GUAM EARLY CHILDHOOD STATE PLAN - 2013

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Hafa Adai!

Since 2005, the goal of Guam's Early Childhood Comprehensive Systems (ECCS) has been to promote the health and well-being of young children by reducing the gaps in and improving the coordination of services for all young children and their families. Project Tinituhon, Guam's first planning and implementation ECCS grant, provided the means for facilitating the collaborative and coordinated efforts between public and private early childhood service agencies, organizations, and families through focus group meetings, strategic planning sessions, and the development of the 2009 ECCS State Plan.

Since the publication of the 2009 ECCS State Plan, progress has been made to reduce some of the gaps in early childhood services and supports; however, there continues to be a critical need to strengthen the partnerships and collaboration within and between these agencies as we strive for a more integrated and coordinated early childhood comprehensive system.

In April 2012, the Guam Early Learning Council (GELC) sponsored a two-day Early Childhood Strategic Planning conference. Participants included members of the GELC as well as representatives from early childhood serving agencies and organizations. The GELC invited Elliot Regenstein, J.D., a partner at EducationCounsel, LLC and a nationally recognized early childhood policy and systems development consultant, to facilitate the process. The strategic planning sessions were intended to focus on some key policy elements of an early education and care system.

One critical element of the GELC's work is setting benchmarks, which will help track system-wide progress and drive activity. The GELC has identified five key areas of focus for benchmark development:

- Health
- Mental Health and Social Emotional Development
- Early Childhood Care and Education
- Parent Education and Family Support and
- System Sustainability.

An Early Childhood Summit followed the two-day strategic planning sessions. A wider range of stakeholders was invited to attend this event and included directors from child care centers as well as the GELC members. During the summit, the benchmarks were discussed. The GELC's work at the strategic planning meeting focused on setting benchmarks, and on developing strategies for improvement in five key policy area: Quality Rating and Improvement System (QRIS), the early childhood workforce, standards, assessments, and data. While there is a great deal of work to be done in each of these areas, the GELC has identified a policy trajectory in each area and has determined some key next steps to advance policy further. Following the summit, workgroups were formed and have been meeting to discuss the next steps to achieve these goals. In May 2012, a follow up meeting was held with GELC members in attendance. Strategic Management Team (SMT) members from Project Tinituhon, Guam's Early Childhood Comprehensive System, were also invited to participate in the workgroups. The indicators for four of the focus areas were discussed and further steps were planned. Worked continued, especially in data collection which in turn has informed ensuing discussions adding to this Guam Early Childhood State Plan - 2013.

The vision of the Guam Early Learning Council is that "All of Guam's young children will have healthy minds, bodies, and spirits as the foundation for lifelong success." To realize this vision, the Early Childhood State Plan outlines five critical components to system improvements. Please join us in our quest to fulfill these goals, objectives, activities, and indicators.

Christine M.S. Calvo
First Lady of Guam
Co-Chairperson

Elaine B. Eclavea
Project Tinituhon Director
Co-Chairperson

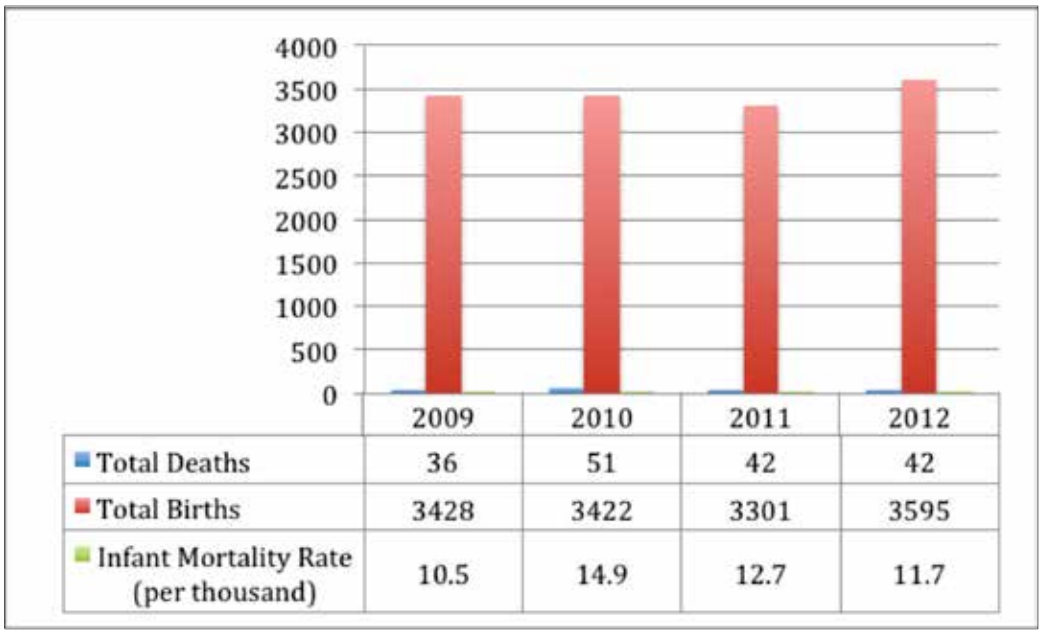
HEALTH

Goal: All children will be healthy and live in a safe environment.

The goal of the health focus area is to ensure that children develop and live in safe environments. Research has shown that "early experiences determine whether a child's brain architecture will provide a strong or weak foundation for all future learning, behavior, and health" (Center on the Developing Child at Harvard University, 2007). To ensure that all children are afforded the necessary services and supports in order to develop in a healthy and safe manner, infant mortality, low birth weight, and prematurity need to be addressed.

The birth rate on Guam has consistently stayed at the same rate for the last eight years. In 2009, 3,423 babies were born. Of that number, 121 babies were born to teen mothers. In 2010, 3,419 babies were born, of which 126 were teen mothers. In 2011, the number of babies born decreased slightly to 3,298 with 138 of those being teen births.

Infant mortality has risen significantly on Guam in the last 13 years. Figure 1 shows the increases in infant deaths in 2000 at 6.07 per 1000 live births to 2011 at 13.34 per 1000 live births. The national average of infant mortality is 5.9 per 1000 live births. The alarming rate of infant mortality on Guam has been subject of many discussions in recent months. The 32nd Guam Legislature held a public hearing on April 3, 2013 for Bill 62-32, "An Act to Establish the Guam Council on Child Death Review and Prevention (CCDRP)." The intent of the CCDRP is to examine the causes and strategize ways to prevent child deaths on Guam. On April 30, 2013, the 32nd Guam Legislature passed Bill 62-32 by unanimous vote. On May 10, 2013, Public Law 32-30 was signed by Governor Eddie Baza Calvo.



	2009	2010	2011	2012
Total Deaths	36	51	42	42
Total Births	3428	3422	3301	3595
Infant Mortality Rate (per thousand)	10.5	14.9	12.7	11.7

Figure 1.
Infant Mortality on Guam
Data Source: Guam Department of Public Health and Social Services (DPHSS) Office of Vital Statistics

Figure 2 shows the breakdown of the causes of death for children less than one year of age. A significant number of infant deaths are the result of prematurity and pneumonia. Other causes of death include cardiopulmonary arrest, pulmonary hypertension, congenital abnormalities, and pneumonia due to malnutrition, to name a few.

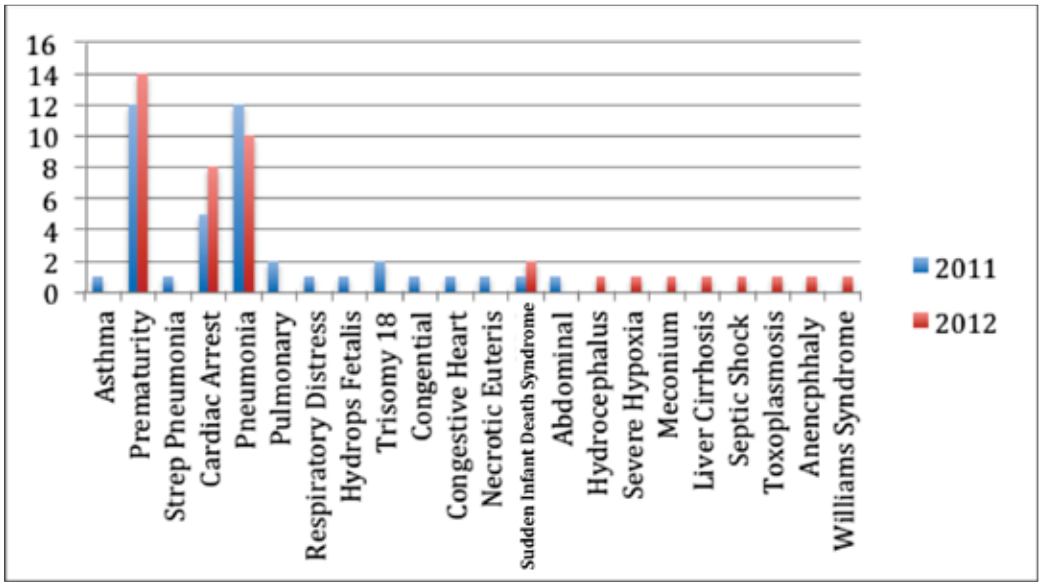


Figure 2. Causes of Infant Death
Data Source: DPHSS Office of Vital Statistics

Low birth weight is a major predictor of infant mortality. Low birth weight infants are more likely than normal weight babies to have health problems during the neonatal period. Low birth weight babies may also suffer more respiratory difficulties and require additional oxygen or mechanical ventilation until their lungs are fully developed. Other problems common in low birth weight infants include neurological problems, weakened immune systems, difficulty regulating body temperature, eating and gaining weight. In addition, low birth weight infants are at higher risk for experiencing Sudden Infant Death Syndrome (SIDS). Figure 3 indicates an average of 6% of all babies born on Guam weigh less than 2,500 grams. Babies identified with low birth weight need to be closely monitored and receive timely behavioral and developmental screening.

