



**GUAM
PRESCHOOL
DEVELOPMENT
GRANT
BIRTH TO**



NEEDS ASSESSMENT

AUGUST 2021



Facilitated through a Memorandum of Understanding with the University of Guam, Center for Excellence in Developmental Disabilities Education, Research, and Service through a Memorandum of Agreement with the Department of Public Health and Social Services in collaboration with the Guam Early Learning Council

INTRODUCTION

The PDG Birth-5 funding provided the mechanism for Guam stakeholders from health, education, and social service sectors to define and evaluate current practices and determine how and for what purposes we can work more efficiently and effectively to support the needs of young children and their families.

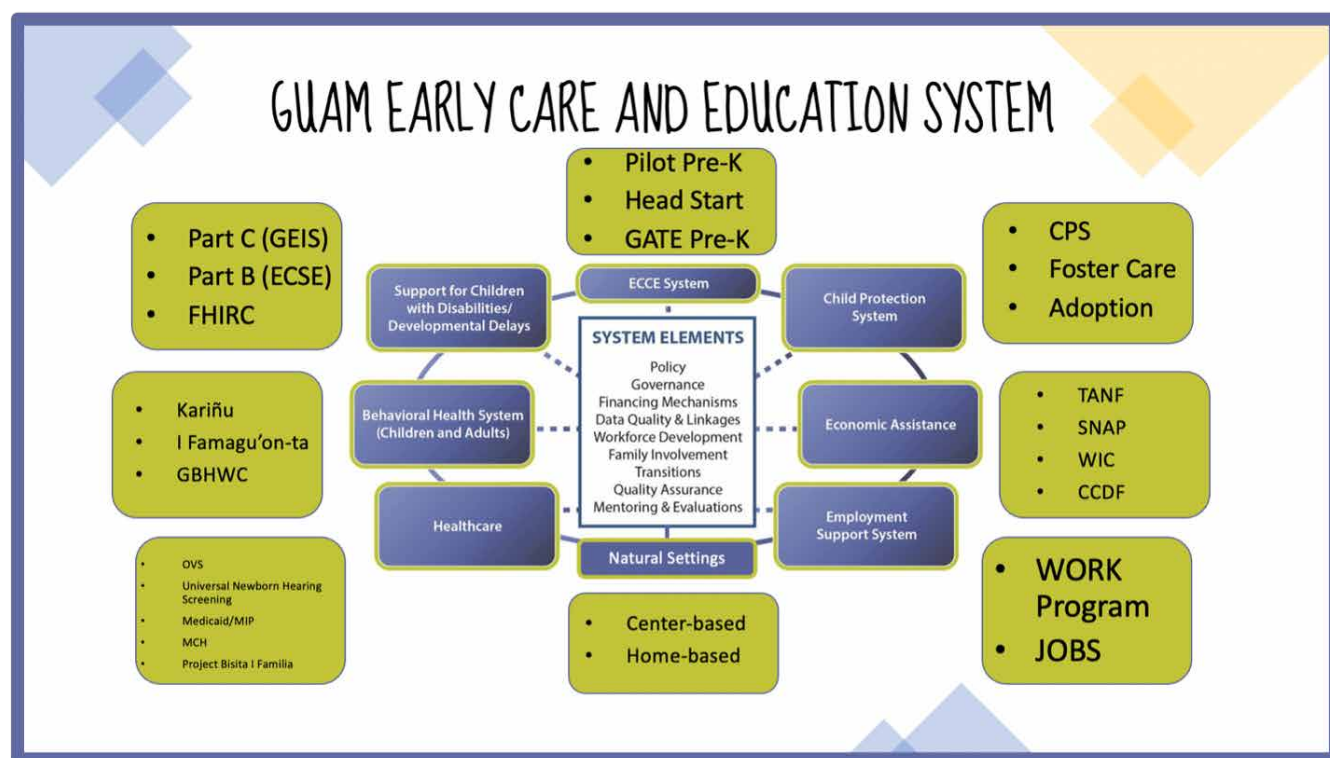
Guam's vision for the PDG B-5 mixed delivery system is that all children will have equitable access to high-quality early childhood care and education opportunities. This vision is supported by The Guam Early Learning Council's (GELC) vision statement that, "All of Guam's young children will have healthy minds, bodies, and spirits as the foundation for lifelong success." This vision has also been widely adopted by Guam's early childhood programs demonstrating one voice, one vision, one people.

