referenced wraparound care and transportation needs, as well as foundational early care and education training requirements for Local Education Agency (LEA) staff.

Lisa Wilkinsin shared that a local charter school reached out to her agency to discuss shared training resources for UPK implementation. Her agency has mixed feelings about training what they view to be their competition for four-year-olds. Jackie Lopez from LA County Office of Education reflected on how well the relationship worked between the early care and education field and K-12 education when Transitional Kindergarten was introduced. She referenced the Early Care and Education Professional Learning Community (ECE PLC) as a good model.

A few members echoed her sentiment while some noted that the initial rollout of transitional kindergarten was more of a hand off than a competition. They noted today's UPK situation is different.

Patrick Stanley and Francisco Solis, from the Child Care Resource Center, presented a mapping tool they created that shows all of the public schools and child care centers in Los Angeles County. The idea was born from the recognition that a visual tool would be helpful to connect LEAs and ECE providers.

6. Policy Roundtable for Child Care and Development (Roundtable) Update

Ariana Oliva, vice-chair of the Planning Committee, shared an updated on the Roundtable's last meeting and their Board of Supervisors Engagement Teams. Members have been assigned to meet with deputies from each district to explain the nuances of their policy recommendations as well as get feedback from each Supervisor.

7. A Celebration of Michele Sartell's Retirement and Contributions to the Field

The Planning Committee took time to recognize Michele for her hard work and inspiring efforts throughout her career in the ECE field. Michele shared a few thoughts about her plans for retirement and reflections on the work she and her colleagues have pursued. Planning Committee members shared fond memories of Michele and gratitude for her leadership.

8. Announcements and Public Comments

Ernesto reminded members, alternates, and guests to send their announcements to Michele for distribution via e-mail. He then invited public comment.

Debra Colman, the Director of the Office for the Advancement of Early Education, shared that the ECE Technical Assistance Support Team was kicking off that day. They are Department of Public Health staff members who will be visiting ECE locations and holding webinars to offer public health coaching as it pertains to COVID-19 best practices. A provider can ask for assistance by emailing TASchoolsupport@ph.lacounty.gov or calling (877) 777-5799.

Michele Sartell announced the request for a Voluntary, Temporary Transfer of Funds is due by April 13th.

Julie Taren shared an upcoming event organized by the Infant Development Association. Details can be found at idaofcal.org.

Michele Sartell shared her final thank you and goodbye to the Planning Committee. She noted that “her work has been our work.”

9. Adjournment

Ernesto thanked everyone for their participation in the meeting.

The meeting was adjourned at 2:01 p.m.



Speaker Bios • May 4, 2022

Shifting Landscape in Developmental Milestones and Using as a Parent Engagement Tool

FRAN GOLDFARB, MA, MCHES, CFPS | USC UNIVERSITY CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES RESEARCH, EDUCATION AND SERVICES/CHILDREN'S HOSPITAL LOS ANGELES

Fran Goldfarb is the Director of Community Education at the USC University Center for Excellence in Developmental Disabilities Research, Education and Service. She serves as the Family Support Discipline Director in CA-LEND, their advanced level interdisciplinary training program. She is also one of the two CDC Learn the Signs. Act Early Ambassadors to California. Ms. Goldfarb has a bachelor's degree in Human Development and a master's degree in Social Science. She is credentialed as a Master Certified Health Education Specialist. She is also a Certified Family Peer Specialist. Together with her husband, she founded and facilitates the Los Angeles Asperger Syndrome Parent Support Group. Most importantly, she is the parent of an adult with a developmental disability.

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Parent-Engaged Developmental Monitoring Using CDC's Developmental Milestone Checklists

An Overview of Revisions and Updates

Fran Goldfarb, MA, MCHES, CPSP

Learn the Signs. Act Early Ambassador to California

Learn the Signs.
Act Early.



Presentation Objectives

- Recognize many children with developmental delays and disabilities are not identified early
- Improve awareness of systems for early identification of developmental delays and disabilities
- Understand CDC's *Learn the Signs. Act Early.* program's revisions to free resources for families to monitor and discuss their child's development
- Promote parent-engaged developmental monitoring/surveillance



Why Monitor Development?

- Developmental disabilities are common and often not identified before school age
 - Up to **1 in 4** (≤ 5 yrs. of age) are at moderate to high risk for developmental, behavioral, or social-emotional delays¹
 - **1 in 6** (3–17 yrs. of age) has a developmental disability²
 - **1 in 44** (8 yr. olds) are estimated to have autism spectrum disorder³

1. *National Survey of Children's Health, 2011-12*

2. *Zablotsky, B, et al, Pediatrics 2019*

3. *CDC, MMWR Surveillance Summary 12/2021*



Why Monitor Development (Cont.)

2018 CA Children's Report Card

Developmental Screenings

GRADE: C -

The American Academy of Pediatrics recommends that all children under the age of three be screened routinely to monitor their development and identify potential delays. Screening is the first step to connecting children with the supports they need for healthy development.



