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THE SUNSHINE PORTAL

Florida's Early Childhood
Integrated Data System

Annual Sunshine Portal Progress Report

FISCAL YEAR 2023-2024

EARLY CHILDHOOD POLICY RESEARCH GROUP (ECPRG)
University of Florida Anita Zucker Center for Excellence in Early Childhood Studies

Early Childhood Policy Research Group (ECPRG)

This work is the result of the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies' Early Childhood Policy Research Group (ECPRG) in collaboration with the following partnership organizations and individuals.

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Introduction

This document serves as the annual report on the research activities and findings derived from the activities for the Sunshine State Early Childhood Information Portal Project. Through this project, the Early Childhood Policy Research Group (ECPRG) at the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies successfully reviewed and finalized the person-level linkage methodology, generated a preliminary descriptive report of Florida Voluntary Prekindergarten Education Program (VPK) participation among eligible households with young children in Florida, conducted a survey to examine factors that influence SR & VPK participation, developed and implemented recommendations to update the Florida Index of Child Care Access (FLICCA) and continued the pursuit of data to improve the comprehensiveness of an early childhood integrated data system that combines demographic and public assistance program participation data from multiple state agencies. These datasets were used to describe childcare systems and access to services. Furthermore, these data were leveraged to describe the effects of family characteristics and service use on kindergarten readiness. The ECPRG is committed to maintaining collaborative partnerships with Florida agencies to continue identifying reasonable measures of programmatic outcomes and factors that relate to reasonable service access in supporting economic growth among families in Florida.

Key Personnel

Senior Research Scientist – Herman T. Knopf, Ph.D. – Dr. Knopf serves as Principal Investigator (PI) on this project and oversees the data processing, needs assessment update, analysis, reporting, and personnel for this project.

Professor and Chair – Elizabeth Shenkman, Ph.D. – Dr. Shenkman serves as Co-Principal Investigator and assists the PI with management of personnel and data at the Family Data Center.

Research Coordinator – Dévonja Daley – Mrs. Daley assists the PI with coordination of personnel, deliverables, data sharing agreements (DSAs), incoming data from partner agencies, and meetings, and she interfaces with colleagues within/without the University of Florida.

Data Scientist – Phillip Sherlock, Ph.D. – Dr. Sherlock leads the development and implementation of machine learning and other advanced statistical methodologies for the analysis of the administrative data.

Policy Consultant – Maya Schreiber, M.A. – Ms. Schreiber assists with reviewing policy research, qualitative research design, and integrating research findings with policy implications.

Post-Doctoral Research Assistant – Remy Pages, Ph.D. – Dr. Pages leads survey development and implementation and assists with data quality review, curation, and analysis.

Other Personnel

Data Management Consultant – Robert Chapman – Mr. Chapman assists with the advanced statistical analyses of the administrative data.

Research Assistant Professor – Maxwell Mansolf, Ph.D. – Dr. Mansolf assists with the advanced statistical analyses of the administrative data.

Data Scientist/Data Custodian – Jiawei Li – Mr. Li is a statistical research coordinator who serves as the data custodian for this project and leads the data linkage and curation process for data imported into the Early Childhood Data Repository.

Data Scientist – Yanning Wang – Mrs. Wang works with the analytic team at the Anita Zucker Center to prepare the limited data sets for analysis and leads the development of the web-based interactive reporting system to visualize the results of analyses conducted as part of the ongoing needs assessment.

IT Architect – Erik Schmidt – Mr. Schmidt serves as the IT Architect for the project. He assists with software and computer services related to data use, processing, and analyses.

Co-Investigator – Yujie Hu, Ph.D. – Dr. Hu works with the analytic team at the Anita Zucker Center to develop and implement geospatial analyses to help inform statewide and local understanding of the spatiotemporal influences on access, participation and outcomes of systems that support young children and their families.

Graduate Assistant (GA) – Jing Huang – Mrs. Huang is a doctoral-level Graduate Assistant who assists the PI with data analysis and reporting.

Data Sharing Agreements and Data Acquisition

The ECPRG has executed data sharing agreements (DSAs) with state and federal agencies that represent key contributors to the Early Childhood Mixed-Delivery System. These agencies include the Florida Department of Children and Families (DCF), the Florida Department of Education (DOE)/Division of Early Learning (DEL), the Florida Department of Health (DOH), the U.S. Department of Housing and Urban Development (HUD), and the University of South Florida (USF). Please see Table 1 for the complete list of executed DSAs and data received by the ECPRG.

Ongoing Data Sharing Agreement Negotiations

Agency for Health Care Administration

The team is in communication with the Florida Agency for Health Care Administration (AHCA) to re-establish an executed DSA that covers Medicaid. While the agency has expressed support, the ECPRG is in continued negotiation with the agency to agree to the specific terms and appropriate use of the data to be used. It is important to note that the data are housed with the UF Family Data Center, and the DSA, once executed, will grant permission to the ECPRG to use that data for this project's purpose.

Florida Department of Children and Families

At the time of the last report, the ECPRG hoped to establish a new Child Welfare agreement with DCF. Unfortunately, due to conflicting legal stipulations between the University of Florida and the Florida Department of Children and Families – Child Welfare unit, the ECPRG needed to terminate the pursuit of the data.

Florida Healthy Kids Corporation and Children's Medical Services

Over the past several months, the ECPRG has been in communication with the Florida Healthy Kids Corporation (FHKC) and the DOH Division of Children's Medical Services (CMS) Managed Care Plan and Specialty Programs to support the acquisition of data that will support a more comprehensive report of the needs and supports of the study population, specifically related to accessing health care services. At the time of this report, the agreement with CMS is under negotiation and the FHKC is drafting an agreement.

Florida Education and Training Placement Information Program (FETPIP)

Beginning with the execution of the expanded Sunshine Portal Project, the ECPRG has been in communication with the Department of Education to help facilitate the necessary DSA, enabling access to the training, employment, and wage information of families engaged with the Florida Department of Education, to be used to measure economic mobility among households participating in state-funded economic self-sufficiency programs. Unfortunately, the ECPRG was informed in early January 2024 that the negotiations between the Department of Education and the Florida Department of Commerce had stopped without securing the DSA. The ECPRG leadership has recently initiated communication with the Department of Commerce in the hope of securing a meeting among the ECPRG, DEL, and Commerce personnel to describe the need for the data and ultimately a DSA.

Table 1. Data Sharing Agreement Status Table

Agency/Data Transferred	Status	Date of Expiration	Dates of Coverage	Frequency of Data Transfer	Data Intake Information
DCF – SNAP/TCA	Fully Executed	1/24/2025	2012-Sept. 2022 (with data updates through 2024 when data becomes available)	Annually	Last Data Transfer: December 2022
DOE	Fully Executed	6/30/2028	As available: VPK & SR (Child-Level)- VPK Application Fields and SR Application Fields; FLKRS; BEESS – IDEA Part B; Title IX: HEP; SR & VPK- Child Eligibility & Enrollment, Contracted Provider; Teachers and Workforce	Monthly	Last Data Transfer: May 2024
DOH – Early Steps	Fully Executed	6/30/2028	2011-2022	Annually	Last Data Transfer: July 2023
DOH – Vital Stats	Fully Executed	9/28/2024	2011-2027	Annually	Last Data Transfer: September 2023
HUD	Fully Executed	6/30/2028	2011-2022 (with data updates through 2027 when data becomes available)	Annually	Last Data Transfer: March 2023
USF – HIPPY	Fully Executed	1/28/2027	2014-2022	Annually	Last Data Transfer: September 2023

These DSAs allow the ECPRG access to datasets relating to the following programs: Florida School Readiness (SR), Voluntary Prekindergarten Education Program (VPK), Supplemental Nutrition Assistance Program (SNAP), Temporary Cash Assistance (TCA), Housing Choice Voucher Program (HCV), IDEA Part B/BEESS (Students with Disabilities [SWD]), Homeless Education Program, Bureau of Vital Statistics, and Home Instruction for Parents of Preschool Youngsters (HIPPY). Appendix 1 **(deliverable component 3.8.3)** includes data codebooks that describe all variables included in the analyses.

Data Curation

As data were received, the data curation team created analytic datasets, that did not include personally identifiable information (PII), for the research team to inspect, validate, and explore; thereby obtaining greater familiarity with the information contained within each of the administrative datasets. The team ran analyses on data completeness, conducted data validation and accuracy checks by duplicating publicly available reports, and shared initial findings with relevant state and local representatives for feedback and to verify the team's understanding. Appendix 1 includes the complete list of variables used in the analyses.

Datasets included in the Early Childhood Integrated Data System were maintained in a secure data bank housed at the University of Florida Research Shield (ResShield) computing environment that meets and exceeds FISMA standards and complies with the NIST 800-53 rev4 "moderate" classification. All work involving Personal Identifying Information or Protected Health Information was conducted in this highly secure computing environment.

Data Linkage

Data linkage is a process of pairing records from two or more datasets to select pairs that belong to the same entity. The ECPRG completed a data linkage between all datasets to identify service combinations and service-use patterns across programs.

Methodology

Partners at the University of Florida Family Data Center (FDC) adapted the Agency for Health Care Research Quality Surveillance, Epidemiology, and End Results - Medicare (SEER-Medicare) Methodology to perform deduplication and linkage tasks. The FDC linkage team implemented this linkage method across different datasets and within a single dataset (i.e., deduplication) to identify multiple entries (e.g., childcare enrollments) for one child. The final output of the linkage assigned a child ID to all records, which uniquely identified individuals across different datasets.

In preparation for implementing the linkage process, the team standardized all personal identifiers used for linkages, such as first and last name, middle initial, gender, date of birth, and social security number. Table 2 shows how the FDC pre-processed these identifiers to standardize the data for linkage. Data from the other identified government services will follow the same data preparation and linkage methodology shown in the example that follows.

Table 2. Data Cleaning and Standardization

Identifier	Standardization	Acceptable Values
First/Last Name	Convert to upper case. Remove all punctuation. Remove all digits. Replace consecutive spaces with a single space. Remove leading and ending spaces.	Not null
Date of Birth	Convert to 'YYYYMMDD'.	Birth Year: >=1900 &&<=2018 Birth Month: [1,12] Birth Day: [1,31]
Social Security Number (SSN)	SSN with 3-2-4 format will have the '-' removed and stored as a 9-character string.	Length must be 9. Numbers with all zeroes in any of the 3-2-4-digit groups are invalid. Numbers 000, 666, or 900-999 in the 3-digit group are invalid.
Gender/Sex	Convert to upper case. Convert Female to F, Male to M, and all else to U.	

After the data standardization, an Entity ID was assigned in each dataset based on either agency-assigned ID or identifier combinations. For example, in the birth certificate dataset, each record represents a new birth and has been assigned a unique entity ID. In the DEL children enrollment dataset, according to the data dictionary, the Entity ID is assigned based on the combination of children's SSN (could be a system-assigned pseudo-SSN) and coalition ID. As this entity ID is unique only within the dataset, the FDC combined it with the dataset name to make it unique across the datasets. From each dataset, a table was created from the unique combination of children's first name, last name, middle initial, date of birth, SSN, gender, entity ID, and dataset name. Then the tables were used as the input of the linkage steps.

The adapted SEER-Medicare data linkage method implemented for these data consists of multiple steps of deterministic matches using different criteria in each step. A deterministic match required that both the value and the order of all the characters (either digits or letters) in a field were identical. In the first step, two records must match on SSN and one of the following:

1. First and last name

2. Last name, month of birth, and gender

3. First name, month of birth, and gender

When either the SSN was missing or did not match, or two records failed to meet the first step, a second step was used: two records must match on last name, first name, month of birth, gender, and one of the following:

1. Seven to eight digits of the SSN

2. Two or more of the following: year of birth, day of birth, middle initial. This protocol represents our Protected Health Information (PHI-only) algorithm.

Based on the linkage, the FDC assigned a unique Child ID to each identified match. As shown in Table 3, a crosswalk table was created, including Child ID, Entity ID, and Dataset (or Agency) that provided the data. In Table 4, two children from different data sources were assigned with the same Child ID. *Note: all information included in the examples below are simulated for illustration purposes only.*

Table 3. Data Format

Child ID	Dataset Name	Entity ID
45692	SNAP	5507175
45692	DEL children enrollment	1462314

The algorithm created linkages across datasets and duplicated the children's identifiers originally assigned by the agency.

In the example below (Table 4), two records from the DEL were associated with different DEL-assigned IDs [Entity ID] = 686989 or 603722. After duplication, they were assigned the same [Child ID] = 2897 and identified as the same child.

Table 4. Duplicate Records

Child ID	Data Source	Entity ID
2897	DEL	686989
2897	DEL	603722

Linkage Results

Table 5 describes the results of the linkage for the data sources from the Sunshine Portal used in analyses. Approximately 75% of child records were found to be present in more than one dataset. Not all children are expected to be linked/found in multiple datasets. Linkage is not established if a child/household is present in only one system, or if there were errors in any of the following identifiers supplied by the agencies: date of birth, name, and/or Social Security Numbers (SSNs).

Table 5. Linkage Results

Service	Records	Unique Children	Children Linked	Children Unlinked	Records not included in linkage*
Early Steps *2017-2022*	333,679	217,464	170,826	46,638	-
SR *FY 11-18* **/VPK** *FY 17-18*	27,043,970	1,589,143	1,082,137	507,006	4,009
SR *FY 19-23* **/VPK** *FY 18-23*	20,740,716	1,095,817	992,171	103,646	269
HUD *2011-2022*	1,223,157	344,766	328,624	16,140	2
SNAP *2012-2022*	121,311,069	3,265,192	1,993,017	1,272,175	691
TCA *2012-2022*	6,834,868	429,707	423,945	5,762	130
Vital Stats *2012-2022*	2,387,820	2,386,559	1,632,094	754,465	1,261
FLKRS *FY 17-22*	916,406	849,412	767,710	81,702	54,972
Homeless *FY 14-22*	34,849	33,454	31,083	2,371	-
SWD *FY 14-22*	338,293	192,979	174,535	18,444	-
HIPPY *2017-2022*	11,823	10,871	8,514	2,357	80
FAST KRS *FY 22-24*	876,752	294,663	240,571	54,090	6

Data integration note: Data received as of April 2024. *: records do not have a minimum information set for linkage.

Linkage Performance

The FDC used valid demographic records from Table 5 to test the linkage performance. To evaluate the FDC algorithm performance, the research and data curation teams identified SSNs as the "gold standard" for reporting performance metrics (Tables 7 and 8).

Since certain agencies involved in the study do not collect SSNs, the FDC conducted further tests to evaluate the performance of the PHI-only algorithm on Protected Health Information (PHI) exclusively.

The FDC reported the performance metrics based on Entity ID, including recall (sensitivity), precision (positive predictive value), false positive rate, and false negative rate.

During linkage, recall is a performance metric that measures the ability of a linkage algorithm to correctly identify all the relevant matches in a dataset. Specifically, recall is the proportion of true matches that the algorithm correctly identified as matches, out of all the actual matches that exist in the dataset. In other words, recall measures the algorithm's ability to identify all the true matches while minimizing false negatives (i.e., cases where two records that belong to the same entity are not linked). When evaluating the FDC algorithm's performance using SSNs as the gold standard, the recall is calculated as the number of children linked correctly by the FDC algorithm divided by the total number of children linked using SSNs. Similarly, when evaluating the PHI-only algorithm's performance using SSNs as the gold standard, the recall is calculated as the number of children linked correctly by the PHI-only algorithm divided by the total number of children linked using SSNs.

The other linkage performance metric, precision, measures the accuracy of a linkage algorithm in identifying true matches. It is the proportion of true matches that the algorithm correctly identified as matches out of all the pairs identified as matches by the algorithm, whether they are true or false. It measures the algorithm's ability to minimize false positives (i.e., cases where two records are linked even though they do not belong to the same entity), which is essential to ensure the accuracy and quality of the linked data. For instance, if a linkage algorithm identified 100 pairs as matches, but only 90 of them were true matches, the precision of the algorithm would be 90%. A higher precision rate indicates that the algorithm is more accurate in identifying true matches and minimizing false positives.

When considering SSNs as the gold standard, the precision of the FDC algorithm is calculated as the number of children linked correctly using SSNs divided by the total number of children linked by the FDC algorithm. Similarly, the precision of the PHI-only algorithm is calculated as the number of children linked correctly using SSNs divided by the total number of children linked by the PHI-only algorithm.

A delicate balance between precision and recall must be achieved. A high precision rate may come at the expense of lower recall rates, where the algorithm may not identify some true matches.

Tables 6, 7, and 8 show the number of unique children linked using different methods, reported based on Entity ID. Each cell in the table indicates the total number of linked children. For example, in Table 6, the cell value of 5,290 means that 5,290 children were only linked using SSNs, and the cell value of 7,118,727 means that 7,118,727 children were linked using the FDC algorithm without SSNs. Out of the 589,454 children linked using SSNs, the FDC algorithm correctly identified 584,164 children, resulting in a recall of 99.1%.

Table 6. Linkage Performance Using All Records (+: linked; -: unlinked)

	FDC+	FDC-	Total
SSN+	584,164	5,290	589,454
SSN-	7,118,727	n/a	n/a
Total	7,702,891	n/a	n/a

Recall: 99.1%

Table 7. Linkage Performance Using Records with SSNs (+: linked; -: unlinked)

	FDC+	FDC-	Total
SSN+	584,164	5,290	589,454
SSN-	5,423	n/a	n/a
Total	589,587	n/a	n/a

Recall: 99.1%
Precision: 99.1%

Table 8. Linkage Performance Using Records with SSNs (+: linked; -: unlinked)

	PHI+	PHI -	Total
SSN+	519,501	69,953	589,454
SSN-	4,376	n/a	n/a
Total	523,877	n/a	n/a

Recall: 88.1%
Precision: 99.2%
PHI-only algorithm: two records must match on last name, first name, the month of birth, gender, and two or more of the following: year of birth, day of birth, middle initial.

The overall recall of the FDC linkage algorithm was 99.1% (Table 6). Table 7 displays the performance of the FDC algorithm for records with SSNs, with a 99.1% recall and a 99.1% precision. As shown in Table 8, the PHI-only algorithm achieved a 99.2% precision and an 88.1% recall. The high precision ensures that any inaccuracies during the initial identification stage do not propagate to the subsequent consolidation stage.

The FDC also randomly selected 200 samples for the error analysis from the false positives and false negatives, using SSNs as the gold standard. False positives during linkage refer to cases where records are incorrectly linked, and the linkage algorithm incorrectly identifies them as belonging to the same entity when they do not. In other words, a false positive occurs when the linkage algorithm produces a link between two records that should not be linked. False positives can impact the accuracy of the linkage process, leading to errors in data analysis and decision-making. Therefore, it is essential to minimize false positives during linkage by using robust and accurate linkage algorithms and by validating the linkage results using multiple sources of information. In contrast, a false negative occurs when the linkage algorithm fails to identify a pair of records that should have been linked. False negatives can happen due to several reasons, such as errors in data entry, missing or incomplete data, or differences in data formats or spelling variations.

Upon manual review, the team discovered that 19 of the 100 (19%) potential false positives were true false positives, while 55 of the 100 (55%) potential false negatives were true false negatives (Table 9). Therefore, the FDC algorithm resulted in a false positive rate of 0.17% (i.e., (5,423/589,587) x 0.19) and a false negative rate of 0.49% (i.e., (5,290/589,454) x 0.55). The occurrence of false negatives can most often be attributed to either entirely different last names or misspellings in first names. When SSNs are not available, our PHI-only algorithm prioritizes the precision and minimizes false positive rate to ensure the linked data is reliable.

Table 9. Examples of Potential False Positives & False Negatives for Manual Review

Child ID	SSN	First Name	Last Name	Middle Initial	Gender	Date of Birth	Dataset
111	998877666	John	Smith	A	Male	1/1/2018	Vital Stats
111	998877766	John	Smith		Male	1/1/2018	TCA
123	998855522	Liz	Lee		Female	4/5/2012	HUD
124	998855522	Lizz	Doe		Female	4/5/2012	FLKRS
426	124552638	Peter	Parker	M	Male	3/12/2014	SR 12-18
578	124552638	Parker	Peter	M	Male	3/12/2014	Vital Stats

Impact of Rules, Policies, and Events Occurring during Data Reporting Time Periods That Could Have Affected Data

The primary purpose of the research being conducted under the auspices of the Sunshine State Early Childhood Information Portal is to inform policy- and rule-making activities of key state early care and education system influencers. As such, all research findings will be shared with the DEL and other agency partners to identify specific policies or programmatic rule changes that have the potential to influence the eligibility, participation, and/or impact of services for children and their families. Recent legislation, such as the VPK program Coordinated Screening and Progress Monitoring system and the recently approved SR reimbursement rates, are examples of the type of systematic changes that might influence program operations.

The Coordinated Screening and Progress Monitoring system has resulted in greater information about the quality of services that children received while enrolled in the program and provided more refined information regarding individual child growth, which has been used to analyze the contextual and experiential influences on children's growth trajectories.

The potential impact of the changed SR reimbursement rates was explored through the study of childcare affordability conducted this year and reported in the following section of the report.

Child Care Affordability for Florida SR Families

Introduction

Affordability is one factor that has the potential to influence parental access and choices for childcare.[1, 2, 3, 4] Research indicates that poverty is one of the most significant challenges facing children and families, with price being a primary barrier for low-income families seeking access to high-quality services.[5] The SR program reduces the amount of money paid out-of-pocket for eligible families who choose to enroll their children in childcare. In the SR program, families are required to pay a co-payment for childcare services, while the remainder of the charges are covered by the SR program through provider reimbursement. The reimbursement rate for a certain contracted provider is determined based on care level, county of operation, as well as the provider's quality level. However, if the reimbursement rate is lower than the private payment rate, providers may charge SR families the difference between the two rates (hereafter referred to as provider payment differential), which is an additional expense for families, especially for households with multiple children. This raises concerns about the true cost of childcare for SR families after using the SR subsidies.

[1]Anderson & Mikesell (2019)

[2]Gordon & Chase-Lansdale (2001)

[3]Paschall, Davis, & Tout (2021)

[4]Paschall & Maxwell (2022)

[5]Marshall, Robeson, Tracy, Frye, & Roberts (2013)

To understand childcare affordability among Florida's SR families, the ECPRG conducted a statewide county-level study to assess the cost of childcare relative to household income using the Household Percentage Income (HPI) index. The ECPRG also utilized new rates, approved by the Florida Legislature in 2024, to calculate the predicted HPI, investigating the potential impact of the newly proposed county rates on childcare affordability across various household sizes.

Accordingly, this report first calculated the current HPI during the 2022–2023 fiscal year (hereafter referred to as Current-HPI) and then compared it with the predicted HPI calculated using the newly approved county rate (hereafter referred to as Predicted-HPI).

Data and Methodology

This study used the SR Child Eligibility and Enrollment data file provided by the DEL for the 2022–2023 fiscal year. The dataset provides monthly child attendance records, payment-related data, and family annual income information, enabling us to conduct affordability analyses. Additionally, it contains details on child eligibility and billing groups, allowing us to define the target population. Table 1 shows the fields used in this study.

Table 1. Study Variables

Field Name	Definition
HouseholdID	Household identifier
ChildPersonID	Child identifier
ParentCountyID	Parent county identifiers
UnitofCareCode	Unit of care (e.g., FT, PT)
CareLevelTypeCode	Care level (e.g., INF, TOD)
EligibilityCode	SR eligibility code
BillingGroupCode	Billing group code
AnnualIncome	Household annual income
DailyCoPayFee	Daily copay amount
TotalDaysPaid	Total days paid within a month
PaymentReportPeriodMonth	The payment month
PaymentReportPeriodYear	The payment year
ProvDiffRateFlag	Charge differential or not
ProviderPrivateRate	Provider private payment rate
CurrentCountyPlanRate	The current provider contracted reimbursement rate
NewCountyPlanRate	The new proposed provider contracted reimbursement rate

The ECPRG calculated the HPI in order to assess the affordability of SR child care across various household compositions in Florida counties. These household categories include those with 1, 2, 3, and 4 or more SR children.

Step 1: Definition of the Target Population

This study focused on the economically disadvantaged families enrolled in the SR program, identified by the following data: eligibility code, billing group, and annual income. The team restricted the analysis to families with an annual income greater than or equal to $10,000, ensuring that parents were not unemployed. In addition, considering the team would conduct a comparative study with the new plan rates, the team focused only on children enrolled in center-based providers with a unit of care code of full-time (FT) or part-time (PT).

Step 2: Calculation of the Average Monthly Parent Obligation (AMPO)

The average monthly cost for each individual child enrolled in an SR-contracted provider was calculated. If the family needs to pay a provider payment differential and the reimbursement rate is less than the provider private rate, then the monthly parent obligation is determined by the formula: (ProviderPrivateRate – Reimbursement Rate + DailyCoPayFee) x TotalDaysPaid. Otherwise, the AMPO is calculated as DailyCoPayFee x TotalDaysPaid. The reimbursement rate used the CurrentCountyPlanRate for the Current-HPI calculation and the NewCountyPlanRate for the Predicted-HPI calculation. Next, the individual-level monthly parent obligation is aggregated to the household level by calculating the average across all children within each household.

Step 3: HPI Calculation

The household-level HPI is calculated to determine the percentage of monthly income that a household spends on childcare. This is achieved by dividing the AMPO by the monthly income earned by the household. Next, for each household category, the household-level HPI was aggregated to the county level by averaging the HPI across households within each county based on household residence.

Findings

To avoid the effects of outliers, analyses excluded instances when there were fewer than 5 families in a specific county and household type. Figure 1 displays the distribution of county-level current-HPI and predicted-HPI by household category.

Figure 1. County-level HPI
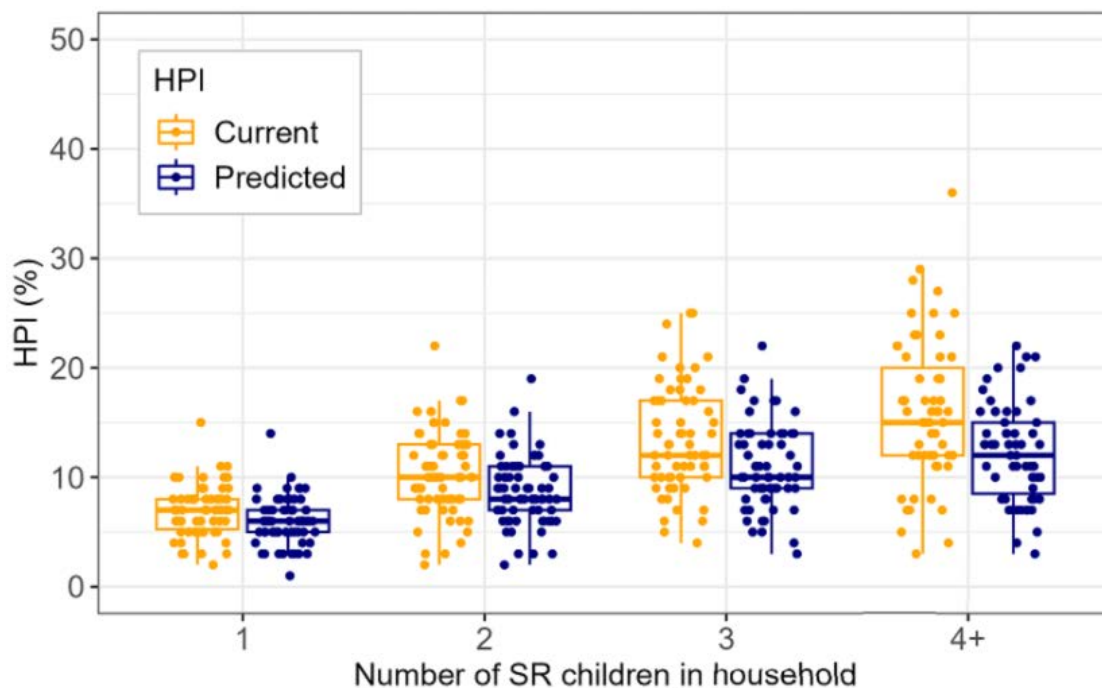
Current-HPI

As shown by the Current-HPI in Figure 1, for households with a single SR child, the percentage of monthly household income spent on childcare for each county ranged from 1.58% to 15.34%, and the percentage for households with 2 SR children ranged from 2.41% to 21.61%, 3 SR children from 4.37% to 25.32%, and 4 or more children from 3.49% to 36.11%. The team observed that the majority of families with a single child enrolled in the SR program spent less than 10% (i.e., in accordance with federal guidance) of their income on childcare. However, families with more than one SR child typically allocate percentages of their budgets to childcare that are higher than the federal recommendation. According to the mean values of Current-HPI for each household type, the general trend is that families with more SR children tended to have higher HPI: the mean Current-HPI increased from 7.03% to 10.38% to 13.33% to 15.85% as the number of SR children within the household increased from 1-4+.

To analyze the variation among counties, the team created a county-by-county chart as shown in Figure 2. We also encourage you to use this interactive web map to explore the differences. The grey bar represents the average HPI for all households in a specific county with 1 child enrolled in the SR program, while the yellow, orange, and brown bars represent those with 2 SR children, 3 SR children, and 4 or more SR children, respectively. The team calculated the state-level average Current-HPI for comparison by averaging the HPIs of all households in Florida for each specific household category. The state-level average HPI was 8.11% for households with 1 SR child, 12.18% for households with 2 SR children, 15.14% for households with 3 children, and 17.88% for households with 4 or more children.

