



Child Care Supply Building

The Michigan Department of Education is getting ready to launch a \$100 million effort to increase child care slots and space. Over the next month, MDE and LARA will be releasing requests for proposals to partner with organizations to administer programs to connect entrepreneurs with:

- Space
- Start up funding
- Staff
- Business support

Here's an [early preview](#) of these efforts.

Childcare Quality Rating and Improvement System (QRIS)

Quality improvement is a process; a journey that is continuous and the process never ends. New research, learnings from the field, and changes over time help inform improvement efforts. Quality rating and improvement systems (QRIS) are important for:

- 1) Increasing the supply of and access to higher quality early childhood programs. QRIS allows more young children to have the stimulating environments and experiences needed in their formative years for long-term developmental success.
- 2) Creating system-wide improvements in quality of care for all settings and ages of children of served. Studies on early childhood education have repeatedly shown the impact quality child care has on long-term development. For instance, children are more likely to graduate from high school, less likely to engage in criminal activity, and earn higher wages throughout their lifetime.
- 3) Provide resources to help programs improve or sustain higher quality. QRIS provides incentives for child care providers to improve or maintain ratings. These incentives help to raise the overall quality of care within the state over time.
- 4) Create greater consumer awareness on the importance of program quality indicators and supply of quality programs. A standardized objective rating method provides reliable information regarding the quality of programs for families when looking for care.

In the fall of 2022, Michigan's current QRIS will be transiting from the 5-star tiered rating structure to a new tiered Levels of Quality model. The quality rating indicators have been revised based on best practices and stakeholder feedback. The tiers include:

- Level 1: Maintaining Health & Safety – Meet and maintain licensure requirements
- Level 2: Reflecting on Quality – Quality indicators self-reflection
- Level 3: Enhancing Quality – Quality improvement plans
- Level 4: Demonstrating Quality – Program assessment

Early Intervention – a Developmental Approach to Services

Parents are often referred to Early On by medical professionals or other community agencies. Sometimes other agencies, outpatient rehab facilities, and physicians use what is called a “medical model” when recommending treatment to their clients or patients. A medical model approach is an easy-to-understand medical treatment for a broken arm, cut finger, etc. Doctors or nurses use their special skills to set an arm, stitch/bandage a cut, etc. Care is determined and carried out by a medical professional. When therapy is needed to help mend the arm, a doctor will decide the type, amount, and duration of that therapy, based on physical needs of the child. The medical model is used in hospitals, clinics, and post-surgical procedures.

While early intervention is clearly done in partnership with the medical community, its model of service delivery is very different. The early intervention model is called the developmental model. This model emphasizes parental involvement in setting goals and outcomes, and bases the decision on services from input by therapists, educators, and parents. The “team” of early interventionists and parents develop a plan of services for the child.

Typically, clinic-based therapy services include a specific number and duration of therapy treatments per week. In a clinic setting, the therapist primarily works one-on-one with a child to provide a treatment to target a specific skill. In Early On, our approach is to support the parents/caregivers in knowing how to use and implement intervention strategies throughout their everyday routines. While the Early On provider likely sees the family for an hour or more weekly, there are many hours left when opportunities for working on movement, communication, feeding, adaptive, behavior and more can occur. The outcomes the team created involve strategies that can be taught to parents/caregivers and can be embedded into the family’s normal routines. It is far more helpful to a child to have a caregiver who has been trained to provide support throughout the day than to have three intense hours with a professional and no carryover.

The goal of both medical and developmental models is to help children achieve their individual goals and support their development. Families can determine which model best meets their child’s needs. Children that meet eligibility guidelines can participate in both clinic therapy services and early intervention services.

Staffing Update

- Approval to hire Chelsey Wekenman for the Early On Social Worker position.
- Kaitlin Arbic has resigned from her position as a Superior Start Lead Instructor.

Board Agenda Items

None this month