CA's rank has dropped 13 places for the rate of young children who received screenings:^{3,4}

Ranking in 2012

#30

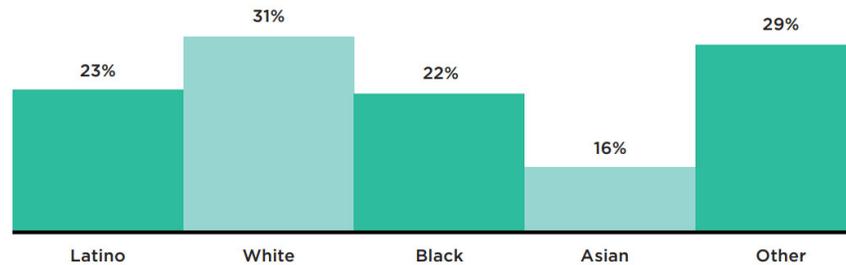


Ranking in 2016

#43



Rate of Parent-Completed Developmental Screenings⁵



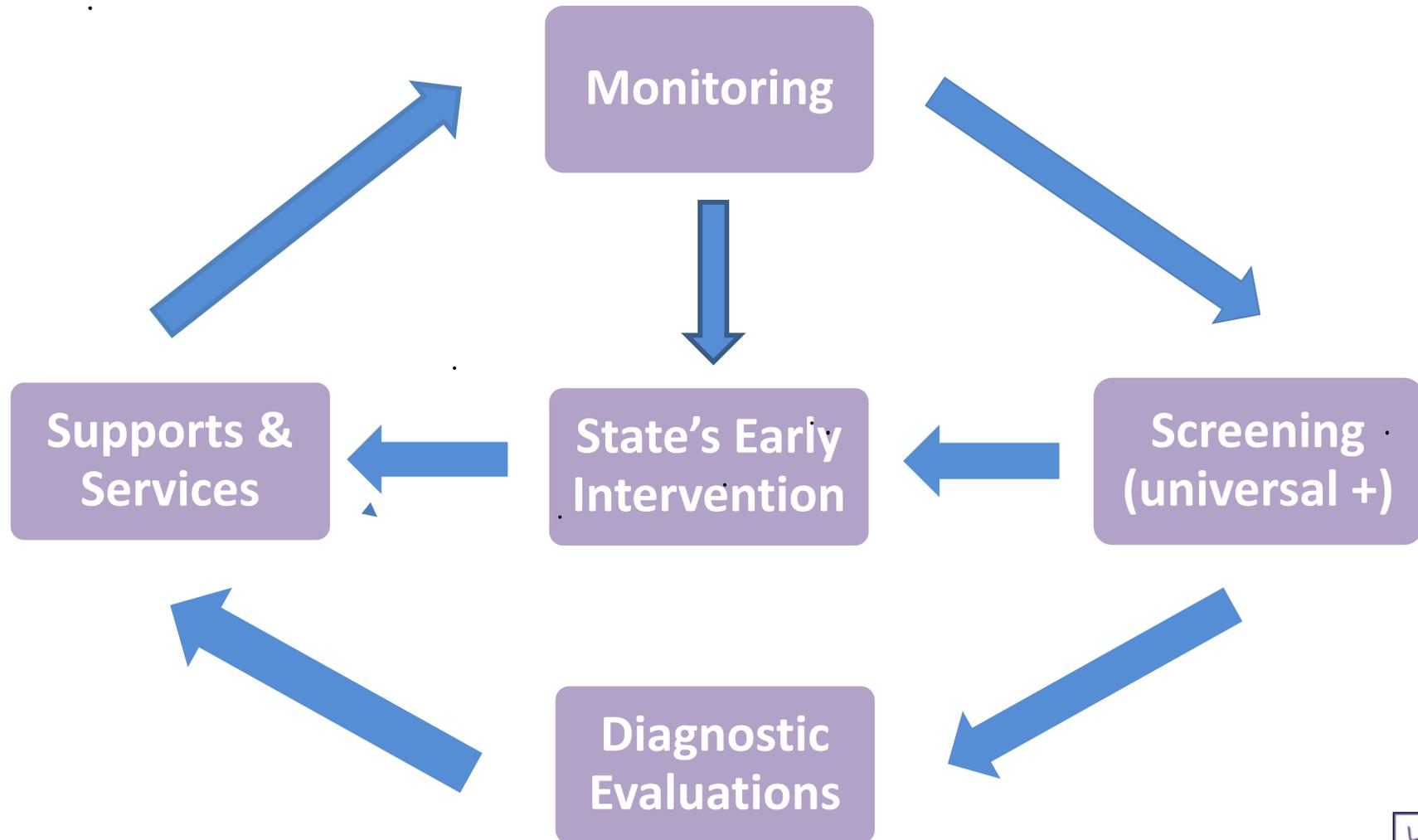
Children Now (2019)

Earlier Intervention is Better

- Evidence shows that starting supports as early as possible is best
- The earlier a child is identified, the sooner targeted intervention and family supports can start
 - It is never “too late” to start services and supports
- Intervention can improve skills, abilities, future school performance, long-term self-care skills, and quality of life
- Other benefits of early identification & intervention
 - Families understand their child’s strengths, and areas they may need support
 - Family wellness



Early Identification & Intervention



Developmental Monitoring vs Screening

Monitoring/Surveillance

- Also called developmental surveillance
- Occurs at each well child visit
- Uses developmental milestones and much more
- Families and early childhood professionals also monitor development (team approach)
- Ongoing and longitudinal
- No scores, no risk categorization
- Can support the need for any additional developmental screening

Screening

- Administered by early childhood professionals
- Recommended at specific ages
- Also recommended if there are concerns when monitoring or other times
- Uses validated developmental screening tools with milestones
- Provides a risk categorization/scores
- Not diagnostic
- Helps determine if additional diagnostic evaluations are needed
- May be used to qualify for state early intervention programs



CDC's Milestone Checklists



Your child at 15 months

Child's Name _____ Child's Age _____ Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 15 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What most children do by this age:

Social/Emotional Milestones

- Copies other children while playing, like taking toys out of a container when another child does
- Shows you an object she likes
- Claps when excited
- Hugs stuffed doll or other toy
- Shows you affection (hugs, cuddles, or kisses you)

Cognitive Milestones (learning, thinking, problem-solving)

- Tries to use things the right way, like a phone, cup, or book
- Stacks at least two small objects, like blocks

Language/Communication Milestones

- Tries to say one or two words besides "mama" or "dada," like "ba" for ball or "da" for dog
- Looks at a familiar object when you name it
- Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, "Give me the toy."
- Points to ask for something or to get help

Movement/Physical Development Milestones

- Takes a few steps on his own
- Uses fingers to feed herself some food

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more on how to help your child, visit cdc.gov/Concerned.