Figure 2. County-level HPI by Number of Children Using SR
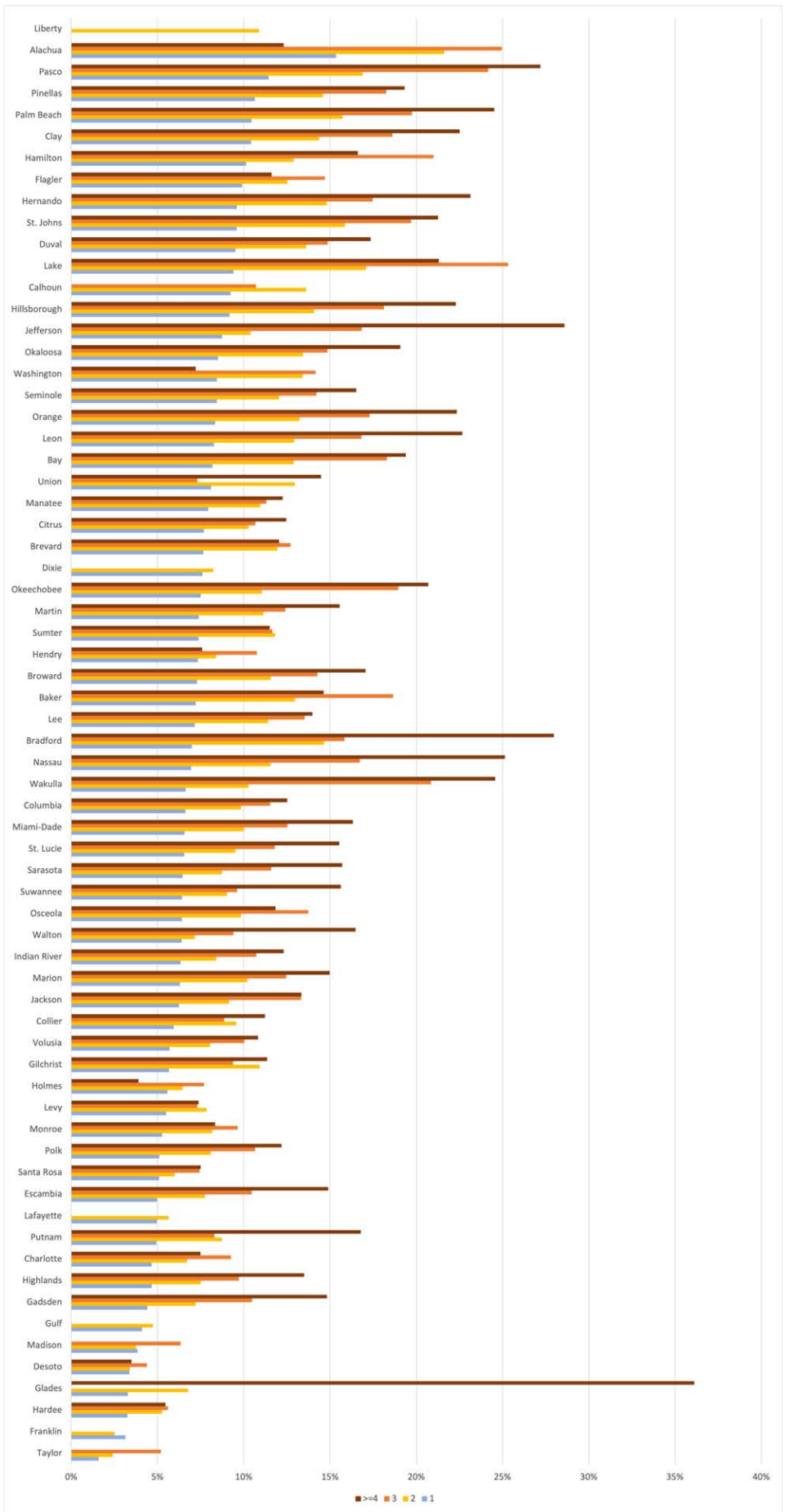
Note: Calculations were not included when there were fewer than 5 families.

For families with a single child using SR, Liberty County was excluded due to having fewer than 5 households in this category. Among the remaining 66 counties, six counties had an HPI value greater than 10%, and the highest average HPI (15.34%) was observed in Alachua County, while the lowest average HPI (1.58%) was found in Taylor County. Twenty counties had an average HPI greater than the state-level average HPI (8.11%), including Alachua, Pasco, Pinellas, Palm Beach, Clay, Hamilton, Flagler, Hernando, St. Johns, Duval, Lake, Calhoun, Hillsborough, Jefferson, Okaloosa, Washington, Seminole, Orange, Leon, and Bay.

For families with 2 children enrolled in SR, all 67 counties had near-average HPI values, and 37 counties had an average HPI value greater than 10%. Twenty-one counties had average HPI values greater than the state-level average HPI (12.18%), including Alachua, Lake, Pasco, St. Johns, Palm Beach, Hernando, Bradford, Pinellas, Clay, Hillsborough, Duval, Calhoun, Okaloosa, Washington, Orange, Baker, Union, Leon, Bay, Hamilton, and Flagler. Among them, Alachua remained the county with the highest average HPI (21.61%), while Taylor remained the county with the lowest average HPI (2.41%).

For families with 3 children using SR, 45 out of 61 counties (that have five or more households) had average HPI values greater than 10%. Five counties had average HPI values greater than 20%: Lake County with the highest average HPI (25.32%) and Alachua County with the second highest average HPI (24.96%). The lowest average HPI was in DeSoto County (4.37%), followed by Taylor County (5.20%). Nineteen counties had near-average HPI values greater than the state-level HPI (15.14%), including Lake, Alachua, Pasco, Hamilton, Wakulla, Palm Beach, St. Johns, Okeechobee, Baker, Clay, Bay, Pinellas, Hillsborough, Hernando, Orange, Jefferson, Leon, Nassau, and Bradford.

For families with 4 or more children enrolled in SR, 50 out of 59 counties (that have five or more households) had near-average HPI values greater than 10%. Eighteen counties had average HPI values greater than the state-level average HPI (i.e., 17.88%), including Glades, Jefferson, Bradford, Pasco, Nassau, Wakulla, Palm Beach, Hernando, Leon, Clay, Orange, Hillsborough, Lake, St. Johns, Okeechobee, Bay, Pinellas, and Okaloosa. Among them, Glades County had an average HPI greater than 30% (i.e., 36.11%, averaged across 11 households). The lowest average HPI was in DeSoto County (3.49%), followed by Holmes County (3.90%).

Overall, Alachua County had relatively high Current-HPI values for households with 1-3 SR children; however, the HPI was decreased for families with 4 or more SR children. Similar trends were observed in Washington and Holmes counties, where the average HPI values increased as the number of SR children increased from 1 to 3, but then decreased as the number of SR children increased to 4 or more.

Predicted-HPI

Regarding Predicted-HPI, although the value ranges are similar to Current-HPI, as shown in Figure 1, the mean and median of HPI values showed a decreasing trend. For example, the mean values of Predicted-HPI across counties for households with 2 SR children was 8.74%, which was lower than the average Current-HPI value of 10.38%. For more details, please refer to Table 2 for more detailed descriptive statistics. SD is standard deviation.

Table 2. Descriptive Statistics of HPI (%) for Each Household Type

Household Type	Mean	SD	Min	Median	Max
1 SR child					
Current-HPI	7.03	2.34	1.58	6.97	15.34
Predicted-HPI	6.09	2.07	1.43	5.94	13.62
2 SR children					
Current-HPI	10.38	3.68	2.41	10.26	21.61
Predicted-HPI	8.74	3.12	1.87	8.36	19.21
3 SR children					
Current-HPI	13.33	4.91	4.37	12.46	25.32
Predicted-HPI	10.93	3.85	2.68	10.39	21.80
4+ SR children					
Current-HPI	15.85	6.54	3.49	14.97	36.11
Predicted-HPI	12.18	4.43	3.49	11.74	21.80

Note: Calculations were not included when there were fewer than 5 families.

As for county-level variation of HPI after using the new plan rate, the five greatest county-level affordability improvements (with the largest HPI difference between Current-HPI and Predicted-HPI) were observed in (1) Hernando (4.36%), Pasco (3.75%), Bradford (3.55%), Baker (3.53%), and Leon (2.69%) for 1 SR child households; (2) Bradford (8.98%), Hernando (7.26%), Baker (6.86%), Pasco (6.05%), and Lake (5.77%) for 2 SR children households; (3) Lake (10.87%), Bradford (9.69%), Hernando (8.58%), Pasco (8.57%), and Baker (8.36%) for 3 SR children households; and (4) Bradford (20.41%), Hernando (15.06%), Glades (14.31%), Pasco (10.68%), and Lake (10.44%) for 4 or more SR children households. Therefore, families in Bradford, Hernando, and Pasco are predicted to consistently benefit from a relatively high improvement rate when using the new reimbursement rates.

Implications

This study aimed to analyze childcare affordability for Florida SR families, accounting for varying numbers of children enrolled in the SR program within households. The findings have implications for improving support for SR families across Florida.

The results, generally observed for the 2022–2023 fiscal year, indicate that affordability decreased as the number of SR children in a household increased. The current affordability in Florida counties is acceptable for households with a single SR child, with 6 counties having Current-HPIs above 10%. However, affordability has improved, but it is less favorable for households with more than one child enrolled in SR—over half of Florida counties have Current-HPIs above 10% (e.g., 45 counties for households with 3 SR children). Future policies should address the affordability concerns of these families with multiple eligible children.

Counties with higher average HPIs compared to the state-level averages across all four household categories include Palm Beach, Pasco, Pinellas, Hernando, St. Johns, Clay, Lake, Hillsborough, Orange, Leon, and Bay. This suggests that families in these counties consistently allocate higher proportions of their income to childcare costs. Although Alachua County is not on this list, it has the highest average HPI for families with 1-2 SR children. Future efforts should focus on developing targeted solutions for these counties to improve affordability for enrolled families.

There are variations within Early Learning Coalitions (ELCs) with multiple counties. For example, Wakulla and Jefferson counties, which is included in the ELC of the Big Bend, exhibited high HPI values in at least one household category, whereas Taylor County had one of the lowest HPI values. Conversely, the ELC of Pasco and Hernando Counties demonstrated similar trends between counties. This highlights the challenge of administering an affordable SR program at the coalition level.

Finally, while the new reimbursement rates could significantly decrease family-level HPI in the near term, providers may increase the price of care in response to the elevated SR rates, returning the provider payment differentials to current levels.

Below please find descriptions and updates on all research projects and contract requirements.

Update to the Economic Self-Sufficiency Analysis

The ECPRG at the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies planned to use extant data contained within the Early Childhood Integrated Data System coupled with newly acquired data from the FETPIP data store to construct a new measure of economic mobility to better understand the factors and programs that support economic self-sufficiency. Unfortunately, due to unforeseen barriers to data acquisition, this analysis was not feasible with the current data. The team has initiated communication with personnel from the Florida Department of Commerce in a renewed effort to acquire the data necessary to measure the economic outcomes for families that participate in state programs designed to support economic mobility among vulnerable families.

Access to Early Childcare and Education Services: Update to the Florida Index of Child Care Access (FLICCA)

The below update was submitted earlier in the year and served as Deliverable 5.

Introduction

The Florida Index of Child Care Access (FLICCA) uses administrative data to measure childcare access among families with children aged birth to five enrolled in the Florida School Readiness (SR) program. Since its launch in 2018, the FLICCA has assisted the Florida Department of Education's Division of Early Learning (DEL) and local Early Learning Coalitions (ELCs) in identifying areas most in need of support and in identifying potential policy interventions that could enhance childcare access.

The Early Childhood Policy Research Group (ECPRG) at the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies has worked with state and local leaders to continue improving the tool to meet stakeholders' needs. The most recent version includes refinements to visualizations, measurement tools, and data quality to reflect an evolving understanding of the childcare market and access for families

participating in the SR program. The FLICCA's fourth and most recent version (FLICCA 4.2) is online at thesunshineportal.com and describes childcare access for children ages birth to five in the SR program between Fiscal Years (FY) 19/20 and FY 21/22.

On November 27, 2023, the team received an updated dataset from the DEL with FY 22/23 data. With this new dataset, the ECPRG plans to launch the next iteration of the FLICCA, FLICCA 5.0, to include the most recent fiscal year and further refinements to visualizations and measurements. The following report describes the current FLICCA 4.2 and improvements that the team will introduce with the FLICCA 5.0.

Current Version: FLICCA 4.2

The FLICCA 4.2 was launched on December 12, 2022, and includes early childhood administrative data sourced from the DEL spanning Fiscal Years 2019-2022. The following section describes the current tool, which users can find online at thesunshineportal.com.

Data

The FLICCA 4.2 uses three data sources: the DEL list of SR providers, the DEL SR payment file, and the Florida Department of Children and Families (DCF) list of all licensed providers. The DEL provider list includes all contracted providers eligible to provide the SR program. Of note, the DEL provides the ECPRG with each provider's Classroom Assessment Scoring System (CLASS) composite scores, which the team uses to identify high-quality and not high-quality capacity. The DEL SR payment file is a child-level file that includes the number of days a child attended the SR program, their care level, and which provider they enrolled. Finally, the DCF provider file supplements the DEL provider file to allow the team to describe all providers in the state, not exclusively providers contracted with the SR program. Additionally, the team uses this file to fix the missingness in the DEL provider capacities and verify providers' monthly open/closed status.

Measures Used to Characterize Childcare Accessibility

The FLICCA 4.2 reports SR families' access to childcare through a concise articulation of the balance of supply and demand. The sufficiency of HQ childcare supply is measured through the Infrastructure measure, indicating whether a given zip code has an abundance or shortage of HQ slots relative to the number of children using subsidized care (Eq.1). Meanwhile, demand is reported through the Selection measure, revealing the tendency of families to enroll or not enroll their children in HQ providers within particular zip codes. Specifically, Selection measures the difference in the utilization rates between HQ and NHQ providers (Eq.2).

Infrastructure = #Slots at HQ Provider - #Enrolled SR Children   (Eq.1)

Selection = #SR Children in HQ Provider/#Slots at HQ Providers - #SR Children in NHQ Provider/#Slots at NHQ Providers   (Eq.2)

Both measures are reported scores with a negative value, a positive value, or a zero, with detailed definitions available in the FLICCA Interpretation Guide (Table 1). The relationships between Selection and Infrastructure help stakeholders identify the type(s) of policy intervention that might best support increased childcare access.

The CLASS measures provider quality for the Selection and Infrastructure analyses. The CLASS is administered to all non-exempt SR-contracted childcare providers, allowing uniform quality comparisons across the state. In the FLICCA 4.2, the four established CLASS Quality Thresholds (i.e., 4.0, 4.5, 5.0, and 5.5) designate providers into HQ or NHQ categories. For example, a CLASS threshold of 5.0 designates providers with CLASS scores of 5.0 or higher as HQ providers, while providers with CLASS scores below 5.0 fall into the NHQ category. Infrastructure and Selection indices are dynamically presented monthly at the zip code level for each CLASS quality threshold, visualized as interactive web maps across five distinct colors: blue (indicating positive Infrastructure and Selection), purple (indicating negative Infrastructure and positive Selection), red (indicating negative Infrastructure and Selection), white (indicating positive Infrastructure and negative Selection), and yellow (representing zip codes with SR enrollment below 15).

Table 1. FLICCA Interpretation Guide

Zip Code Color	Infrastructure[1] (Numeric Value)	Selection[2] (Numeric Value)	Interpretation
(blue circle)	Positive	Positive	In this scenario both the selection and infrastructure scores are positive. This means that when considering available care to SR families, a greater proportion of families are enrolling in care with a high CLASS score. Additionally, there are more high CLASS score child care slots than there are children using subsidies in this area. Since both scores are positive, administrators and researchers should investigate these areas to better understand how to implement interventions in the other three types of areas.
(red circle)	Negative	Negative	In this scenario both the selection and infrastructure scores are negative. This means that when considering available care to SR families, a greater proportion of families are enrolling in low/no CLASS score care. This also shows that there are more children receiving subsidies than there are high CLASS score child care slots. The negative selection score indicates a need for administrators and researchers to investigate why parents are not enrolling the high CLASS score providers. Additionally, there is a need for more high CLASS score slots to make sure that there are enough high CLASS score slots to accommodate all children using subsidies in the area.
(purple circle)	Negative	Positive	In this scenario the infrastructure score is negative and the selection score is positive. This means that when considering available care to SR families, a greater proportion of families are choosing to use high CLASS score care. This also shows that there are more children receiving subsidies than there are high CLASS score slots. Given that more families are enrolling their children in high CLASS score care despite the shortage of high CLASS score infrastructure, the FLICCA indicates a need for an increase in high CLASS score slots to make sure that there are enough high CLASS score slots to accommodate all children using subsidies in the area.
(white circle)	Positive	Negative	In this scenario the infrastructure score is positive and the selection score is negative. This means that when considering available care to SR families, a greater proportion of families are enrolling in low/no CLASS score care. However, there are more high CLASS score child care slots than there are children receiving subsidies. Given the low selection by families despite there being more high CLASS score slots than children receiving subsidies, The FLICCA indicates a need for administrators and researchers to investigate why families are not enrolling in high CLASS score providers and develop interventions to improve family selection (e.g., a family awareness campaign).
(yellow circle)	Zero	Zero	There are no providers present in this area and/or there are fewer than 15 children enrolled.

[1] Infrastructure is the amount of high CLASS score care available; Measured as a positive numeric value, negative numeric value, or zero.
[2] Selection is the rate at which families enroll in high CLASS score care; Measured as a positive numeric value, negative numeric value, or zero.

Visualizing Results

The FLICCA's user interface offers dynamic interactive maps accessible at the state, Early Learning Coalition (ELC), and zip code levels. Users can engage with the map by selecting specific parameters such as CLASS Quality Threshold (options include 4.0, 4.5, 5.0, or 5.5), Month/Year (from July 2019 to June 2022), and Coalition.

Users can zoom in and out between the statewide- and coalition-level views. Additional functionality is provided when a user selects a specific coalition for closer inspection. Users can utilize buttons to toggle the display of SR contracted and non-contracted providers, offering valuable insights into the local distribution and supply conditions of different types of childcare providers (e.g., dots for center-based providers and triangles for home-based providers).

Upon zooming into a specific ELC of interest, users can further refine their exploration by selecting individual zip codes, providers, and quality ratings. This function enables additional pop-up information related to HQ/NHQ enrollment and HQ/NHQ capacity.

This visual representation, both temporally and geographically, empowers policymakers to make informed decisions tailored to the distinctive natures of their local childcare markets. As illustrated in Figure 1, consider the zip code 33055 within the Miami-Dade/Monroe Coalition. Notably, from June 2021 to June 2022, total capacity and enrollment decreased. Conversely, during the same period, HQ enrollment, HQ capacity, and Infrastructure increased, suggesting the effectiveness of interventions promoting HQ SR services. Despite these positive shifts, Infrastructure still reflects negative values as of June 2022, indicating the necessity for continued local efforts to address enrollment criteria and reimbursement policies.

Figure 1. Zip Code 33055 in the Miami-Dade/Monroe Coalition in June 2021/2022
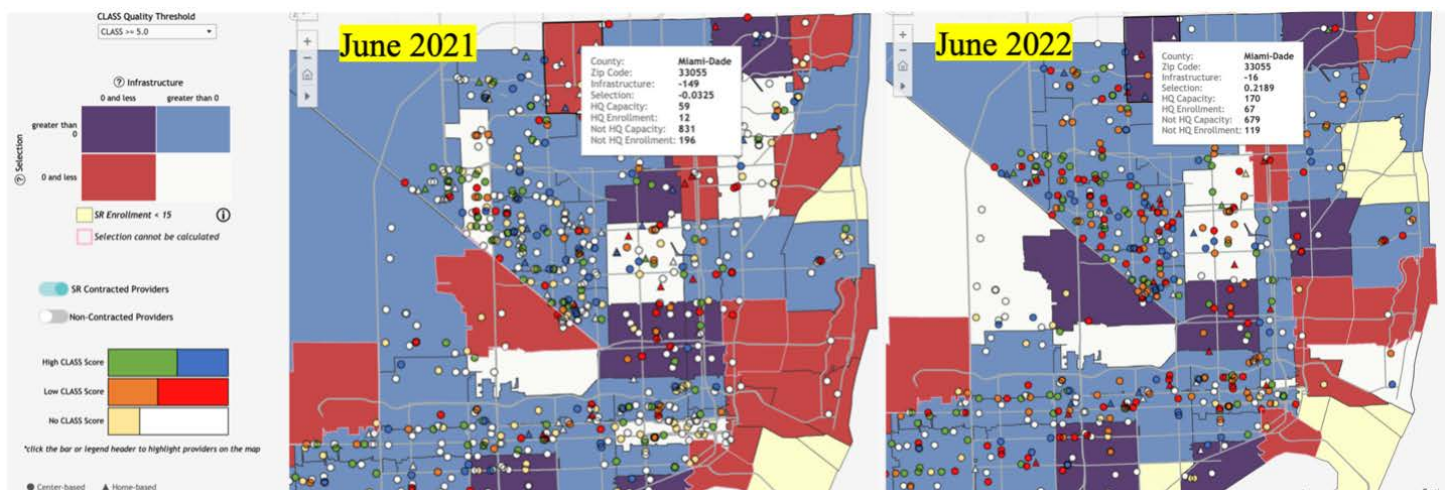
The FLICCA Dashboard

In addition to geographic depictions of access, the FLICCA 4.2 includes dashboards with measurements relating to childcare provider and SR child enrollment regarding provider capacity and quality. The dashboard consists of comprehensive charts and histograms presented monthly and Coalition specific. Key information includes Provider Permanency, Providers categorized by Quality Level, Enrollment-related data, and the SR Utilization Rates among contracted providers. More specifically, Provider Permanency reveals the percentage of children (Birth to 5) who have remained enrolled with the same childcare provider for at least 6, 9, and 12 months. Providers by Quality Level shows the percentage of providers in each quality category (i.e., High-Range with CLASS > 5.0, Mid-Range with CLASS between 4.0 and 5.0, and Low-Range with CLASS < 4.0). Enrollment-related charts leverage data extracted from SR Payments to provide insights into providers' SR enrollment, covering aspects such as Enrollment by Quality Level, Total Number of Enrollments, Enrollment Drops, and Average Attendance (i.e., the average number of days attended). The SR Utilization Rates are the percentage distribution of SR Utilization rates, calculated by dividing SR enrollment by licensed capacity. The FLICCA 4.2 dashboard offers a comprehensive and detailed view of the contracted SR providers, facilitating a deeper understanding of their characteristics and performance metrics.

Figure 2. FLICCA 4.2 Dashboard
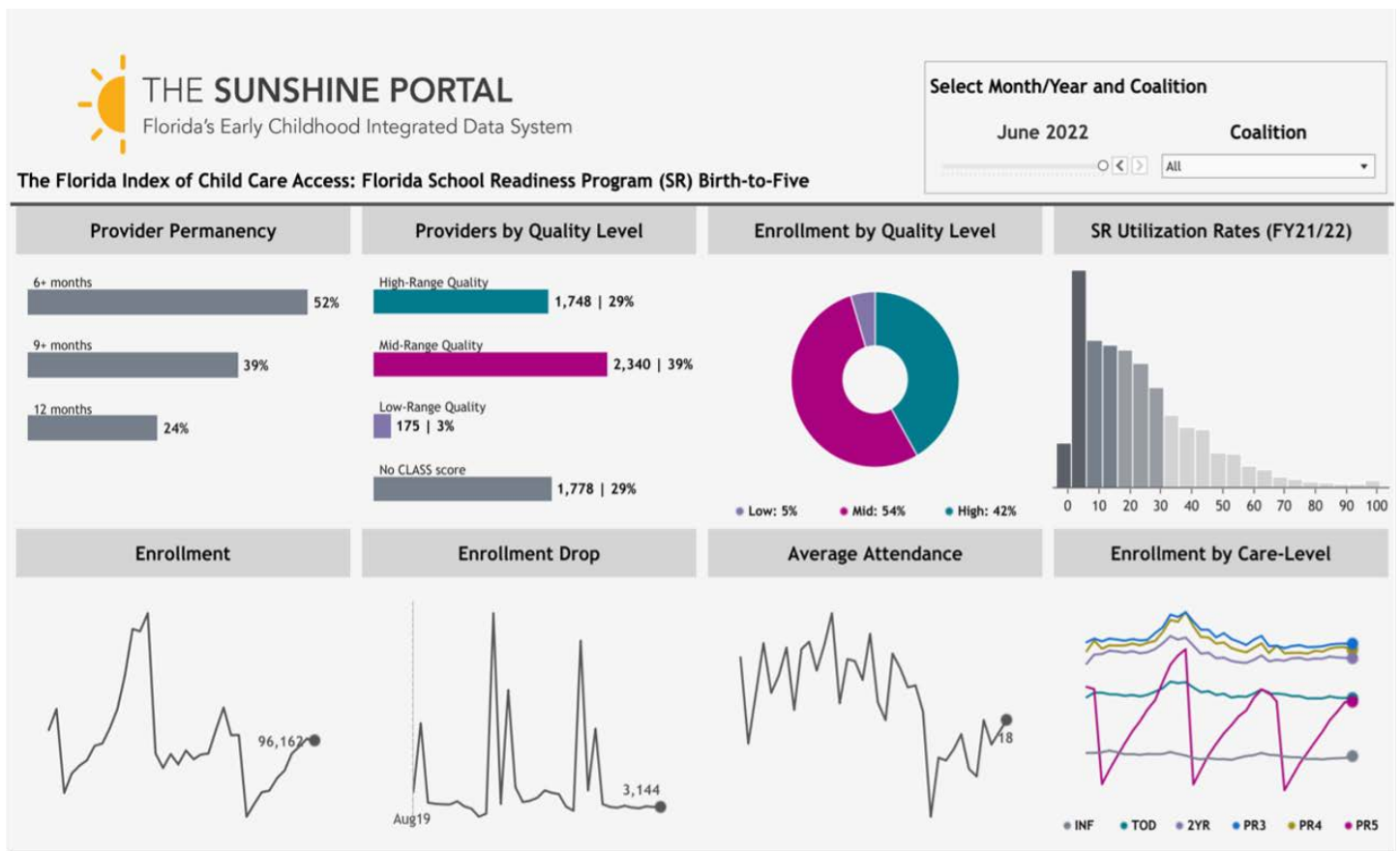
FLICCA 4.2 Limitations

The following are known limitations of the FLICCA 4.2 that stakeholders have shared with the team and identified as necessary areas for improvement.

Difficulty Interpreting the Selection Measure

Since the Selection index measures the difference in utilization rates between two provider categories, HQ and NHQ providers, the results present a challenge in terms of straightforward interpretation regarding the tendency of families to select HQ providers. Consequently, the Selection measure demands a more elaborate explanation, especially for new FLICCA users and stakeholders.

Moreover, the limitations arise when calculating the Selection index for zip codes lacking HQ or NHQ slots. This exclusionary approach affects zip codes with only NHQ slots under high CLASS thresholds (e.g., 5.5) and those with solely HQ slots under low CLASS thresholds (e.g., 4.0). As a result, certain zip codes with SR enrollment may be omitted from the Selection measure.

This complexity in interpretation introduces potential hurdles for seamlessly integrating the Selection index into a practical decision-making process.

Slow Rendering

The current dashboard has slow rendering. This issue stems from including an extensive integrated dataset spanning multiple years, diverse zip codes, and various CLASS quality thresholds within the FLICCA 4.2. Consequently, users may encounter delays during the loading and querying processes of the maps.

For example, when accessed through the Safari or Chrome browser on a MacBook Air laptop equipped with the Apple M2 chip, the dashboard page takes approximately 6 seconds to load. Additionally, loading a specific coalition-level map requires an additional 5 seconds. Notably, when transitioning between coalitions, the website frequently becomes unresponsive, presenting a significant hurdle to a seamless user experience.

This slow rendering potentially impedes overall user satisfaction and critically impacts productivity. Solving this slow rendering issue would optimize the efficiency and responsiveness of the dashboard. This enhancement will contribute to a smoother and more effective user interaction, aligning to provide a seamless experience for users accessing the FLICCA.

Lack of Comparability between Geographic Areas

While the FLICCA 4.2 effectively portrays the Infrastructure and Selection indices as negative or positive categories on maps, users need to access the actual values of these indices to enhance the decision-making process. The Selection measure, derived from ratios, yields a range from -1 to +1, the current color ramp facilitating straightforward comparisons across zip codes and geographic areas. However, the Infrastructure index, calculated in whole numbers, exhibits a broader range, spanning from negative thousands to positive thousands. Our current visualization cannot effectively support the use of actual Infrastructure index values.

For example, a deficit of 10 slots for children may have a substantial impact in a zip code with a lower population density. Conversely, in a more densely populated area, a deficit of 10 slots may not carry the same weight in the overall local childcare market.

FLICCA 5.0

To address the known limitations of FLICCA 4.2, the ECPRG has implemented the following revisions currently reflected in FLICCA 5.0.

Replacing 'Selection' with the Proportion of Children Enrolled in HQ (HQ%)

The Selection measure in FLICCA 4.2 has been replaced by the proportion of children enrolled in HQ (HQ%) metric, which is calculated by (Eq.3). This new measure is characterized by its simplicity, directness, and enhanced interpretability, providing a more straightforward representation of the family tendency towards selecting HQ providers.

$$HQ\% = HQ\ SR\ Enrollment\ /\ (HQ\ SR\ Enrollment + NHQ\ SR\ Enrollment) \qquad (Eq.3)$$

Improving Visualization

We also implemented a new strategy to visualize the FLICCA measures in FLICCA 5.0 (see Figure 3). The zip code layer is a color ramp coded to represent the HQ%. Additionally, the Infrastructure is denoted using number labels overlaid on the HQ% layer. This design simplifies map interpretation, allowing users to read the map based on the darkness of the color ramp and eliminating the need to memorize the meanings of each color in FLICCA 4.2.

Furthermore, using number labels of Infrastructure enhances direct visualization and facilitates straightforward comparisons between geographic areas. These strategies enhance the user experience, making the FLICCA measures more accessible and user-friendly for efficient data interpretation.