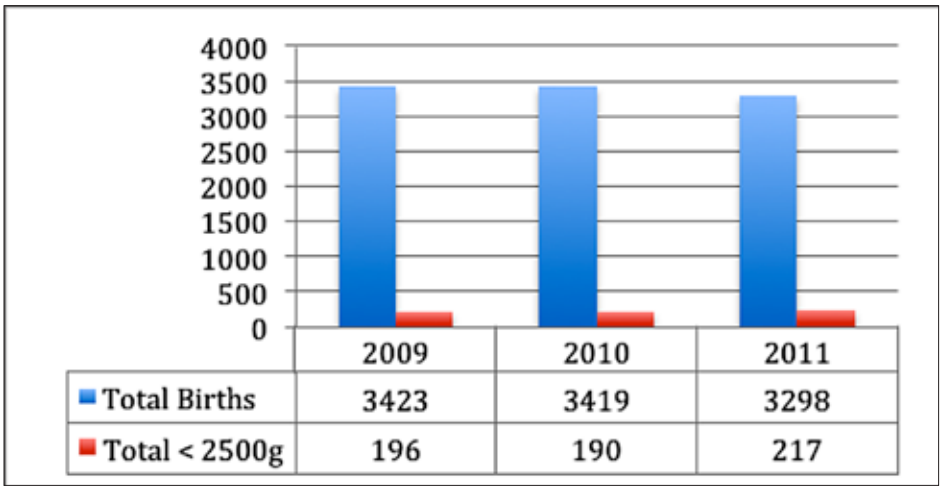


Figure 3. Low Birth Weight
Data Source: DPHSS Office of Vital Statistics

Another predictor of infant mortality is premature births prior to 37 weeks gestation. The national average for premature births prior to 37 weeks gestation is 11.7% (March of Dimes, 2012). In 2011, Guam fared better than the nation with 2% of total births prior to 37 weeks gestation. Figure 4 shows the number of premature births on Guam prior to 37 weeks gestation.

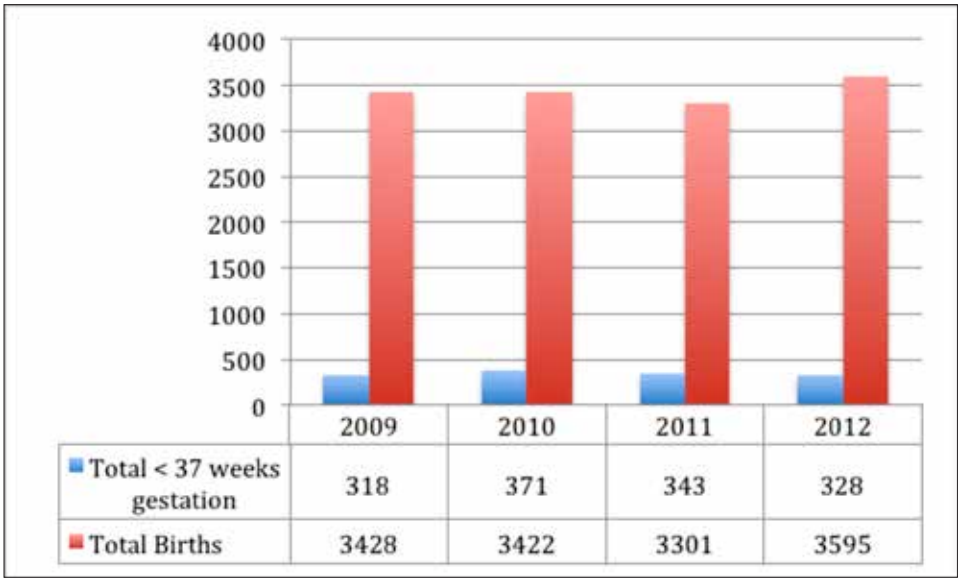
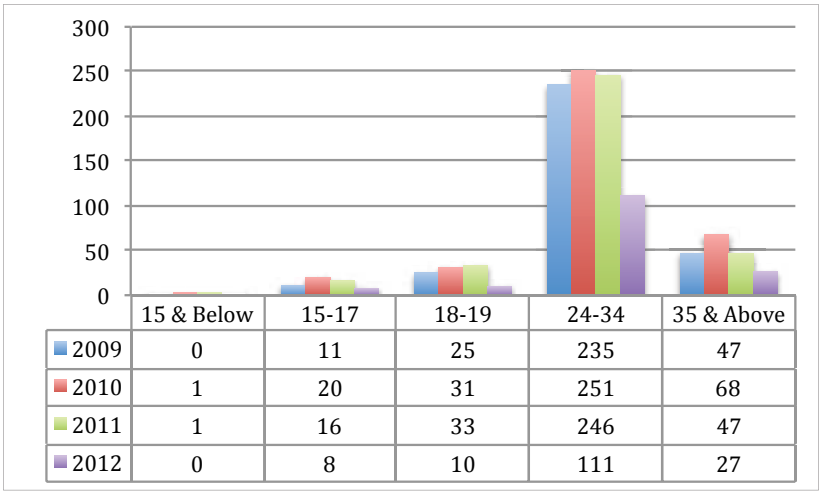


Figure 4. Premature Births prior to 37 Weeks Gestation

Data Source: DPHSS Office of Vital Statistics

The data was further drilled down to examine maternal age of infants being born prior to 37 weeks gestation. Figure 5 shows the breakdown. Preterm delivery occurs largely in the 24-34 maternal age bracket.

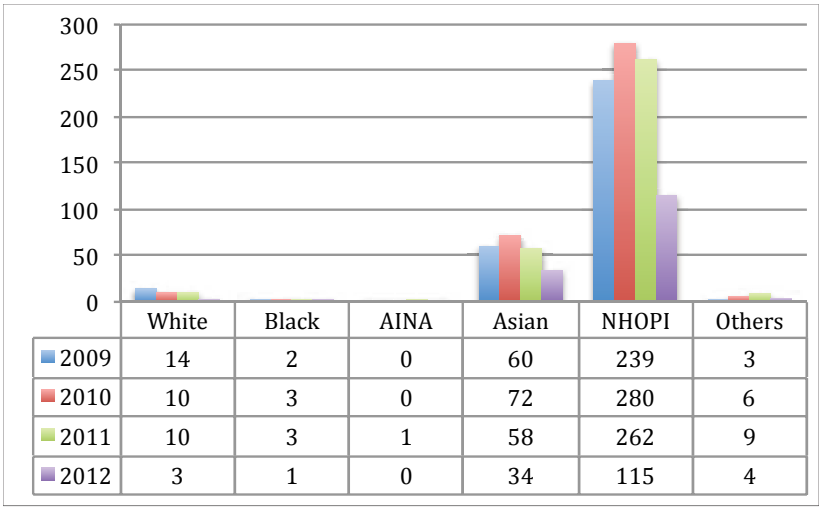


	15 & Below	15-17	18-19	24-34	35 & Above
2009	0	11	25	235	47
2010	1	20	31	251	68
2011	1	16	33	246	47
2012	0	8	10	111	27

Figure 5. Maternal Age at Preterm Delivery

Data Source: DPHSS Office of Vital Statistics

The ethnicities of the mother were also taken into consideration. Figure 6 shows the ethnic backgrounds of the mothers from 2009 through 2012.



	White	Black	AINA	Asian	NHOPI	Others
2009	14	2	0	60	239	3
2010	10	3	0	72	280	6
2011	10	3	1	58	262	9
2012	3	1	0	34	115	4

Figure 6. Ethnic Backgrounds of Mothers of Newborns

Data Source: DPHSS Office of Vital Statistics

The "AINA" designation refers to individuals who are American Indian or Native Alaskan. The "Asian" population accounts for Filipino, Chinese, Japanese, Korean, with the majority of Asians being Filipino for all four years. The "NHOPI" designation refers to individuals who are Native Hawaiian or Other Pacific Islander. It is used for individuals who are Chamorro, Carolinian, Chuukese, Hawaiian, Kosraean, Marshallese, Palauan, Pohnpeian, Samoan, and Yapese, with the majority being Chamorro for all four years.

The Council recommends identifying the reasons for preterm delivery as well as available resources for parents to access in the event that their child is premature or born with other health issues. Continuity of care after hospital discharge is a key element in preventing illnesses and diseases in young children. The Council also recommends scaffolding the existing data for the causes of infant mortality to determine what was occurring within the families, especially the environmental factors, and determining the number of premature births of infants whose mothers came to Guam just to deliver.

Another area of need for young children and families is a Medical Home. The medical home is defined as "a model of primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective" (AAP, 2002). As indicated in Table 1, the percentage of infants with a medical home, defined as having a primary care physician at birth, has increased significantly from 26% in 2009 to 87% in 2012. The increase can be attributed to greater public awareness for parents and families on the importance of identifying a primary care physician who can provide comprehensive and consistent health care for their children.

Table 1. Infants with a Medical Home

	2009	2010	2011	2012
Total Births (Vital Stats Data)	3423	3419	3298	3595
Total Births (GMHA and Sagua Mañagu)	2991	2901	2788	3121
Total Infants with Medical Home	772	1949	2074	2694
Percent of Infants with Medical Home (Vital Stats Data)	23%	57%	63%	75%
Percent of Infants with Medical Home (GMHA and Sagua Mañagu)	26%	67%	74%	87%

Data Source: Guam EHDI ChildLink

Oral hygiene and dental care are just as important as medical care. In 2013, the Department of Public Health and Social Services (DPHSS) Dental Program conducted a survey of all third grade students enrolled in the Department of Education (DOE) elementary schools. Figure 7 shows the number of third graders with a dental home.

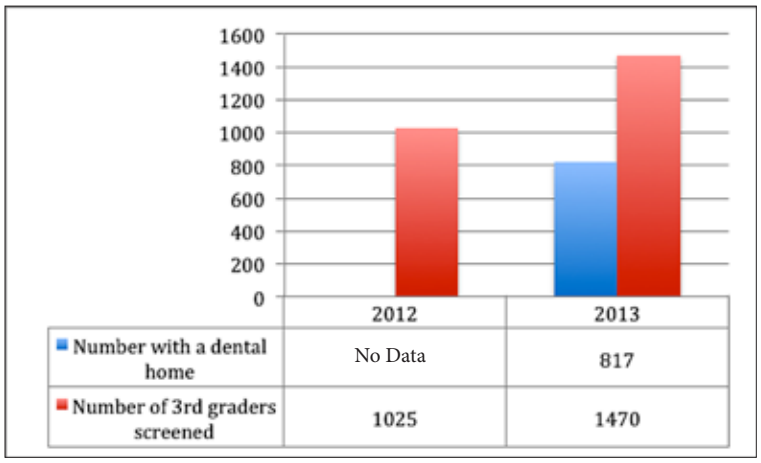


Figure 7. Third Graders with a Dental Home
Data Source: DPHSS, Dental Program

Prior to the March 2013 dental survey, data was not collected on the number of third graders with a dental home.

Table 2 shows that about one-third of all babies born on Guam are enrolled in the Medicaid program. Of those enrollees, an average of 3% received at least one Early Periodic Screening, Diagnosis and Treatment (EPSDT) screen over the last three years.