Don't wait. Acting early can make a real difference!

Milestone Moments

Milestones Matter!

Look inside for milestones to watch for in your child and tips for how you can help your child learn and grow from birth to age 5.

www.cdc.gov/ActEarly/Materials



Developmental Monitoring

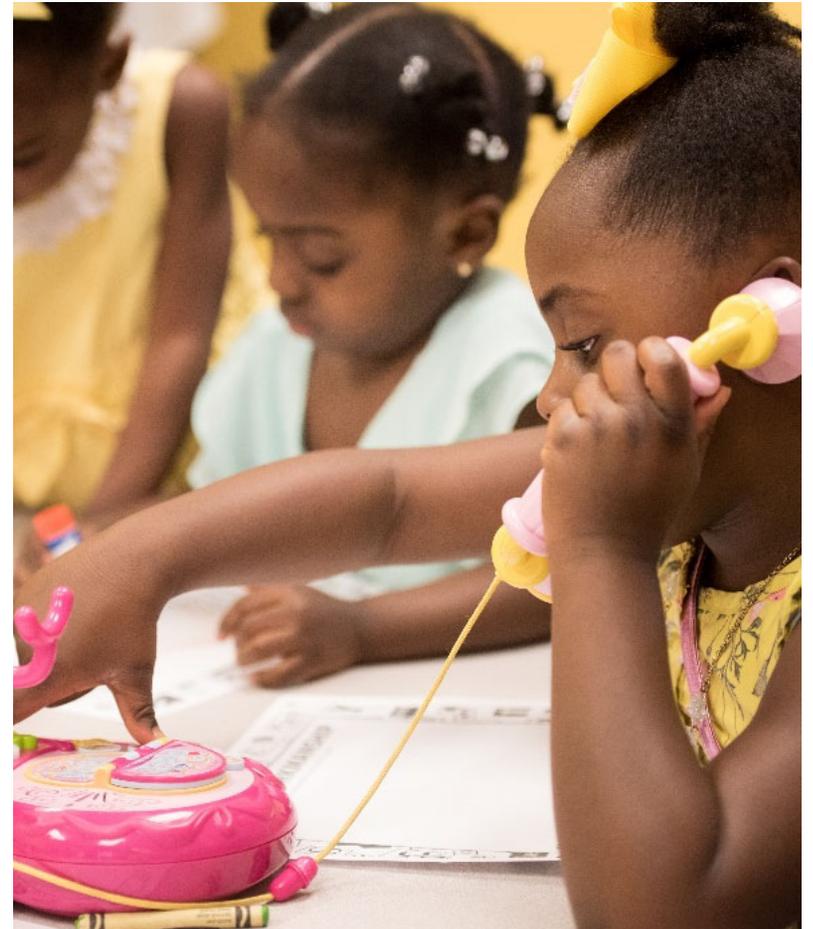


- Helps with early identification
- Adds different information than screening alone
 - Longitudinal
 - More than milestones
- Education/protective
 - i.e., Strengthening Families
- Developmental promotion
- Family engagement- trusting relationships



You May Have Heard...

- CDC milestone checklists:
 - Are communication tools for developmental monitoring
 - Not screening tools
 - Do not replace screening
 - Not standards or CDC guidance
- Revisions were completed in 2019
 - publication of the process and results in Feb. 2022



Learn the Signs.
Act Early.



Why Revise?

- Incorporate feedback from over 15 years of use
 - Where are 15- and 30-month checklists?
 - Vague (“may”, “begins”)
 - “How many milestones can be missing without being concerned?”
 - Are only the “warning signs” important?
 - Are these milestones MOST children do by this age?



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Developmental Expertise

- Developmental-behavioral pediatricians
- Neurodevelopmental pediatrician
- General pediatrician
- Speech language pathologist
- Child and developmental psychologists
- Professor of special education and early intervention
- Developer of developmental screening tools
- Editor of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents 4th Edition*
- Authors of AAP's 2020 clinical report *Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening*
- Parent representative/ disability navigator
- CDC *Learn the Signs. Act Early.* Ambassador



Developed 11 Criteria

1. Age most ($\geq 75\%$) children would be expected to demonstrate the milestone
2. Eliminate “warning signs”
3. Easy for families of different social, cultural, and ethnic backgrounds to observe
4. Able to be answered with yes/not yet/not sure
5. Use plain language; avoiding vague terms like may, can, and begins
6. Organize in developmental domains
7. Show progression of skills with age, when possible
8. No repetition across checklists
9. Include open-ended questions
10. Include information for developmental promotion
11. Include information on how to act early if there are concerns



Why “Most” ($\geq 75\%$)?