Figure 3. FLICCA 5.0 Visualization

Florida SR HQ% and Infrastructure
(June 2022)

Legend

Proportion of HQSR Enrollment (HQ%)

- No SR Providers
- No SR Enrollment
- 0 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- > 80%

Numeric Label: Infrastructure
* HQ: CLASS >= 5

0   50   100   200 Miles
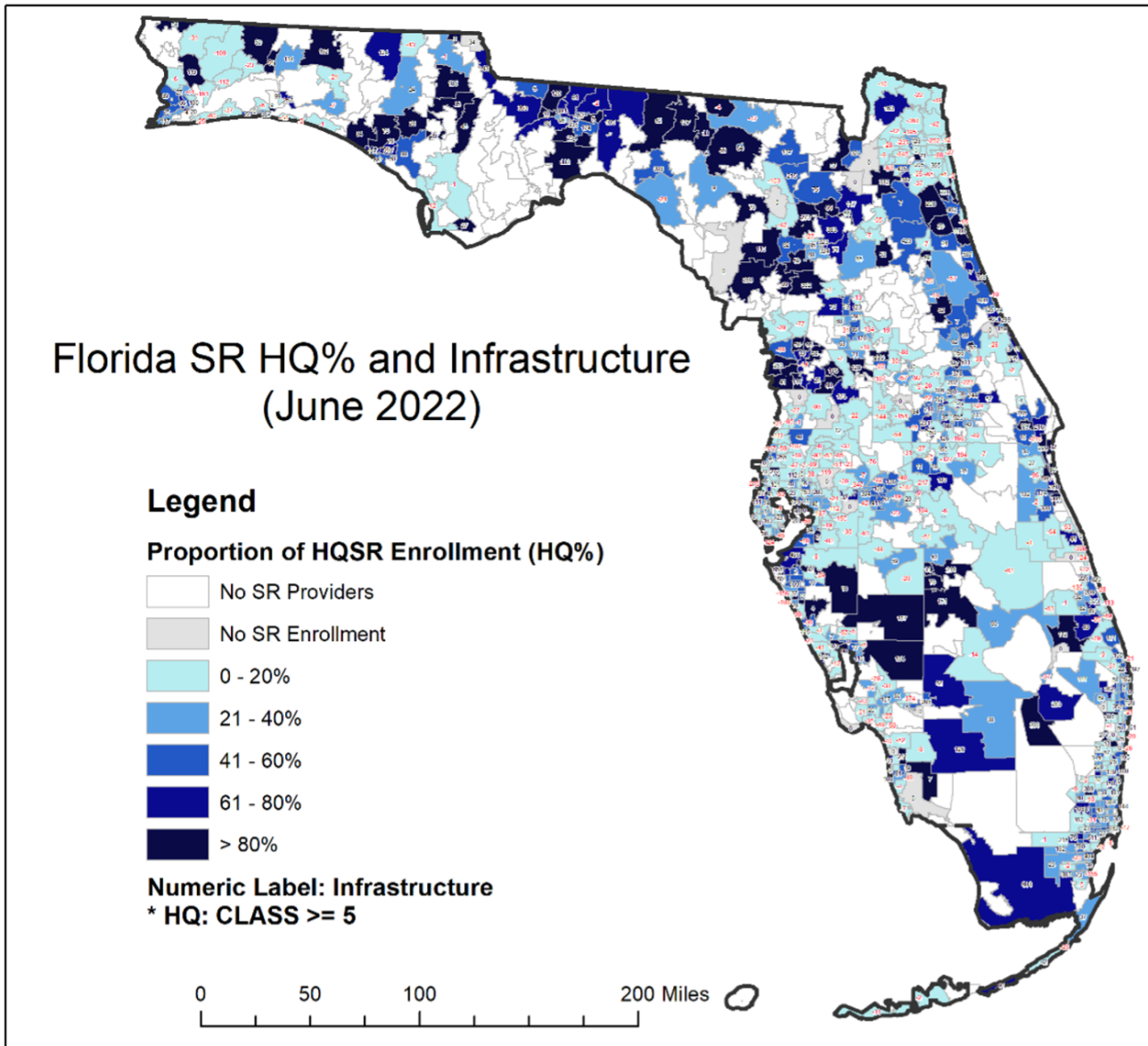
Improved Dashboard Measures

After careful consideration, considering user feedback, the ECPRG has devised a plan to modify the FLICCA dashboard with a particular emphasis on improving intuitive understandability and aligning the measures with the overarching goal of the tool—improving access to high-quality early care and education for families using subsidies. To this end, we removed elements from the FLICCA 4.2 dashboard (see Figure 4), such as Provider Permanency, Enrollment, Enrollment Drop, and Average Attendance. This decision was driven by a focus on retaining key and frequently used elements, namely Providers by Quality Level, Enrollment by Quality Level, and SR Utilization Rates. Concerning the Providers by Quality Level chart, we changed the existing quality categories (High-Range, Mid-Range, Low-Range) to CLASS quality thresholds to make interpretability more flexible and geographically relevant.

Figure 4. Dashboard Elements
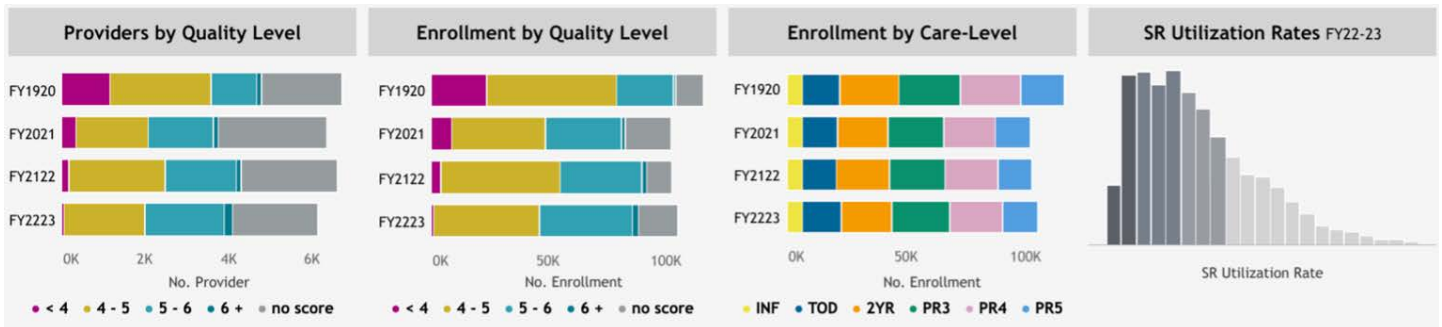
Reporting on an Annual Basis

We streamlined the reporting frequency of the FLICCA results from monthly to annual. This strategic shift is driven by the observation that there are fewer Infrastructure/Selection differences across months than across CLASS thresholds. For example, when examining the ELC of Alachua County under the CLASS threshold of 5.0, the FLICCA 4.2 maps remain identical from March 2022 to June 2022 and the same from September 2021 to February 2022. This redundancy contributes to slow rendering and poses challenges for the FLICCA users in efficiently extracting meaningful information. This approach mitigated issues related to slow rendering and facilitated a more streamlined and user-friendly experience, enabling users to swiftly extract meaningful insights from the FLICCA dashboard.

Understanding the Determinants of Provider Participation in Florida's Voluntary Prekindergarten Education Program and Florida's School Readiness Program

Introduction

In the pursuit of enhancing the quality of early childhood education, this report is an initial look at childcare provider experiences and decision-making concerning participation in Florida's School Readiness Program (SR; childcare subsidy) and Florida's Voluntary Prekindergarten Education Program (VPK). As Florida continues its commitment to providing accessible and high-quality early learning opportunities for children, it is important to understand the factors that influence provider participation in state-subsidized programs. This report describes contextual and logistical factors that shape provider decision-making, program participation, and enrollment.

Importance of Understanding Provider Participation

A comprehensive understanding of the factors that contribute to provider program participation is crucial to the continued success of Florida's School Readiness and Voluntary Prekindergarten Education programs. The Florida childcare subsidy program, SR, is funded primarily by the Child Care Development Fund and administered by the Florida Department of Education, Division of Early Learning.

The operations of the program that require direct interactions with families and other potential clients are managed by 30 Early Learning Coalitions (ELCs) and the Redlands Christian Migrant Association. The aims of this program are two-fold: to support family economic mobility and to support children's kindergarten readiness for families with low income. The Florida VPK Program is a state-funded program that seeks to support universal kindergarten readiness via a 540-hour school year program (300 hours for summer only) accessible to all children in Florida the year immediately preceding kindergarten entry. Together, these two programs aim to improve the educational outcomes of children in Florida by providing a solid foundation from which subsequent learning will be built. For these programs to deliver the intended outcomes, however, providers must first participate and enroll children who are served through these mechanisms. Identifying barriers that deter providers from participating in the SR and VPK programs is paramount to fostering widespread participation. Whether they be financial or logistical, a comprehensive understanding of these barriers empowers policymakers to implement strategic interventions. Initiatives aimed at alleviating these obstacles can be devised to encourage greater participation among childcare providers, which, in turn, will lead to greater access to childcare for subsidy recipients.

This research, conducted in collaboration with the Florida Department of Education, Division of Early Learning (DEL), extends beyond the examination of enrollment statistics. This comprehensive endeavor aims to enrich our understanding of the factors that shape provider participation in the SR and VPK programs. The purpose of this research is to describe the provider-level contextual factors that shape participation decisions regarding Florida's School Readiness (SR) and Voluntary Prekindergarten Education (VPK) programs. Specifically, this report will describe factors influencing participation gained through survey-based feedback from providers. By shedding light on the preferences regarding program participation, we aim to provide evidence-based recommendations for policy enhancements that support the continued evolution of the SR and VPK programs to meet the changing needs of Florida's families.

Methodology

Research Design and Approach

This research explores the factors influencing program participation. By examining the provider experience and perspectives, we aim to present a comprehensive view of the complexities surrounding program participation, which ultimately impact child enrollment and broader access to care for low-income families.

Recognizing the collaborative nature of this research, feedback from stakeholders, including the DEL staff, ELCs' personnel, parents, and providers, has been actively obtained and incorporated. This iterative approach ensures that the research is not only methodologically robust but also relevant and impactful for those directly involved in the implementation and utilization of the SR and VPK programs.

Providers' Survey Data Collection and Analysis

Survey data collection focused on eliciting insights related to factors influencing provider program participation and child enrollment. The survey (see Appendix 2) was implemented using Qualtrics and was emailed to providers. An invitation to participate (see Appendix 3) was distributed to 11,182 provider email addresses in waves, starting on Thursday, 2/22/2024, followed by three subsequent reminders distributed between Tuesday, 3/5/2024, and Tuesday, 3/26/2024. From all waves, 1,404 providers completed the survey. Our approach to obtaining responses from childcare providers was inclusive and comprehensive of all providers in the state of Florida that could be reached through email correspondence. We believe that our broad approach to recruiting providers for our survey allows for a robust examination of provider experiences and perspectives, and the results of our survey are generalizable to childcare providers in the state of Florida as a whole.

Data Analysis and Interpretation of Provider Participation

Characteristics of Providers

The counts of providers who responded to the Qualtrics survey about program participation experiences and perspectives are displayed in Table 1. Across all provider respondents, there were 62 of the 67 Florida counties represented. The majority of responses came from providers in 8 counties: Hillsborough (n=130), Miami-Dade (n=129), Broward (n=88), Palm Beach (n=82), Orange (n=79), Duval (n=76), Polk (n=67), and Pinellas (n=50). While the survey responses are generalizable at the statewide level, county-level analyses were not conducted for this report, as they would not be appropriate due to lack of representativeness at the county level.

County

Table 1. Provider County

County	Frequency	Proportion
Hillsborough	130	9.4%
Miami-Dade	129	9.3%
Broward	88	6.4%
Palm Beach	82	5.9%
Orange	79	5.7%
Duval	76	5.5%
Polk	67	4.8%
Pinellas	50	3.6%
Volusia	43	3.1%
Lee	36	2.6%
Brevard	33	2.4%
Alachua	31	2.2%
Pasco	31	2.2%
Seminole	31	2.2%
Sarasota	28	2.0%
St. Lucie	28	2.0%
Manatee	27	2.0%
Escambia	26	1.9%
Lake	21	1.5%
Leon	20	1.4%
Bay	16	1.2%
Collier	16	1.2%
Okaloosa	16	1.2%
Marion	15	1.1%
Santa Rosa	15	1.1%
Osceola	14	1.0%
St. Johns	14	1.0%
Indian River	13	0.9%
Martin	12	0.9%
Clay	11	0.8%
Charlotte	10	0.7%

County	Frequency	Proportion
Hendry	9	0.7%
Citrus	8	0.6%
Highlands	7	0.5%
Columbia	6	0.4%
Monroe	6	0.4%
Nassau	6	0.4%
Putnam	6	0.4%
Walton	5	0.4%
Flagler	4	0.3%
Hardee	4	0.3%
Hernando	4	0.3%
Madison	4	0.3%
Taylor	4	0.3%
Levy	3	0.2%
Bradford	2	0.1%
DeSoto	2	0.1%
Dixie	2	0.1%
Franklin	2	0.1%
Gadsden	2	0.1%
Jefferson	2	0.1%
Okeechobee	2	0.1%
Suwannee	2	0.1%
Jackson	2	0.1%
Calhoun	1	0.1%
Gulf	1	0.1%
Hamilton	1	0.1%
Sumter	1	0.1%
Union	1	0.1%
Wakulla	1	0.1%
Washington	1	0.1%
Glades	1	0.1%
Not Reported	72	5.2%

Provider Types and Respondent Role

Figure 1 shows that the majority of providers that responded to the survey identified themselves as 'Center-based' (n=1,096) rather than 'Home-based' (n=211). This trend for Center-based providers was consistent across all levels of program participation, except for providers who reported never participating in VPK, which had the largest group of Home-based providers (n=169). Figure 2 shows that a minority of survey respondents identified as Faith-based (n=409) as opposed to Not Faith-based providers (n=893). This trend is consistent across all types of provider program participation, except for providers who reported never participating in SR, among which about half were Faith-based (n=163).

Figure 1. Provider Type in Survey Sample
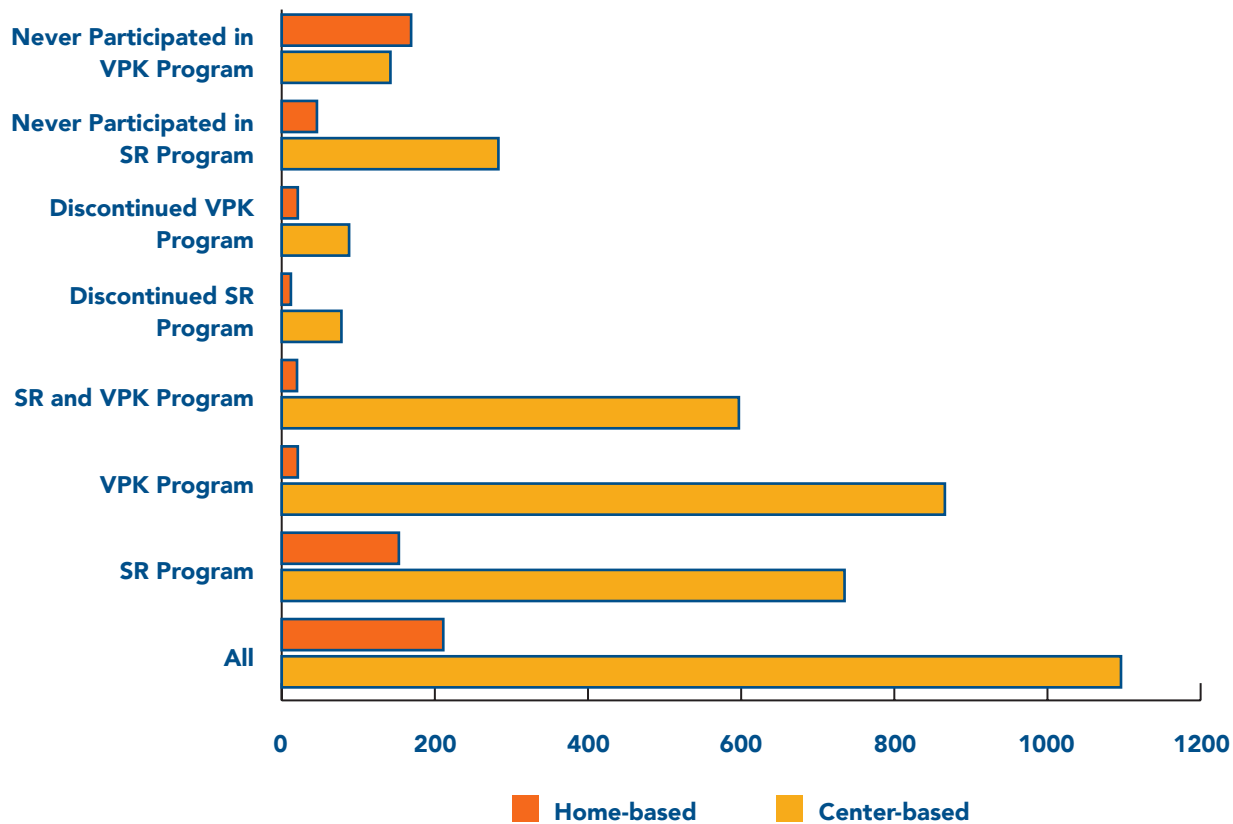
Provider Type	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
Center-based	1,096	735	866	597	78	88	283	142
Home-based	211	153	21	20	12	21	46	169

Figure 2. Faith-based Providers in Survey Sample
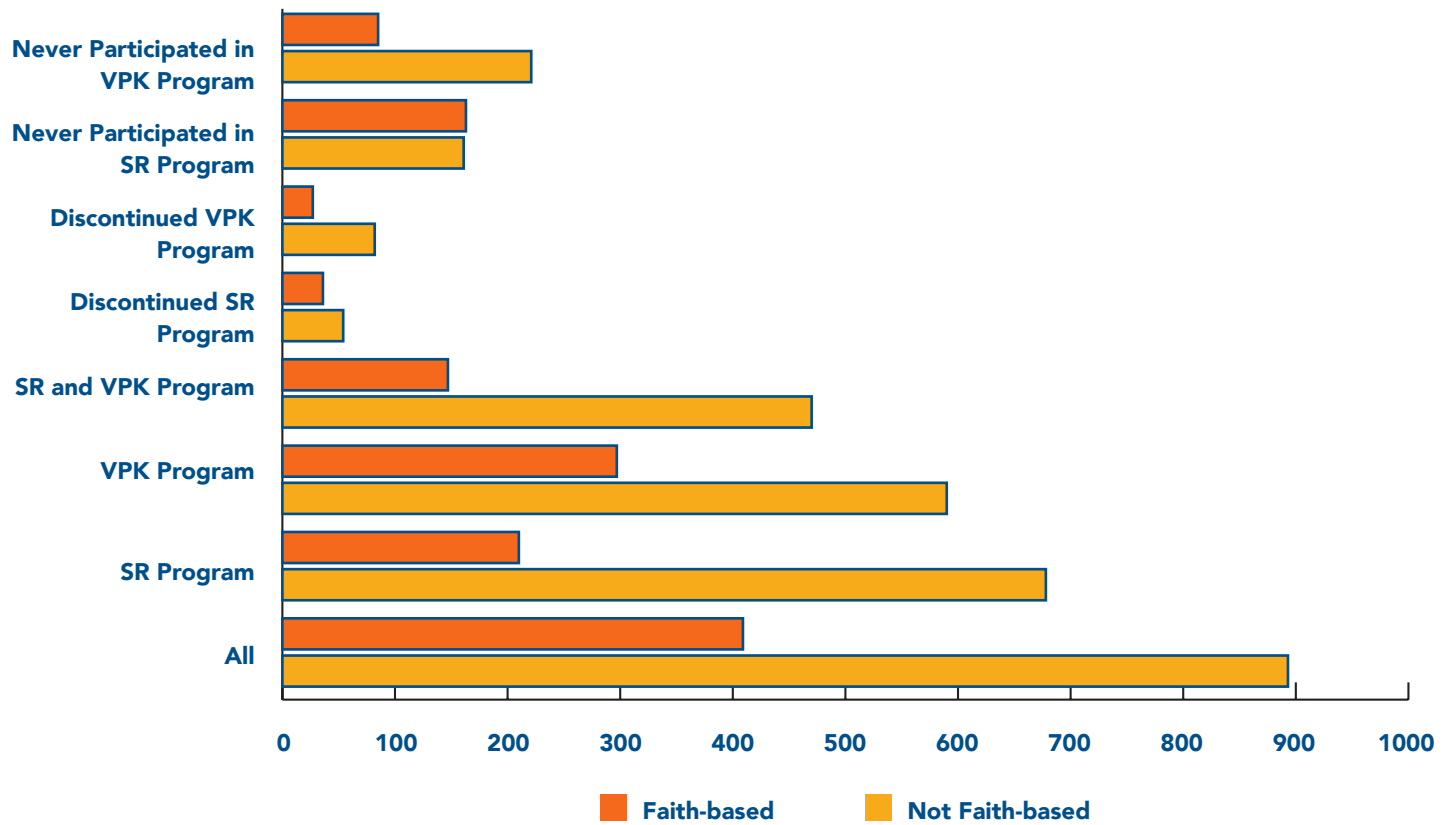
Provider Faith-based?	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
Not Faith-based	893	678	590	470	54	82	161	221
Faith-based	409	210	297	147	36	27	163	85

When providers were asked about their intended capacity, the majority of respondents (n=850) indicated their intended capacity was above 50, as shown in Figure 3. Nearly half of those 850 respondents also listed their intended capacity as above 100 (n=393). These intended capacities approximately align with the previously reported provider types as Center-based care or Home-based care.

Figure 4 shows that the provider survey respondents were overwhelmingly either Directors (n=734) or Owners (n=512) of the childcare business. Only a minority of survey respondents identified themselves as Staff, Teacher, or Other, or did not provide information about their role (n=136). There was a consistent trend in the distribution of respondent roles across all program participation types.

Figure 3. Reported Intended Capacity of Providers in Survey Sample

Intended Capacity	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
More than 100	393	256	335	226	40	21	97	37
75 to 100	237	176	200	154	14	21	47	16
50 to 74	220	152	165	118	9	19	59	36
25 to 49	191	131	137	90	9	22	51	32
13 to 24	60	34	32	14	5	7	21	21
Less than 13	197	139	18	15	13	19	45	160

Figure 4. Respondent Role in Provider Organization in Survey Sample
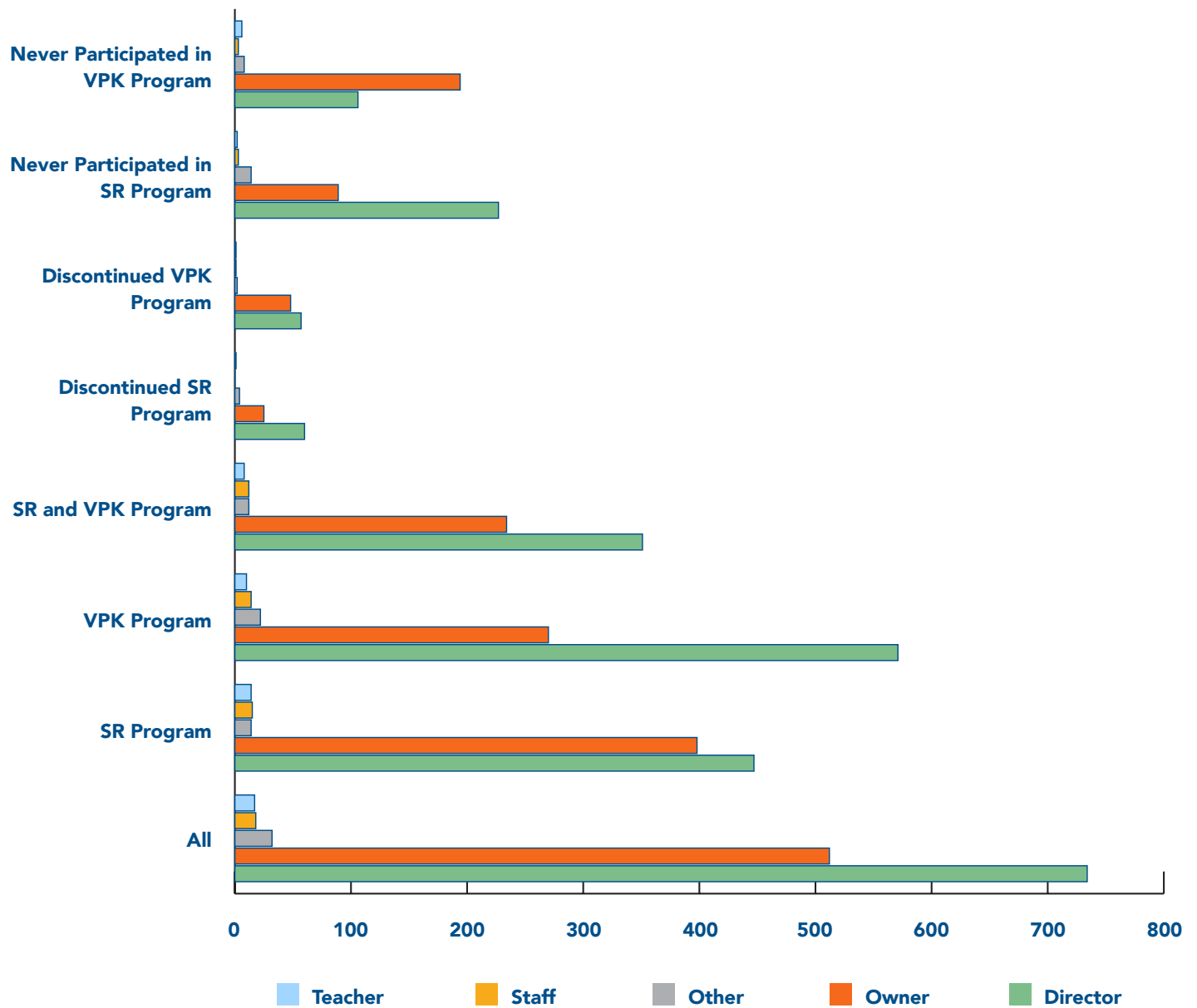
Respondent Role in Organization	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
Director	734	447	571	351	60	57	227	106
Owner	512	398	270	234	25	48	89	194
Other	32	14	22	12	4	2	14	8
Staff	18	15	14	12	0	1	3	3
Teacher	17	14	10	8	1	1	2	6

Provider Perspective on Program Participation

Through our provider survey, the ECPRG sought to obtain provider perspectives on aspects of childcare-business operations related to program participation, including increasing child enrollment (including 4-year-old enrollment for VPK), financial assistance, opportunities for advertising, professional development, and serving vulnerable families.

Increased Child Enrollment

Figure 5 shows the distribution of provider responses when providers were asked if they believed that program participation *"...leads to increased enrollment potential for your childcare or preschool facility?"*. This question was presented to all respondents and was relative to the program in which they participated. Overall, the majority (n=723) responded that they *Agree* or *Strongly agree*, indicating they believed that program participation increased enrollment at their respective sites. This trend was consistent across program-participation types.

Figure 5. Provider Perspective on Program Participation Related to Increased Enrollment

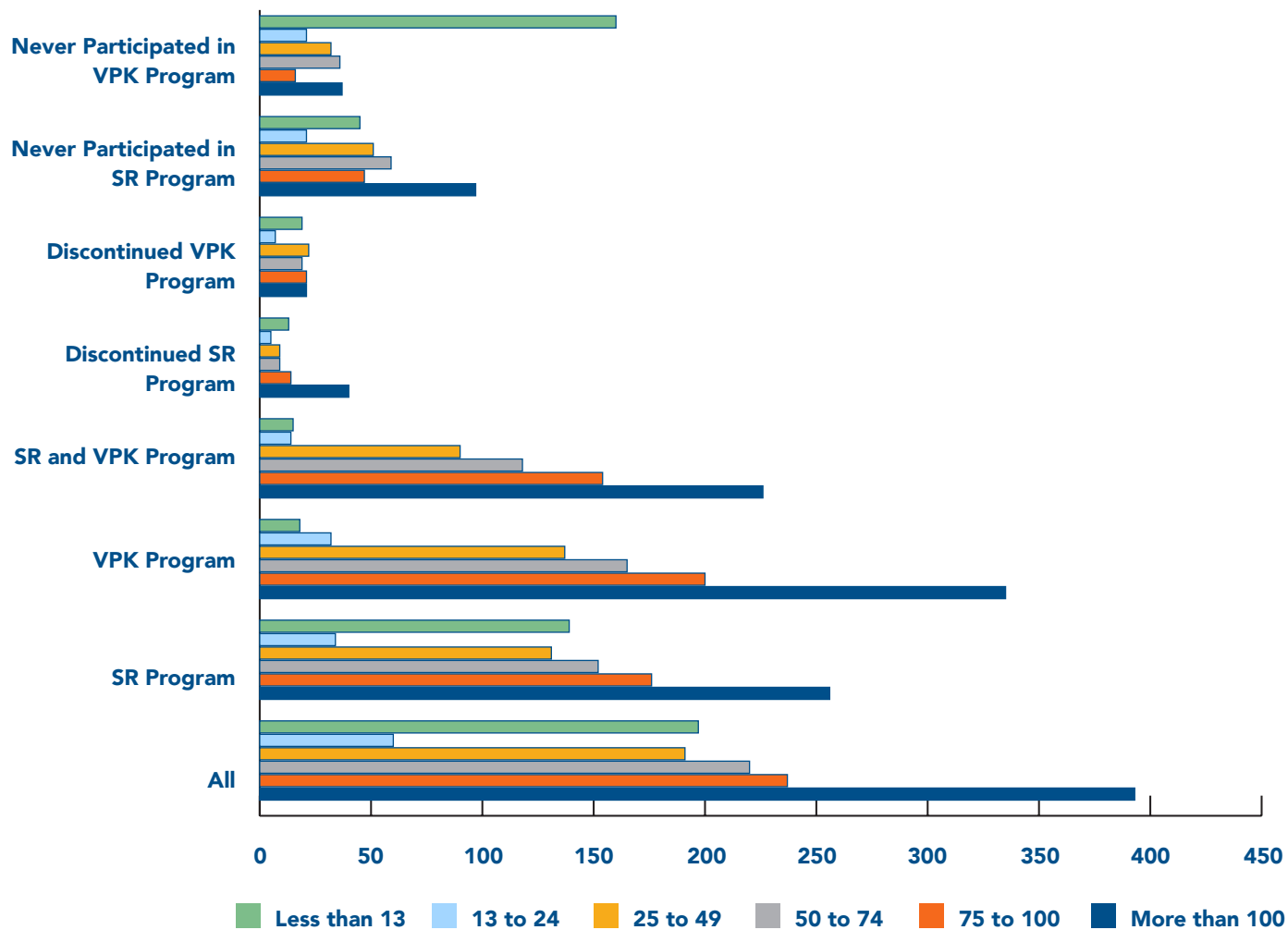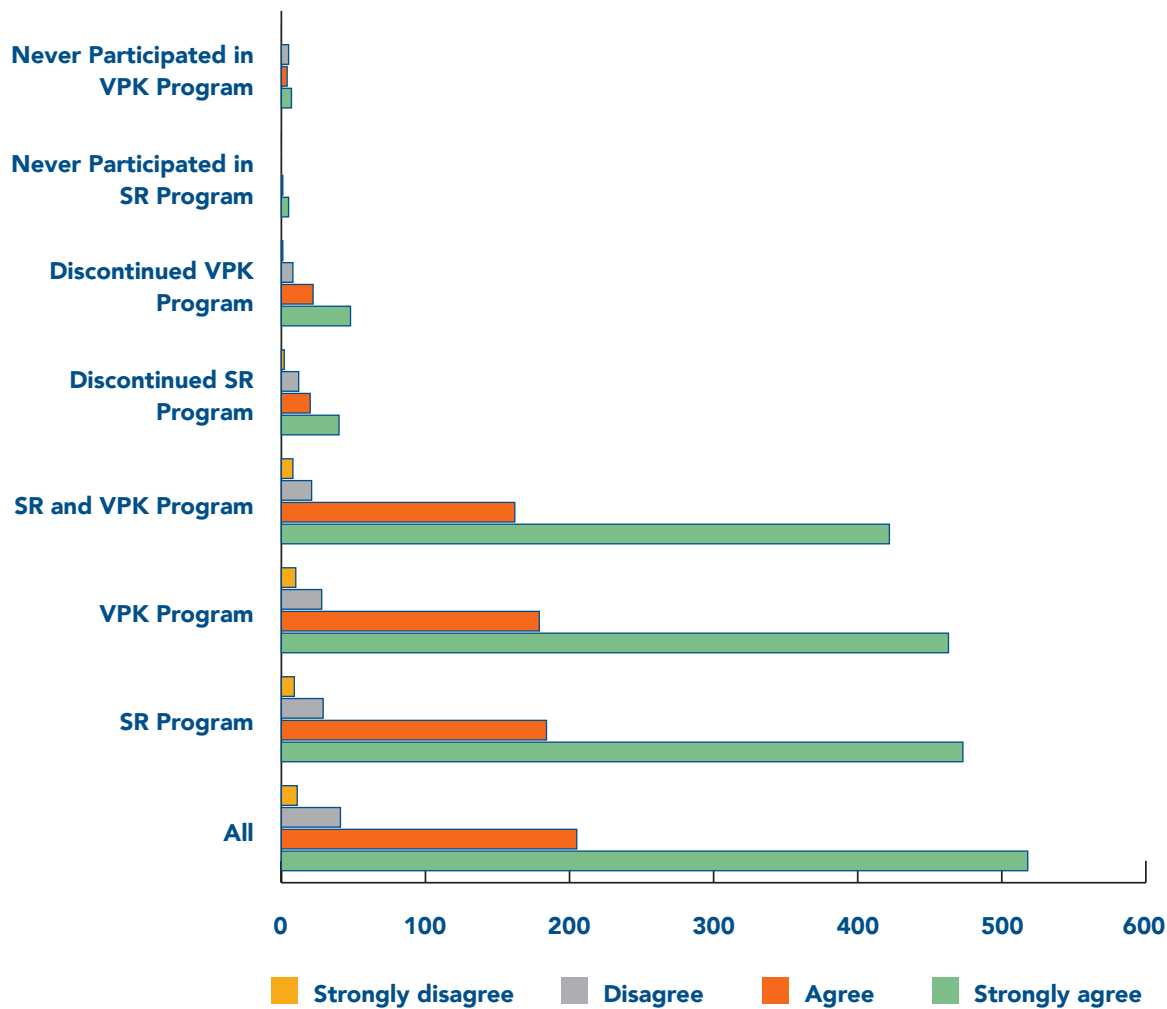| Participation Leads to Increased Enrollment	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
Strongly agree	518	473	463	422	40	48	5	7
Agree	205	184	179	162	20	22	1	4
Disagree	41	29	28	21	12	8	0	5
Strongly disagree	11	9	10	8	2	1	0	0

Increased Enrollment for 4-Year-Olds

Figure 6 shows the distribution of provider responses from the group of providers currently participating in the VPK program only or VPK and another program, when they were asked about the importance of participation in the VPK program to *"...remain competitive for 4-year-old enrollment..."*. The majority of providers (n=632) currently participating in VPK rated the importance of remaining competitive for 4-year-old enrollment as either *Important* or *Very important*.