Prior to discharge from the birthing facility, mothers are asked, "Who is your primary care physician?" More than 50% of the total infants with a medical home are enrolled with the Community Health Center at DPHSS. Although the percentage of infants with a medical home is at 74%, the number of parents who access services, for example EPSDT as indicated in Table 2, is significantly lower. Table 2 shows that about one-third of all babies born on Guam are enrolled in the Medicaid program. Of those enrollees, an average of 3% received at least one EPSDT screen over the last three years.

Table 2. The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year that received at least one periodic screen

	2009	2010	2011
Total Medicaid enrollees whose age is less than one year during the reporting year who received at least one periodic screen	33	30	54
Total Medicaid enrollees whose age is less than one year during the reporting year	1289	1343	1281
Percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one periodic screen	2.6	2.2	4.2

Data Source: DPHSS Bureau of Health Care Financing Administration Annual EPSDT Participation Report

Dependent children under the age of 20 years old are enrolled under the EPSDT program once they are found eligible under the Medicaid program. The EPSDT program follows a periodicity schedule based on the age of the client. An eligible EPSDT client could have 12 physical examinations, which are highly beneficial to the health and well-being of these children. The EPSDT program follows this periodicity schedule:

- Infancy - three (3) physical examinations, one exam at each period 0-4 months, 5-7 months and 8-11 months.
- Early childhood - three (3) physical examinations, one exam at each period 12-23 months, 2-3 years old and 4-5 years old
- Late childhood - three (3) physical examinations, one exam at each period 6-7 years old, 8-11 years old and 12-14 years old.
- Adolescence - three (3) physical examinations, one exam at each period 15-16 years old, 17-18 years old and 19-20 years old.

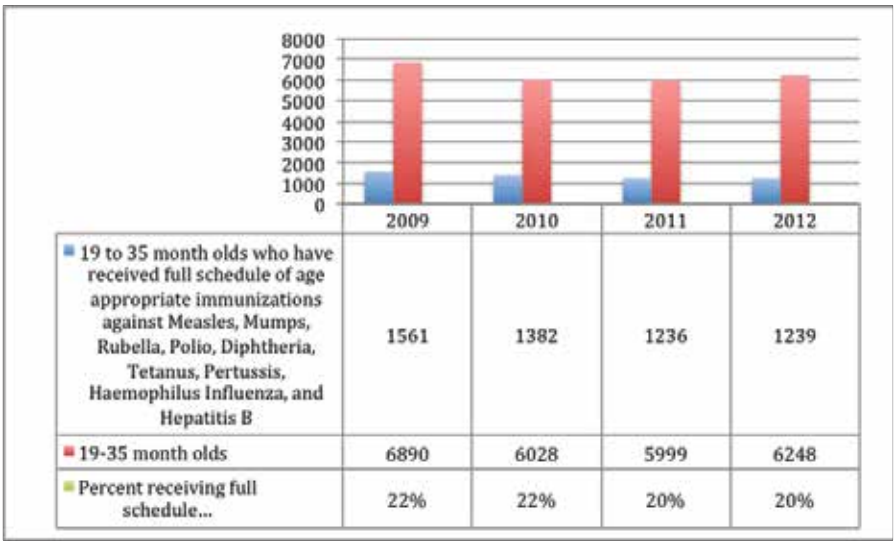
The Council recommends defining Medical and Dental Homes in terms understandable by the general public. Aside from asking parents who their primary care physician or dentist is, other questions pertinent to establishing true Medical and Dental Homes include:

- "Where will you be taking your baby for check-ups?"
- "Do you take your baby to the doctor for regular check-ups or only when ill?"
- "Which clinic do you go to for medical needs?"
- "Who is your child's dentist?"
- "What dental clinic do you bring your child to for check-ups and how often do you go?"

The Council also recommends establishing an electronic file of medical information to decrease duplication of information obtained, especially when referred to specialists. Furthermore, the Council sees the need to have systematic linkages to services for premature infants with Guam Early Intervention System (GEIS).

Childhood immunizations are also important to health and well-being. The recommended immunization schedule is designed to protect infants and children early in life, when they are most vulnerable and before they are exposed to potentially life-threatening diseases.

Figure 8 shows the number of children 19-35 months who have received all age-appropriate immunizations.



	2009	2010	2011	2012
19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B	1561	1382	1236	1239
19-35 month olds	6890	6028	5999	6248
Percent receiving full schedule...	22%	22%	20%	20%

Figure 8. Immunizations for children 19-35 months old

Data Source: DPHSS Guam WebIZ

The Council recognizes that the data presented in Figure 8 is under reported. The Council recommends that training be conducted with medical clinics to ensure that immunizations are accurately reported through the DPHSS Guam WebIZ database.

The appendix contains a recommended schedule of immunizations for children birth through six years.

The State Plan Workgroup recommends the following strategies to meet Goal 1:

1.1: Increase access to:

a. Prenatal care and services to pregnant women
b. General health care for women and young children
c. Immunization services
d. Parenting classes highlighting best practices.

1.2: Conduct training for medical personnel on the use of the Ages and Stages 3 (ASQ-3) Questionnaires tool kit.

1.3: Provide the ASQ-3 Questionnaires tool kit to all pediatric and family practice clinics as well as any clinics that see children.

1.4: Schedule quarterly immunization outreach activities in various locations targeting at risk populations.

1.5: Facilitate parent access to information, in culturally sensitive and relevant formats, relating to healthy lifestyle practices including nutrition, diet, positive parenting and promoting a nurturing, stimulating, and safe environment for their young children.

1.6: Develop policies and procedures for implementing universal developmental and behavioral screenings.

1.7: Develop public awareness activities stressing the importance of health-related practices, including but not limited to:

a. Prenatal and care and healthy practices
b. Services available to pregnant women
c. Well-baby check ups
d. Establishing a medical and dental home
e. Oral health and dental care
f. Reducing the stigma related to teen parenting
g. Family planning and pregnancy prevention
h. Immunizations
i. Healthy lifestyle practices.

1.8: Develop a website with information on health-related topics with a section specifically geared toward teenagers.

1.9: Automate the EPSDT authorization process to enable medical and dental providers to access eligibility of patients.

1.10: Collaborate with the Guam Medical Society, Guam Medical Association, and Guam Dental Society to provide quarterly free clinics.

1.11: Identify resources available for premature infants.

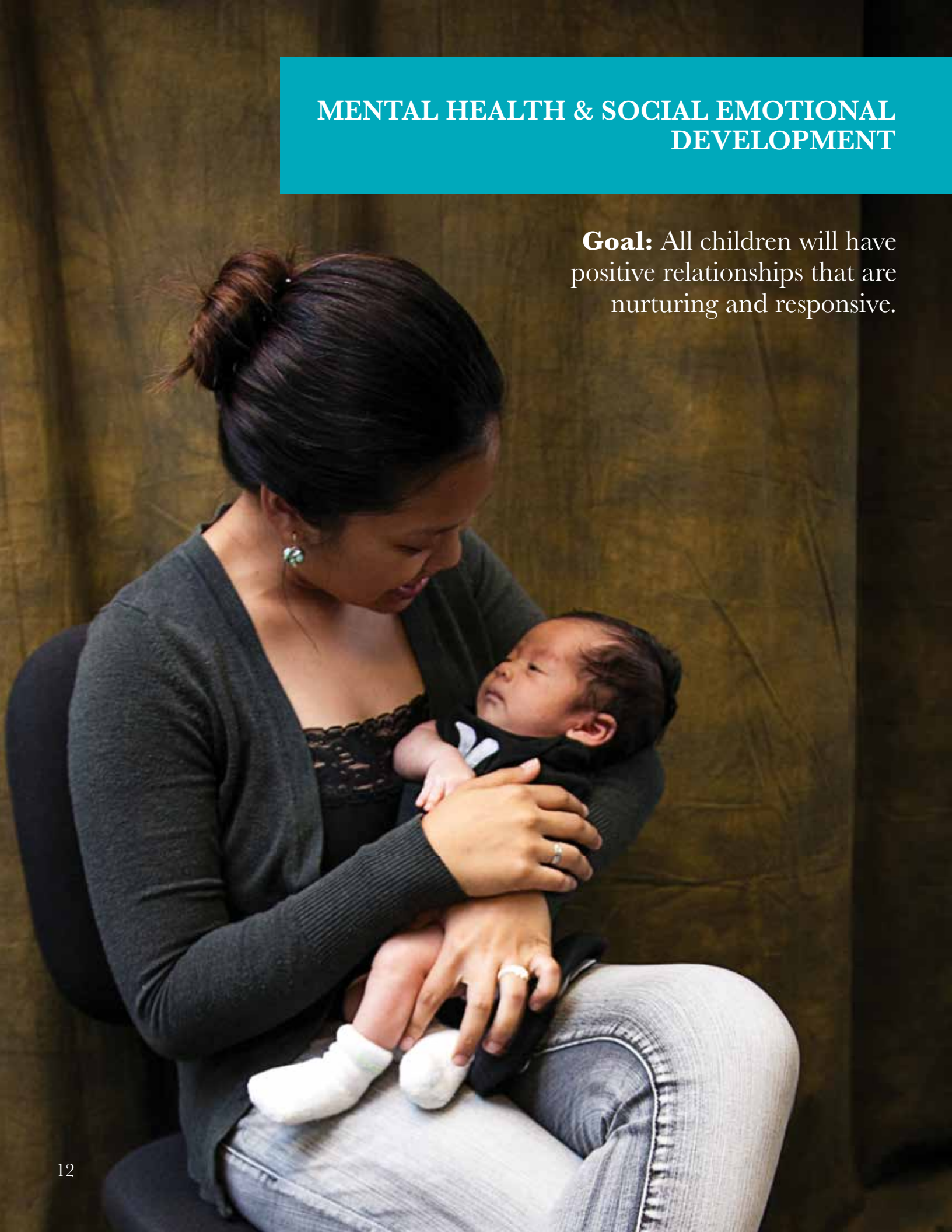
1.12: Establish a parent-to-parent mentoring program at the hospital for new parents to get support.