- Traditionally, milestone lists use 50th percentile or average age milestones
 - Half of children not expected to exhibit the milestone yet
- What if a child is missing 50th percentile milestones?
 - May cause unnecessary parental concern
 - May result in “wait and see” approach by professionals
- $\geq 75^{\text{th}}$ percentile milestones may better support validated screening as next step for children missing milestones.



Evaluating “Most”

- Literature search to find individual milestones with normative data
 - 34 articles found
 - 24 had normative data
 - 10 published clinical opinion
- First reviewed existing milestones for evidence-base and age placement using:
 - Literature review data
 - Common screening and evaluation tools
 - Common published clinical opinion
- Original milestones without an evidence-base and expert agreement were eliminated
- New milestones with evidence and expert agreement were added



Additional Sources

TABLE 2 Additional Developmental Resources Reviewed

Parent Resources	Educational/Training Resources	Developmental Screening Tools	Diagnostic Evaluation Tools ^a
AAP Bright Futures Previsit Questionnaires ¹⁰ American Speech-Language-Hearing Association development charts ¹¹ AAP brochure “Is Your One-Year-Old Communicating With You?” ¹² CDC <i>Learn the Signs. Act Early.</i> checklists ¹³ FIRST WORDS Project 16 × 16 ¹⁴	AAP Bright Futures guidelines (4th ed) ⁹ AAP <i>Pediatrics in Review</i> articles ^{15–21}	Ages & Stages Questionnaires (3rd ed) ²² Ages & Stages Questionnaires: Social-Emotional ²³ Modified Checklist for Autism in Toddlers, Revised ²⁴ Parents’ Evaluation of Developmental Status With Developmental Milestones ²⁵ Survey of Well-Being in Young Children ²⁶	Bayley Scales of Infant and Toddler Development (3rd ed) ²⁷ Beery-Buktenica Developmental Test of Visual-Motor Integration (6th ed) ²⁸ BRIGANCE Early Childhood Screens III ²⁹ The Capute Scales: Cognitive Adaptive Test/Clinical Linguistic and Auditory Milestone Scale ³⁰ MacArthur-Bates Communicative Development Inventories (2nd ed) ³¹ Mullen Scales of Early Learning ³² Peabody Developmental Motor Scales (2nd ed) ³³ Preschool Language Scale-5 ³⁴

^a Diagnostic evaluation tools were cross referenced when there was lack of agreement supporting a milestone or age of a milestone across other data sources. Not all milestones were cross referenced with diagnostic resources.

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Biggest Challenges



- Normative data difficult to find
 - Typical developmental milestone tables
 - Resources used for such tables are not usually cited
 - Cite each other
- Screeners/psychometric tests - based on unpublished normative data
- Even when normative data exists milestones don't "fit" nicely into health supervision visit ages



“Evidence-Informed”

Social Emotional Milestones	Age	CDC or New	Normative Data ^a	Developmental Screening and Evaluation Tools ^b	Published Clinical Opinion ^c
Calms down when spoken to or picked up*	2mo.	New	Ertem et.al ⁵² ,2018		ASHA ²⁸ ; Bright Futures ⁵⁴ ; Dosman et.al ⁷ ,2012; Sharp et.al. ⁵³ ,2008
Looks at your face	2mo.	CDC	Ertem et.al ⁵² ,2018; Sheldrick,R.C and Perrin, E. C. ¹³ ,2013		Bright Futures ⁵⁴ ; Dosman et.al ⁷ ,2012; Scharf et.al ³⁵ ,2016
Seems happy to see you when you walk up to her	2mo.	New	Ertem et.al ⁵² ,2018; Sheldrick,R.C and Perrin, E. C. ¹³ ,2013; Thalagala et.al ⁵⁵ ,2015		
Smiles when you talk to or smile at her	2mo.	CDC	Bhave et.al ⁵⁶ ,2010; Ertem et.al ⁵² ,2018; Lejarraga et.al ⁵⁷ ,2010; Thalagala et.al ⁵⁵ ,2015	ASQ-3 ³⁹ ; PEDS-DM ⁴²	ASHA ²⁸
Smiles on his own to get your attention	4mo.	CDC	Ertem et.al ⁵² ,2018	ASQ-3 ³⁹ ; PEDS-DM ⁴²	Bright Futures ⁵⁴
Chuckles (not yet a full laugh) when you try to make her laugh	4mo.	New	Accardo P. and Capute A. ⁴⁷ ,2005; Bhave et.al ⁵⁶ ,2010; Ertem et.al ⁵² ,2018; Sheldrick, R.C and Perrin, E. C. ¹³ ,2013	ASQ-3 ³⁹ ; PEDS-DM ⁴²	ASHA ²⁸ ;Bellman et.al ¹⁷ ,2013; Bright Futures ⁵⁴
Looks at you, moves, or makes sounds to get or keep your attention	4mo.	New	Ertem et.al ⁵² ,2018	PEDS-DM ⁴²	