Figure 6. Provider Perspective on Program Participation Related to Increased Enrollment of 4-Year-Olds
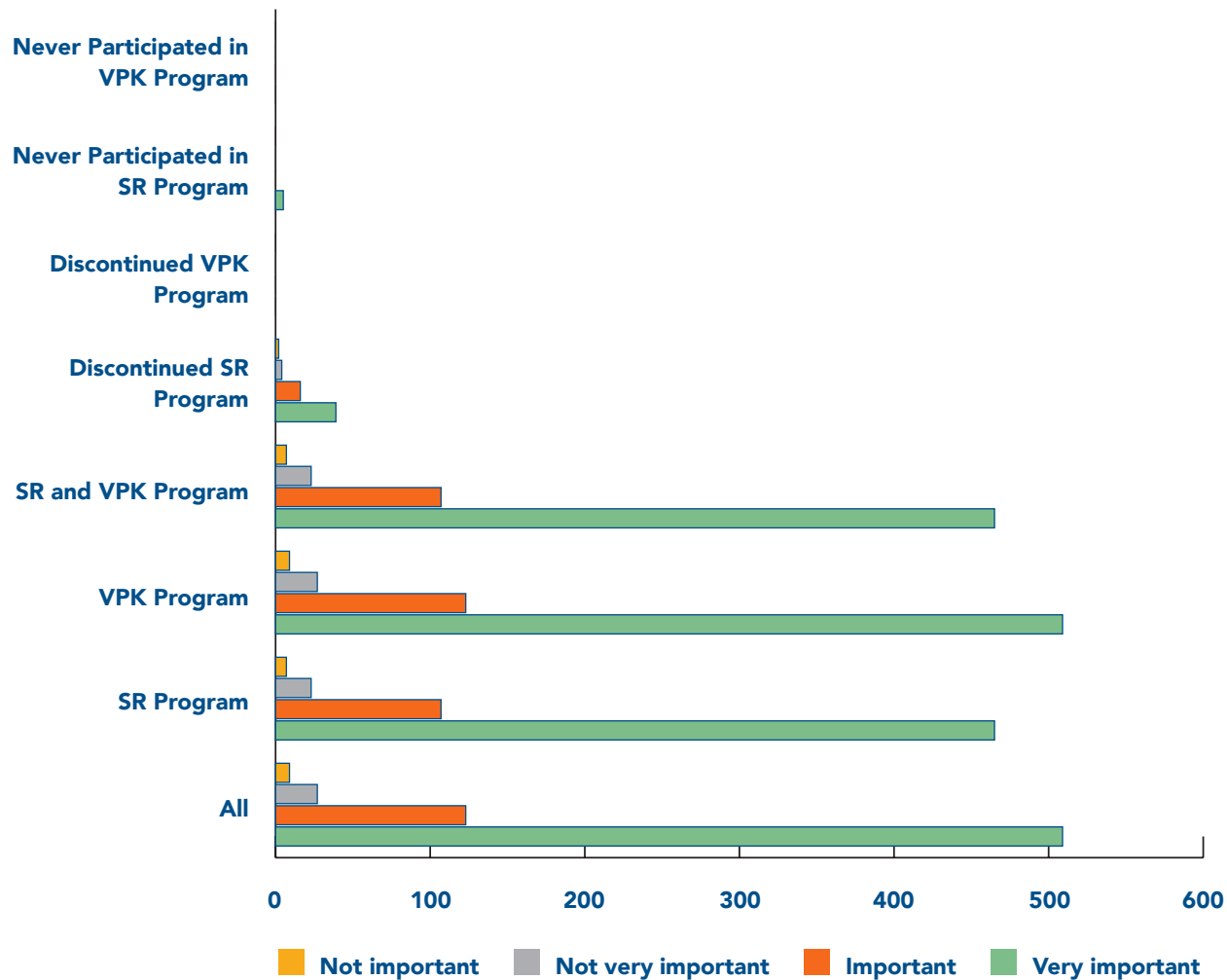
Importance of 4-Year-Old Enrollment	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
Very important	509	465	509	465	39	0	5	0
Important	123	107	123	107	16	0	0	0
Not very important	27	23	27	23	4	0	0	0
Not important	9	7	9	7	2	0	0	0

Increased Financial Assistance

Figure 7 shows the distribution of provider responses when all providers were asked about the extent to which participation is motivated by *"…the possibility of becoming eligible for additional financial assistance (grants)…"*. Overall, the majority of providers (n=730) across all program-participation types indicated their choice to participate in programs was influenced by the possibility of obtaining additional financial assistance through mechanisms such as grants, either *to a moderate extent* or *to a great extent*.

Figure 7. Provider Perspective on Program Participation Related to Motivation for Financial Assistance
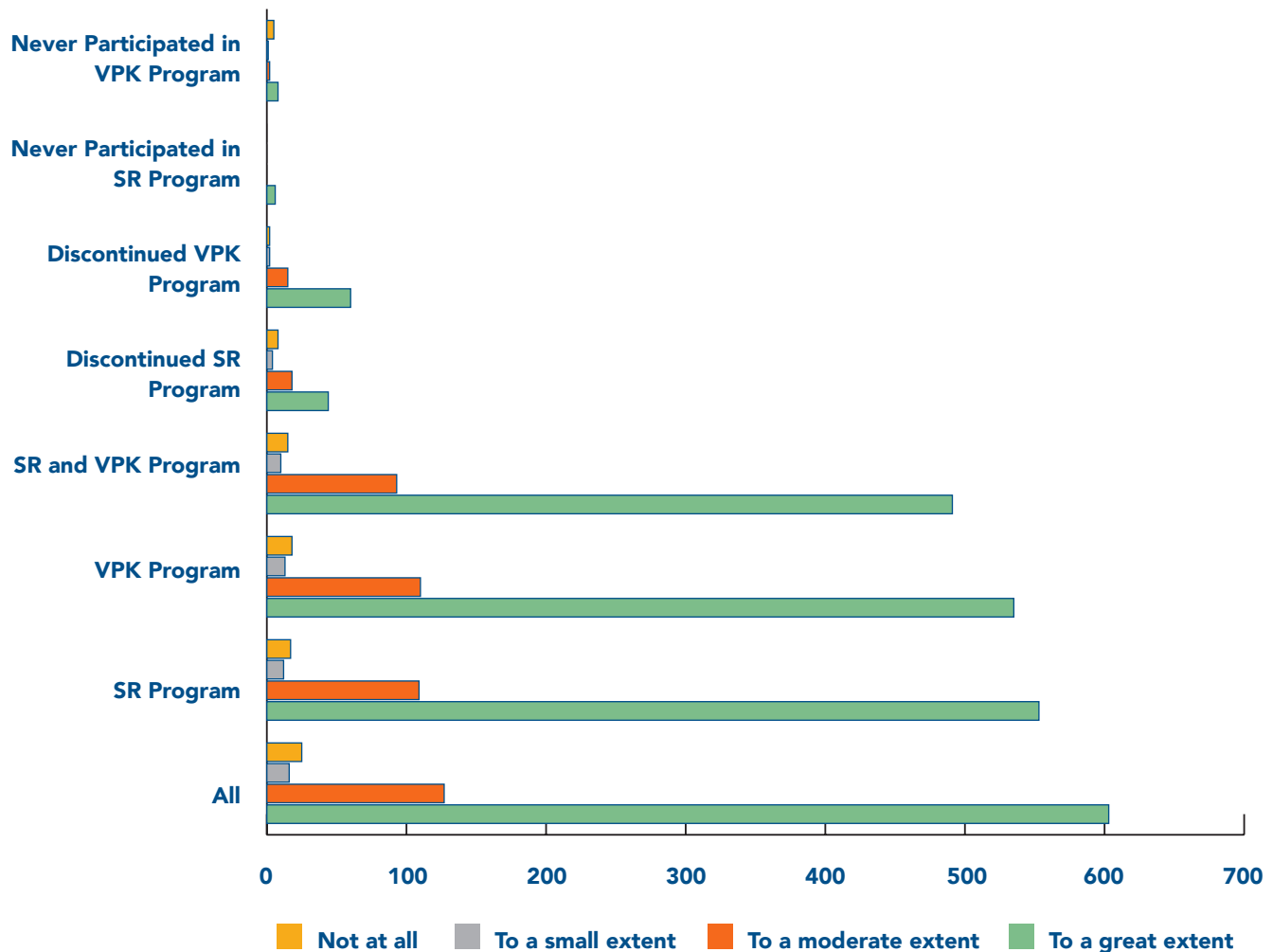
Participation Motivated by Financial Assistance	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
To a great extent	603	553	535	491	44	60	6	8
To a moderate extent	127	109	110	93	18	15	0	2
To a small extent	16	12	13	10	4	2	0	1
Not at all	25	17	18	15	8	2	0	5

Opportunities for Advertising

Figure 8 shows the distribution of all provider responses to a question about the degree to which *"…better advertising opportunities…"* motivated their participation in programs. Overall, the majority of provider respondents (n=606) across program participation indicated that advertising opportunities motivated their participation in programs *to a great degree,* followed by *to a moderate degree.*

Figure 8. Provider Perspective on Program Participation Related to Motivation for Advertising Opportunities
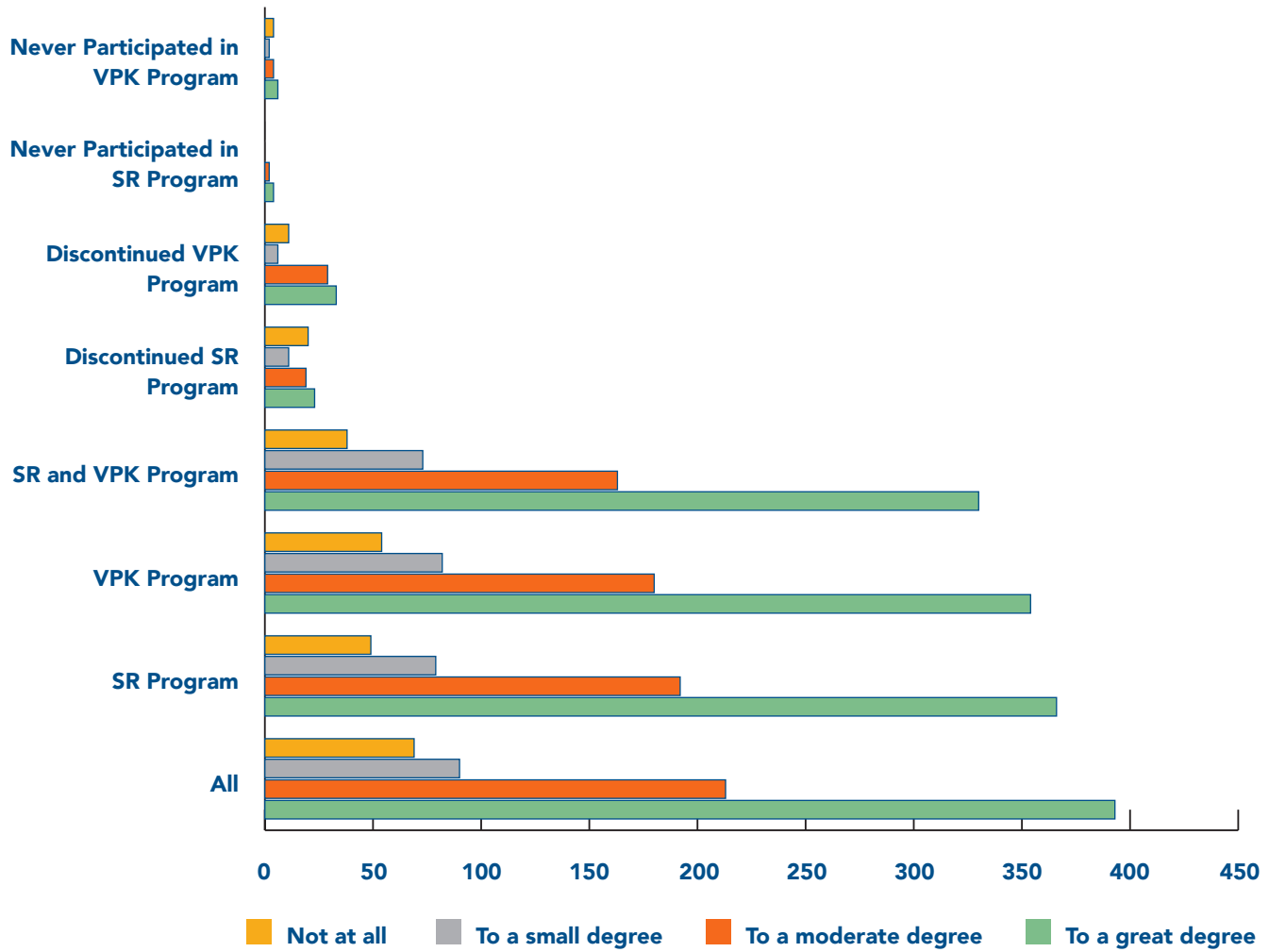
Participation Motivated by Advertising Opportunities	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
To a great degree	393	366	354	330	23	33	4	6
To a moderate degree	213	192	180	163	19	29	2	4
To a small degree	90	79	82	73	11	6	0	2
Not at all	69	49	54	38	20	11	0	4

Opportunities for Professional Development

Figure 9 shows the distribution of all provider responses to the question of how important the *"...opportunity to become eligible for additional professional development for personnel..."* was a factor in their choice to participate in programs. Overall, the majority of providers (n=729) across all types of program participation indicated that opportunities for professional development were either *Important* or *Very important* in their decision to participate.

Figure 9. Provider Perspective on Program Participation Related to Professional Development Opportunities
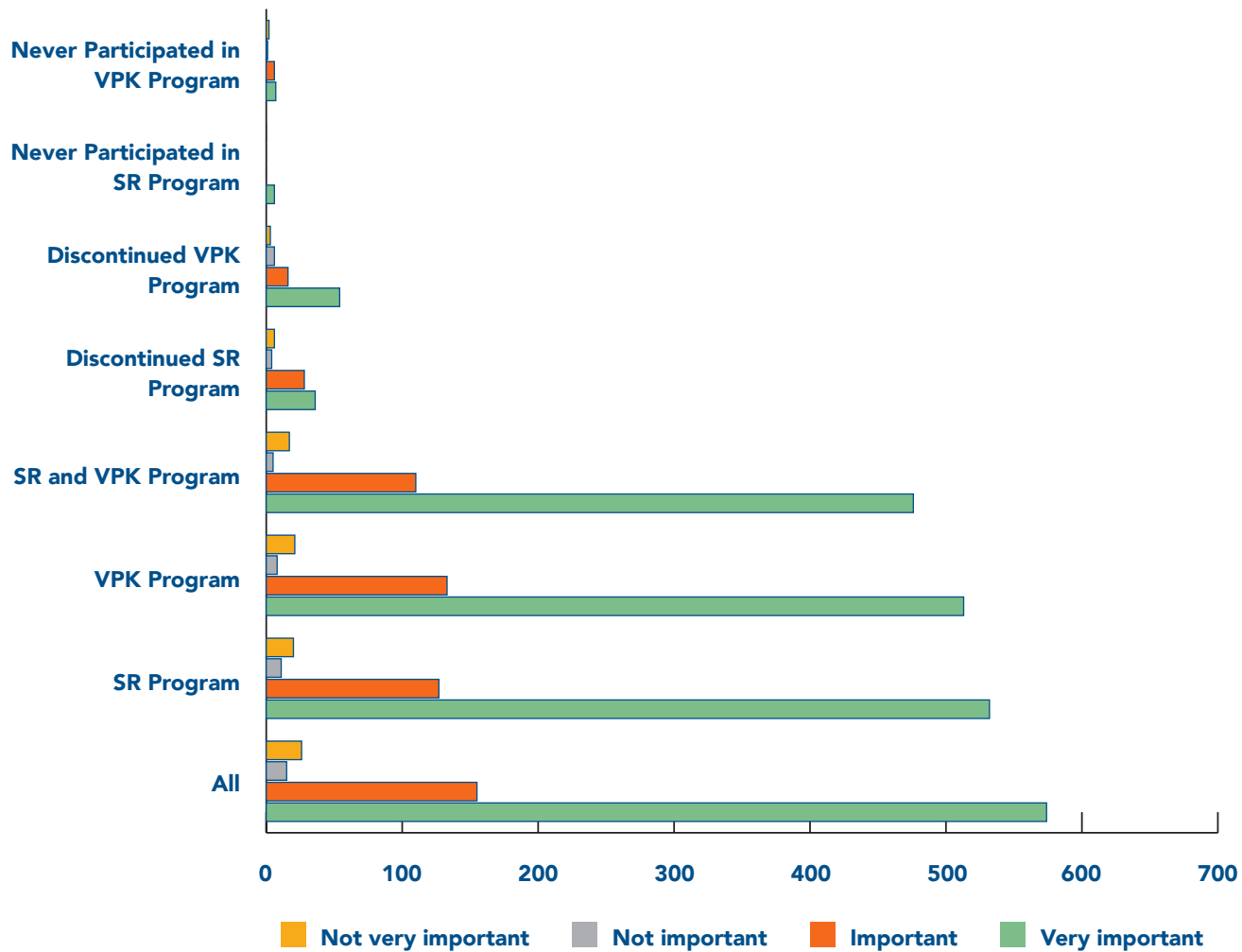
Importance of Professional Development	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
Very important	574	532	513	476	36	54	6	7
Important	155	127	133	110	28	16	0	6
Not important	15	11	8	5	4	6	0	1
Not very important	26	20	21	17	6	3	0	2

Opportunities to Serve Vulnerable Families

Figure 10 shows the distribution of responses among providers that participate in either VPK or SR, when they were asked the extent to which the *"...ability to serve vulnerable families who otherwise couldn't afford childcare expenses"* was a factor in their decision to participate in programs. The majority of respondents (n=751) across all types of program participation indicated that serving vulnerable families was either *Important* or *Very important.*

Figure 10. Provider Perspective on Program Participation Related to Serving Vulnerable Families
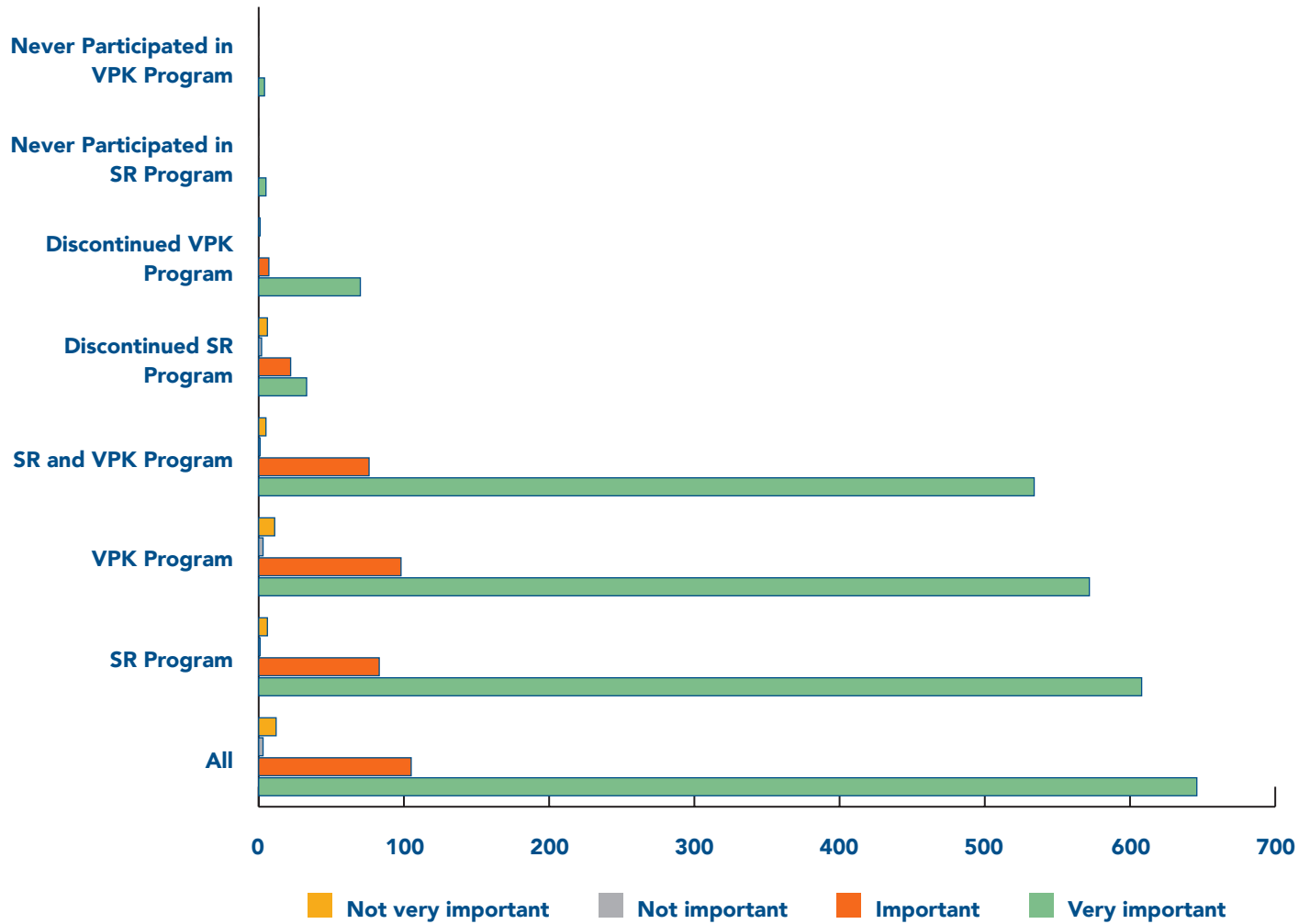
Importance of Serving Vulnerable Families	All	SR Program	VPK Program	SR and VPK Program	Discontinued SR Program	Discontinued VPK Program	Never Participated in SR Program	Never Participated in VPK Program
Very important	646	608	572	534	33	70	5	4
Important	105	83	98	76	22	7	0	0
Not important	3	1	3	1	2	0	0	0
Not very important	12	6	11	5	6	1	0	0

Perspectives of Non-Participating Providers

In addition to asking about provider participation, providers were also asked about discontinuing program participation and things that would either encourage participation for the first time or encourage renewed participation.

Reasons for Discontinuing Program Participation

Table 2 displays the selected reasons for discontinuing participation in the SR program. Respondents could select all options that applied. Overall, the most common reasons provided for discontinuing SR were *Too much added administrative work* (n=50), *Too many quality requirements* (n=32), *Reimbursement rates were too low* (n=25), *Enrollment reached full capacity without SR* (n=22), or a reason other than the list of reasons provided (n=27).

Table 2. Reason for Stopping Participation in SR

Reasons for Provider Discontinuing SR	All Respondents	% of Total Respondents
Too much added administrative work	50	56%
Too many quality requirements	32	36%
Reimbursement rates were too low	25	28%
Enrollment reached full capacity without SR	22	25%
Participation in SR generated a financial burden for the organization's operations	17	19%
Prefer not having external influence interfering with the organization's operations	16	18%
Concerns about private pay parent's reactions	6	7%
Difficulties receiving reimbursements from Early Leaning Coalitions	6	7%
No longer eligible	5	6%
Other, please specify	27	30%

Table 3 displays the selected reasons for discontinuing participation in the VPK program. Respondents could select all options that applied. Overall, the most common reasons provided for discontinuing VPK were *Too much added administrative work* (n=52), *Reimbursement rates were too low* (n=34), *Too many quality requirements* (n=31), *Participation in VPK generated a financial burden for the organization's operations* (n=27), or a reason other than the list of reasons provided (n=33).

Table 3. Reason for Stopping Participation in VPK

Reasons for Provider Discontinuing VPK	All Respondents	% of Total Respondents
Too much added administrative work	52	49%
Reimbursement rates were too low	34	32%
Too many quality requirements	31	29%
Participation in VPK generated a financial burden for the organization's operations	27	25%
Enrollment reached full capacity without VPK	21	20%
Prefer not having external influence interfering with the organization's operations	17	16%
No longer eligible	12	11%
Difficulties receiving reimbursements from Early Leaning Coalitions	7	7%
Concerns about private pay parents' reactions	7	7%
Other, please specify	33	31%

Reasons for Never Participating in Programs

Table 4 shows the respondents' reasons for never participating in the SR program. Respondents could select all options that applied. Overall, the most commonly reported reasons provided for never participating in SR were *Enrollments are already at full capacity without SR* (n=155), *Too much administrative work* (n=116), *Prefer not having external influence interfering with the organization's operations* (n=102), or a reason other than the list of reasons provided (n=79).

Table 4. Reason for Never Participating in SR

Reasons for Never Participating in SR	All Respondents	% of Total Respondents
Enrollments are already at full capacity without SR	155	51%
Too much administrative work	116	38%
Prefer not having external influence interfering with the organization's operations	102	33%
Too many quality requirements	71	23%
Participation in SR might generate a financial burden for the organization's operations	67	22%
Does not need additional financial support	61	20%
Reimbursement rates are too low	59	19%
Heard negative things or had negative experiences with vouchers	27	9%
Had concerns about private pay parents' reactions	25	8%
Heard negative things or had negative experiences with subsidy programs	10	3%
Other, please specify	79	26%

Table 5 shows the respondents' reasons for never participating in the VPK program. Respondents could select all options that applied. Overall, the most commonly reported reasons provided for never participating in VPK were *Enrollments are already at full capacity without VPK* (n=80), *Too much administrative work* (n=66), *Too many quality requirements* (n=61), *Prefer not having external influence interfering with the organization's operations* (n=48), or a reason other than the list of reasons provided (n=121).

Table 5. Reason for Never Participating in VPK

Reasons for Never Participating in VPK	All Respondents	% of Total Respondents
Enrollments are already at full capacity without VPK	80	28%
Too much administrative work	66	23%
Too many quality requirements	61	21%
Prefer not having external influence interfering with the organization's operations	48	17%
Reimbursement rates are too low	46	16%
Participation in VPK might generate a financial burden for the organization's operations	26	9%
Had concerns about private pay parents' reactions	15	5%
Does not need additional financial support	11	4%
Heard negative things or had negative experiences with vouchers	17	6%
Other, please specify	121	42%

Things that Would Have Encouraged Program Participation

Table 6 displays responses that providers gave when they were prompted to indicate things that would encourage provider participation in the SR program. Respondents could select all options that applied. Overall, the most common reasons were *No additional supports would have encouraged the organization to participate in SR at this point in time* (n=133), *Fewer administrative requirements* (n=114), *Higher reimbursement rates* (n=111), *Fewer quality requirements* (n=60), or something other than the list provided (n=60).

Table 6. Things that Would Have Encouraged Participation in SR

Things that Would Have Encouraged Participation in SR	All Respondents	% of Total Respondents
No additional supports would have encouraged the organization to participate in SR at this point in time	133	44%
Fewer administrative requirements	114	38%
Higher reimbursement rates	111	37%
Fewer quality requirements	60	20%
Other, please specify	60	20%

Table 7 displays responses that providers gave when they were prompted to indicate things that would encourage provider participation in the VPK program. Respondents could select all options that applied. Overall, the most common reports were *No additional supports would have encouraged the organization to participate in SR at this point in time* (n=103), *Higher reimbursement rates* (n=93), *Fewer administrative requirements* (n=74), or something other than the list provided (n=66).

Table 7. Things that Would Have Encouraged Participation in VPK

Things that Would Have Encouraged Participation in VPK	All Respondents	% of Total Respondents
No additional supports would have encouraged the organization to participate in VPK at this point in time	103	37%
Higher reimbursement rates	93	33%
Fewer administrative requirements	74	26%
Fewer quality requirements	48	17%
Other, please specify	66	23%

Table 8 displays responses that providers gave when they were prompted to indicate things that would encourage renewed participation in the SR program. Respondents could select all options that applied. Overall, the most common reports were *Fewer administrative requirements* (n=40), *Higher reimbursement rates* (n=32), *No additional supports would encourage the organization to renew participation in SR at this point in time* (n=29), *Fewer quality requirements* (n=26), or something other than the list provided (n=18).