1.13: Develop educational awareness for professionals on topics such as medical and dental homes, developmental and behavioral screening,

The following indicators are recommended by the GELC to measure effectiveness of strategies:

1. Decrease the infant mortality rate from the current 13.2 per 1,000 live births to the national average of 5 per 1,000 live births.
   a. In 2014, decrease infant mortality to 12 per 1,000 births.
   b. In 2015, decrease infant mortality to 11 per 1,000 births.
   c. In 2016, decrease infant mortality to 9 per 1,000 births.
   d. In 2017, decrease infant mortality to 7 per 1,000 births.
   e. In 2018, decrease infant mortality to 5 per 1,000 births.
2. Decrease the percentage of premature births from the current 9%, with premature births defined as births prior to 37 weeks gestation. Targets for this indicator will be set in Fiscal Year (FY) 2014.
3. Increase the percentage of children with a medical home, defined as having a primary care physician, from 70% to 80%. Targets for this indicator will be set in FY 2015.
4. Increase the percentage of children with a dental home from 56%. Targets for this indicator will be set in FY 2015.
5. At least 25% of all children under the age of one year that are eligible for EPSDT, will undergo various screening protocols for hearing, vision, and overall development meeting the EPSDT standards.
6. At least 98% of all children under the age of three years will complete immunization requirements based on the Centers for Disease Control schedule.
   a. In 2014, increase the percentage of children under age 1 who receive immunizations to 70%.
   b. By 2018, increase the percentage of children under age 1 who receive immunizations to 98%.

The Guam Early Learning Council, in collaboration with Rigålu, the First Lady's Foundation, sponsored the Early Childhood Strategic Planning Sessions on April 10-11, 2012, and the Early Childhood Summit on April 12 at the Westin Resort. Shown above are the members of the Guam Early Learning Council. Front Row L-R: June Perez, Taling Taitano, Estella Gapas, Lina McDonald, Janice Sablan Ada, First Lady Christine Calvo, Lydia Tenorio, Annie Unpingco, Ruth Leon Guerrero, and Diana Calvo. Back Row L-R: Cathy Tydingco, Elaine Eclavea, Elliot Regenstein, J.D., from EducationCounsel, LLC, James Gillan, Evelyn Claros, Ann Marie Cruz, and Ross White.



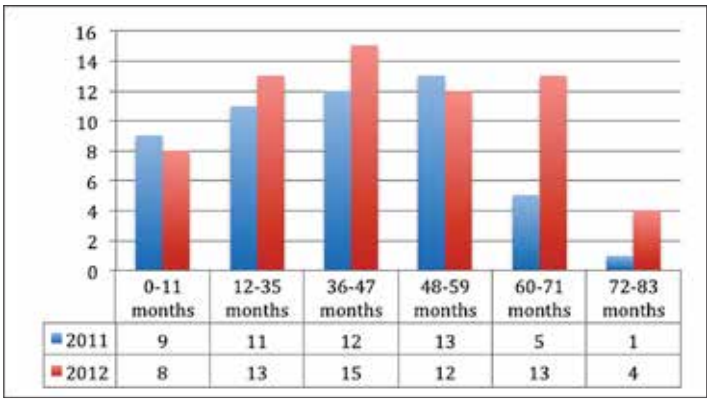
MENTAL HEALTH & SOCIAL EMOTIONAL DEVELOPMENT

Goal: All children will have positive relationships that are nurturing and responsive.

Research shows that "the foundation for sound mental health is built early in life, as early experiences—which include children's relationships with parents, caregivers, relatives, teachers, and peers—shape the architecture of the developing brain" (Center on the Developing Child at Harvard University, 2007). Research also shows that supportive relationships have a tangible, long-term influence on children's healthy development, contributing to optimal social, emotional, and cognitive development for infants and toddlers (Zeanah & Doyle Zeanah, 2001).

In 2009, the Department of Public Health and Social Services received funds from the Substance Abuse and Mental Health Administration (SAMHSA) to develop and implement a comprehensive early childhood system of care that promotes young children's mental health, prevents disruption in young children's social and emotional development, provides direct intervention for young children and their families through cross-agency collaboration, policy reform, workforce development; and provides an array of accessible, effective services, intervention and support. As of April 2013, Project Kariñu serves 65 children from birth to eight years of age. Of the 65 children served, 21 or 32% are three years old or younger. Figure 9 shows the number of children served through Project Kariñu. The 2011 Kariñu data reflects services provided from June through December with the 2012 data reflective of January through December. Figure 10 shows the number of children referred for assessment of emotional disorders for possible services through the Department of Education Special Education (3-21 years) as well as children referred for an autism evaluation.

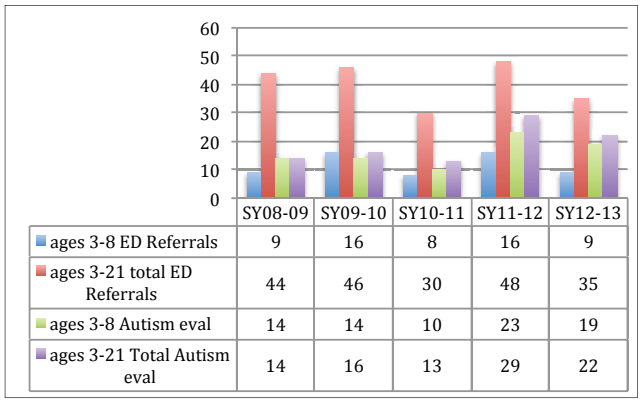
Figure 9. Project Kariñu: Assessments and Evaluations Completed



	0-11 months	12-35 months	36-47 months	48-59 months	60-71 months	72-83 months
2011	9	11	12	13	5	1
2012	8	13	15	12	13	4

2011: June - December | 2012: January - December
Data Source: Project Kariñu, DPHSS

Figure 10. Project Kariñu: Number Referrals for Emotional Disorders and Autism



	SY08-09	SY09-10	SY10-11	SY11-12	SY12-13
ages 3-8 ED Referrals	9	16	8	16	9
ages 3-21 total ED Referrals	44	46	30	48	35
ages 3-8 Autism eval	14	14	10	23	19
ages 3-21 Total Autism eval	14	16	13	29	22

Data Source: Department of Education

The Head Start program screened all 534 students enrolled in its program in School Year 2012-13 for behavioral concerns. Screening concerns are reviewed by classroom teachers to determine if assessment needs to be conducted. The Mental Health Consultant reviews all screens and requests for additional observation and assessment. Table 3 shows data for the Head Start Program.

Table 3. Head Start Screens and Referrals

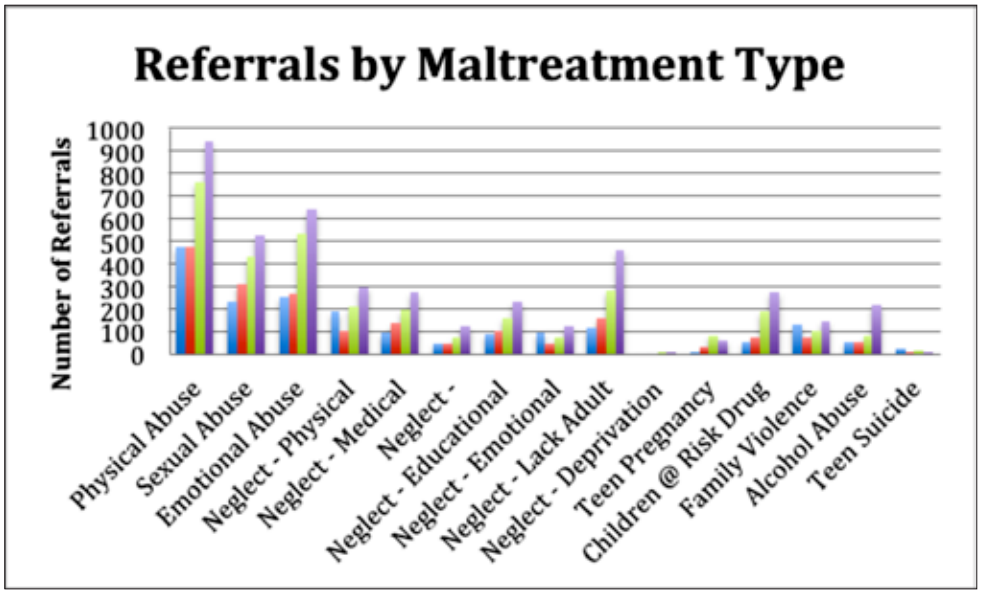
	2009	2010	2011	2012
Mental Health (MH) Consultant assessments of students	524	59*	366**	97***
MH Consultant meetings with staff (at least 3 times)	43	0	25	6
MH Consultant met with parent	44	15	43	64
MH Consultant met parent (at least 3 times)	44	0	0	0
Number of children MH Consultant provided assessment	33	14	38	58
Number of children referred for mental health services	19	2	9	18

**Delay in delivery of Mental Health Consultant Services*
***Change in referral and assessment process*
****Preliminary data*
Data Source: Department of Education, Head Start Program

In 2010, there was a delay in the contract for the Mental Health Consultant which is reflected in the data. In 2011, the Head Start program changed the process for referrals and assessment. The 2012 data is preliminary data.

Maltreatment of young children is a well-documented risk factor and the statistics from DPHSS indicate an increase in child maltreatment in the last four years. Thirty seven percent (37%) of the referrals for children ages birth through three years received by Child Protective Services in 2012 were for children less than one year of age. Figure 11 shows the number of child maltreatment referrals received by the DPHSS Bureau of Social Services Administration (BOSSA) Child Protective Services for children birth through 17 years.

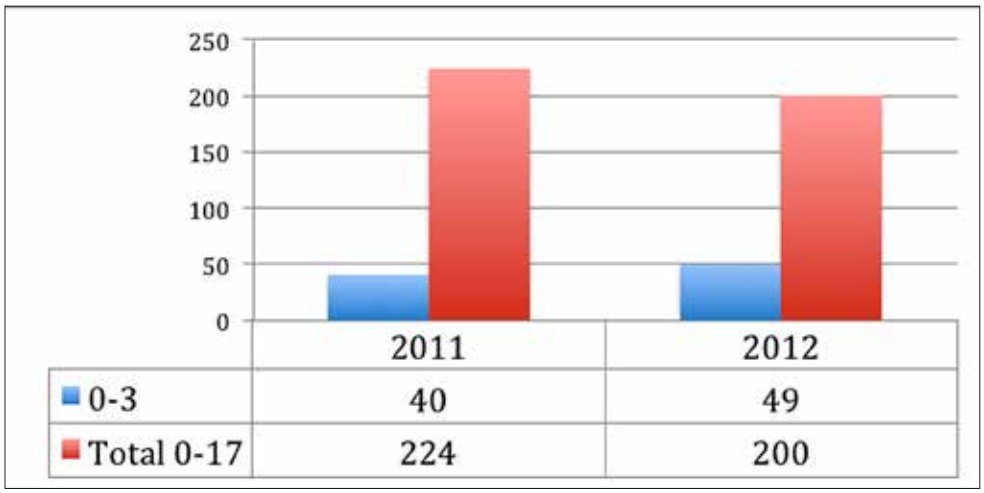
Figure 11. Child Maltreatment Referrals



Data Source: Guam DPHSS BOSSA

Figure 12 shows the number of children birth through three years who are currently in out of home placements, or foster care. These children are in foster homes or placed in the Alee Shelter for children.