Remaining Criteria

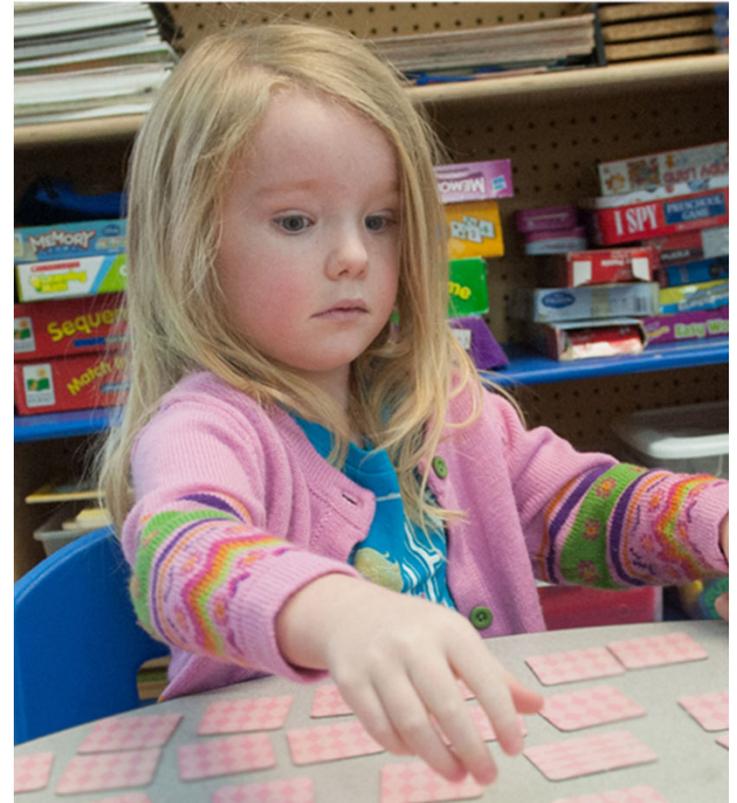


- Reviewed using remaining criteria
- LTSAE team also reviewed for:
 - Family friendly
 - 5-7th grade reading level
- Cognitive testing with English and Spanish-speaking parents, mothers and fathers from different
 - Racial groups
 - Educational levels
 - Income levels



Results of the Process

- 26% reduction in total milestones
 - 216 to 159 milestones
 - 25 duplicates removed
 - Average number of milestones/checklist was reduced from 23 to 13
- 40% milestone replacement
 - 94 retained and 65 new
- 1/3 of retained milestones were moved to a different age
 - 2/3 moved to older age
- 80% of the final milestones had normative data from ≥ 1 source
- Social-emotional and cognitive milestones were the most difficult to find



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Pediatrics



More information about the revision process can be found in the article

“Evidence-Informed Milestones for Developmental Surveillance Tools”

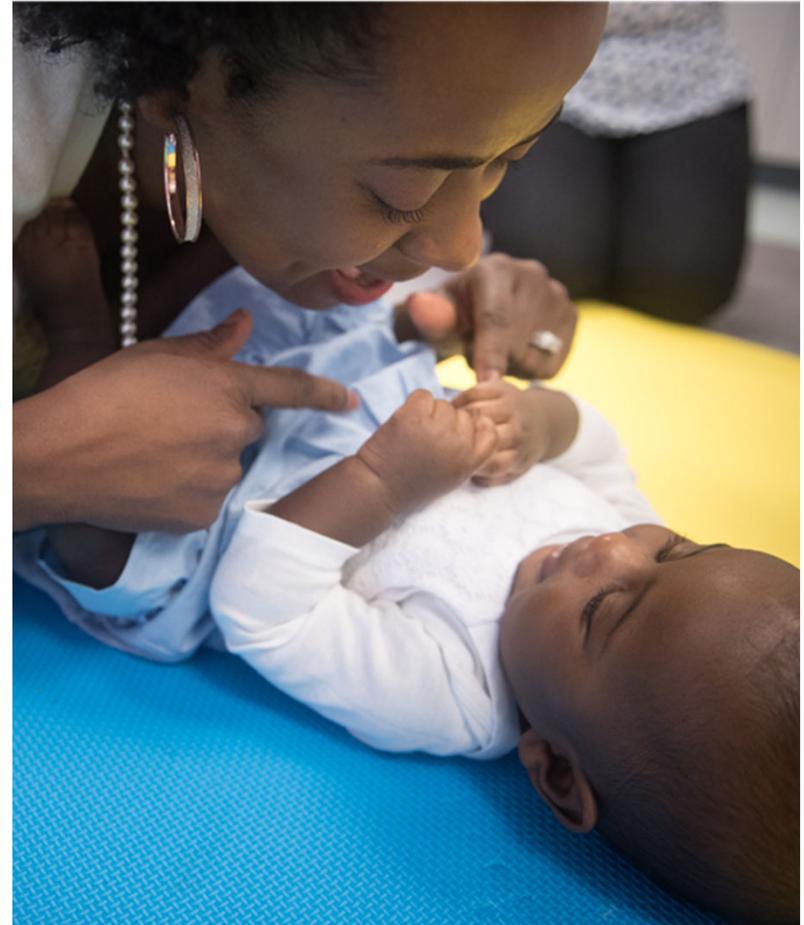
- <https://doi.org/10.1542/peds.2021-052138>

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Additional Checklist Features

- Open-ended questions (new)
- Act early messaging
- Early intervention information
- Tips and activities for developmental promotion and early relational health (revised/expanded)
- Reminders about developmental screening



Open-Ended Questions

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?



Where are the “Red Flags”?

- “When to act early” milestones served as “red flags”
- 77% of these milestones are still represented in the revised checklists
- Missing any milestone that 75% or more of children are expected to exhibit could warrant screening
- What about the ones that were deleted?
 - Physical exam findings / subjective
- Open ended questions: *“Is there anything your child is doing or is not doing that concerns you?”*, *“Has your child lost any skills he/she once had?”*



Developmental Screening Reminders

Your child at 18 months*

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- Moves away from you, but looks to make sure you are close by
- Points to show you something interesting
- Puts hands out for you to wash them
- Looks at a few pages in a book with you
- Helps you dress him by pushing arm through sleeve or lifting up foot

Language/Communication Milestones

- Tries to say three or more words besides "mama" or "dada"
- Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

Movement/Physical Development Milestones

- Walks without holding on to anyone or anything
- Scribbles
- Drinks from a cup without a lid and may spill sometimes
- Feeds herself with her fingers
- Tries to use a spoon
- Climbs on and off a couch or chair without help

* It's time for developmental screening!