Table 8. Things that Would Have Encouraged Renewed Participation in SR

Things that Would Have Encouraged Renewed Participation in SR	All Respondents	% of Total Respondents
Fewer administrative requirements	40	45%
Higher reimbursement rates	32	36%
No additional supports would encourage the organization to renew participation in SR at this point in time	29	33%
Fewer quality requirements	26	29%
Other, please specify	18	20%

Table 9 displays responses that providers gave when they were prompted to indicate things that would encourage renewed participation in the VPK program. Respondents could select all options that applied. Overall, the most common reports were *Higher reimbursement rates* (n=53), *Fewer administrative requirements* (n=45), *No additional supports would encourage the organization to renew participation in VPK at this point in time* (n=28), *Fewer quality requirements* (n=27), or something other than the list provided (n=25).

Table 9. Things that Would Have Encouraged Renewed Participation in VPK

Things that Would Have Encouraged Renewed Participation in VPK	All Respondents	% of Total Respondents
Higher reimbursement rates	53	51%
Fewer administrative requirements	45	43%
No additional supports would encourage the organization to renew participation in VPK at this point in time	28	27%
Fewer quality requirements	27	26%
Other, please specify	25	24%

Summary

The ECPRG, using a provider survey, sought to obtain and examine the perspectives related to providers' decisions to participate in the SR and VPK programs. The respondent sample contained substantial representation across Florida counties, type of provider (center or home-based, intended capacity and faith-based providers), and former versus current program participation. The respondents largely represented the views of provider leadership (owners and directors) related to the positive aspects of participation (e.g., financial assistance, serving vulnerable families) as well as reasons for not participating in programs (e.g., administrative and quality requirements) and potential drivers for starting or renewing participation in programs (e.g., higher reimbursement rates).

Among participating providers, respondents commonly reported the perspective that program participation led to increased enrollment and found that program-related financial assistance, advertising opportunities, professional development opportunities, and the ability to serve vulnerable families were motivations to participate in state childcare programs. Among non-participating providers, respondents also reported that administrative and quality requirements, as well as insufficient reimbursement rates, were factors in discontinuing program participation. Many providers also reported stopping program participation because they obtained full capacity without needing to participate in programs. Among providers who never participated in state child programs, there was additional reluctance based on the desire to avoid external influences and additional financial burdens. Furthermore, providers who never participated in state childcare programs commonly indicated that there were no additional supplements that would encourage future participation. However, among providers who had discontinued participation, they commonly reported that higher reimbursement rates and fewer administrative requirements could encourage renewed program participation.

Provider Survey Recommendations

Our work provided a comprehensive and inclusive survey of childcare provider experiences and perspectives with program participation in the state of Florida, but ultimately it was an exploratory analysis. To further understand the motivations and systems underlying the provider decisions to participate in programs, we hope to conduct additional research, focused on identifying which administrative requirements present as common barriers to provider participation.

Furthermore, given the increased SR reimbursement rates, which are scheduled to take effect July 2024, the ECPRG proposes a data-triangulation approach, which would make use of the FLICCA and other administrative data to document changes in provider tendencies to participate, thereby describing the impact of financial model changes on SR participation rates.

Status of School Readiness Parent Survey

Despite continued efforts to obtain survey feedback from parents regarding their experiences participating in the School Readiness program, we have obtained only a very low response rate to our survey (n=459). This contrasts with the response rate of parents who applied for but elected not to enroll their children in the VPK program (n=2,691). We have further sought to obtain additional responses by directly partnering with the ELCs' family services staff and the Child Care Resource and Referral personnel who may have access to parents during the enrollment process outreach efforts.

Although we do not have direct insight into the reasons why parents either chose not to participate or were not successfully reached regarding participation, we believe that parents did not participate in our survey due to a number of reasons: we do not have appropriate contact information for parents, e.g., parents do not have access to email or regular internet access, the parents do not understand the purpose of our research, or they feel that they do not have the time to participate.

Children's Academic Outcomes Associated with Early Childcare and Education System Participation

Introduction

The ECPRG used the Early Childhood Integrated Data System linked dataset to investigate kindergarten readiness (KR) among students enrolled in VPK across Florida. Specifically, the ECPRG used machine learning to detect and describe KR growth patterns characterized by individual-, household-, and classroom-level features. Children have different experiences—both negative and positive—as members of their respective families and peer groups.[6,][7] Within education and numerous other fields, Bronfenbrenner's bioecological systems framework attributes differential outcomes to different combinations of exposures, such that each exposure is considered in context.[6,7] Children who attended VPK exhibited differential learning trajectories depending on family, peer and classroom context, with varying effects on development and preparation for kindergarten.

In this study, we investigated the effects of children's home- and school-based learning environments on their academic growth. KR is a term used to characterize the learning outcomes among children in the VPK program and was operationalized by (1) children's initial scores on the Florida Assessment of Student Thinking (FAST) upon entering VPK and (2) their growth (difference between initial and end-of-year FAST assessments). This study achieved the goal of identifying contexts under which children are likely to be ready for kindergarten. This initial exploratory work was undertaken with the intention of empirically supporting further investigation that will elucidate the mechanisms by which differential kindergarten readiness manifests to develop targeted interventions focusing on well-defined populations.

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[6] Bronfenbrenner & Morris (2006)

[7] Elder Jr. (1998)

Methods

Sample

The Master Codebook is included in Appendix 1. The Master Codebook describes the data drawn from children's birth records, service records from SNAP, TCA, Department of Education (special education, CLASS, FAST, SR participation, and VPK attendance). Overall, the analytic sample included 93,584 children who were born in Florida, enrolled in VPK during the 2022-2023 program year, and had at least two FAST assessments during that school year. The descriptive statistics for the relevant variables included in the machine learning analyses is included in Appendix 4.

Table 1 shows the number of VPK attendees using combinations of any two services (inclusive of children using >2 services). The table diagonal reflects the overall number of children using a service (e.g., SNAP) between birth and kindergarten. The second line of each cell reports the count and percentage of children who did not use that combination.

Table 1. Service-Use Profiles among VPK Attendees

	SR	TCA	SNAP	HUD
SR	SR: 19434 (100%)	Both TCA & SR: 2900 (66%) TCA but not SR: 1510 (34%)	Both SNAP & SR: 15717 (37%) SNAP but not SR: 26371 (63%)	Both HUD & SR: 2043 (61%) HUD but not SR: 1295 (39%)
TCA	Both SR & TCA: 2900 (15%) SR but not TCA: 16534 (85%)	TCA: 4410 (100%)	Both SNAP & TCA: 4360 (10%) SNAP but not TCA: 37728 (90%)	Both HUD & TCA: 861 (26%) HUD but not TCA: 2477 (74%)
SNAP	Both SR & SNAP: 15717 (81%) SR but not SNAP: 3717 (19%)	Both TCA & SNAP: 4360 (99%) TCA but not SNAP: 50 (1%)	SNAP: 42088 (100%)	Both HUD & SNAP: 3177 (95%) HUD but not SNAP: 161 (5%)
HUD	Both SR & HUD: 2043 (11%) SR but not HUD: 17391 (89%)	Both TCA & HUD: 861 (20%) TCA but not HUD: 3549 (80%)	Both SNAP & HUD: 3177 (8%) SNAP but not HUD: 38911 (92%)	HUD: 3338 (100%)

Outcome Measures — Kindergarten Readiness and Educational Growth

Kindergarten Readiness (FAST) Scores

Each of the children included in these analyses had one to three screening windows, with the number of assessments and time between first and last available assessment varying across children. Given these longitudinal data and the importance of the developmental period around kindergarten entry, our team constructed a single model to predict both initial score (the first available score for each child) and the expected monthly change in FAST score while the child was in VPK. To calculate the latter, the team first restricted the sample to children with at least two FAST scores, where there were at least 45 days between the first and last assessment dates. We then used all available FAST scores to calculate the increase in FAST score per month. Using the multivariate approach (i.e., simultaneously modeling two outcome variables) allowed us to consider not only the level of child ability before the start of VPK, but also the trajectory of learning while each child participated in VPK. For the remaining children, the expected change per month was calculated by conducting, for each child, an ordinary least squares regression of FAST score on the administration date, and the resulting regression slope, calculated separately by child, was used as each child's measure of expected change over time. For the remainder, the team refers to this expected change over time simply as FAST change.

The goal of any educational program should be to improve the skills of its attendees. Not intending to diminish Florida's standards of kindergarten readiness, the ECPRG stands by the idea that the VPK program can provide immense benefits to children by helping them to acquire more skills, even if those children are not "kindergarten ready" by the end of the VPK year. If the goal of the VPK program is to prepare children for kindergarten, the team believes children who develop an early love for learning and establish an upward trajectory of skill acquisition have been positively served by the program. Therefore, the machine learning analyses will include a multivariate outcome, consisting of initial kindergarten readiness upon VPK entry and the slope of educational growth over the VPK year.

Understanding CLASSroom Context

To understand the potential associations between the Classroom Assessment Scoring System (CLASS) and kindergarten readiness among VPK attendees, the ECPRG included the individual CLASS dimension scores in the machine learning model. This decision was made to allow for the discovery of associations between specific CLASS dimensions and differential kindergarten readiness among subgroups of children. To this end, the team investigated how much the constituent dimensions of the CLASS were a (potentially complex) function of child, family and classroom characteristics using machine learning.

Missing Data

In order to handle missing data in the analytic file, the team used a stacked multiple imputation approach for classification and regression trees (CART) which was used in the *Using Machine Learning Approaches to Describe Factors that Related to Kindergarten Readiness* study that was a component of the 2023 Sunshine Annual Report.[8] The team started by creating multiply imputed data sets using the mice package in R.[9,10] The multiply imputed data sets were then stacked to create the final data set, which was used in the Random Forest regression[11] (RFR) and Conditional Inference Tree[12] (ctree) algorithms.

Random Forest Regression

Random forest regression (RFR) is an ensemble, tree-based machine learning algorithm that combines information across many individual regression trees. Each individual tree in the *forest* is grown using subsets of predictors and subsamples (with replacement) of the analytic data set.[11] Prediction decisions are crowdsourced across the ensemble of regression trees to predict the outcome. In addition to predicting the outcome, random forest regression also yields values that quantify the importance of each predictor. Predictor importance was measured by out of sample error estimation. Predictor importance is tantamount to the decrease in prediction error associated with a particular predictor variable. With the stacked data set, the team used the random forest package *ranger* in R to obtain estimates of variable importance for all predictors of kindergarten readiness. This approach was then used to trim the original predictor set for use in building the final regression tree.[13, 14] The *ranger*[15] package in R was used to grow random forests and calculate importance measures associated with each predictor. In order to find the optimal random forest, the team used the caret package[16] in R to evaluate the prediction accuracy across the range of mtry from 1 to 20. After finding the optimal mtry value that yields the greatest prediction accuracy for the mtry range tested, the team removed from the final Conditional Inference Tree any variable with importance less than 10% of the maximum observed importance value. While RFR is a powerful method for prediction and determination of variable importance, it does not allow for the use of multivariate outcomes. Therefore, the team conducted separate RFRs for the two outcomes — (1) initial FAST score; and (2) FAST score slope. Furthermore, due to lack of temporal precedence between initial FAST scores and CLASS scores, the CLASS dimensions were not included in the RFR predicting initial FAST score. Finally, all variables that were found to be important for predicting either initial FAST score or FAST growth were included in the final tree model that was estimated using ctree.

[8] ECPRG (2023)

[9] van Buuren & Groothuis-Oudshoorn (2011)

[10] R Core Team (2024)

[11] Breiman (2001)

[12] Hothorn, Hornik, & Zeileis (2015)

[13] Gislason, Benediktsson, & Sveinsson (2006)

[14] Pal (2005)

[15] Wright & Ziegler (2017)

[16] Kuhn (2008)

Conditional Inference Trees (ctrees)

The final tree model for kindergarten readiness was estimated using the Conditional Inference Tree (ctree) algorithm. Ctree is a recursive partitioning algorithm that uses a greedy regression tree approach, first searching for the single variable and associated threshold that leads to the greatest reduction in prediction error. Then after the sample is partitioned on the first split, the algorithm continues looking for the variable and associated threshold that leads to the greatest reduction in prediction error in each of the resultant nodes from the first split. This process is repeated until the algorithm is unable to find a split that leads to statistically significant reductions in the prediction error. In all ctree models, the team set the minimum bucket size to 1% of the size of the stacked data set, such that no terminal node would represent a subgroup that constituted less than 1% of the analytic data set. Unlike the RFR models which were conducted with univariate outcomes, the final ctree model was estimated with the multivariate outcome, including both initial FAST score and FAST score slope. This choice was made because initial FAST scores are highly correlated with the contextual predictors; if the team had used initial FAST score as a predictor, many of the important contextual predictors would have been masked by its presence. Furthermore, this approach of including the multivariate outcome has a methodological advantage that is multifold. Specifically, it allows us to understand FAST-score growth as a function of initial FAST score, while retaining the contextual predictors that allow for identification of targeted interventions (e.g., maternal education, maternal pre-pregnancy Body Mass Index (BMI), etc.).

Results

The findings in this annual report reflect preliminary descriptions of child, household, and classroom factors that predict initial FAST scores and expected child academic growth. The ECPRG will continue to investigate the complexity of interactions among these factors to describe the more nuanced relationships among nested bioecological systems impacting children's early experiences, culminating in differential education and learning trajectories.

Importance of Maternal Education

The influential factor revealed through the conditional inference tree model separated children based on whether their mothers had at least a bachelor's degree from children whose mothers had an associate's degree or lower. Overall, children whose mothers had less than a high school degree had the lowest median range for initial FAST score [600 to 625]. Among them, the children with the lowest scores were those who have foreign-born mothers and either did not attend SR or were in the at-risk SR group.

Children whose mothers had maternal education values between high school/GED and an associate's degree had median initial FAST scores ranging from 613 to 664. Among this group, the children with the lowest median initial FAST scores, which ranged from 613 to 622, were those who did not attend SR and had foreign-born mothers who received WIC. The children with the highest initial scores, 660 to 664, among this group were those whose mothers had an associate's degree and did not receive WIC nor SNAP.

Overall, children whose mothers had at least a bachelor's degree had median scores that ranged from 642 to 694. The group with the highest median initial scores of 694 were children whose mothers had at least a graduate degree, who were married, and who had BMIs less than 26.

Contextual Factors Influencing FAST Performance

- Higher **maternal education** is generally associated with higher initial FAST scores.

- **Adequate prenatal care (Kotelchuck ≥ 3)** is associated with higher median initial FAST scores and greater FAST growth, regardless of where their mothers were born.

Figure 1. Prenatal Care and Maternal Country of Origin
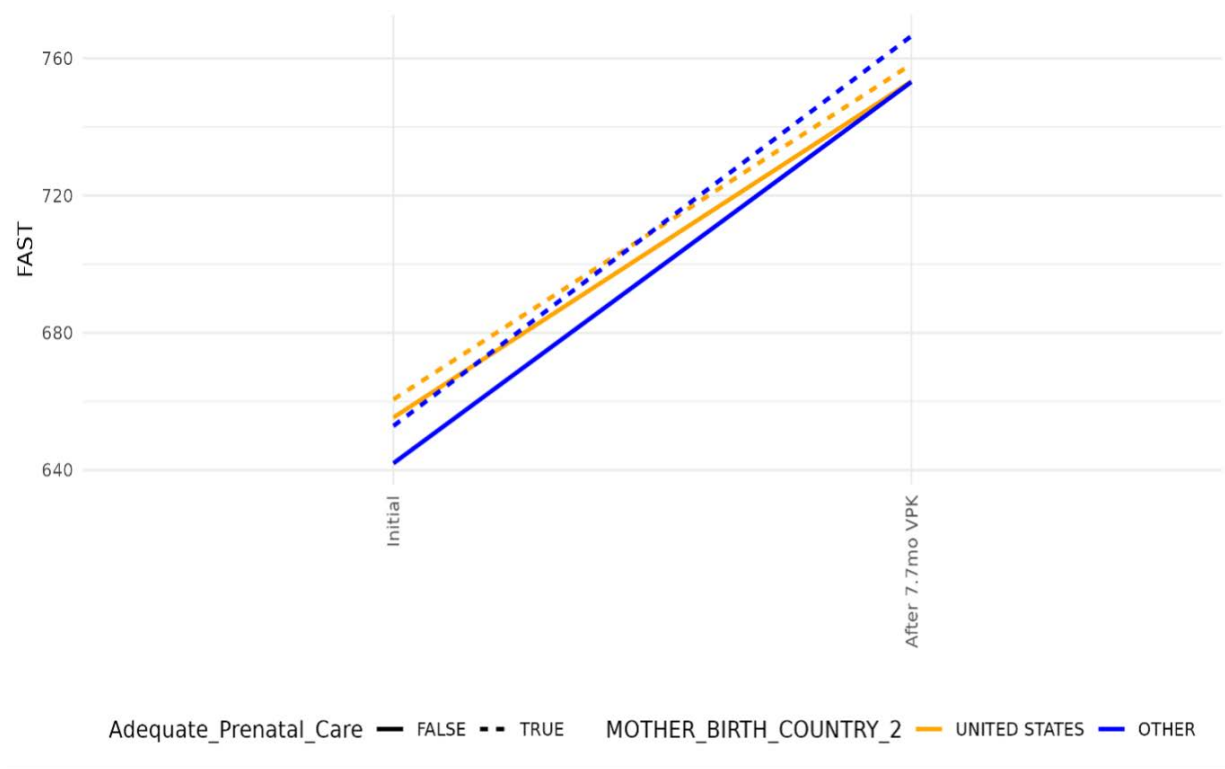
SNAP participation is associated with lower median initial FAST scores, indicating that lack of financial self-sufficiency is also associated with lower academic achievement for children entering the VPK program.

Children in classrooms with an **Instructional Learning Format score >= 6** on the 7-point scale of the CLASS experienced greater academic growth. This was particularly evident for kids whose mothers had **less than an associate's degree** and received **SNAP** benefits. Among SNAP and non-SNAP recipients, instructional learning format values of at least a six led to significantly greater academic growth. This provides evidence that when children are enrolled in classrooms that have high quality learning experiences, VPK participation leads to accelerated academic growth.

Figure 2. SNAP and Instructional Learning Format
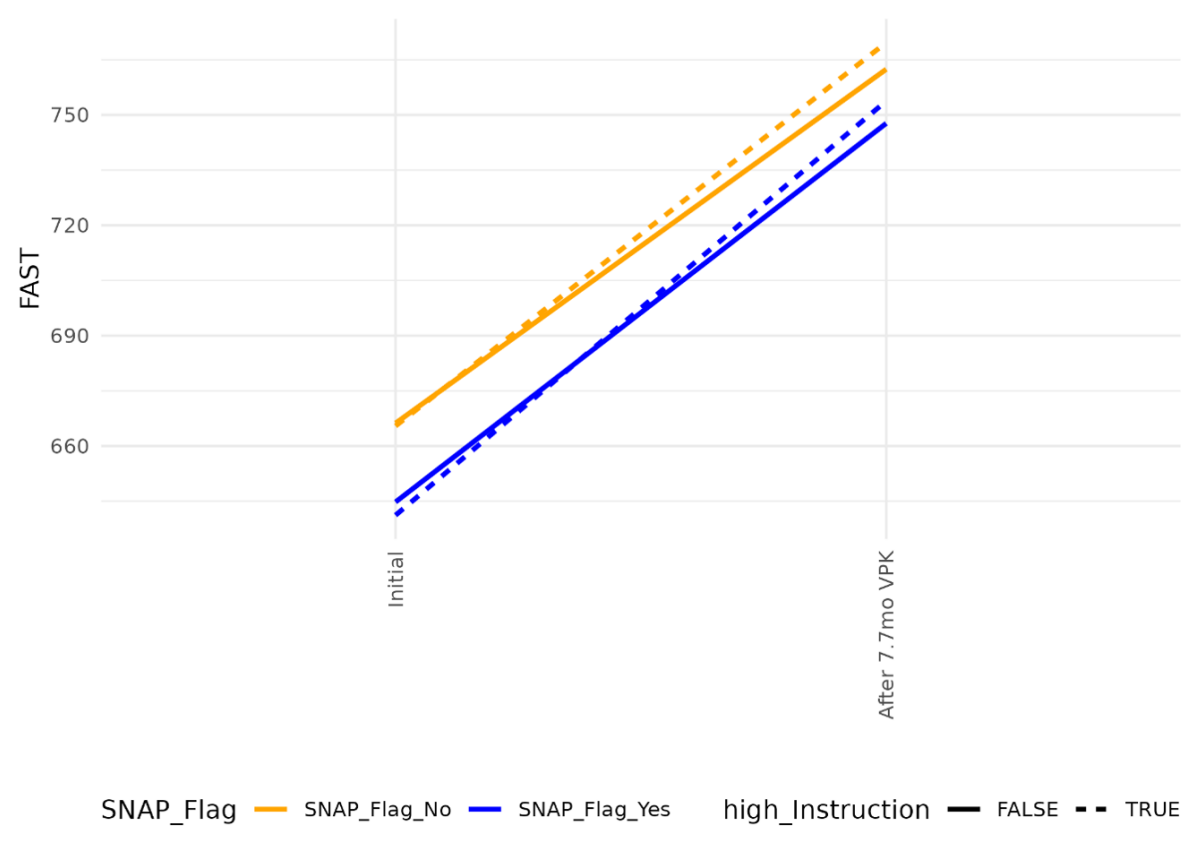
Children in classrooms with a **Behavioral Management score >= 6** on the 7-point scale of the CLASS experienced greater academic growth. This was particularly evident for kids whose mothers had less than a bachelor's degree and received SNAP benefits. This provides evidence that when children are enrolled in classrooms with effective support for social interactions and developmentally appropriate teacher responses to challenging behavior, VPK participation leads to accelerated academic growth.

Figure 3. Behavioral Management and Maternal Education
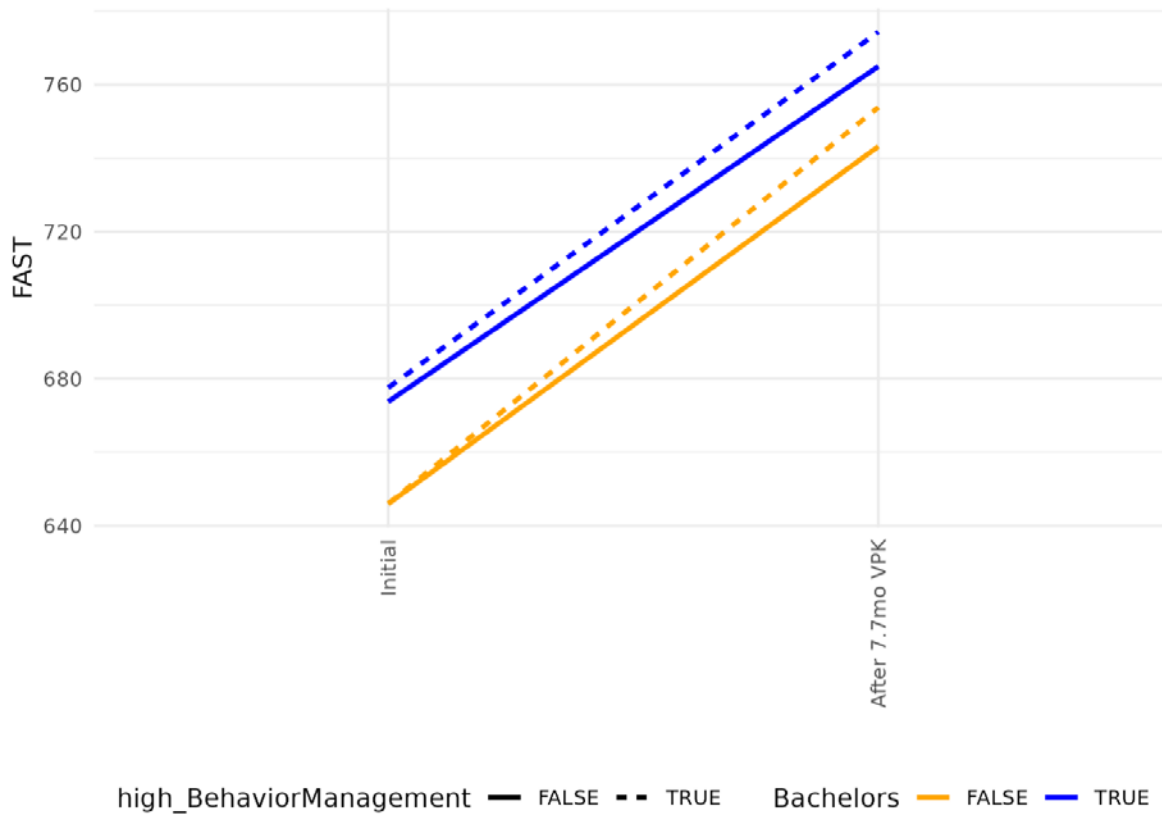
Children whose mothers had **pre-pregnancy BMIs less than 25 (i.e., healthy weight)**, have higher FAST scores. This trend is consistent across SNAP and non-SNAP users. Mothers who have healthy BMIs are more likely to live healthy, active lifestyles, and are thus providing more opportunities for their children to actively engage with their environments, compared to their peers with unhealthy BMIs.

Figure 4. SNAP and Maternal Pre-Pregnancy BMI
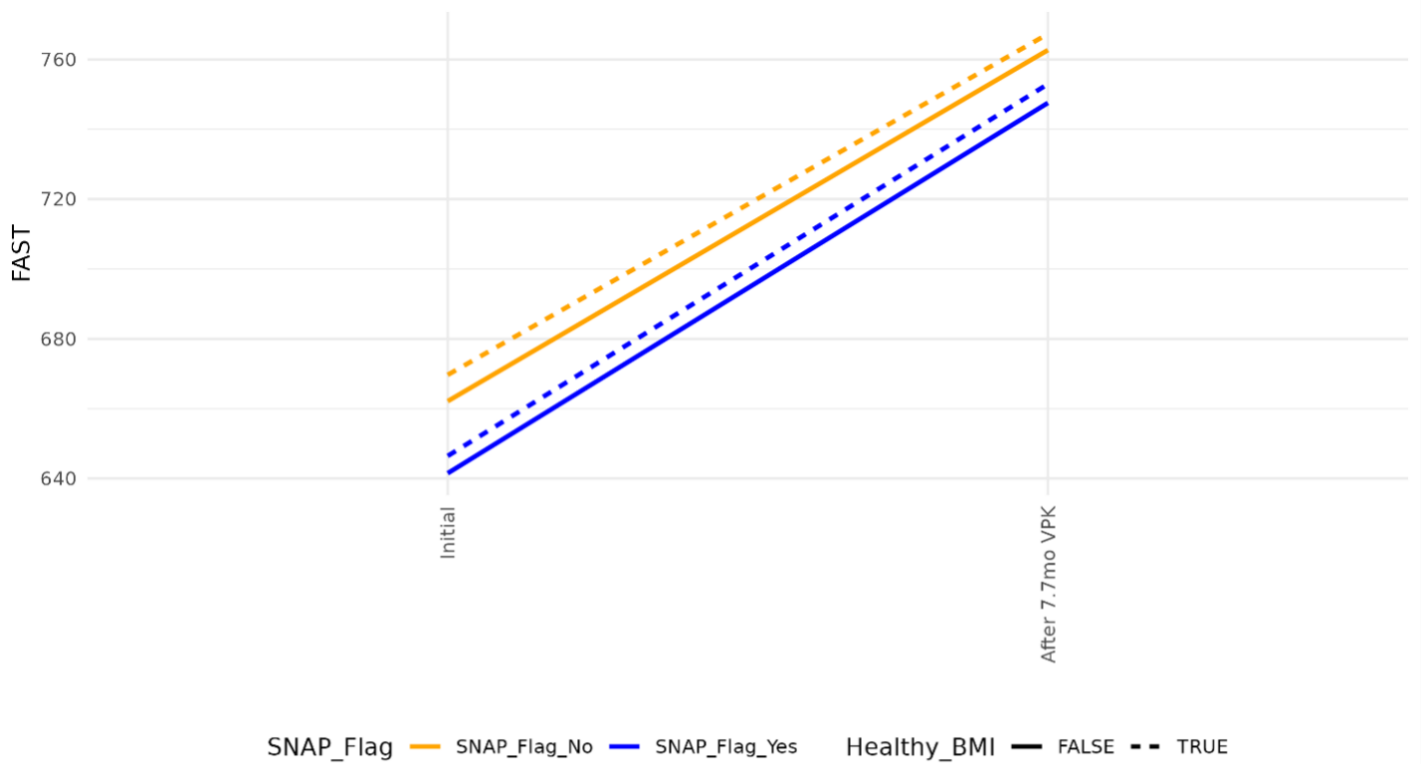
Children with **foreign-born mothers** tend to experience significantly greater academic growth in VPK. This highlights the benefits of VPK for children of foreign-born mothers—the program provides them greater exposure to English language interactions in an academic setting, facilitating accelerated learning.