Figure 12. Children in Foster Care



Data Source: Guam DPHSS BOSSA

The data in Figures 11 and 12 do not give an accurate picture of child maltreatment and children under CPS custody. When CPS receives a referral, the referral can include multiple children as well as multiple maltreatment types. In some cases, CPS receives multiple referrals for one child. For example, if a child tells two school personnel about maltreatment, both school personnel are legally required to submit a referral for that child. In other cases, a child may be referred to CPS multiple times for the same or different reasons in one year. We cannot assume that there has been an increase in child maltreatment just by looking at the numbers although the increase in child maltreatment referrals may be attributed in part to increased awareness and education in the public arena.

During a telephone survey conducted by the University of Guam Center for Excellence in Developmental Disabilities Education, Research & Service (Guam CEDDERS) of all licensed child care centers, three centers reported a request for 15 children not to return to their center due to behavioral issues. Figure 13 shows the total number of children enrolled in the 45 licensed child care centers, of which 15 children were asked to leave due to unspecified behavioral issues.

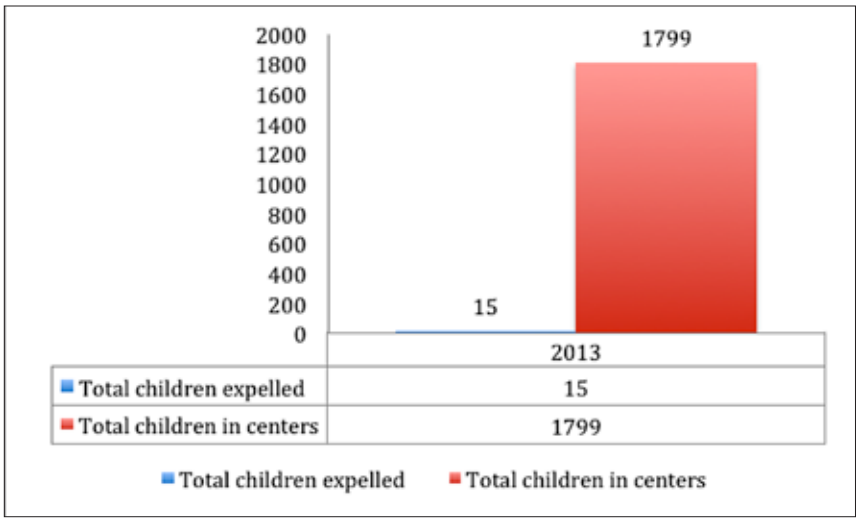


Figure 13. Total Number of Children Expelled from Child Care Centers

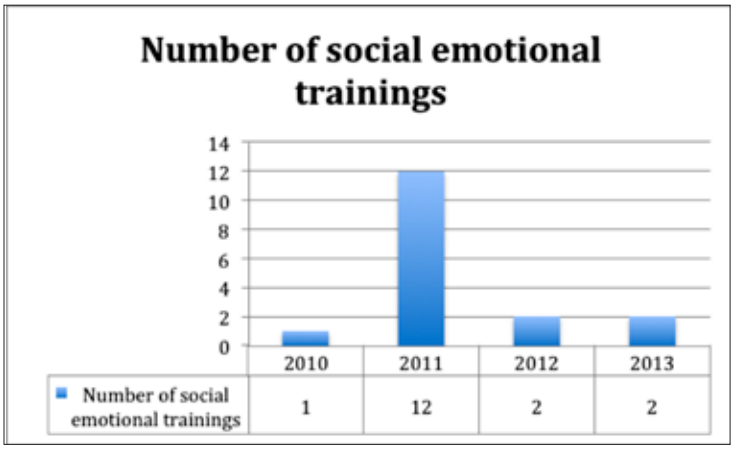
Data Source: Guam CEDDERS Telephone Survey

Prior to the March 2013 telephone survey, the number of children asked to leave child care centers was not collected. It is unclear whether the number reported is the actual number; children may have been counted more than once if asked to leave more than one center within a one year period. Some centers may not have disclosed that they have asked children to leave due to behavior issues. More data needs to be collected in order to set a baseline.

The preceding data is compelling enough to increase the types and number of training opportunities on mental health and social emotional development-related topics for service providers. Figure 14 shows the total number of social emotional trainings offered through Guam CEDDERS in the last three years.

The data for 2013 is inclusive of trainings conducted through April 2013 as well as trainings facilitated by Guam CEDDERS in collaboration with Part C Guam Early Intervention System (GEIS) and Part B (Special Education). DOE Head Start, GEIS, and Early Childhood Special Education (ECSE) Preschool staff participated in the Guam CEDDERS sponsored trainings. More specifically, Head Start, GEIS and ECSE Preschool staff attended the Center on Social and Emotional Foundations for Early Learning (CSEFEL) training in February 2011 and the "Incredible Years" training in 2011 with a follow up refresher workshop in 2012. Head Start, GEIS and ECSE Preschool staff collaborated to facilitate the Incredible Years sessions with their parents. Parents attended six weekly sessions.

Figure 14. Number of Social Emotional Trainings



Data Source: Guam CEDDERS National Information Reporting System

The Head Start Program provides eight days of pre-service training annually, which includes social emotional development. The inclusion of social emotional development in all trainings provided to the Head Start staff enables the program to provide quality early childhood settings. Head Start also utilizes the Second Step Preschool curriculum, which focuses on social skills for early childhood. In addition, the program also uses the Classroom Assessment Scoring System (CLASS) which assesses emotional support, classroom organization and educational supports. Several Head Start staff are trained reliable observers who observe each classroom two times a year. The Creative Curriculum Implementation checklist is used in the Head Start classrooms and includes a social emotional component. The Head Start program has access to the Region IX Early Childhood Education Specialist who can train staff and parents on a wide variety of topics. The program also contracts a Mental Health Consultant who provides training to both staff and parents. The consultant also does site visits and assists teachers in behavior management planning. Head Start also organizes an annual parent conference at which a session on discipline and parenting is provided.

There is currently no data collected on the effects of maternal depression on young children. The Council recommends addressing this issue.

The State Plan Workgroup recommends the following strategies to meet Goal 2:

2.1: Conduct a survey of all early childhood service providers, including family caregivers, on their understanding and awareness of the importance of early childhood mental health and social emotional development.

2.2: Conduct a needs assessment of all early childhood service providers, including family caregivers, to determine the types of training needed in mental health and social emotional development.

2.3: Increase availability of mental health and social emotional development services to families.

2.4: Increase the number of health care providers who implement social emotional development screening as a standard of care.

2.5: Collaborate with agencies and organizations to host Parent Cafés with Strengthening Families Guam to promote the protective factors.

2.6: Coordinate awareness sessions for all early childhood service providers, including family caregivers, on the importance of early childhood mental health and social emotional development.

2.7: Conduct training for all early childhood service providers, including family caregivers, on strategies that promote healthy mental health and social emotional development for young children and their families.

2.8: Conduct training on child abuse and neglect prevention for families.

2.9: Develop and disseminate public awareness materials on the impact of positive interactions versus negative interactions with young children.

2.10: Collaborate with faith-based organizations to increase foster placements of children birth through three in home settings.

2.11: Increase public awareness on licensing requirements to become foster parents.

2.12: Eliminate fees associated with becoming a licensed foster family and provide incentives to families that participate in the Foster Family Program.

2:13: Provide child care health consultation or early childhood mental health consultation to early childhood providers, including family caregivers.

2:14: Develop public awareness materials on mental health and social emotional development that are culturally and linguistically appropriate.

2.15: Develop public awareness materials on the effects of maternal depression and where mothers can get help.

The following indicators are recommended by the GELC to measure effectiveness of strategies:

1. Increase the types and numbers of training relative to the mental health and social emotional development of young children for service providers. Targets will be set in FY 2014.
2. Increase the number of children who have access to assessment and/or evaluation for social emotional and behavioral challenges. Targets will be set in FY 2014.
3. Decrease the number of substantiated cases of child abuse and neglect among children birth to age 8. Targets will be set in FY 2014.
4. Decrease the number of children birth to age six in out-of-home placements (foster care). Targets will be set in FY 2014.
5. Decrease the number of children under age six who are expelled from childcare or preschools due to behavioral problems. Targets will be set in FY 2015.
6. Increase awareness of the effects of maternal depression on young children. Targets will be set in FY 2015.

EARLY CHILDHOOD CARE & EDUCATION

Goal: All children will have access to quality early care and education and be ready for school.

The first five years of children's lives are critical to their future success in school and in life. Early experiences influence children's brain development, which is the foundation for language and literacy, problem solving, social and emotional skills, and behavioral skills. These early experiences help prepare children for learning in school. Parents, families, caregivers, preschool teachers, future schools and teachers, service providers, health care providers, policymakers, and the community all play a part in helping children get ready for school. Children's readiness for school can be ensured with the availability of well-trained child care providers and increased access to quality child care as well as with the creation of policies that ensure smooth transitions to kindergarten and school (Guam School Readiness Plan, 2013).

According to the Guam DPHSS Office of Vital Statistics, 3,595 babies were born on Guam in 2012. These babies were born at Guam Memorial Hospital Authority, Sågua Mañagu, and Naval Hospital. The 2010 Census reported a total of 14,289 children under age five live on Guam. Table 4 shows that 23% of the total number of children under age five who live on Guam are enrolled in early childhood programs.

Children enrolled in military child care centers are not included in this table. The Council notes that children enrolled in the DOE Preschool Gifted and Talented Education (Pre-GATE) program are also not included in this table.