At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Parent Tips and Activities

- Used CDC's positive parenting tips as foundation
 - www.cdc.gov/ncbddd/childdevelopment/positiveparenting/
- Reviewed parenting tips from trusted organizations
- CDC communication expert, early childhood educator, pediatrician, speech language pathologist
- CDC nutrition, injury prevention, LTSAE and other CDC groups reviewed and made recommendations
- Looked for areas for improvement/expansion
- Reworded for clarity and added more examples
- Included social emotional, relational health, responsive parenting & feeding, self-care, screen time



Strengths

Tools to support conversations that may:

- Improve clarity
- Improve sharing concerns
- Improve sharing concerns when there is no corresponding milestone
- Decrease “Wait and See”/ support trusting relationships
- Support screening as a next step
- Additional tips/activities for developmental promotion



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Relatable



- International normative data used to determine milestones
- Reviewed by 2 native Spanish speaking pediatricians
- Milestones are those that can be observed in natural settings
- Written at 5th-7th grade reading level, using family-friendly language
- Cognitively tested milestone descriptions with a diverse group of parents



Checklist Limitations

- CDC surveillance tools are not developmental screeners or “pre-screeners”
- Not validated (screening tools are validated, not surveillance tools)
- Not inclusive of all potential milestones
- Surveillance is more than milestones/checklists
- Have not been tested to see if they:
 - Improve conversations
 - Support developmental surveillance
 - Support developmental screening as next step

ActEarly@cdc.gov



The Larger Landscape



- Social emotional development
- Infant and early childhood mental health
- Safe stable nurturing relationships
- Resiliency/ACEs
- Developmental promotion
- Social determinants (drivers) of health and health equity
- Family-centered care

Learn the Signs.
Act Early.



Take Home Messages

- Developmental delays and disabilities are common
- Earlier is better for identification of developmental delays and disabilities
- Developmental monitoring/surveillance and developmental screening are complementary but different
- CDC's milestone checklists can support parent-engaged developmental monitoring/surveillance
- Universal developmental screening at recommended ages AND when ever there are concerns
- Know the strengths and limitations of surveillance and screening tools you use when considering next steps



LTSAE: More Than Materials

Mission: To improve early identification of developmental delays and disabilities by promoting developmental monitoring and screening so children and their families can get the services and support they need.

Materials



Strategy



CDC's Act Early Ambassadors

- 59 Ambassadors: all 50 states, Washington, D.C., and 3 territories
- Champions for *Learn the Signs. Act Early.*
- Professionals passionate about early identification and professionally connected
- Work to advance integration of developmental monitoring into programs across their state/territory
- [cdc.gov/ActEarly/Ambassadors](https://www.cdc.gov/ActEarly/Ambassadors)



AAP Partnership

Clinician Tip Sheet

Identifying Risks, Strengths, and Protective Factors for Children and Families: A Resource for Clinicians Conducting Developmental Surveillance



Free Online Courses

ONLINE COURSE

Milestones Matter: Don't Underestimate Developmental Surveillance

PediaLink
The AAP Online Learning Center



ONLINE COURSE

Innovative Strategies for Improving Developmental Surveillance and Screening

PediaLink
The AAP Online Learning Center



Family-friendly Guide to Next Steps

Developmental Concern? Next Steps for Families and Caregivers



Your child has many strengths and a supportive family. Together, we want your child to have what he/she/they need to learn and grow. Today our office is referring your child to see if services might help their learning and development and/or see if your child may have developmental delays.



If your **child is under 3 years of age**, one of the places our office may refer you to is _____ (Name) _____ your state's early intervention program. If referred to early intervention, the program will evaluate your child at no cost and provide early intervention services, if they qualify, for minimal to no cost.



If your **child is over 3 years of age**, our office may ask you to call your local public elementary school _____ (Name) _____. When you call the school you can say, "I have concerns about my child's development and I would like to have my child evaluated through the school system for preschool special education services." If the person who answers is unfamiliar with preschool special education, ask to speak with the school or district's special education director.



Along with referring your child to your state's early intervention, preschool special education, or Head Start program, our office may refer them to see one or more early childhood professionals, or programs, including:

- Physical Therapist** (addresses delays in head control, sitting, walking, running, jumping, kicking, or climbing).
- Occupational Therapist** (addresses sensory issues and delays in reaching, using hands together, self-feeding, undressing/dressing).
- Speech and Language Pathologist** (addresses delays in understanding and making speech sounds, words, having conversations, feeding problems, stuttering).
- Behavioral Therapist or Social worker** (addresses trouble engaging socially, paying attention to others, or having behavioral challenges).
- Early Childhood Care and Education**, eg. Head Start (provides early childhood education, health, nutrition, and family engagement services to children and families/caregivers).
- Other:** _____



Final Steps:

1. Keep your follow up appointments at our office.
2. Contact our office if you are having trouble making the referral appointments.
3. Let our office know what the professional/specialist said and any next steps they recommend by:
 - Making an appointment at our office to discuss.
 - Contacting _____
 - Other _____
4. Start any early intervention services your child qualifies for, even if you are waiting for other appointments to find out if there is a cause/diagnosis for any delays.