Figure 5. Maternal Country of Origin
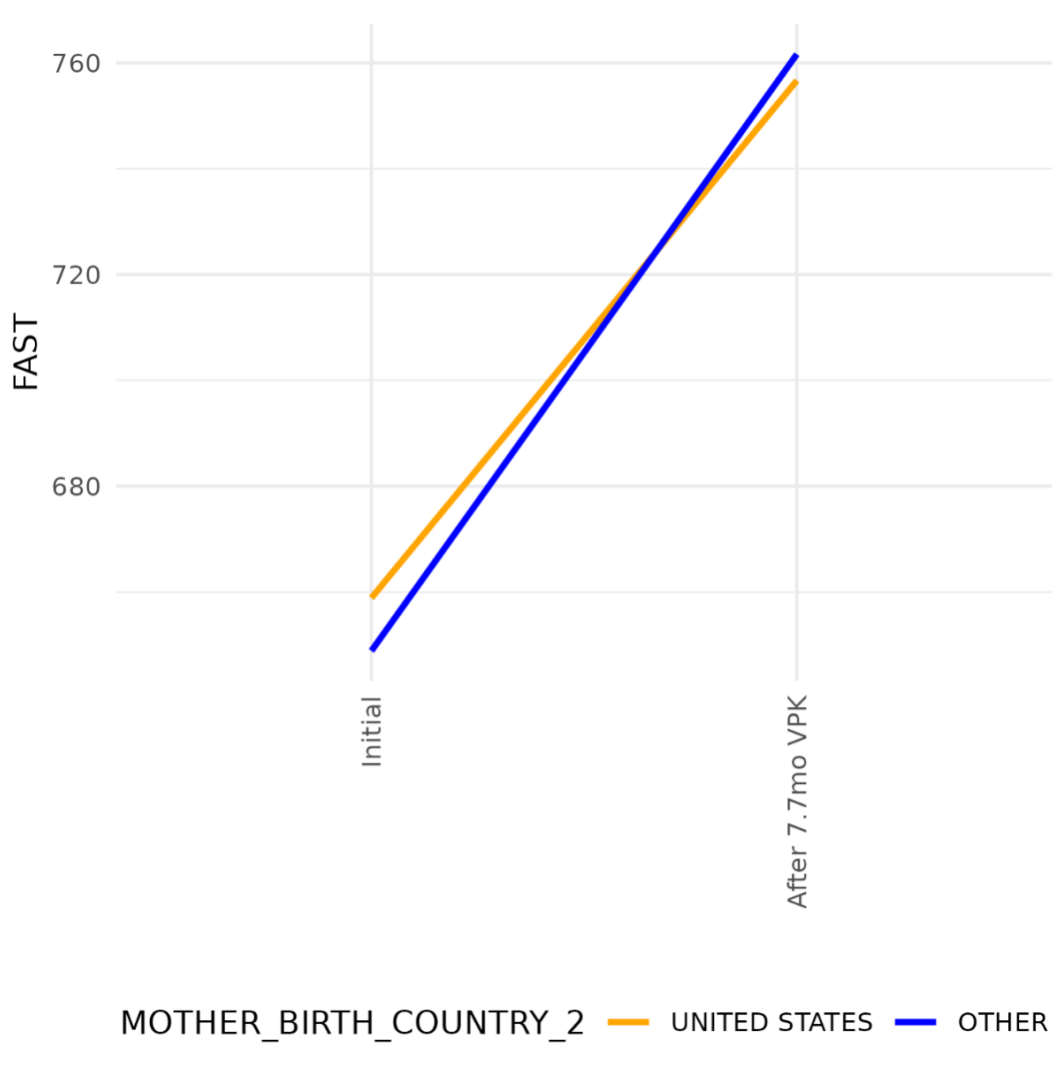
Figure 6, below, shows only children who attended SR. Among this group, children of **foreign-born mothers** have accelerated FAST growth compared to their peers of U.S.-born mothers, regardless of maternal education. This effect is particularly pronounced among children of foreign-born mothers who have less than a bachelor's degree—these children finish the school year with roughly equivalent FAST scores compared to their peers whose mothers were born in the U.S. and have bachelor's degrees.

Figure 6. Maternal Education and Maternal Country of Origin
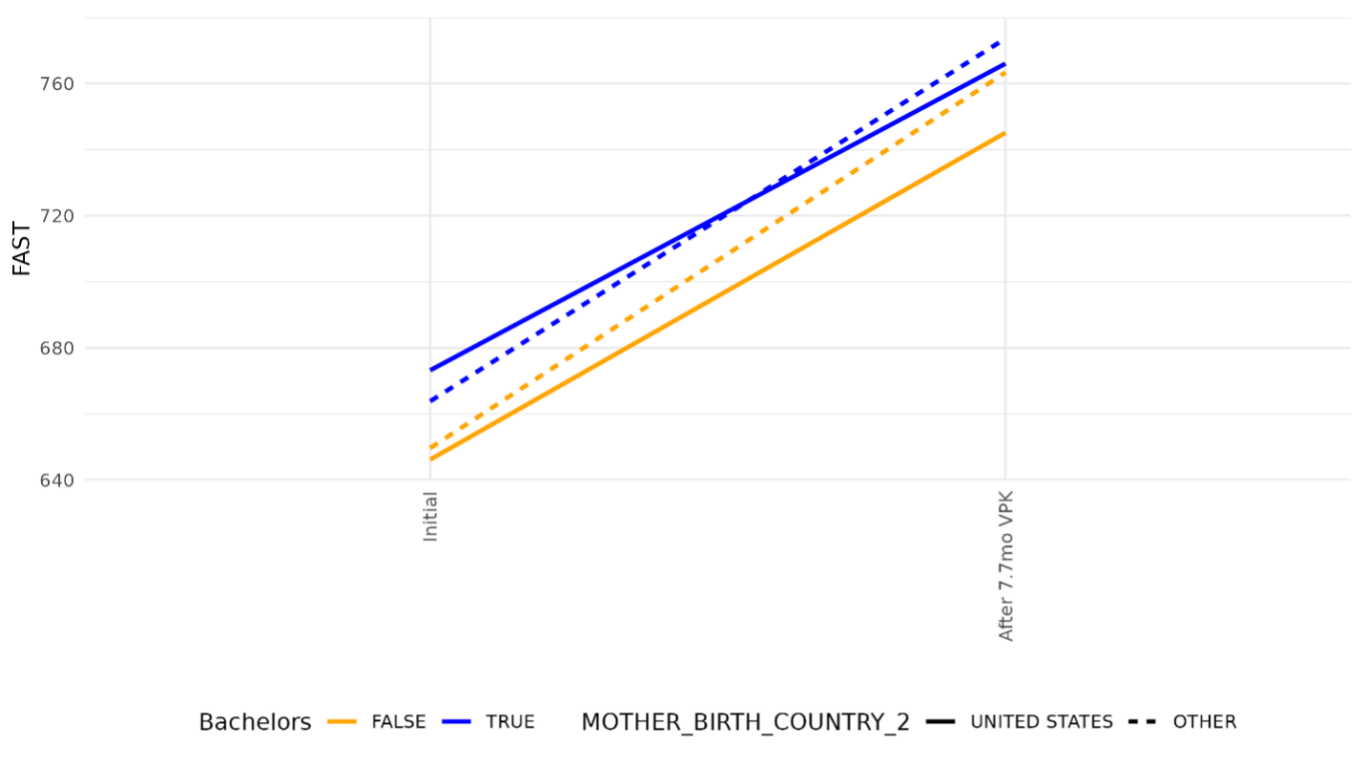
Note: This figure only displays children who used SR.

Future Directions

This machine learning inquiry, which allows for a person-centered inquiry at the child-level, has uncovered actionable insights. These insights fall under two broad categories: the influence of early learning experiences outside of formal schooling and classroom environment. While we do not have a direct measure of a family's support for their children's education, maternal education, maternal pre-pregnancy BMI, SNAP participation, and maternal country of origin are all associated with significantly negative initial FAST scores and significantly positive academic growth over the VPK year. Children were more likely to have had experiences that were conducive to learning outside of formal education when their mothers had higher levels of education, healthy pre-pregnancy BMIs, and economic self-sufficiency. This was evidenced by the differences in final FAST scores primarily being a function of initial score rather than meaningful differences in academic growth across the VPK year. To that end, learning is a skill extending beyond the acquisition of any specific knowledge, and posits that information is organized into schemas, "organized units of knowledge for a subject or event based on past experience."[17] Children and all people leverage schemas to understand new information and create knowledge. Thus, the richer children's early experiences, the more schemas, formal and informal, can guide their learning. This can have an exponential effect on learning over a lifetime when established at a young age.

[17] Pankin (2013)

Children in classrooms with *instructional learning format* and *behavioral management* scores that were at least six on the CLASS experienced greater academic growth. VPK was particularly beneficial for children with socioeconomic vulnerabilities related to maternal education and family income. Targeted professional learning interventions should prioritize performance related to these two aspects of teacher practice.

While we are confident in the influence of the aforementioned factors on early learning and kindergarten readiness, methodological decisions for this report focused our attention on describing global trends across the spectrum of all VPK attendees. As a result of these methodological decisions, the nuance of factors specifically associated with the academic performance of smaller, vulnerable populations, such as children with disabilities and those experiencing homelessness and abuse/neglect were not thoroughly investigated. Forthcoming work will feature analyses that attend to the specific bioecological systems that influence the academic experiences of these smaller populations.

To fully leverage the results from this analysis, the ECPRG will spend the next year developing an interactive website to allow stakeholders to explore the findings. This website will feature executive summaries at both the state and coalition levels. Moreover, the coalition-specific summaries will be accompanied by in-depth reporting of the machine learning results to highlight the most salient contexts in which VPK attendees are exhibiting differences with respect to initial FAST scores and growth on that same measure. Furthermore, predictive insights based on results from the machine learning analysis will be used to suggest potential interventions. Finally, the ECPRG will create accompanying maps that will allow local stakeholders to visualize the zip-code-level placement of VPK students in order to inform their decisions for delivering targeted interventions.

Early Childcare and Education Workforce Dashboard and Analyses

The DEL seeks to better understand the early care and education workforce, which is vital to providing high-quality childcare. While the workforce has been of great interest to stakeholders across the state, there are limited data resources on the state of the workforce.

The ECPRG investigated all available data sources that would provide information on the entirety of the early care and education workforce. The team concluded that only one dataset is available, including all known personnel: the DCF personnel file. The DCF provided the ECPRG with all available data on registered personnel in Florida as of March 2024. This file included information on staff tenure in the industry, completed certifications, training, and educational degrees. While these data provide insight into current professional learning (PL) and education levels of the workforce, it is important to note that these data likely have a significant amount of missing and inaccurate information. This is likely because the DCF updates personnel details only during licensing visits "as needed" for licensing requirements. Many personnel likely have PL and education not accurately captured and/or updated. Thus, the following results can be used to better understand available data on the workforce. However, results should be interpreted with caution as there is no true, robust, reliable dataset that describes the current experiences and qualifications of all personnel in the field.

Available Indicators

As of March 2024, there were 65,235 individuals working in a licensed early care and education setting. This includes owners, directors, teachers, and non-teaching staff. The following are the available indicators available to describe these individuals' levels of experience and education:

- Age

- Industry Tenure

- Highest Known Education

- Staff Credential

- Director's Credential

- Completed Training

The following report describes findings from each of the identified indicators. With DEL feedback, these indicators will be used to create the interactive workforce dashboard, displaying the best-known conditions of the early care and education workforce at both the state and coalition levels. These visualizations will be presented side-by-side, similar to those presented in Figure 1, to allow users to easily develop an understanding of current workforce demographics and PL. Additionally, with the support of data visualization experts and the website design team, the ECPRG will explore alternative data visualizations as appropriate for each indicator.

The ECPRG does not have existing data for compensation, a key indicator. This is an important data point for understanding the health of the workforce and wage trajectories as they relate to career progression along the career pathway, years in the field, and position.

Figure 1. Visualizations
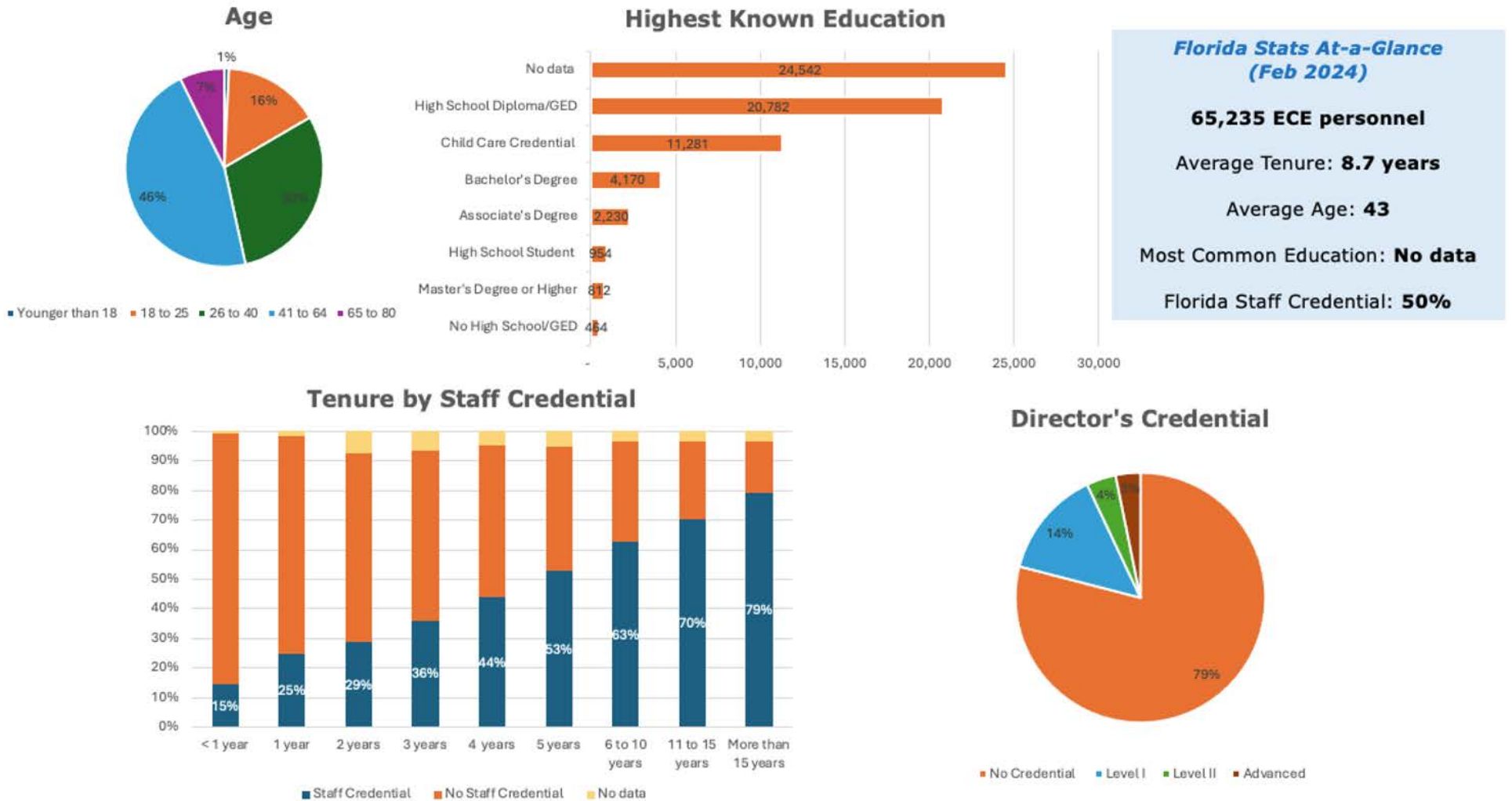
Age

There were 64,979 personnel with a reported age between 16-80 years old and 256 personnel with a reported age younger than 16 years old or older than 80 years old, with ages ranging from 2 years old to 1,848 years old. While it is possible that both younger and older individuals work in early care and education settings, the ECPRG believes that most of these ages, which are outside of the typical range of workforce eligibility, are likely the result of data entry errors. For that reason, individuals younger than 16 years old and older than 80 years old (256 individuals) were excluded from the analysis, resulting in 64,979 personnel with reported ages. The average age was 43 years old. Nearly half (46.1%) of personnel were between the ages of 41 and 64, and 45.8% of personnel were between the ages of 18 and 40. Table 1 and Figure 1 describe the distribution of age.

Table 1. Age Distribution

Age	Count	Percentage
16 to 18	499	0.8%
18 to 25	10,282	15.8%
26 to 40	19,476	30.0%
41 to 64	29,967	46.1%
65 to 80	4,755	7.3%
Total Population	64,979	100.0%

Industry Tenure

Tenure was calculated as the time between the listed industry start date and March 1, 2024, to indicate the number of years since an individual first began working in the field. There were 19 individuals without a listed industry start date and, thus, were excluded from the analysis, resulting in 65,216 individuals included with reportable tenures. It is possible that individuals have not consistently worked in an early care and education setting since their industry start date; however, currently, available data do not allow the ECPRG to reliably identify gaps in employment.

The average tenure across all personnel is 8.7 years. A majority of personnel (50.6%) were first employed in the field six or more years ago. Just over 23% of personnel have been in the field for 2 – 5 years, and 26% of personnel have been in the field for one year or less. Please see Table 2 and Figure 1 for the distribution. Currently, many stakeholders describe extensive staff turnover.

Table 2. Tenure Distribution

Tenure	Count	Percentage
< 1 year	8,459	13.0%
1 year	8,569	13.1%
2 years	3,590	5.5%
3 years	4,087	6.3%
4 years	3,757	5.8%
5 years	3,736	5.7%
6-10 years	11,944	18.3%
11-15 years	8,183	12.5%
More than 15 years	12,891	19.8%
Total Population	65,216	100.0%

Highest Known Education

The DCF personnel file provides the highest known education levels for individuals present. Please recall that data are updated on an "as needed" basis and may not accurately reflect an individual's current level of education. Additionally, a substantial number of personnel did not have a reported level of education (38%).

The most frequently reported education was a completed High School Diploma or GED (32%), followed by a Childcare Credential (17%). Eleven percent of personnel with a reported education had an Associate's degree or higher (Table 3).

Table 3. Education Distribution

Education	Count	Percentage
No High School/GED	464	0.7%
High School Student	954	1.5%
High School Diploma/GED	20,782	31.9%
Child Care Credential	11,281	17.3%
Associate's Degree	2,230	3.4%
Bachelor's Degree	4,170	6.4%
Master's Degree or Higher	812	1.2%
No data	24,542	37.6%
Total Population	65,235	100.0%

Staff and Director Credentials

Approximately 50.4% of personnel were identified as having a Staff Credential, qualifying them to be a Lead Teacher in VPK classrooms. Forty-six percent of personnel were listed as having no Staff Credential, and 3.6% of personnel were listed as having "no data." Approximately 22.5% of personnel have a Birth-to-5 Credential, which is a DCF-approved credential that requires a combination of education, training, and experience. Approximately 16.5% of individuals are listed as having a "Formal Education", meaning they have a higher education degree from an accredited institution. Notably, this is roughly 5% higher than the number of individuals listed as having a higher education degree in the "education" variable. Finally, 10.9% of individuals have a National Credential, a credential recognized by the DCF which requires a combination of education, training, and experience.

Table 4. Staff Credential Distribution

Staff Credential	Count	Percentage
Employment History Recognition	143	0.2%
School-Age Credential	264	0.4%
No Data	2,322	3.6%
National Credential	7,100	10.9%
Formal Education	10,732	16.5%
Birth - 5 Credential	14,684	22.5%
No Staff Credential	29,990	46.0%
Total Population	65,235	100.0%

There were 13,684 individuals with a Director's Credential (20%). Among individuals with a Director's Credential, approximately 67% of individuals with a Director's Credential had a Level I credential. Please see Table 5 and Figure 1 for the frequency of Director's Credentials among the entire personnel population.

Table 5. Director's Credential Distribution

Director's Credential	Count	Percentage
No Credential	51,551	79.0%
Level I	9,111	14.0%
Level II	2,492	3.8%
Advanced	2,081	3.2%
Total Population	65,235	100.0%

Staff Trainings

Table 6 describes the count and percentage of individuals in the DCF data who completed the identified training. The most frequently completed trainings were First Aid (20.7%) and CPR (21.0%), followed by Early Literacy (16.5%) and SR Training (16.0%).

Table 6. Personnel who Completed Training

Training	Count	Percentage
First Aid	13,521	20.7%
CPR	13,722	21.0%
Early Literacy	10,753	16.5%
VPK Literacy	5,939	9.1%
SR Training	10,431	16.0%
Total Population	65,235	100.0%

Supporting DEL & Other Stakeholders

As a part of the Sunshine Portal Project, the ECPRG supports stakeholders in understanding research projects and provides ad-hoc consultation to the DEL. In addition to creating orientation guides to support the interpretation of visual analyses, the ECPRG met with stakeholders across the state and the U.S. to support their understanding of the Sunshine Portal. Below please find a listing and descriptions of these events.

DEL Routine meetings:

Meeting agendas for these meetings are attached as Appendix 5. Please note that the October meeting agenda indicated that the next meeting would be November 16th. That date was later changed to November 6th. Also, the meeting that was scheduled for February 8, 2024 was canceled because Dr. Knopf and DEL colleagues met in person the day prior.

- **October 19, 2023**
- **November 6, 2023**
- **December 14, 2023**
- **January 11, 2024**
- **February 7, 2024**
- **March 21, 2024**
- **April 11, 2024**
- **May 7, 2024**

Consultation Events:

- **October 3, 2023:** Strategic Planning Workshop in Tallahassee. During this meeting Dr. Knopf was joined by Chancellor Miller, Deputy Maroney, Dr. Birken and Dr. Thorman to discuss DEL policy research needs in preparation for the upcoming legislative session.

- **October 17, 2023:** Dr. Knopf, Dr. Shannon, and Dr. Rodgers traveled to Daytona Beach to attend the Association of Early Learning Coalition Board of Directors Meeting to share the three (3) primary initiatives of the Sunshine Portal Expansion Project.

- **November 9, 2023:** Dr. Knopf provided individual consultation with Mr. Bruce Watson of the ELC of Escambia County to describe the function and interpretation of the FLICCA for use in his upcoming meeting with local community partners.

- **November 9, 2023:** Meeting with Dr. Birken and Sen. Calatayud to discuss childcare affordability.

- **February 13, 2024:** Dr. Knopf and Dévonja Daley met with the ELC of Southwest Florida to describe the function and interpretation of the FLICCA for their locality.

- **February 23, 2024:** Dr. Knopf, Robert Chapman, and Dévonja Daley met with several ELCs to discuss the SR survey's parent/family recruitment strategies.

- **May 22, 2024:** Dr. Knopf provided a tutorial for Jeffery Brown, a consultant hired to support Okaloosa and Walton Counties, to understand their child care needs.

Additional Training in the use of the FLICCA to inform local planning:
The Association of Early Learning Coalitions (AELC) has proposed that the ECPRG conduct in-person workshops throughout the state to help explain the Sunshine Portal to ELCs who want to familiarize themselves with the FLICCA. The purpose of these workshops will be to help them learn how to use the tool so that they can make changes, as needed, at the local level and help inform their decision-making. The ECPRG and the AELC are in communication about conducting these workshops in August 2024 (*tentatively*).

Update on the Connection of the ECIDS with the Florida Department of Education Longitudinal Data System

The recent implementation of the Florida Student ID assignment to all children participating in the SR and VPK systems has presented the opportunity for efficient linkage between children in the Early Childhood Integrated Data System (ECIDS) and the Florida DOE Longitudinal Data System (FL LDS). All children included in the ECIDS and linked to VPK participation have a FL student ID. Implementation of a connection between these two data systems will require (1) new data sharing agreements among the DOH, DCF, HUD, and DOE to permit the connection of the ECIDS with the FL LDS and (2) a coordinated effort among the data teams of the ECPRG and the FL DOE to establish the mechanism for data transmission and storage in a secure FISMA compliant data system. The ECPRG stands ready to begin the process of negotiation with the FL DOE.

References

Anderson, S., & Mikesell, M. (2019). Child care type, access, and quality in rural areas of the united states: A review. *Early Child Development and Care, 189*(11), 1812-1826. https://doi.org/10.1080/03004430.2017.1412959

Breiman, L. (2001) Random forests. *Machine Learning, 45*(1), 5-32. https://doi.org/10.1023/A:1010933404324

Bronfenbrenner, U., & Morris, P.A. (2006). The bioecological model of human development. In R.M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development (6th ed.*, pp. 793-828). John Wiley & Sons, Inc..

Early Childhood Policy Research Group (ECPRG). (2023). *Sunshine portal annual report: Fiscal year 2022-2023.* University of Florida.

Elder Jr., G. H. (1998). The life course as developmental theory. *Child Development, 69*(1), 1-12. https://doi.org/10.2307/1132065

Gislason, P. O., Benediktsson, J.A., Sveinsson, J.R. (2006). Random forests for land cover classification. *Pattern Recognition Letters, 27*(4), 294-300. https://doi.org/10.1016/j.patrec.2005.08.011

Gordon, R. A., & Chase-Lansdale, P. L. (2001). Availability of child care in the United States: A description and analysis of data sources. *Demography, 38*(2), 299-316. https://doi.org/10.1353/dem.2001.0016

Hothorn, T., Hornik, K., & Zeileis, A. (2015). ctree: Conditional inference trees. *The comprehensive R archive network, 8.*

Kuhn, M. (2008). Building predictive models in R using the caret package. *Journal of Statistical Software, 28*(5), 1–26. https://doi.org/10.18637/jss.v028.i05

Marshall, N. L., Robeson, W. W., Tracy, A. J., Frye, A., & Roberts, J. (2013). Subsidized child care, maternal employment and access to quality, affordable child care. *Early Childhood Research Quarterly, 28*(4), 808-819. https://doi.org/10.1016/j.ecresq.2013.07.008

Pal, M. (2005). Random forest classifier for remote sensing classification. *International Journal of Remote Sensing, 26*(1), 217-222. https://doi.org/10.1080/01431160412331269698

Pankin, J. (2013). *Schema theory.* Massachusetts Institute of Technology.

Paschall, K., Davis, E. E., & Tout, K. (2021). *Measuring and comparing multiple dimensions of early care and education access.* OPRE Report #2021-08.

Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/CCEEPRA-measuring-access-february-2021.pdf

Paschall, K., & Maxwell, K. (2022). *Defining and measuring access to child care and early education with families in mind.* OPRE Report #2021-232. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/opre_defining-measuring-access-highlight_feb2022.pdf

R Core Team. (2024). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. https://www.R-project.org/

van Buuren, S., & Groothuis-Oudshoorn K. (2011). mice: Multivariate imputation by chained equations in R. *Journal of Statistical Software, 45*(3), 1-67. https://doi.org/10.18637/jss.v045.i03

Wright M.N., & Ziegler, A. (2017). ranger: A fast implementation of random forests for high dimensional data in C++ and R. *Journal of Statistical Software, 77*(1), 1–17. https://doi.org/10.18637/jss.v077.i01

Data Dictionary

Sunshine State Early Childhood Information Portal

DCF's SNAP and TCA

Data Field Name	Data Dictionary Description
YYYYMM	BenefitMnth
CHILD_pin	ChildPin

DOE/DEL's FAST/STAR

Data Field Name	Data Dictionary Description
COMPLETED_DATE	Date the assessment was completed. Date and time is reported as UTC (Coordinated Universal Time); this is the time standard commonly used across the world.
ASSESSMENT_NUMBER	A count of the student's completed Star Early Literacy assessments (1st test of the year will show 1, 2nd test will show 2 and so on).
SCALED_SCORE	Standard error of measurement (SEM) for the Scaled Score.

DOE/DEL's Individualized Education Program – IDEA Part B

Data Field Name	Data Dictionary Description
except_primary	A code to identify the primary exceptionality for student enrolled in or eligible for enrollment in the public schools of a district who requires special instruction or related services to take full advantage of or respond to educational programs and opportunities because of a physical, mental, emotional, social or learning exceptionality. Primary indicates that exceptionality which most affects the student's ability to learn.