Table 4. Children Enrolled in Early Childhood Programs

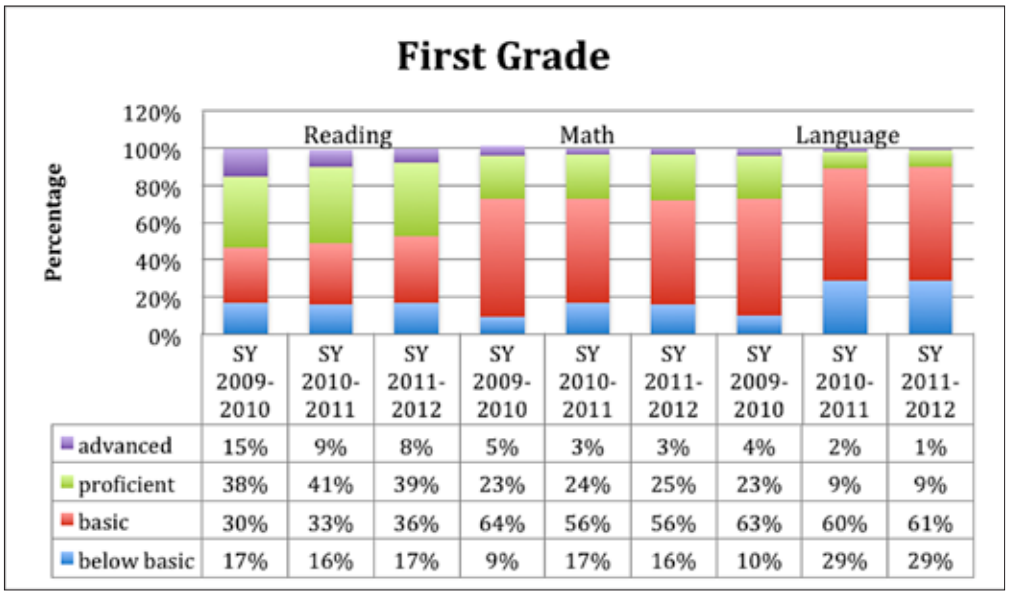
EARLY CHILDHOOD PROGRAMS	# SETTINGS		# SERVED	
	AS OF FEBRUARY 2011	AS OF MARCH 2013	AS OF FEBRUARY 2011	AS OF MARCH 2013
Licensed Child Care Centers	44	45	2,281	1799
Family Home Providers (CCDF)	79	3	130	7
DOE - Guam Early Intervention System (GEIS)	1	1	275	191
Private Nursery & Preschool	9	9	306	477
DOE - Early Childhood Special Education (ECSE) Preschool	5	5	177	140
DOE - Head Start	27	27	534	534
DOE-Pre GATE Program	9	9	126	126
Total	**174**	**99**	**3829**	**3274**

Data Source: Guam CEDDERS Telephone Survey 2013

These early care and education programs lay a strong foundation that was started with a child's first teachers, their parents. The early care and education programs strengthen and continue to support a child's learning while in a child care setting. These programs ensure that children who enter kindergarten are equipped with language and literacy skills, thinking skills, self-control and self-confidence, and are ready to learn.

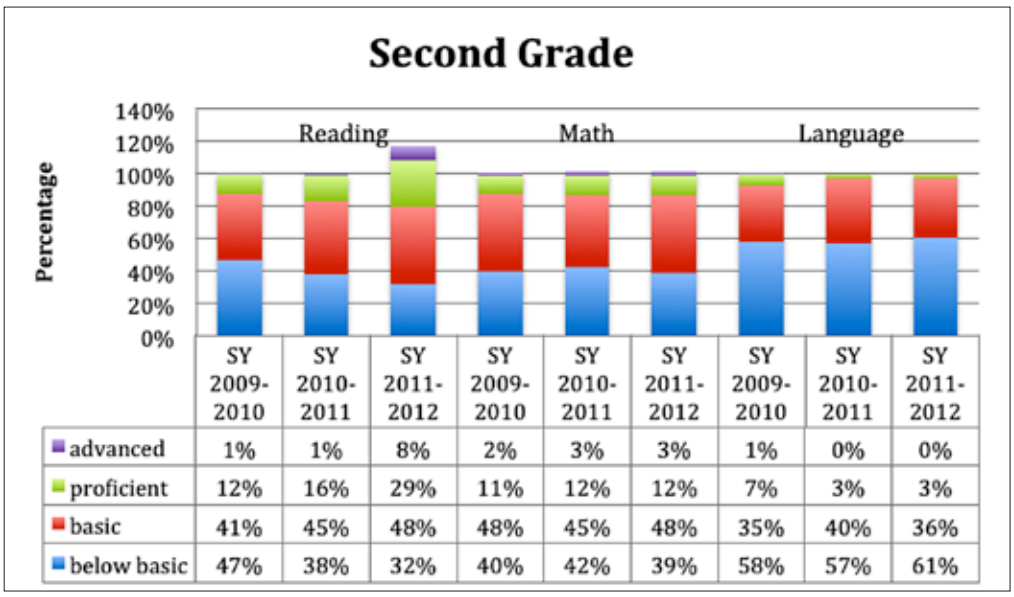
Approximately 77% of children under age five are not in early care and education programs. The reasons for not being enrolled may vary and may include not being able to afford quality care or having a parent or family member caring for the children in the home. However, not being enrolled in an early care and education program is not detrimental to a child's development. The Guam School Readiness Plan addresses all children and provides a more in-depth look at how parents and other caregivers can prepare their children for learning in classroom settings. The Council recommends conducting a survey to determine the reasons parents elect to have their children cared for in the home.

One of the greatest predictors of high school graduation is third grade reading proficiency. The State Plan Workgroup recommends analyzing data at first, second, and third grades in order to best measure an increase or decrease in proficiency in Reading, Language, and Math. Guam uses the Stanford Achievement Test Series (SAT-10) as its state proficiency test. Figures 15 through 17 show the SAT-10 scores for first, second and third grade elementary schools in DOE.



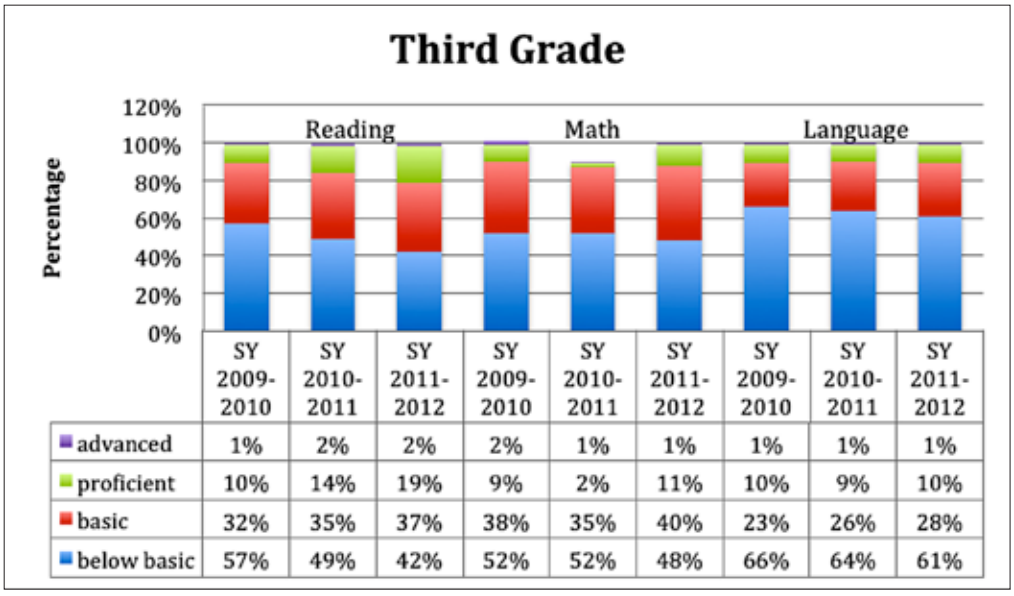
	SY 2009-2010	SY 2010-2011	SY 2011-2012	SY 2009-2010	SY 2010-2011	SY 2011-2012	SY 2009-2010	SY 2010-2011	SY 2011-2012
advanced	15%	9%	8%	5%	3%	3%	4%	2%	1%
proficient	38%	41%	39%	23%	24%	25%	23%	9%	9%
basic	30%	33%	36%	64%	56%	56%	63%	60%	61%
below basic	17%	16%	17%	9%	17%	16%	10%	29%	29%

Figure 15. DOE SAT-10 Performance-Based Assessment for First Grade



	SY 2009-2010	SY 2010-2011	SY 2011-2012	SY 2009-2010	SY 2010-2011	SY 2011-2012	SY 2009-2010	SY 2010-2011	SY 2011-2012
advanced	1%	1%	8%	2%	3%	3%	1%	0%	0%
proficient	12%	16%	29%	11%	12%	12%	7%	3%	3%
basic	41%	45%	48%	48%	45%	48%	35%	40%	36%
below basic	47%	38%	32%	40%	42%	39%	58%	57%	61%

Figure 16. DOE SAT-10 Performance-Based Assessment for Second Grade



	SY 2009-2010	SY 2010-2011	SY 2011-2012	SY 2009-2010	SY 2010-2011	SY 2011-2012	SY 2009-2010	SY 2010-2011	SY 2011-2012
advanced	1%	2%	2%	2%	1%	1%	1%	1%	1%
proficient	10%	14%	19%	9%	2%	11%	10%	9%	10%
basic	32%	35%	37%	38%	35%	40%	23%	26%	28%
below basic	57%	49%	42%	52%	52%	48%	66%	64%	61%

Figure 17. DOE SAT-10 Performance-Based Assessment for Third Grade

Data Source: Department of Education Annual State of Public Education Report School Year 2011-2012

The Council recognizes a great decrease in proficiency from first grade to third grade; the percentage of children at the basic level, which measures academic performance at grade level, has significantly decreased as children moved from grade to grade. The Council recommends collaboration with the University of Guam and Guam Community College to strengthen teacher preparation and training, especially at the early childhood level. The Council also recognizes the need for alternative assessments to be used in place of standardized testing.

The State Plan Workgroup wants to ensure that all children entering kindergarten are ready in all five domains of child development as measured by kindergarten assessments. The five domains of child development include: language and literacy development; cognition and general knowledge, including early mathematics and early scientific development; approaches to learning; physical well-being and motor development, including adaptive skills; and social and emotional development.

The Guam School Readiness Workgroup disseminated a survey to all kindergarten programs in the public and private schools on Guam. Table 5 shows the results of a Kindergarten School Readiness survey. The Guam School Readiness Plan was developed using data obtained through this survey and was published in July 2013.

Table 5. Kindergarten School Readiness Survey Results

The following data represents the findings of the completed surveys.