American Academy of Pediatrics
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Learn the Signs.
Act Early.



www.aap.org

Additional Resources

- Learn the Signs. Act Early
<https://www.cdc.gov/ncbddd/actearly/>
- Evidence-Informed Milestones for Developmental Surveillance Tools
<https://publications.aap.org/pediatrics/article/149/3/e2021052138/184748/Evidence-Informed-Milestones-for-Developmental>
- Salon (2022) No, the CDC didn't "lower standards" for childhood development because of the pandemic
- <file:///G:/BIGGER/UCEDD/LTSAE/revised%20milestones/No,%20the%20CDC%20didn't%20lower%20standards%20for%20childhood%20development%20because%20of%20the%20pandemic%20%20Salon.com.html>
- She Knows (2022) There Are New Developmental Milestone Guidelines — And They Could Help Identify Delays Sooner
<file:///G:/BIGGER/UCEDD/LTSAE/revised%20milestones/There%20Are%20New%20Developmental%20Milestone%20Guidelines%20for%20Young%20Kids%20%E2%80%93%20SheKnows.html>

Contact

Any Questions?



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**PUBLIC POLICY PLATFORM
2023-2024 Legislative Session**

Introduction

The Child Care Planning Committee (Planning Committee) and Policy Roundtable for Child Care and Development (Roundtable) promote policies designed to increase the availability of and access to affordable, high quality early care and education programs for all children and their families of Los Angeles County. This public policy platform presents current and emerging policy issues in early care and education that are consistent with the County of Los Angeles State Legislative Agenda for the 2023-2024 Legislative Session. The platform delineates each of the County's legislative agenda items in **bold** followed by examples of efforts that may be addressed by proposed legislation and/or the proposed state budget.

Platform Issues

1. Support efforts to enhance the quality of early care and education that set high standards for all services and program types and address the needs of all children, including those with disabilities and other special needs, and their families.

Such efforts should include, but not be limited to:

- Addressing the early care and education needs of children from birth through age 12, including infants and toddlers, preschool and school age children, and children with disabilities and other special needs up to age 22, and their families.
- Enhancing the quality of centers, family child care homes, and license-exempt care providers.
- Promoting a strengthening families approach to meet the needs of children at risk for abuse, neglect or sexual exploitation or under the supervision of the child welfare system and children of families under the supervision of Probation.
- Integrating early identification and intervention systems that recognize and respond early to young children who may be at risk for disabilities and other special needs.
- Developing policies that encourage collaboration between early care and education programs and locally funded projects and public agencies that foster child and family well-being through the provision of coordinated services.
- Incorporating optimal health promotion policies and procedures as an integral component that contributes to the overall quality of early care and education services and programs.
- Engaging parents as their child's first teachers and partners in promoting their child's optimal growth and development.



2. Support efforts to develop and implement a statewide quality rating and improvement system and a system to adjust reimbursement rates based on demonstrated quality.

Such efforts should include, but not be limited to:

- Providing parents with clear, concise information on the quality of early care and education settings.
- Fostering the engagement of parents that promotes their child's optimal healthy growth and development and learning through a variety of modalities including virtual supports as well as in person meetings and may also be comprised of counseling and referrals.
- Incorporating early learning standards that are research-based, culturally responsive to children from diverse cultural and linguistic backgrounds, aligned with existing regulatory systems and local quality initiatives, recognize and respond to the individual needs of children in group settings, and attend to families' needs for comprehensive services.
- Building an infrastructure of technical assistance, financial supports and training, all of which are tied to defined quality standards, to help early care and education programs achieve and maintain high quality services.

3. Support efforts to develop and sustain a well-educated and highly skilled professional workforce prepared to serve the culturally and linguistically diverse child and family populations of Los Angeles County.

Such efforts should include, but not be limited to:

- Compensating staff working in centers and family child care homes commensurate with education and experience to include benefit packages (e.g. health insurance, retirement) to attract and retain qualified staff.
- Focusing on teachers and other members of the workforce gaining skills and demonstrating competencies in the following areas: engaging children in social-emotional learning, business practices, forming relationships and interacting with children, how to provide instructional support to children, best practices in working with dual language learners, proficiency in recognition and response to children with disabilities and other special needs, health and nutrition best practices, trauma-informed practices, engaging parents and guardians, and expertise on the spectrum of child development from birth through early adolescence. Workforce practice must be based on established early care and education research.
- Offering coursework and instruction responsive to a multi-lingual, multicultural workforce, including but not limited to providing content in students' home language and offering classes during non-traditional hours.
- Integrating early childhood mental health consultation into early care and education programs to support the workforce in meeting the social, emotional, and mental health needs of children.