DOE/DEL's VPK & SR

Data Field Name	Data Dictionary Description
VPK CHILD ELIGIBILITY AND ENROLLMENT DATA FILE	
HomeZipCode	Parent Zip Code
ChildPersonID	Unique Child ID
Child_Age	*Description Not Provided*
TotalHoursPaid	Hours Paid
SR CHILD ELIGIBILITY AND ENROLLMENT DATA FILE	
ProvDiffRateFlag	Charge Differential or Not
ChildPersonID	Unique Child ID
ProviderPrivateRate	Provider Private Payment Rate
ServicePeriodMonth	Month Services Provided
ServicePeriodYear	Year Services Provided
TotalDaysPaid	Total Days Paid Within a Month
UnitOfCareCode	Unit of Care (e.g., FT, PT)
BillingGroupCode	See 'School Readiness Billing Groups' below.
EligibilityCode	Eligibility is a subdivision of the Billing Group. See 'School Readiness Billing Groups' below.
CareLevelTypeCode	See 'Care Level Codes' below.
DailyCoPayFee	Daily Copay Amount

AnnualIncome	Annual Income
ParentCountyID	Parent County Identifiers
PaymentReportPeriodMonth	The Payment Month
PaymentReportPeriodYear	The Payment Year
HouseholdID	Household Identifier

SCHOOL READINESS BILLING GROUPS			
Billing Group	**Eligibility Code**	**Eligibility Title**	**Definition**
ARRA	AR27	SR Income Eligible ARRA	Use the ARRA AR27 when transferring clients from BG8 27. The coalition does not need to transfer clients from ARRA to AR27 if the client has already been assigned the ARRA eligibility. Services provided to a family in which the parents with whom the child resides are each employed or engaged in eligible education activities **(unless exempt from work requirements due to age or disability as documented by a licensed physician)** a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance. **The family income shall not exceed 150% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance.** In two-parent families, each parent must individually meet the employment/education

			/ training criteria **(unless exempt from work requirements due to age or disability as documented by a licensed physician)**. This includes a case when the parent(s) or legal guardian places a child with a relative, permanently or on a short term basis, and is not receiving temporary cash assistance and income eligibility is based on the child's income and the guardian's income *(s. 411.201(6), F.S. and Rule 6M-4.203, F.A.C., Public Law 111-5, American Recovery and Reinvestment Act of 2009)*.
ARRA	AR31	SR Income Eligible ARRA	Use ARRA AR31 when transferring clients from BG8 31. The coalition does not need to transfer clients from ARRA to AR31 if the client has already been assigned the ARRA eligibility. Services provided to a family in which the parents with whom the child resides are each employed or engaged in eligible education activities **(unless exempt from work requirements due to age or disability as documented by a licensed physician)** a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's

			eligibility shall be determined in accordance with the terms of the variance. **The family income shall be between 151% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance.** A client with a family income that exceeds 150% of the FPL should be transferred to the appropriate billing group/eligibility code. In two-parent families, each parent must individually meet the employment/education / training criteria **(unless exempt from work requirements due to age or disability as documented by a licensed physician)**. This includes a case when the parent(s) or legal guardian places a child with a relative, permanently or on a short term basis, and is not receiving temporary cash assistance and income eligibility is based on the child's income and the guardian's income. **The use of the Eligibility Code is optional; it may be used in lieu of the ARRA Eligibility Code for those ELC's that would prefer to transfer clients from BG 31 to ARRA AR31 to maintain the continuity for eligibility codes.** *(s.*

			411.201(6), F.S. and Rule 6M-4.203, F.A.C., Public Law 111-5, American Recovery and Reinvestment Act of 2009).
ARRA	ARRA	SR Income Eligible ARRA	Services provided to a family in which the parents with whom the child resides are each employed or engaged in eligible education activities **(unless exempt from work requirements due to age or disability as documented by a licensed physician)** a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance. **The family income shall not exceed 150% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance.** If an existing client transfers from another SR billing group, the family income may exceed 150% of the FPL but may not exceed 200%. In two-parent families, each parent must individually meet the employment/education / training criteria **(unless exempt from work requirements due to age or disability as documented by a**

			licensed physician). This includes a case when the parent(s) or legal guardian places a child with a relative, permanently or on a short term basis, and is not receiving temporary cash assistance and income eligibility is based on the child's income and the guardian's income. **The use of the Eligibility Code is optional; it may be used in lieu of the ARRA Eligibility Code for those ELC's that would prefer to transfer clients from BG 27 to ARRA AR27 to maintain the continuity for eligibility codes.** (s. 411.201(6), F.S. and Rule 6M-4.203, F.A.C., Public Law 111-5, American Recovery and Reinvestment Act of 2009).
ARRA	UNEM	SR Unemployment ARRA	Services provided to a family either 1) receiving Florida unemployment compensation (UC) benefits or for a family 2) applying to receive UC benefits. 1) Families currently receiving UC benefits must demonstrate evidence of UC benefit receipt and that family income is at or below 150 percent of the FPL. If an existing client transfers from another SR billing group, the family income may exceed 150% of the FPL but may not exceed 200%. A family

			maintains in this category for a maximum of six months as long as the family continues to receive UC benefits, complies with the requirements of the UC program, and family income remains below 200% FPL. 2) A UC applicant's family shall be determined eligible for an initial period of 30 days under this eligibility category if the family demonstrates evidence of UC benefit application and that family income is at or below 150% of the FPL. A UC applicant's family will maintain SR eligibility subject to demonstrating evidence of a pending appeal or evidence of UC benefit receipt. If a child is eligible to receive SR services under any other eligibility category, the coalition shall offer the child services under the alternative eligibility category (Rule 6M-ER09-2 F.A.C.).
BG1	11	At Risk In Home	**Description:** Child care for a child from a family that is receiving in-home protective services and is under supervision by DCF/contracted provider for abuse, neglect, abandonment and/or exploitation. **Applicable Purpose for Care:** Child Protection (CP) **Work Requirements:** N/A

			Child Age Requirements: Birth to younger than 13 years **Child Care Authorization Form:** Yes -- from DCF or contracted community-based provider **Income Eligible:** Eligibility is not dependent on income, but if available should be used to calculate parent fee. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit. **Countable Income:** If available, count earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years. **Authorization Period:** 12 months. **Reference:** 45 CFR, §§ Part(s) 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections1002.81(1)(c) & 1002.87 (1)(b)(e), F.S.;
BG1	13	At Risk Foster Care	**Description:** Child care for a child in foster care protective services under supervision by DCF/contracted

			provider for abuse, neglect, abandonment, or exploitation. **Applicable Purpose for Care:** Child Protection (CP) **Work Requirements:** N/A **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization Form:** Yes -- from DCF or contracted community-based provider **Income Eligible:** Eligibility is not dependent on income, but if available should be used to calculate parent fee. **Household Size:** Related child(ren) on the Child Care Authorization Form only **Countable Income:** If available, count child(ren)'s income only **Authorization Period:** 12 months. **Reference:** 45 CFR §§§ 98.20(a)(1)(ii), 98.44, 98.50 ; CCDF State Plan, Part 2.5; Sections1002.81(1)(c), and 1002.87 (1)(b)(e), F.S.,
BG1	11D	At Risk Diversion	**Description:** Child care for a child who is in a diversion program provided by DCF/contractor and who is from a family that is actively participating and complying in DCF-prescribed activities. **Applicable Purpose for Care:** Child

			Protection (CP) **Work Requirements:** N/A **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization Form:** Yes -- from DCF or contracted community-based provider **Income Eligible:** Eligibility is not dependent on income, but if available should be used to calculate parent fee. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit. **Countable Income:** If available, count earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years. **Authorization Period:** 12 months. **Reference:** 45 CFR, §98.20(a)(1)(ii), 98.44, 98.50; CCDF Part 2.5; Sections 1002.81(1)(b) and 1002.87(1)(b)(e), F.S.;
BG1	14R	At Risk Out of Home	**Description:** Child care for a child placed in court-ordered

			custody of a relative/non-relative by DCF/contracted provider and receiving out-of-home protective services. **Applicable Purpose for Care:** Child Protection (CP) **Work Requirements:** N/A **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization:** Yes -- from DCF or contracted community-based provider **Income Eligible:** Eligibility is not dependent on income, but if available should be used to calculate parent fee. **Household Size:** Related child(ren) on the Child Care Authorization only **Countable Income:** If available, count child(ren)'s income only **Authorization Period:** 12 months. **Reference:** 45 CFR §§§98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5;Sections 1002.81(1)(d), and 1002.87(1)(b)(e), F.S.;
BG1	FAM	Family Supports	**Description:** Child care for a child from a family that is in the custody of a parent who is a victim of domestic violence and who is residing in a certified domestic violence center. **Applicable Purpose

			for Care: Child Protection (CP)
			Work Requirements: N/A
			Child Age Requirements: Birth to younger than 13 years
			Child Care Authorization Form: Yes -- from a DCF-Certified Domestic Violence Center
			Income Eligible: Eligibility is not dependent on income, but if available should be used to calculate parent fee.
			Household Size: All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit.
			Countable Income: If available, count earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.
			Authorization Period: 12 months.
			Reference: 45 CFR §§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(e), and 1002.87 (1)(b)(e), F.S.;

BG1	HOME	At Risk Homeless	**Description:** Child care for a child from a family that is in the custody of a parent/guardian who is homeless as verified by a DCF designated-lead agency on homelessness and is participating with a DCF designated-lead agency's continuum of care services plan for homeless families. **Applicable Purpose for Care:** Child Protection (CP) **Work Requirements:** N/A **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization Form:** Yes -- from a DCF-Designated Lead Agency on homelessness **Income Eligible:** Eligibility is not dependent on income, but if available should be used to calculate parent fee. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit. **Countable Income:** If available, count earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled

			high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years. **Authorization Period:** 12 months. **Reference:** 45 CFR, §§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections1002.81(1)(f) and 1002.87(1)(b)(e), F.S.;
BG1	IN	Protective Invest In Home	**Description:** Child care for a child from a family who has been referred for investigation by DCF/contracted provider for abuse, neglect, abandonment and/or exploitation. Child remains in the home with the alleged perpetrator. **Applicable Purpose for Care:** Child Protection (CP) **Work Requirements:** N/A **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization:** Yes -- from DCF or contracted community-based provider **Countable Income:** If available, count all earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18

			years or a concurrently enrolled student with a disability who has attained 22 years. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit and authorized eligibility by the referring agency. **Income Eligible:** Eligibility not dependent on income, but if available should be used to calculate parent fee. **Authorization Period:** 12 months. **Reference:** 45 CFR §§§98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections1002.81(1)(a) & 1002.87 (1)(b)(e), F.S.; 65C-29.003(9), F.A.C.
BG1	OUT	Protect Invest Out Home	**Description:** Child care for a child from a family who has been referred for investigation by DCF/contracted provider for abuse, neglect, abandonment and/or exploitation. Child has been removed from the alleged perpetrator's home where the investigation is being conducted. **Applicable Purpose for Care:** Child Protection (CP) **Work Requirements:** N/A **Child Age Requirements:** Birth to younger than 13

			years **Child Care Authorization:** Yes -- from DCF or contracted community-based provider **Countable Income:** If available, count child(ren)'s income only **Household Size:** Related child(ren) on the Child Care Authorization only **Income Eligible:** Eligibility not dependent on income, but if available should be used to calculate parent fee. **Authorization Period:** 12 months. **Reference:** 45 CFR, §§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections1002.81(1)(a) & 1002.87 (1)(b)(e), F.S.;, 65C-29.003(9), F.A.C.
BG1RC	RC2	SR Respite Care Protective Services **PRIORITY CATEGORY #2**	Services provided to alleviate a crisis (acute situation that places a child at risk because of parental or guardian emergency need for respite, lack of resources, special needs of the child, or extenuating circumstances beyond the family's control that require short term assistance to increase family stability and decrease risk potential) or to provide child care services in a hospital-based, mildly ill child care program as described in the CCDF State Plan. **The family must be in an open**

			protective services case to receive respite services. Respite child care alleviates a crisis in the family and avoids out of home placement, while assuring the safety of the child is maintained. **Respite care is limited to no more than 30 days per child in any fiscal year and may be provided for up to 24 hours per day.** On a case by case basis, this may also include services provided to a family affected by a natural disaster to ensure a child's safety and protection. Such services would include child care *(Rule 60BB-4.201, F.A.C.; Rule 60BB-4.202, F.A.C.; CCDF State Plan Appendix 2; and s. 411.01(6), F.S.).*
BG3	21	SR Welfare Transition (Temporary cash assistance (TCA)) (WT)(Formerly WAGES) Not Working **PRIORITY CATEGORY #1**	Services provided to a TANF recipient who receives temporary cash assistance (TCA), is not working, and is involved in job preparation activities. A referral authorizes child care for periods of job search, education, and training plus reasonable travel time. In two parent families, both parents must meet the participation criteria *(Rule 60BB-4.202, F.A.C. and s. 411.01(6)(a)2, F.S.).*
BG3	28A	TANF Child Only	**Description:** Child care for a child who is recipient of temporary cash assistance as a TANF "child only case"

			who has been placed with a relative permanently or on a short-term basis. Must have documentation from the DCF showing TANF amount with the recipient's name. Guardian(s) must meet the purpose for care requirements. **Applicable Purpose for Care:** Employment (EM), Education & Training (ET), Both Employment and Training and/or Education (TT) or Disability (DI) **Work Requirements:** Guardian(s) must be working or engaged in eligible education/training activities at least 20 hours per week or may be exempt from work requirements due to age or disability, as determined and documented by a physician licensed under chapter 458 or chapter 459, F.S. **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization Form:** No (verification of TANF child only payment needed) **Countable Income:** Child(ren) income only **Household Size:** Child(ren) only **Income Eligible:** Yes-- child's income at or below 150 percent of FPL for entry into program, at or below 200 percent of the FPL

			for continued eligibility. **Authorization Period:** 12 months or less **Reference:** 45 CFR §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(7) & 1002.87(1)(c)(f), F.S.;
BG3	28B	SR WT (Formerly WAGES) Refugee Not Working **PRIORITY CATEGORY #1**	Services provided to an eligible refugee, asylee, Cuban/Haitian entrant and parolee, Amerasian, Iraqi and Afghan special immigrant, USDHHS-certified victim of a severe form of human trafficking, or a resident alien who was admitted to the U.S. under one of the above categories, who is a TANF recipient receiving TCA, with a documented referral for child care by a refugee program funded employment services (education and training) provider (*Rule 6M4.202, F.A.C.; section 208 of the Immigration and Nationality Act (INA); Amerasian Homecoming Act, Section 584 of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1988 (P.L. 100-202), as amended; P.L. 106-386, Victims of Trafficking and Violence Protection Act of 2000; and section 101(1)(27) of the Immigration and Nationality Act (INA)).*
BG3	TCAN	TCA Not Working	**Description:** Child care for a child from a family that includes a

			parent (including an eligible TANF refugee), who is receiving temporary cash assistance (TCA) under chapter 414 F.S., and subject to the federal work requirements, who is not working but is involved in activities assigned by the referring agency. In two parent families, both parents must have a purpose for care as documented on the Child Care Authorization Form. **Applicable Purpose for Care:** Education & Training (ET), Job Search (JS) or Work Activity (WA) **Work Requirements:** Based on the federal work requirements activity assigned by the referring agency. **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization Form:** Yes -- from Welfare Transition Program/local workforce board **Income Eligible:** Yes -- at or below 185 percent of Federal Poverty Level (Determined by DCF) **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are included in the TANF assistance group. **Countable Income:** Countable unearned income from all

			household members who are included in the TANF assistance group. Employment income should not exist for this category. Exclude income earned by children including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years. **Authorization Period:** Based on Child Care Authorization Form - maximum is six months. Reference: 45 CFR §§98.44, 98.50; CCDF State Plan, Part 2.5; Section 1002.87(1)(a), F.S.; Rule 6M-4.200(2)(b), F.A.C.
BG3AP	APP	TCA Applicant	**Description:** Temporary child care for a child from a family that is economically disadvantaged who has applied for TCA, including an up-front diversion payment in order to seek employment. **Applicable Purpose for Care:** Employment (EM), Education & Training (ET), Employment and Education and/or Training (TT), Job Search (JS) or Work Activity (WA) **Work Requirements:** Based on the federal work requirements activity assigned by the referring agency. **Child Age Requirements:** Birth

			to younger than 13 years. **Child Care Authorization Form:** Yes -- Welfare Transition Program/local workforce board **Countable Income:** Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit. **Income Eligible:** Yes-- at or below 150 percent of FPL for entry into program, at or below 200 percent of the FPL for continued eligibility. **Authorization Period:** One 30-day period. **Reference:** 45 CFR. §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(7) & 1002.87(1)(c)(f), F.S.; Section 1002.89, F.S.
BG3R	RCG	At Risk RCG	**Description:** Child care for a child who is a recipient of the Relative Caregiver payment and determined to be a court ordered

			dependent by a Florida court and placed in a relative's home by the DCF/contracted provider. **Applicable Purpose for Care:** Child Protection (CP) **Work Requirements:** N/A **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization:** No -- verification of current RCG payment is required **Countable Income:** If available, count child(ren)'s income only **Household Size:** Related child(ren) only **Income Eligible:** Eligibility not dependent on income, but if available use to calculate parent fee. **Authorization Period:** 12 months or less **Reference:** 45 CFR, §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(1)(d) & 1002.87 (1)(b)(e), F.S.
BG3T	21T	SR WT (Formerly WAGES) Diversion Program ~~PRIORITY CATEGORY #1~~	Referrals from the local workforce boards for temporary child care for a parent who has applied for cash assistance and temporary child care services to seek employment and has opted to receive diversion payment in lieu of ongoing cash assistance. Child care for up-front diversion

			should be provided for **up to** 30 days from the date the up-front diversion process officially started *(Rule 6M-4.202, F.A.C., s. 411.01(6), F.S.,(s. 414.017, F.S., and Rule 65A-4.212, F.A.C.)*.
BG3W	21W	SR WT (Formerly WAGES) Working **PRIORITY CATEGORY #1**	Services provided to a TCA recipient, based on a documented referral, who is employed, or employed and involved in job preparation activities. Child care shall be available during the hours of employment and/or work activities plus reasonable travel time. In two parent families, both parents must meet the participation criteria *(Rule 6M-4.202, F.A.C. and s. 411.01(6), F.S.)*.
BG3W	28BW	SR WT (formerly WAGES) Refugee Working **PRIORITY CATEGORY #1**	Services provided to an eligible refugee, asylee, Cuban/Haitian entrant and parolee, Amerasian, Iraqi and Afghan special immigrant, USDHHS-certified victim of a severe form of human trafficking, or a resident alien who was admitted to the U.S. under one of the above categories, based on a documented referral, who is a working TANF recipient receiving TCA and has been referred for child care by a refugee program funded employment services provider *(Rule 6M-4.202, F.A.C. and s. 208 of the Immigration and Nationality Act (INA))*.

BG3W	TCAW	TCA Working	**Description:** Child care for a child from a family that includes a parent (including an eligible TANF refugee), who is employed and receiving temporary cash assistance under chapter 414 F.S., and subject to the federal work requirements. In two parent families, both parents must have a purpose for care as documented on the Child Care Authorization Form. **Applicable Purpose for Care:** Employment (EM), Both Employment and Training and/or Education (TT) **Work Requirements:** Based on the federal work requirements activity assigned by the referring agency. **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization Form:** Yes -- from Welfare Transition Program/local workforce board **Income Eligible:** Yes -- at or below 185 percent of FPL (Determined by DCF) **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are included in the TANF assistance group. **Countable Income:** Earned and countable unearned income from all household members

			who are included in the TANF assistance group. Exclude income earned by children including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years. **Authorization Period:** Based on Child Care Authorization Form - maximum is six months. **Reference:** 45 CFR §§98.44, 98.50; CCDF State Plan Part 2.5; Section 1002.87(1)(a), F.S.; Rule 6M-4.200(2)(b), F.A.C.
BG5	23B	SR TCC Working	Services provided to a family with earned income who has lost their eligibility for TCA because of excess earned income, new or increased child support, loss of time limits (with earned income), or who "opts not to receive" TCA. Continued eligibility is for up to a total of 24 consecutive months from the first month of Temporary Child Care (TCC) eligibility as determined by Workforce Development, regardless of when temporary cash assistance is canceled. A documented referral establishes the time frames for authorized child care. **Total family income may not exceed 200% of FPL** *(Rule 60BB-4.202, F.A.C.)*.

| BG5 | 23C | SR TCC/Working Combined with Education (TEd) | Services provided to a family with earned income who has lost their eligibility for TCA because of excess earned income, new or increased child support, loss of time limits (with earned income), or who "opts not to receive" TCA, and who is obtaining education or training to improve job skills in order to <u>maintain or improve</u> employment. **Must meet full TCC requirements and need additional child care to cover educational needs.** Continued eligibility is for up to a total of 24 consecutive months from the first month of Temporary Child Care (TCC) eligibility as determined by Workforce Development, regardless of when temporary cash assistance is canceled A documented referral establishes the time frames for authorized child care. **Income may not exceed 200% of FPL** *(s. 411.01(6), F.S., and Rule 60BB-4.202, F.A.C.)*. |
| BG5 | 23D | SR TCC Working through Diversion | Services provided to a family who meets up-front diversion criteria. Continued eligibility for up to a total of 24 consecutive months from the first month of TCC eligibility as determined by a documented referral from Workforce |

			Development. A documented referral establishes the time frames for authorized child care. **Income may not exceed 200% of FPL.** The coalition should use this OCA to provide services to an individual who was determined eligible for but opted not to receive temporary cash assistance *(s. 414.017, F.S., and Rule 65A-4.212, F.A.C.)*.
BG5	TCC	Transitional Child Care	**Description:** Child care for a child from a family that includes a parent or parents who transitions from a workforce program into employment as described in Section 445.032, F.S. In two parent families, both parents must have a purpose for care as documented on the Child Care Authorization Form. **Applicable Purpose for Care:** Employment (EM), Both Employment and Training and/or Education (TT). **Work Requirements:** Employment or Both Employment and Education and/or Training based on documented Child Care Authorization Form. **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization Form:** Yes -- Welfare Transition

			Program/local workforce board **Countable Income:** Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit. **Income Eligible:** Yes -- at or below 200 percent of FPL for initial entry and continued eligibility. **Authorization Period:** 12 months or less. **Reference:** 45 CFR §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Section 1002.81(7) & 1002.87(1)(d), F.S.;
BG7	25	SR Migrant Farm Work	Services provided to a family in which the parents with whom a child resides are migrant farm workers as defined in Rule 60BB-4.100(16), F.A.C., and are employed for at least 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C,

			the participant's eligibility shall be determined in accordance with the terms of the variance. **The income shall not exceed 150% of the Federal Poverty Level (FPL) to enter the program and shall not exceed 200% to continue to receive financial assistance** *(Rule 6M-4.203, F.A.C.; and s. 411.01(6), F.S.).* **See 97CFO for referral based migrant clients.**
BG8	26	SR Teen Parent	Services provided to a child of teenage (under 18 years of age) parent(s) who are employed a minimum of 20 hours per week or who are enrolled in a high school diploma or GED program who are not involved in a Department of Education Drop Out Prevention program or a Workforce Development teen parent program. The teen parent may also be attending other job training. The definition of a teenage parent includes a person who is pregnant, who is the legal or alleged father of an unborn child, or who is the parent of the child. **Income of the teenage parent shall not exceed 200% of the FPL** *(s. 411.01(6), F.S. and Rule 6M-4.202, F.A.C.).*
BG8	27	SR Income Eligible ≤ 150%	Services provided to a family in which the parents with whom the

			child resides are each employed or engaged in eligible education activities **(unless exempt from work requirements due to age or disability as documented by a licensed physician)** a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance. **The family income shall not exceed 150% of the Federal Poverty Level (FPL) to enter the program and shall not exceed 200% to continue to receive financial assistance; however, a client with a family income that exceeds 150% of the FPL should be transferred to the appropriate billing group/eligibility code.** In two-parent families, each parent must individually meet the employment/eligible education activity criteria **(unless exempt from work requirements due to age or disability as documented by a licensed physician)**. This category includes cases when the child has been placed with relatives or non-relatives by the

			parent(s) or legal guardian, permanently or on a short-term basis, and is not receiving temporary cash assistance, and income eligibility is based on the child's income and the guardian's income (non-TANF "Child Only" cases) *(s. 411.01(6), F.S., and Rule 6M-4.203, F.A.C.)*.
BG8	29	SR SSI and/or SSA Disability	Services provided to a family in which: • A parent(s)/guardian(s) receives SSI, SSA disability benefits (not survivor's benefits), or 100% VA disability (not partial disability), the family is income eligible, and the parent(s)/guardian(s) in the home has/have an established purpose(s) for care. NOTE: If a parent in the home is in receipt of SSA disability benefits, then all dependents in the home should also be in receipt of benefits under the disabled parent's claim number and should be explored for such benefits. All of the preceding listed income is countable income in the total family income; or • A child is in receipt of SSI (child's SSI income is not included in the family's total gross income calculation), the family is income eligible, and the parent(s)/guardian(s) in the home has/have

			an established purpose(s) for care. NOTE: In certain instances, it may be more beneficial to a family in which a child receives this income to be considered a household of one and to exclude this income. However, if doing so would create an adverse impact on other children in the household, then the child receiving SSI can remain as part of the full household and this income type still be excluded.
			If both parents are in the home, only one shall be required to be an SSI/SSA disability benefits/100% VA disability recipient; however, both parents must meet the purpose for care requirement. The purpose of the child care shall be to enable employment of the parent/relative, and/or to assist the parent in caring for the child because of the parent's/relative's disability as documented by a physician's statement. If the disability claimed is permanent, only one disability eligibility is required. Note: A child in receipt of SSA (under a non-residential disabled parent whose family is income eligible and whose custodial parent(s)/guardian(s) in the home has/have

			an established purpose(s) for care is better served under either BG8-27 or BG8-31. If, however, the same child is placed on a referral, then the child is to be served under the appropriate referral billing group. (Rule 6M-4.100(22)(a-d), F.A.C. and CCDF 3.3.2.)
BG8	30	SR Native American	Services provided to a child whose parents are members of federally recognized Native American tribes and who need child care in order to obtain or maintain employment or eligible education activities a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 6M-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance. **Income shall not exceed 150% to enter the program and shall not exceed 200% of FPL to continue to receive financial assistance** *(45 CFR Part 98.20)*.
BG8	31	SR Income Eligible 151% - 200%	Services provided to a family in which the parent/guardian with whom the child resides are each employed or engaged in eligible education activities **(unless exempt from work requirements due to age or disability as**

			documented by a licensed physician) a minimum of 20 hours per week. If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance. **The family income must be between 151% and 200% of the FPL for this eligibility category. <u>Clients should only be placed in this category upon redetermination from a prior eligibility category or from the TCA or TCC categories.</u>** In two-parent families, each parent must individually meet the employment/eligible education activity criteria **(unless exempt from work requirements due to age or disability as documented by a licensed physician)**. This category includes cases when the parent(s) or legal guardian has placed the child with relatives **or non-relatives**, permanently or on a short-term basis, and is not receiving temporary cash assistance. Income eligibility would include the total family earned and unearned income *(s. 411.201(6), F.S.,*

			and Rule 6M-4.203, F.A.C.).
BG8	33	SR Adoption Subsidy	Services provided to a child receiving adoption subsidy payments from the Federal Title IV_E program under the Social Security Act, or a state program. Adoption assistance subsidy provides financial assistance to families based on the child's special needs at the time of the adoptive placement. These benefits are paid to the child and may include a monthly adoption assistance payment and/or Medicaid Card. This income must be verified before it can be excluded. For cases that contain these incomes, the child receiving these income types can be considered a Head of Household of one and have these income sources excluded. However, if doing so creates an adverse impact on other children in the household, then the children can remain as part of the full household under an applicable billing group and still have these incomes sources excluded. (CCDF State Plan Section 3.3.2.). Use this Billing Group only when the child(ren) is considered Head of Household. If more than one child in the household receives the adoption subsidy,

			the household size is determined by the number of children in the household receiving the subsidy. Although the child may be Head of Household, the parent/guardian with whom the child resides must be employed or engaged in eligible education activities (unless exempt from work requirements due to age or disability as documented by a licensed physician) a minimum of 20 hours per week. each parent/guardian must have a Purpose for Care. **Income must be less than 150% of the federal poverty level for initial eligibility.**
BG8	ECON	Economically Disadvantage	**Description:** Child care for a child from a family that is economically disadvantaged including, but not limited to, a working migratory family that is economically disadvantaged as defined by 34 CFR s. 200.81(d) or (f) or an agricultural worker who is employed by more than one agricultural employer during the course of a year, and whose income varies according to weather conditions and market stability. **Applicable Purpose for Care:** Employment (EM), Education & Training (ET), Both Employment and Training and/or

			Education (TT), Migrant Employed (ME) or Disability (DI) **Work Requirements:** In a one parent family, the parent must be employed at least 20 hours per week or engaged in eligible educational activities unless exempt from work requirements due to age or disability. In two parent families, both parents must be working a combined total of 40 hours per week or engaged in eligible education activities unless exempt from work requirements due to age or disability. Parent(s) with whom the child resides can be exempt from work requirements due to age or disability, as determined and documented by a physician licensed under chapter 458 or chapter 459, F.S. **Child Age Requirements:** Birth to younger than 13 years **Child Care Authorization Form:** No **Countable Income:** Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a

			disability who has attained 22 years. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit. **Income Eligible:** Yes-- at or below 150 percent of FPL for entry into program, at or below 85 percent SMI for continued eligibility; if 85 percent of State Median Income (SMI) is less than 150 percent of FPL, 85 percent SMI is the income threshold for eligibility. A graduated phase-out may be implemented at the end of the 12-month eligibility period if income is greater than 150 percent of FPL but less than 85 percent of SMI. **Authorization Period:** 12 months. **Reference:** 45 CFR. §§§ 98.20(a)(1)(ii), 98.44, 98.50; CCDF State Plan, Part 2.5; Sections 1002.81(7) & 1002.87(1)(c)(f), F.S.;
BG8HS	HS	SR Working Poor/HS Criteria – Local Coalition Option	The Head Start Program focuses on low income children and provides an educational program that emphasizes nutrition, health, and social sciences and encourages strong parent involvement. Services in this category must be in an approved coalition plan *(Rule 6M-4.203, F.A.C. and s. 411.01(6),*

			F.S.). **Allocations to this OCA require Agency approval.**
BG8LC	LC	SR 411 – Local Coalition Option	Eligibility requirements must comply with s. 411.01, F.S. A coalition must describe this eligibility initiative in the coalition's plan and the Agency must approve prior to the coalition incurring any expenditures *(Rule 6M-4.203, F.A.C. and s. 411.01(6), F.S.).* **Allocations to this OCA require Agency approval.**
BG8NW	NW	SR Single Parent Not Working/ Child at Risk of School Failure	Services provided to a one parent family with whom the child resides where the parent is not employed or engaged in education activities a minimum of 20 hours per week and where the child is determined to be at risk of school failure. **The family income must not be higher than 150% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance** *(Rule 6M-4.203, F.A.C. and s. 411.01(6), F.S.).* **Allocations to this OCA require Agency approval.**
BG8OP	OPW	SR Two Parents/One Parent Not Working/ Child at Risk of School Failure	Services provided to a two parent/guardian family with whom the child resides where only one parent is employed or engaged in eligible education activities a minimum of 20 hours per week and where the child has been determined to be at risk of school failure.