	Public GDOE Schools	Catholic Schools	Other Private Schools	DoDEA Schools
Birthday cut-off date for enrollment in kindergarten	July 31	December 31	April 1 – December 31	September 1
Number of kindergarten classrooms	2-7 classrooms per school, total of 53 classrooms	1-3 classrooms per school, total of 21 classrooms	1-3 classrooms per school, total of 12 classrooms	5,8 classrooms per school, total of 13 classrooms
Number of students in each classroom	15-21 students per class; average of 19 students in each class	12-33 students per class; average of 22 students in each class	10-25 students per class; average of 19 students in each class	Average of 18 students in each class
Teacher-student ratio	1:16 - 1:25	1:10 - 1:28	1:6 - 1:20	1:18
Curriculum used in kindergarten	6 Direct Instruction, 2 Success For All, 3 standards-based	Archdiocesan curriculum	2 A Beka®, 2 A.C.E. Curriculum, 1 Alpha Omega Publications©, 1 BJU Press®, 1 Chinese, 1 Japanese, 1 Montessori, 1 North American Division Curriculum	Everyday Math, Reading Streets, McGraw Hill Science, Pearson Social Studies
Standardized assessment at kindergarten entrance	9 out of 11	3 out of 11 (1 Brigance®)	1 out of 11 (1 A.C.E. curriculum©)	No
Instructional units/ lesson plans	Yes	Yes	Yes	Yes
Individualized program evaluations	9 out of 11	Yes	9 out of 11	Yes

	Public GDOE Schools	Catholic Schools	Other Private Schools	DoDEA Schools
Supports for counseling, tutoring, for English Language Learners, and for students with disabilities	11 have counseling support, 10 have tutoring support, 10 have support for English Language Learners, and 10 have support for students with disabilities	7 have counseling support, 7 have tutoring support, 4 have support for English Language Learners, and 9 have support for students with disabilities	5 have counseling support, 8 have tutoring support, 6 have support for English Language Learners, and 8 have support for students with disabilities	2 have counseling support, 2 have tutoring support, 2 have support for English Language Learners, and 2 have support for students with disabilities
Types of data maintained for each student	Demographics, ESL status, free/ reduced lunch status, attendance, health record, discipline record, assessments	Health record, assessments; mix of the following for some schools: student registration record, SAT 10, progress reports, injury reports, financial report, parent information, cumulative folder	Health record, assessments; mix of the following for some schools: accident reports, progress reports, diagnostic tests	Health record, assessments
Process for retention	Notify parents, counselor, and administration; documentation; form Child Study Team; plan; intervention; possibility of ESL or SPED referral	Notify parents, teachers, and principals; conference; review student data; monitor progress; summer school referral; possibility of SPED referral; recommendation for tutoring	Teacher/parent/ principal conference; summer school recommendation; extra lessons, tutoring; dependent on examinations with allowances for retesting for most other private schools; 2 schools avoid retention	Only parents can request for retention but the school can recommend retention for consideration by the principal

Data Source: The Guam Early Learning Council Guam School Readiness Plan

The School Readiness Workgroup recommends the use of the Brigance K-1 Screener as the kindergarten entry assessment for all Guam kindergarten classrooms.

Other areas of importance under the Early Childhood Care and Education focus area include the need to increase detection of developmental delays and chronic health problems in children prior to kindergarten entrance, the need for access to ongoing health and mental health consultation for child care centers, and a Quality Rating and Improvement System (QRIS) for all early care and education facilities.

The Council recognizes that approximately 77% of children five years old and under are not in early care and education programs. The strategies recommended by the State Plan Workgroup address this population as well as those served in early childhood care and education programs

The State Plan Workgroup recommends the following strategies to meet Goal 3:

3.1: Conduct a survey of all early care and education programs to determine current enrollment.

3.2: Conduct a survey of all parents to determine if their children are in early care and education programs.

3.3: Collaborate with child care centers and mayors' offices to conduct monthly parent training focusing on the different domains of child development.

3.4: Distribute copies of the following publications to child care centers, mayors' offices, Guam Community College and University of Guam education classes, and medical clinics:

- Guam Early Learning Guidelines Birth to 36 Months and Three to Five Years
- Guam Early Learning Guidelines for Children 3 to 5 Years Family Guide Book
- Hugåndo Parent Playbook in available languages (English, Chuukese and Tagalog)

3.5: Identify what school readiness means in the five domains of child development, including language and literacy development; cognition and general knowledge, including early mathematics and early scientific development; approaches to learning; physical well-being and motor development, including adaptive skills; and social and emotional development.

3.6: Develop a QRIS for use in child care centers, Head Start, the Pre-GATE, Early Childhood Special Education Preschool and Guam Early Intervention System.

3.7: Develop and disseminate public awareness materials on the importance of early childhood care and education programs.

3.8: Develop and disseminate public awareness materials about the five domains of child development.

3.9: Provide access to a "playgroup on wheels" for families to build knowledge and skills in child development and positive parenting practices.

3.10: Collaborate with kindergarten teachers to determine what children should know and be able to do by kindergarten entry.

3.11: Collaborate with university and community college professors to incorporate social emotional development into the rigors of academics for the early childhood population.

3.12: Collaborate with early childhood agencies to offer cross-training on evidence-based practices in early care and education.

3.13: Provide a calendar of trainings and workshops sponsored by early childhood programs to child care providers to increase knowledge and skills in early childhood care and education.

The following indicators are recommended by the GELC to measure effectiveness of strategies:

1. Increase the number of children ages three and four years enrolled in a center-based early childhood care and education program (including child care centers, nursery schools, preschool programs, Head Start programs, and pre-kindergarten programs). The workgroup will re-examine this indicator to determine its need in the state plan.

2. Increase the number of children performing at grade level in reading, language and math in first, second, and third grade as measured by state proficiency tests.

3. Increase the number of children ready in all five domains of child development as measured by kindergarten assessments. Targets will be set in FY 2015.

4. Increase the detection of children with developmental delays or chronic health problems prior to kindergarten entrance. Targets will be set in FY 2015.

5. Encourage child care centers to have access to ongoing health or mental health consultation. Targets will be set in FY 2015.

6. Increase the number of children attending early care and education centers with high quality ratings. Targets will be set in FY 2015.

PARENT EDUCATION & FAMILY SUPPORT

Goal: All families have access to an array of parent and community supports, training and activities.

The goal of the parent education and family support focus area is to strengthen the knowledge and skills of parents and families in the areas of child development, positive guidance and discipline, and decrease child abuse and maltreatment. It was noted in the 2009 ECCS State Plan that Parent Education and Family Support training and activities needed to be strengthened.

The GELC plans to work in collaboration with its early childhood partners to provide parent education supports and services. Strengthening Families ™ is one such program that is showing positive outcomes on Guam. Strengthening Families™, developed by the Center for the Study of Social Policy (CSSP) in 2007, promotes five protective factors: 1) parental resilience, 2) social connections, 3) concrete support in times of need, 4) knowledge of parenting and child development, and 5) social and emotional competence of children (CSSP, 2007). The GELC, in collaboration with Project Tinituhon, DOE GEIS, ECSE Preschool, and Head Start; DPHSS BOSSA, Project Kariñu, and Project Bisita I Familia; and Guam Positive Parents Together, Inc., has worked to provide training to providers and families on the five protective factors since July 2012. Strengthening Families ™ is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. Figure 18 shows the number of trainings offered through Guam CEDDERS in collaboration with various early childhood agencies and organizations over the last three years as well as the number of parents who have attended these trainings.

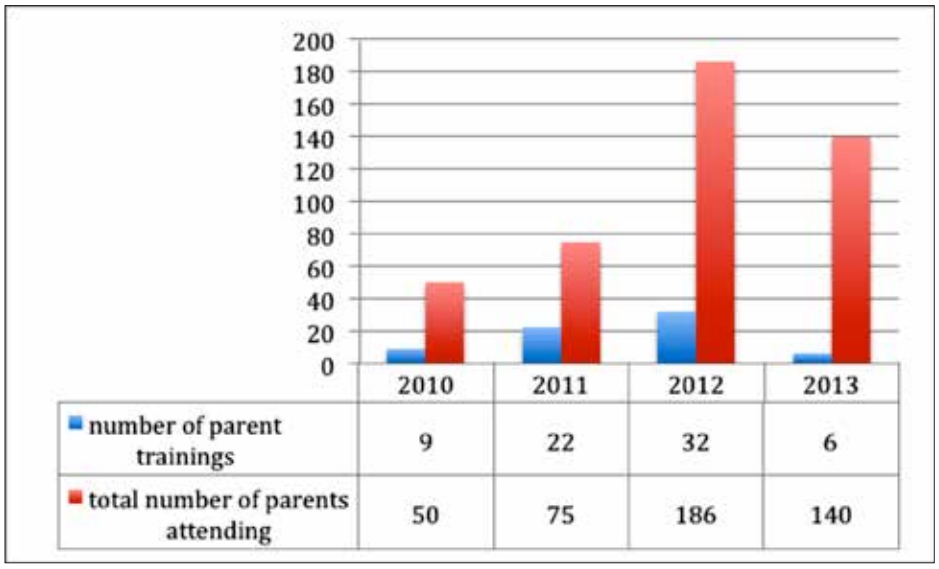


Figure 18. Parent Trainings and Attendance
Data Source: Guam CEDDERS NIRS

The data for 2012 is inclusive of the Early Childhood Conference hosted by the Guam Early Learning Council and the First Lady's Rigålu Foundation. The data for 2013 shows the number of trainings and parent attendance through April.

Figure 19 shows the number of community events facilitated by Guam CEDDERS.

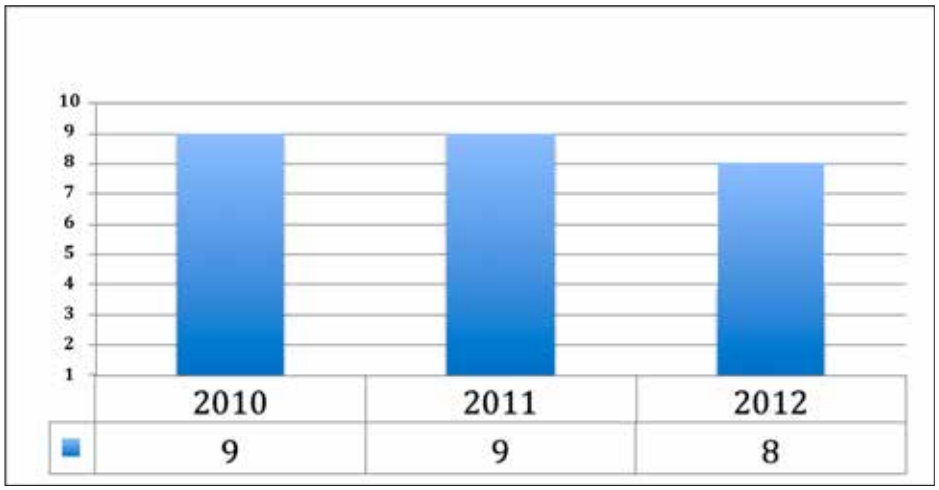


Figure 19. Number of Community Events
Data Source: Guam CEDDERS NIRS

The Head Start program conducts several parent events throughout the year. Parent orientation occurs at the beginning of every school year. Information about the program services and family literacy activities are provided. The program offers parent and volunteer training on topics such as education, health, governance, family services and disability services. These trainings usually run at two sessions per day for a total of four days and are attended by approximately 15 parents per topic. Head Start also facilitates an annual Parent Conference in October with presentations based on their parent interest survey. Attendance averages 150 parents per year. They also facilitate an annual Fitness Fair where parents engage in activity stations. The program also provides center level trainings as needed or requested as well as the following topics: Expanded Food and Nutrition Program (EFNEP), Policy Council, GED® referrals, parenting classes, what to do when your child gets sick, and male involvement. Specific attendance data for these trainings are unavailable at this time.