- Expanding early childhood educators' access to higher education through stipend programs, grant funds and loan forgiveness programs, higher compensation when they attain post-secondary degrees, and benefits (i.e. health insurance and retirement plans).
 - Facilitating child development or early childhood education coursework coordination and articulation between the community colleges and California State University (CSU) and University of California (UC) systems.
 - Supporting efforts to enhance the quality of the license-exempt care workforce and facilitating connections between license-exempt care and the larger system of early care and education.
 - Supporting alignment of teacher requirements under Title 22 with teacher requirements under Title 5 and with the California Commission on Teacher Credentialing.
 - Facilitating support of license-exempt (family, friend, and neighbor) providers serving children subsidized with federal Child Care and Development Block Grant funds.
 - Training and supporting teachers and other professionals through distance learning strategies.
- 4. Support efforts to ensure the health and safety of all children cared for in licensed early care and education facilities as afforded by timely, regular, and frequent on-site monitoring by the California Department of Social Services, Community Care Licensing Division (CCLD).**

Such efforts should include, but not be limited to:

- Increasing to, at a minimum, annual inspections of centers and family child care homes.
 - Advocating for, at a minimum, annual unannounced inspections of all licensed facilities.
 - Providing that CCLD is sufficiently funded, staffed and held accountable to meet the standards, conduct timely reviews of licensing applications and responses to complaints, and provide technical assistance and resources to current and future licensees.
 - Ensuring that costs of obtaining and renewing the license (or licenses for programs with multiple sites) is reasonable and not an extraordinary burden to the licensee's cost of doing business.
- 5. Support efforts to adequately fund high quality early care and education services for all children from low- and moderate-income families.**

Such efforts should include, but not be limited to:

- Streamlining and transitioning the former dual reimbursement rate systems (Standard Reimbursement Rate and Regional Market Rate) into a single, regionalized reimbursement rate system that covers the true cost of quality and supports the cost of

program operations, including facility development and staff compensation commensurate with education and experience.

- Expanding access to high quality subsidized services for all eligible children, including infants and toddlers and children with disabilities and other special needs as well as preschool and school age children.
- ~~Increasing levels of reimbursement in the Standard Reimbursement Rate (SRR) and the Regional Market Rate (RMR) to compensate providers for the true cost of high-quality services.~~
- ~~Streamlining and reforming the dual reimbursement systems into a single, regionalized reimbursement system that incentivizes quality and supports the cost of program operations.~~
- Prioritizing funds targeted to infants and toddlers to meet the growing demand for high quality services.
- Increasing funds for expansion of high quality full-day, full-year services for all ages.
- Offering tax incentives to businesses to provide or subsidize employee's early care and education services.
- Ensuring that the income ceiling for eligibility for State subsidized care reflects the current State Median Income (SMI), adjusted by region if appropriate.
- Opposing proposals that would reduce subsidized rates based on geographic location.

6. Support the streamlining of California Department of Education and Social Services administrative processes to expand access for low-income families, ensure continuity of care, and promote flexible use of early care and education funding to meet the needs of families.

Such efforts should include, but not be limited to:

- Allowing administrative efficiencies such as multi-year contracting, grant-based funding, and waivers on program rules and regulations to allow flexibility of services based on community and family needs.
- Maintaining a 12-month annual eligibility redetermination to allow for more stable enrollments for early care and education programs and continuous services for children and their families while exploring implementation of 24-month annual eligibility.
- Ensuring agencies have the capacity to connect with and serve the most vulnerable and the most difficult-to-serve families.
- Maintaining affordable family fees that do not exceed eight percent of gross family income.

- Maintaining part-day State Preschool as a free, comprehensive early care and education program.
 - Allowing for various systems that serve vulnerable and low-income children and families to streamline administrative functions and share information in order to facilitate the enrollment of children in subsidized early care and education programs and to participate in joint data collection efforts.
 - Expanding the role of the local child care and development planning councils to augment and strengthen the preparation of the needs assessment to capture and report on data relating, but not limited, to workforce, quality and facilities as well as access.
- 7. Support proposals designed to prevent, detect, investigate and, when appropriate, prosecute fraud in subsidized child care and development programs.**
- 8. Support efforts to ensure that vulnerable children and their families have access to consistent, uninterrupted subsidized early care and education services.**

Such efforts should include, but not be limited to:

- Making sure that California Work Opportunity and Responsibility to Kids (CalWORKs) families have access to child care and education services, ensure that participating families are afforded the time and information needed to evaluate their child care and education options and make sound choices, and that allow parents to pursue or maintain employment.
- Maintaining 12-months annual eligibility for CalWORKs Stage 1 Child Care for welfare-to-work participants or until the participant is transferred to CalWORKs Stage 2 Child Care.
- Promoting, facilitating and supporting consistent and continuous participation of children under the supervision of the child welfare system and Probation and their families in high quality programs that promote healthy child development and support effective parenting.
- Ensuring that all subsidized children – infants and toddlers, preschool age, and school age children – and their families have access to consistent and continuous high quality early care and education services that partner with parents to promote children’s healthy growth and development and prepare them for school and life, and meet the needs of families.
- Addressing the needs of pregnant and parenting teens to ensure their access to high quality early care and education services that support their academic goals, promote positive and effective parenting skills, and contribute to their child’s healthy growth and development.
- Facilitating access to high quality early care and education programs that are responsive to the unique needs of children and families experiencing homelessness.

9. Support efforts to expand the supply of appropriate early care and education services through facility development in communities with a significant shortage of these services.

Such efforts should include, but not be limited to:

- Facilitating the cost and technical assistance of effective construction or renovation of early care and education – centers and family child care homes – facilities in communities with unmet needs for these services.
- Integrating early care and education inclusive of centers and family child care homes in specific plans for land use, housing, transportation, economic, workforce, and community development.

10. Support efforts to ensure that children and their families have timely access to early care and education services during a local, state and/or national emergency.

Such efforts may include:

- Increasing and extending funds ongoing to subsidize early care and education services of the essential workforce and at-risk populations.
- Enhancing child care resource and referral services to directly connect families impacted by the emergency with early care and education programs with the capacity to serve them.
- Waiving liability due to damages relating to COVID-19 infection, transmission, or other related conditions due to the COVID-19 pandemic.

Pending Approval