			If a coalition receives a variance from the definition of "working family" under rule 60BB-4.100(22), F.A.C, the participant's eligibility shall be determined in accordance with the terms of the variance. **See OCA Attachment 3, Eligibility Determination Factors for a Child at Risk of Future School Failure for additional information. The attachment is available on the OEL website: Early Learning>For Coalitions>Coalition Resources>OCA Working Definitions. The family income shall not exceed 150% of the FPL to enter the program and shall not exceed 200% to continue to receive financial assistance** *(Rule 6M-4.203, F.A.C. and s. 411.01 (5)(d)4.j.(6), F.S.).*
BGCSD	CSED	Contracted Slots Econ Dis	**Description:** Contracted slots child care up to the regular SR pay rate (excluding Gold Seal) and in accordance with regular SR attendance rules, for children meeting the eligibility of billing group Economically Disadvantaged BG8-ECON. This OCA is included in the local match requirement for working poor eligible participants of six percent on child care

BGCSO	CSO	Contracted Slots Other	**Description:** Contracted slots child care up to the regular SR pay rate (excluding Gold Seal) and in accordance with regular SR attendance rules, for children meeting the eligibility of billing groups other than Economically Disadvantaged BG8 and the Child Care Executive Partnership (CCEP) and having an authorization period of 12 months. Billing Groups that can transfer to BGCSO/CSO are: At Risk Diversion BG1 11D, At Risk Homeless BG1 HOME, Family Supports BG1 FAM, At Risk Home, BG1 11, Protective Investigation In Home BG1 IN, and Special Needs CF SN. The applicable purpose for care, work requirements, child age requirements, referral, countable income, household size and income eligible follows those applicable based on eligibility of allowable billing groups and eligibility groups listed within this description.. **Authorization Period:** 12 months.
BGCSO	CSOC	CS Other Child Only	**Description:** Contracted slots child care up to the regular SR pay rate (excluding Gold Seal) and in accordance with regular SR attendance

slots.
Authorization Period: 12 months.

			rules, for children meeting the eligibility of billing groups with countable income for child only and having an authorization period of 12 months. Billing Groups that can transfer to BGCSO/CSOC are: BG1 14R, BG1 13, BG1 OUT. The applicable purpose for care, work requirements, child age requirements, referral, countable income, household size and income eligible follows those applicable based on eligibility of allowable billing groups and eligibility groups listed within this description. **Authorization Period:** 12 months.
BGD	DIN	Natural Disaster - New Enrollment	Services provided to a disaster impacted family, for a new enrollment. This OCA includes a family whose workplace is temporarily inoperable or destroyed, home is severely damaged or has been condemned by local or federal officials, or place of primary or secondary education is temporarily inoperable or destroyed. A coalition in a natural disaster area may choose to waive fee, income eligibility, and work requirements on a case by case basis for a family who is in need of services to ensure a child's safety and protection *(CCDF State*

			Plan and Rule 6M-4.400(1)(b)2.f., F.A.C).
BGSNT	SNT	SR Special Needs Teen	Services provided to **children ages of 13 through 18** who are physically or mentally incapable of self-care, or are under court supervision, and resides with a family whose **income does not exceed 200% of the federal poverty level (FPL)** and whose parent(s) are working or attending job training or education program. (Normally this means the child has an IEP-Individual Education Plan with school system or DOE matrix) *(45 CFR 98.20 and Rule 6M-4.200, F.A.C.)*.
CCPP	P1	CCEP	**Description:** Child care for a child from a working family that is economically disadvantaged and receives CCEP matching funds. The CCEP program provides state, federal and local funds to offer subsidies to low-income working parents whose family income does not exceed the allowable income for any federally subsidized child care program with a dollar-for-dollar match from employers, local government, and other matching contributions. **Applicable Purpose for Care:** Employment (EM), Education & Training (ET), Both Employment and Training and/or

			Education (TT) or Disability (DI)
			Work Requirements: In a one parent family, the parent must be employed at least 20 hours per week or engaged in eligible educational activities unless exempt from work requirements due to age or disability. In two parent families, both parents must be working a combined total of 40 hours per week or engaged in eligible education activities unless exempt from work requirements due to age or disability. Parent(s) with whom the child resides can be exempt from work requirements due to age or disability, as determined and documented by a physician licensed under chapter 458 or chapter 459, F.S.
			Child Age Requirements: Younger than 13 years of age
			Child Care Authorization Form: No
			Countable Income: Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has

			attained 22 years. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit. **Income Eligible:** Yes -- at or below 200 percent of FPL initial entry, at or below 85 percent of the SMI for continued eligibility during the initial 12-month eligibility period; if 85 percent of State Median Income (SMI) is less than 200 percent of FPL, 85 percent SMI is the income threshold for eligibility. A graduated phase-out may be implemented at the end of the 12-month eligibility period if income is greater than 200 percent of FPL but less than 85 percent of SMI. **Authorization Period:** 12 months. **Reference:** 45 CFR §§§ 98.20(a)(1)(ii), 98.44, 98.50; Section 1002.94, F.S.
CF	MI	SR Migrant Not Income Eligible	Services provided to a family that includes migrant workers or fishers. Eligibility is not dependent on family income or work requirements. The family must have a documented referral from the local education agency certifying that the parent(s) meets the federal definition of a migrant agricultural

			worker or a migrant fisher *(s. 411.01(6), F.S.; Rule 6M-4.206, F.A.C.)*. **Allocations to this OCA require Agency approval.**
CF	SN	Special Needs	**Description:** Child care for a child, who has special needs, has been determined eligible as a student with a disability, has a current individual education plan with a Florida school district, and is not younger than 3 years of age. A special needs child eligible under this billing group remains eligible until the child is eligible for admission to kindergarten in a public school under Section 1003.21(1)(a)2, F.S. Allocation requires office approval. **Applicable Purpose for Care:** Special Needs (SN) **Work Requirements:** N/A **Child Age Requirements:** 3 years of age through admission to kindergarten **Child Care Authorization Form:** No - IEP needed from local school district **Countable Income:** Earned and countable unearned income from all household members who are a part of the family unit. Exclude income earned by children, including a concurrently enrolled high school student who has attained 18 years or a concurrently

			enrolled student with a disability who has attained 22 years. **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are currently residing in the same dwelling unit. **Income Eligible:** No **Authorization Period:** 12 months. **Reference:** Section 1002.87(1)(h) and 1003.21(1)(a)2, F.S.
DHKOS	OOS	Natural Disaster - New Enrollment – Other State	Services provided to a disaster impacted family, new enrollment. This OCA includes a family whose workplace is temporarily inoperable or destroyed, home is severely damaged or has been condemned by local or federal officials, or place of primary or secondary education is temporarily inoperable or destroyed. A coalition in a natural disaster area may choose to waive fee, income eligibility, and work requirements on a case by case basis for a family who is in need of services to ensure a child's safety and protection *(CCDF State Plan and Rule 6M-4.400(1)(b)2.f., F.A.C.)*.
WRC	RCI	TCA Respite	**Description:** Child care for a child from a family that includes a parent who is receiving temporary cash assistance (TCA) under chapter 414 F.S., and

			subject to the federal work requirements, who is not working but is involved in respite activities assigned by the referring agency. Participants may participate in an out-of-home residential treatment for alcoholism, drug addiction, alcohol abuse, or a mental health disorder, as certified by a physician licensed under chapter 458 or chapter 459, F.S., instead of a work activity while participating in treatment. The participant shall be required to comply with the course of treatment necessary for the individual to resume work activity participation. The treatment agency shall be required to notify the referring agency with an initial estimate of when the participant will have completed the course of treatment and be ready to resume full participation in the Welfare Transition Temporary Cash Assistance Program. Care may be provided for up to 24 hours per day. **Applicable Purpose for Care:** Respite Services (WR) **Work Requirements:** Based on the federal work requirements activity assigned by the referring agency. **Child Age**

				Requirements: Birth to younger than 13 years **Child Care Authorization Form:** Yes -- from Welfare Transition Program/DCF **Income Eligible:** Yes -- at or below 185 percent of FPL (Determined by DCF) **Household Size:** All children younger than 18 years and household members who are 18 years of age or older who are included in the TANF assistance group. **Countable Income:** Earned and countable unearned income from all household members who are included in the TANF assistance group. Exclude income earned by children including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years. **Authorization Period:** Based on a documented Child Care Authorization Form not to exceed 60 days **Reference:** 45 CFR §§98.44, 98.50; CCDF State Plan, Part 2.5.; Section 1002.87(1)(a), F.S.; Rule 6M-4.200(2)(b), F.A.C.; Section 1002.89, F.S.
OCA Code	**Billing Group Code**	**Billing Group Title**	**Eligibility Code**	**Eligibility Title**
Not Provided	LOCAL	Local Funding Available	LOC	Coalition Local Funding Code
Not Provided	ETAPP	Enrollment - Teenage Parent Plan;	ETPP	Teenage Parent Plan - Enrollment Tracking Only

		not included in attendance rosters			
Not Provided	PTAPP	Paid - Teenage Parent Plan; included in attendance rosters	PTPP	Teenage Parent Plan - Payments Applied	
SRMAT	BG8	Economically Disadvantaged	SRMT	SR Match Program	
CESSD	BG1	At Risk	ESS	Essential Personnel	
SRREG	FEE	Provider Fees	PRF	Provider Registration Fees	
97GNW	BG3R	At Risk	GAP	Guardianship Assistance Program	
SRREG	FEE	Provider Fees	RFR	Provider Registration Fee Reversal	

CARE LEVEL CODES – TABLE CRLV						
CCMS Care Level Codes						
Sequence	Care Level	Description	Age Limit	Unit of Age	Next Care Level	Comments
2	INF	<12 MTH	1	YR	TOD	N/A
3	TOD	12 TO <24 MTH	2	YR	2YR	N/A
4	2YR	24 TO <36 MTH	3	YR	PR3	N/A
5	PR3	36 TO <48 MTH	4	YR	PR4	N/A
6	PR4	48 TO <60 MTH	5	YR	PR5	N/A
7	PR5	60 TO <72 MTH	6	YR	N/A	N/A
8	SCH	IN SCHOOL	14	YR	GT13	N/A
9	GT13	14 OR OLDER	99	YR	N/A	There are a few payments using the GT13 Care level. Treat these as School Age (SCH).
10	SPCR	SPECIAL NEEDS	14	YR	N/A	N/A
11	SPTN	SPEC NEEDS TEEN	19	YR	N/A	Currently Obsolete.

N/A	3YR	36 TO <48 MTH	4	YR	PR4	Non-Standard Code, treat as PR3	
N/A	4YR	48 TO <60 MTH	5	YR	PR5	Non-Standard Code, treat as PR4	
N/A	PR2	24 TO <36 MTH	3	YR	PR3	Non-Standard Code, treat as 2YR	
N/A	PREK	36 TO <48 MTH	4	YR	PR4	Non-Standard Code, treat as PR3	

DOH's Birth Certificates

Data Field Name	Data Dictionary Description
MOTHER_BIRTH_COUNTRY	Country where mother was born
MOTHER_AGE	Mother age at time of birth
MOTHER_EDCODE	Mother's/parent's educational attainment: what was the highest educational diploma/degree achieved by the mother/parent?
MOTHER_MARRIED	Is mother married?
FatherOnBirthCert	Field created by UF indicating that the father was listed on the birth record
SEX	Infant Sex
BIRTH_WEIGHT_GRAMS	Birth weight in grams
PLURALITY_CODE	How many infants (live born or stillborn infants) resulted from this pregnancy?
BIRTH_ORDER_CODE	If not a single birth (including live born and stillborn infants), what was the Infant birth order?
MOTHER_WIC_YESNO	Did mother receive WIC food?
FATHER_AGE	Father Age
FATHER_EDCODE	What was highest educational degree achieved by father?
FATHER_BIRTH_COUNTRY	Country where father was born
INFANT_BREASTFED	Is infant being breastfed?
MR_NONE	History Factors - None
INF_NONE	Infections Present/Treated - None
CHAR_NONE	Characteristics of Labor/Delivery - None
MM_NONE	Maternal Morbidity - None
AC_NONE	Abnormal Conditions - None
ANOM_NONE	Congenital Anomalies - None
TOBACCO_USE_YESNO	Calculated field; Did mother smoke during pregnancy?
ALCOHOL_USE	Alcohol Use During Pregnancy
PRENATAL_YESNO	Prenatal Care Received?
LIVE_BIRTHS_LIVING	Previous Live Births - Now Living (Number)
PrePregnancy_BMI	Pre-pregnancy Body Mass Index

| Kotelchuck_Index | Adequacy of Prenatal Care Utilization as measured by the Kotelchuck Index |

HUD's Household

Data Field Name	Data Dictionary Description
head_id	Replacement ID generated to substitute for Head of Household SSN. A combination of head_id and frm_type_cd is the common key used to join household and member tables.

Appendix 2: Providers

Study of Providers' Decisions to Participate in VPK/SR Programs

The Anita Zucker Center for Excellence in Early Childhood Studies at UF is conducting a study to help understand Early Childhood Care and Education providers' decisions related to Florida's Voluntary Prekindergarten Voucher Program (VPK) and the School Readiness Subsidy Program (SR). We are hoping that you will complete a brief survey describing your choices related to VPK and/or SR.

There are no known risks associated with your participation in this survey which should take less than 5 minutes.

Your participation in this survey is completely voluntary and you can stop at any time. If you agree to participate, please click the "I agree to participate" button below. If you do not wish to participate, please click the "I do not wish to participate" button below or exit the survey at this time.

If you have questions, please contact the Principal Investigator, Herman T. Knopf, at 352-273-4243, or the Institutional Review Board at 352-273-9600. If you would like a copy of this for your records, please contact Dr. Knopf at hknopf@ufl.edu.

○ I agree to participate.

○ I do not wish to participate.

What is your role in the organization?

    ○ Owner

    ○ Director

    ○ Teacher

    ○ Staff

    ○ Other

Page Break

What is your county of operation? *(This is a dropdown question)*

○ Alachua

○ Baker

○ Bay

○ Bradford

○ Brevard

○ Broward

○ Calhoun

○ Charlotte

○ Citrus

○ Clay

○ Collier

○ Columbia

○ DeSoto

○ Dixie

○ Duval

○ Escambia

○ Flagler

○ Franklin

○ Gadsden

○ Gilchrist

○ Glades

○ Gulf

○ Hamilton

○ Hardee

○ Hendry

○ Hernando

○ Highlands

○ Hillsborough

○ Holmes

○ Indian River

○ Jackson

○ Jefferson

○ Lafayette

○ Lake

○ Lee

○ Leon

○ Levy

○ Liberty

○ Madison

○ Manatee

○ Marion

○ Martin

○ Miami-Dade

○ Monroe

○ Nassau

○ Okaloosa

○ Okeechobee

○ Orange

○ Osceola

○ Palm Beach

○ Pasco

○ Pinellas

○ Polk

○ Putnam

○ St. Johns

○ St. Lucie

○ Santa Rosa

○ Sarasota

○ Seminole

○ Sumter

○ Suwannee

○ Taylor

○ Union

○ Volusia

○ Wakulla

○ Walton

○ Washington

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What type of provider is your organization?

○ Home-based

○ Center-based

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Is your organization faith-based?

◯ Yes

◯ No

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How many children does your organization intend to serve?

○ Less than 13

○ 13 to 24

○ 25 to 49

○ 50 to 74

○ 75 to 100

○ More than 100

Please select the program(s) that your organization **currently** participates in (*Select all that apply):*

☐ Florida's Voluntary Prekindergarten Program (VPK)

☐ Florida's School Readiness Program (SR)

☐ Early Head Start (EHS)

☐ Head Start (HS)

☐ ⊗None of these programs

How important is the ability to serve vulnerable families who otherwise couldn't afford childcare expenses to your decision to participate in either ${Q31/ChoiceGroup/SelectedChoices}?

○ Very important

○ Important

○ Not very important

○ Not important

Page Break

Do you believe participating in ${Q31/ChoiceGroup/SelectedChoices} leads to increased enrollment potential for your child care or preschool facility?

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

Page Break

To what extent does the possibility of becoming eligible for additional financial assistance (grants) motivate your participation in ${Q31/ChoiceGroup/SelectedChoices}?

○ To a great extent

○ To a moderate extent

○ To a small extent

○ Not at all

Page Break

How important is the opportunity to become eligible for additional professional development for personnel in your decision to participate ${Q31/ChoiceGroup/SelectedChoices}?

○ Very important

○ Important

○ Not very important

○ Not important

Page Break

To what degree do better advertising opportunities motivate your interest in participating in either ${Q31/ChoiceGroup/SelectedChoices}?

○ To a great degree

○ To a moderate degree

○ To a small degree

○ Not at all

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How important is the need to remain competitive for 4-year-old enrollment in your decision to participate in VPK?

○ Very important

○ Important

○ Not very important

○ Not important

Page Break

Open-ended Feedback: From your perspective as a provider who is participating in ${Q31/ChoiceGroup/SelectedChoices}, what could be improved to make your participation easier and/or more beneficial?

_____

_____

_____

_____

_____

End of Block: Motivations to participate in SR; VPK; HS; EHS

Start of Block: Check point 2

Please select programs that your organization has participated in **previously,** but no longer participates (*Select all that apply):*

☐   Florida's Voluntary Prekindergarten Program (VPK)

☐   Florida's School Readiness Program (SR)

☐   Early Head Start (EHS)

☐   Head Start (HS)

☐   ⊗None of these programs

Why did your organization **stop** participating in SR? *Select all that apply*

☐ No longer eligible

☐ Enrollment reached full capacity without SR

☐ Reimbursement rates were too low

☐ Participation in SR generated a financial burden for the organization's operations

☐ Too many quality requirements

☐ Too much added administrative work

☐ Concerns about private-pay parents' reactions

☐ Difficulties receiving reimbursements from Early Leaning Coalition(s)

☐ Prefer not having external influence interfering with the organization's operations

☐ Other (please specify)

_____

Page Break ————————————————————————————

Would any of the following encourage your organization to renew participation in SR? *Select all that apply*

☐   Higher reimbursement rates

☐   Fewer administrative requirements

☐   Fewer quality requirements

☐   No additional supports would encourage the organization to renew participation in SR at this point in time

☐   Other (please specify)

_____

Why did your organization stop participating in VPK? *Select all that apply*

☐ No longer eligible

☐ Enrollment reached full capacity without VPK

☐ Reimbursement rates were too low

☐ Participation in VPK generated a financial burden for the organization's operations

☐ Too many quality requirements

☐ Too much added administrative work

☐ Concerns about private-pay parents' reactions

☐ Difficulties receiving reimbursements from Early Leaning Coalition(s)

☐ Prefer not having external influence interfering with the organization's operations

☐ Other (please specify)

_____

Page Break

Would any of the following encourage your organization to renew participation in VPK? *Select all that apply*

☐   Higher reimbursement rates

☐   Fewer administrative requirements

☐   Fewer quality requirements

☐   No additional supports would encourage the organization to renew participation in VPK at this point in time

☐   Other (please specify)

_____

End of Block: Stopped VPK

Start of Block: Decision - Never Taker SR & VPK

Why has your organization never participated in SR? *Select all that apply*

☐ Enrollments are already at full capacity without SR

☐ Does not need additional financial support

☐ Reimbursement rates are too low

☐ Participation in SR might generate a financial burden for the organization's operations

☐ Too many quality requirements

☐ Too much administrative work

☐ Had concerns about private-pay parents' reactions

☐ Heard negative things or had negative experiences with subsidy programs

☐ Prefer not having external influence interfering with the organization's operations

☐ Other (please specify)

———————————————————————————————

Would any of the following have encouraged your organization to participate in SR? *Select all that apply*

☐ Higher reimbursement rates

☐ Fewer administrative requirements

☐ Fewer quality requirements

☐ No additional supports would have encouraged the organization to participate in SR at this point in time

☐ Other (please specify)

———————————————————————————————

Why has your organization never participated in VPK ? *Select all that apply*

☐   Enrollments are already at full capacity without VPK

☐   Does not need additional financial support

☐   Reimbursement rates are too low

☐   Participation in VPK might generate a financial burden for the organization's operations

☐   Too many quality requirements

☐   Too much administrative work

☐   Had concerns about private-pay parents' reactions

☐   Heard negative things or had negative experiences with vouchers

☐   Prefer not having external influence interfering with the organization's operations

☐   Other (please specify)
———————————————————————————

Would any of the following have encouraged your organization to participate in VPK? *Select all that apply*

☐   Higher reimbursement rates

☐   Fewer administrative requirements

☐   Fewer quality requirements

☐   No additional supports would have encouraged the organization to participate in VPK at this point in time

☐   Other (please specify)
————————————————————————————

End of Block: Decision - Never Taker SR & VPK

Why has your organization never participated in SR? *Select all that apply*

☐   Enrollments are already at full capacity without SR

☐   Does not need additional financial support

☐   Reimbursement rates are too low

☐   Participation in SR might generate a financial burden for the organization's operations

☐   Too many quality requirements

☐   Too much administrative work

☐   Had concerns about private-pay parents' reactions

☐   Heard negative things or had negative experiences with vouchers

☐   Prefer not having external influence interfering with the organization's operations

☐   Other (please specify)

_____

Page Break

Would any of the following have encouraged your organization to participate in SR? *Select all that apply*

☐   Higher reimbursement rates

☐   Fewer administrative requirements

☐   Fewer quality requirements

☐   No additional supports would have encouraged the organization to participate in SR at this point in time

☐   Other (please specify)

_____

Why has your organization never participated in VPK? *Select all that apply*

☐ Enrollments are already at full capacity without VPK

☐ Does not need additional financial support

☐ Reimbursement rates are too low

☐ Participation in VPK might generate a financial burden for the organization's operations

☐ Too many quality requirements

☐ Too much administrative work

☐ Had concerns about private-pay parents' reactions

☐ Heard negative things or had negative experiences with vouchers

☐ Prefer not having external influence interfering with the organization's operations

☐ Other (please specify)

_____

Page Break _____

Would any of the following have encouraged your organization to participate in VPK? *Select all that apply*

☐ Higher reimbursement rates

☐ Fewer administrative requirements

☐ Fewer quality requirements

☐ No additional supports would have encouraged the organization to participate in VPK at this point in time

☐ Other (please specify)

_____

End of Block: Decision - Never Taker VPK

Appendix 3

<u>Subject:</u> Your input is vital: Florida's Early Care and Education Provider Participation with VPK and School Readiness Programs

Dear XXX,

We hope this email finds you well. The Early Childhood Policy Research Group of the Anita Zucker Center for Excellence in Early Childhood Studies at the University of Florida is conducting a research study to understand the factors that have influenced your participation decisions related to Florida's School Readiness (SR) and Voluntary Prekindergarten Education (VPK) programs.

<u>Your experience and perspective as a business leader is critical to guiding ongoing program and policy discussions.</u>

We kindly ask you to share your perspective through a brief survey, accessible here:

Follow this link to the Survey:
[the survey link was provided here]

Your timely response will ensure your views are included in this vital phase of our analysis. Your confidentiality is assured, and your expertise is deeply appreciated in this urgent endeavor.

Sincerely,

The Early Childhood Policy Research Group

Appendix 4

Characteristic	N = 93,584[1]
FAST_initial	[300, 1,044] 656 (76)
FAST_slope_months	[-120, 240] 13 (13)
BehaviorManagement	[1.00, 7.00] 6.11 (0.77)
Unknown	7,717
ConceptDevelopment	[1.00, 7.00] 3.16 (1.17)
Unknown	7,717
InstructionalLearningFormats	[1.25, 7.00] 5.43 (0.85)
Unknown	7,717
LanguageModeling	[1.00, 7.00] 3.81 (1.06)
Unknown	7,717
NegativeClimate	[1.00, 7.00] 6.95 (0.32)
Unknown	7,730
PositiveClimate	[2.25, 7.00] 6.30 (0.64)
Unknown	7,717
Productivity	[2.00, 7.00] 6.12 (0.71)
Unknown	7,717
QualityofFeedback	[1.00, 7.00] 3.40 (1.15)
Unknown	7,717
RegardforStudentPerspectives	[1.00, 7.00] 5.46 (0.90)
Unknown	7,717
TeacherSensitivity	[2.00, 7.00] 6.16 (0.69)
Unknown	7,717
SR_Flag	19,434 (21%)
TCA_Flag	4,410 (4.7%)
SNAP_Flag	42,088 (45%)
HUD_Flag	3,338 (3.6%)
TotalHoursPaid	[18, 2,289] 555 (98)
SWD_DLD	486 (0.5%)

Characteristic	N = 93,584[1]
SWD_Delayed	416 (0.4%)
MOTHER_AGE	[12, 57] 29 (6)
MOTHER_EDCODE	
8thGradeOrLess	1,718 (1.9%)
9thTo12thGrade	5,416 (5.8%)
HighSchoolorGED	26,175 (28%)
SomeCollegeNoDg	18,438 (20%)
AssociatesDgree	11,241 (12%)
BachelorsDegree	19,913 (21%)
MastersDegree	7,664 (8.3%)
DoctoralDegree	2,198 (2.4%)
Unknown	821
MOTHER_MARRIED	53,340 (57%)
Unknown	3
FatherOnBirthCert	85,732 (92%)
SEX	
M	46,001 (49%)
F	47,582 (51%)
Unknown	1
BIRTH_WEIGHT_CAT	
NormalBW	86,745 (93%)
LowBW	5,890 (6.3%)
VeryLowBW	947 (1.0%)
Unknown	2
PrematureFlag	8,323 (8.9%)
Unknown	50
MOTHER_WIC_YESNO	38,110 (41%)
Unknown	945
FATHER_AGE	[14, 85] 32 (7)

Characteristic	N = 93,584[1]
Unknown	7,886
FATHER_EDCODE	
8thGradeOrLess	1,963 (2.3%)
9thTo12thGrade	5,293 (6.3%)
HighSchoolorGED	28,799 (34%)
SomeCollegeNoDg	16,008 (19%)
AssociatesDgree	8,554 (10%)
BachelorsDegree	15,904 (19%)
MastersDegree	5,077 (6.1%)
DoctoralDegree	2,059 (2.5%)
Unknown	9,927
INFANT_BREASTFED	82,920 (89%)
Unknown	608
MR_ANY	44,390 (47%)
INF_ANY	18,584 (20%)
MM_ANY	3,695 (3.9%)
CHAR_ANY	82,307 (88%)
AC_ANY	10,963 (12%)
ANOM_ANY	921 (1.0%)
TOBACCO_USE_YESNO	2,975 (3.2%)
Unknown	430
PrePregnancy_BMI	[10, 82] 27 (6)
Unknown	5,000
ALCOHOL_USE	461 (0.5%)
Unknown	726
PRENATAL_YESNO	92,099 (99%)
Unknown	372
KotelChuck_Index	
0	11,266 (12%)

Characteristic	N = 93,584[1]
1	10,089 (11%)
2	9,926 (11%)
3	36,336 (39%)
4	25,921 (28%)
Unknown	46
LIVE_BIRTHS_LIVING	[0.00, 13.00] 0.97 (1.11)
Unknown	408
APGAR_5	[0.00, 10.00] 8.81 (0.68)
Unknown	268
CrimeRate_PerThousand	[10, 517] 32 (41)
Unknown	814
povertyratio_HHw5yearolds	[0.00, 1.00] 0.13 (0.15)
Unknown	757
SWD_Aut_Oth_Mul	32 (<0.1%)
MOTHER_BIRTH_COUNTRY_2	
UNITED STATES	65,351 (70%)
OTHER	28,233 (30%)
FATHER_BIRTH_COUNTRY_2	
UNITED STATES	57,827 (62%)
OTHER	35,757 (38%)
PLURALITY_CODE_2	
Singleton	90,818 (97%)
Multiple	2,752 (2.9%)
Unknown	14
BillingGroupCode_2	
0	74,175 (79%)
BG1	5,173 (5.5%)
BG3	580 (0.6%)
BG8	13,656 (15%)

Characteristic	N = 93,584[1]

[1][Range] Mean (SD); n (%)

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DEL & Sunshine Portal Project Team
1.11.24 Meeting Agenda
Thursday | 2pm-3pm EST

Deliverables
- Status update on Mid-year report, FLICCA report, and VPK/SR report
  - Any updates on our questions about the provider survey
- Extension request for Deliverable 6 Mid-Point Program and Child Outcomes Analysis
  - Change from January 19 to February 29.

Data
- Updates on timeline of complete export

Next Meeting
- Thursday, February 8 @2pm EST

From: Gregory Allerellie Gregory.Allerellie@del.fldoe.org 📎
Subject: RE: 2/8 UF ECPRG/DEL Sunshine Portal Meeting Agenda
Date: February 8, 2024 at 10:24 AM
To: Knopf, Herman T. hknopf@coe.ufl.edu, Daley,Dévonja A devonjaaroberts@coe.ufl.edu, Stephanie Savestanan Stephanie.Savestanan@del.fldoe.org, Courtnie Wheeless Courtnie.Wheeless@del.fldoe.org, Sherlock,Phillip sherlock@coe.ufl.edu, Katerina Maroney Katerina.Maroney@del.fldoe.org, Carrie Russie Carrie.Russie@del.fldoe.org, Bob Pope Bob.Pope@del.fldoe.org, Aimee Ashley Aimee.Ashley@del.fldoe.org

We are fine with counting yesterday's meeting as our check-in.

Gregory Allerellie
School Readiness Program Specialist
Division of Early Learning
Florida Department of Education
850-221-8839

From: Knopf, Herman T. <hknopf@coe.ufl.edu>
Sent: Thursday, February 8, 2024 10:11 AM
To: Daley,Dévonja A <devonjaaroberts@coe.ufl.edu>; Stephanie Savestanan <Stephanie.Savestanan@del.fldoe.org>; Courtnie Wheeless <Courtnie.Wheeless@del.fldoe.org>; Gregory Allerellie <Gregory.Allerellie@del.fldoe.org>; Sherlock,Phillip <sherlock@coe.ufl.edu>; Katerina Maroney <Katerina.Maroney@del.fldoe.org>; Carrie Russie <Carrie.Russie@del.fldoe.org>; Bob Pope <Bob.Pope@del.fldoe.org>; Aimee Ashley <Aimee.Ashley@del.fldoe.org>
Subject: Re: 2/8 UF ECPRG/DEL Sunshine Portal Meeting Agenda

Hello all,

While I was up in Tallahassee yesterday, I was able to connect with the DEL team to talk about the VPK/SR report, spoke with Cari about some questions recommended revisions that she had for the executive summary, and discussed briefly the status of our upcoming Sunshine Portal Deliverable (the Mid-year report).

Considering that we have covered the meat of our check-in-meeting agenda in person, coupled with the fact that Courtnie is not in the office today, I wonder if perhaps we could skip this meeting?

From: Daley,Dévonja A <devonjaaroberts@coe.ufl.edu>
Date: Wednesday, February 7, 2024 at 11:00 AM
To: Stephanie Savestanan <Stephanie.Savestanan@del.fldoe.org>, Courtnie Wheeless <Courtnie.Wheeless@DEL.FLDOE.org>, Gregory Allerellie <Gregory.Allerellie@DEL.FLDOE.org>, Knopf, Herman T. <hknopf@coe.ufl.edu>, Sherlock,Phillip <sherlock@coe.ufl.edu>, Katerina Maroney <Katerina.Maroney@DEL.FLDOE.org>, Carrie Russie <carrie.russie@DEL.FLDOE.org>, Bob Pope <Bob.Pope@DEL.FLDOE.org>, Aimee Ashley <Aimee.Ashley@del.fldoe.org>

Subject: 2/8 UF ECPRG/DEL Sunshine Portal Meeting Agenda

Hi All,

We are scheduled to meet for the **Sunshine Portal project** tomorrow, Thursday, 2/8 at 2pm EST. The agenda is attached.

See you then,
Dévonja

Dévonja Daley

⎯⎯

Research Coordinator II

University of Florida
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devonjaaroberts@coe.ufl.edu
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DEL & Sunshine Portal Project Team
3.21.24 Meeting Agenda
Thursday | 11am-12pm EST

Deliverables
- Status update on Deliverable 6: Mid-point Program and Child Outcomes Analysis
- Updates on SR study and Providers Survey
- Planning for Deliverable 10: Annual Sunshine Portal Workshop & Work Plan
  - Discuss Agenda Items
  - Need to determine a time in June to facilitate this meeting and ideally it will be on a neighboring day to the Advisory Committee Meeting #4

    - Prefer a Monday for Sunshine Portal work IF Advisory Committee Meeting will happen on one of these Tuesdays

      - Preferred dates
        - Monday, June 24
        - Tuesday, June 25

      - Back-up dates
        - Monday, June 17
        - Tuesday, June 18

Future Meetings
- Thursday, April 11 @2pm EST
- Need a new day for May meeting
  - What does May 6 – 8 look like?

FYI Dévonja will cancel the current series and send the series again with an updated recipients list (will be the same Zoom information from today); will then adjust May's meeting date; please expect 3 separate emails.

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DEL & Sunshine Portal Project Team
4.11.24 Meeting Agenda
Thursday | 2pm-3pm EDT

Discussion
- Planning for Deliverable 10: Annual Sunshine Portal Workshop & Work Plan
  - Any updates from DEL on Agenda Items?

- Plan to Measure Economic Mobility without FETPIP

- Review Sunshine Portal Branding Technical Report Template

Future Meetings
- Data team's availability for a meeting the week of April 15th?
- Tuesday, May 7th at 2pm EDT

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DEL & Sunshine Portal Project Team
5.7.24 Meeting Agenda
Tuesday | 2pm-3pm EDT

Brief Update
- Deliverable progress
  - What is the funding language that we need to use on this report?
    - The contract mentions that $160,000 is funded by ARPA to develop the workforce dashboard.
    - Current funding language: The Sunshine State Early Childhood Information Portal Project described was supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5) Grant Number 90TP0068-03-02 from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.
  - Childcare Access
  - FLICCA
  - Affordability as Measured by Household Percentage of Income (HPI)
  - Recommendations
  - Provider Surveys
  - Family Participation in SR
  - Impacts of Support and Services on Learning Gains in VPK
  - Workforce Dashboard

Next Meeting
- Thursday, June 13th at 2pm EDT

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