The State Plan Workgroup recommends the following strategies to meet Goal 4:

4.1: Collaborate with agencies and organizations to develop a calendar of parent activities in a variety of print and electronic formats.

4.2: Collaborate with agencies and organizations to host Parent Cafés with Strengthening Families Guam to promote the protective factors.

4.3: Provide information on establishing alternative types of child care (i.e., play groups, cooperatives, etc.).

4.4: Collaborate with child care centers and community venues to host Guam Early Learning Guidelines training for parents on a monthly basis.

4.5: Update and disseminate the Nene Directory: A Directory of Guam Service Providers for Children Birth to Eight Years of Age.

4.6: Collaborate with agencies and organizations to host a fair quarterly for families; agencies and organizations would take turns each quarter to host and organize the fairs utilizing different themes.

4.7: Collaborate with village mayors to provide relevant trainings for parents in their community settings.

4:8: Ensure that training and materials are culturally and linguistically appropriate.

4.9: Increase the number of community events that focus on father/male involvement.

4.10: Provide trainings/workshops geared towards helping parents manage their time, stress, or other relevant topics.

4.11: Strengthen family support and parent education through the use of evidence-based curriculum identified by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

4.12: Expand the MIECHV program to other at-risk communities.

The following indicators are recommended by the GELC to measure effectiveness of strategies:

1. Increase in the number of families who access and/or participate in different parent programs that are geared toward a reduction in child maltreatment.
2. Increase in the number of families participating in early childhood community events.

System Sustainability

In 2008, Governor Felix Camacho established the Guam Early Learning Council (GELC) through Executive Order No. 2008-03 to serve as the governance board on early childhood. The GELC has taken steps to develop a mechanism for ensuring children and families have access to early childhood services and supports. In 2011, Governor Eddie Baza Calvo signed Public Law 31-62, "Establishing the Guam Early Learning Council for Guam's Early Childhood Comprehensive System." The GELC received funds from the Administration of Children and Families to support the State Advisory Council (SAC) also known as the Guam Early Learning Council, to implement activities that support early childhood collaboration and coordination.

The GELC was established to enhance, improve, support, and strengthen coordination and collaboration among agencies and organizations serving young children, birth to eight, and their families and adopted the vision that **"All of Guam's young children will have healthy minds, bodies, and spirits as the foundation for lifelong success."** The GELC serves as the governance and monitoring body to ensure full implementation of the Guam Early Childhood State Plan.

The Council provides an inter-agency, public-private collaborative opportunity to integrate systems, coordinate programs, leverage resources, and collect, share and use data. The GELC is comprised of families and early childhood public and private agencies that serve young children birth to eight and their families and is co-chaired by Christine M.S. Calvo, First Lady of Guam and Elaine Eclavea, the project director for Project Tinituhon.

In terms of long term planning for system sustainability, the State Plan Workgroup recommends that the following areas need further review and consideration during the next five years:

- GELC membership
- Funding for administrative support
- Evaluation of accomplishments to date
- The development of a sustainability plan for the GELC.

There are currently 23 members in the GELC. It has been a challenge to attain a quorum at the quarterly meetings. At most, eight members are regular meeting attendees. The State Plan Workgroup recommends establishing a core executive group comprised of the five agencies or organizations that have a key stake in the Council. This core executive group would meet quarterly. Another general membership group would be comprised of the remaining early childhood programs. The general membership would meet bi-annually, which would serve mainly as a mechanism for early childhood programs to network.

Another area of consideration is funding for administrative support. For two years, the GELC was funded through a grant from the Administration of Children and Families. The funds received from the grant enabled the GELC to have a dedicated assistant whose role was to do all administrative work related to the Council. These tasks included arranging for meeting space, contacting members via phone and email, contacting early childhood programs for quarterly reports, compiling meeting notes and developing the agenda for each meeting, keeping track of the development and dissemination of products, among others. Since the ending of the grant, Guam CEDDERS has assumed the facilitation of administrative duties of the Council.

The State Plan Workgroup also recommends evaluation and/or analysis the accomplishments of the different subcommittees to determine if they have affected change. More specifically, it needs to be determined whether or not systems change has taken place through the work of the Council and its predecessors. In addition, an evaluation of what the GELC has accomplished with each agency or organization should be completed to determine any changes that have taken place and other further steps that need to be taken to ensure service delivery.

Lastly, the State Plan Workgroup recommends that a sustainability plan for the GELC begin development within the next five years. This plan should include cross-agency support of the GELC and conducting financial mapping. The plan should also include the development of an early childhood integrated data system that would allow agencies to share data.

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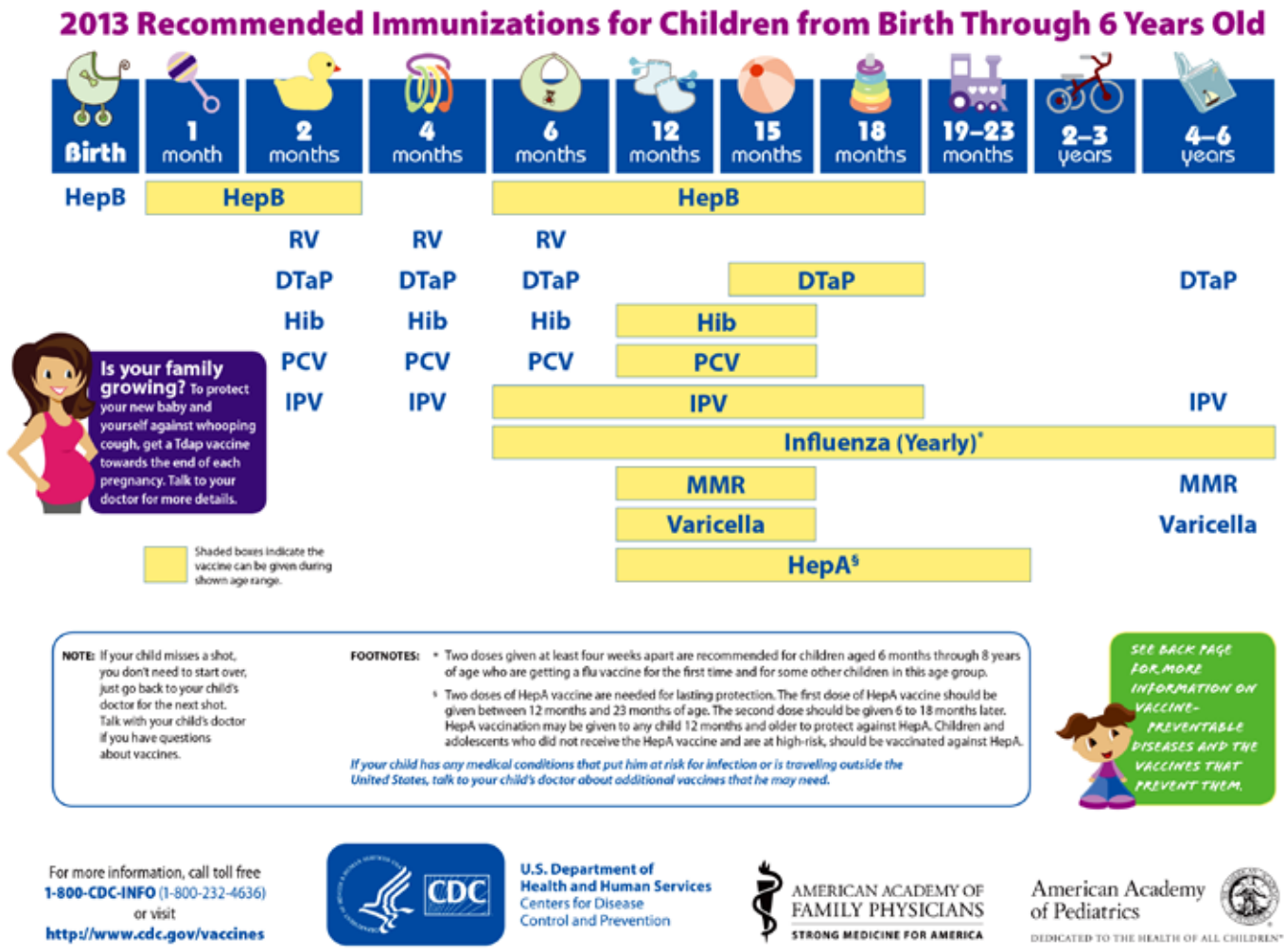
Appendix



Data Source: Centers for Disease Control and Prevention

Early Childhood State Plan Workgroup Members

- Narcissa Ada, *Department of Public Health and Social Services, Bureau of Social Services Administration*
- Vera Blaz, *University of Guam - Center for Excellence in Developmental Disabilities Education, Research & Service*
- Diana Calvo, *Catholic Social Services*
- Evelyn Claros, *Parent*
- Elaine Eclavea, *University of Guam - Center for Excellence in Developmental Disabilities Education, Research & Service, GELC Co-Chairperson*
- Terrie Fejarang, *University of Guam - Center for Excellence in Developmental Disabilities Education, Research & Service*
- Estela Gapas, *PNG Child Care and Learning Center*
- Margarita Gay, *Department of Public Health and Social Services, Bureau of Family Healthy & Nursing Services*
- James Gillan, *Department of Public Health and Social Services*
- Felicity Grandjean, Ph.D., *University of Guam - Center for Excellence in Developmental Disabilities Education, Research & Service*
- Vincent Leon Guerrero, *Office of the Governor*
- John Nelson, *Department of Public Health and Social Services, Child Care and Development Fund*
- June Perez, *Guam Memorial Hospital Authority*
- Linda Rodriguez, *Department of Public Health and Social Services, Bureau of Social Services Administration*
- Eloise Sanchez, *Department of Education*
- Cathy Schroeder, *Department of Education Head Start Program*
- Lydia Tenorio, *Department of Public Health and Social Services, Bureau of Social Services Administration (retired)*
- Cathy Tydingco, *Department of Education, Guam Early Intervention System, Early Childhood Special Education Program*

PROJECT TINITUHON

"The Beginning"

GUAM CEDDERS

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