Since its inception in 2008 by Executive Order No. 2008-03 and later by Public Law 31-62, "Relative to Establishing the Guam Early Learning Council for Guam's Early Childhood Comprehensive System," the GELC was established to enhance, improve, support, and strengthen coordination and collaboration among public and private agencies and organizations serving young children, birth to eight years of age, and their families. The mission of the GELC is "To support each child (birth to 8) in reaching his/her full potential through a health care and education system that is accessible, comprehensive, integrated, and responsive to diverse cultures and is developed in collaboration with families and communities."

The GELC is composed of representatives from Guam's child-serving agencies and programs that support young children and their families. Its membership includes the Department of Public Health and Social Services (DPHSS), Guam Department of Education (GDOE), Guam Memorial Hospital Authority, Guam Behavioral Health and Wellness Center (GBHWC), Guam Department of Labor, University of Guam, Guam Community College, Mayors' Council of Guam, Catholic Social Service, Sanctuary, Inc., Guam Legislative Committee Chairpersons, including but not limited to, the committees on Education, Health, and Human Services; private child care providers, and non-profit parent organizations.

Guam has an array of birth through five programs and services including the GDOE Guam Early Intervention System (GEIS) Part C of the Individuals with Disabilities Education Act (IDEA), Early Childhood Special Education (ECSE) Preschool Services Part B of IDEA Section 619, Head Start Program, Pilot Pre-Kindergarten, and Preschool Gifted and Talented Education (GATE); DPHSS Division of Public Health (DPH) – Project Bisita I Familia: Guam's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Kariñu: Guam's Early Childhood System of Care and Linking Actions for Unmet Needs in Children's Health (LAUNCH), Maternal Child Health, and Family Health Information Resource Center (FHIRC); and DPHSS Division of Public Welfare (DPW) – Child Care and Development Fund (CCDF) and Bureau of Social Services Administration Child Protective Services (BOSSA – CPS).

Figure 1: Guam Early Care and Education System



Guam currently delivers these programs through a variety of early learning settings. GEIS and ECSE Preschool provide services and supports for eligible children with disabilities in the natural environment (i.e., home, child care center) as well as classrooms specifically for children with Autism. The Head Start Program has 27 centers in 20 elementary schools located across the island. The Pilot Pre-K Program is in four elementary schools, one classroom in each of the four regions; and the Preschool GATE Program is located within nine elementary schools. Kariñu and Project Bisita I Familia provide evidence-based home visiting services in the home or at a location convenient for the families. CCDF provides subsidies for eligible families to send children to licensed child care centers and family day care homes that provide quality care in more than 40 locations. While there are some instances where programs work together to meet the needs of a family, in other instances the family is inundated with many service providers conducting home visits at various times during the week.

GUAM'S CONTEXT

The Physical Aspect of Guam. Guam is a rural, remote, multi-ethnic, and multicultural, multi-lingual unincorporated island territory of the United States (U.S.) located in the Western Pacific. Guam is located 3,808 miles southwest of Hawaii, east of the Philippines, and southeast of Japan. The land mass is approximately 212 square miles, making Guam the largest and most populated island in the Mariana Islands Chain, within the Micronesia geographic region. Guam is the closest landmass to the Marianas Trench, the world's deepest part of the Oceans ("Guam," 2020).

Guam is a very strategic military location and houses two major U.S. Military bases, Naval Station Guam and Andersen Air Force Base. The island is within missile range of North Korea and a potential target for terrorist activity. Guam's physical location in the tropics with proximity to the Marianas Trench and the Pacific "Ring of Fire" places it in a high seismic area prone to major earthquakes and super typhoons.

Guam is the economic and telecommunications hub of the Western Pacific and is the westernmost entity of the U.S. The island is geographically removed, predominantly rural, and a largely frontier territory of the U.S., which

has seen many opportunities for migration into U.S. soil by individuals from neighboring Micronesian island communities and Asian countries. Guam is demographically, linguistically, economically, and socially diverse.

The Economic Aspect of Guam. Guam's proximity to Asia and strategic location not only makes the military and related civil service spending a big contributor to the local economy, the location, tropical weather, beautiful beaches, and golf courses provide for tourism opportunities. In 2019, the tourism industry brought in over 1.6 million visitor arrivals (Guam Visitor's Bureau, 2019 Annual Summary Publication). Due to Guam's large tourism industry, and relatively short three-hour flight from Japan, and four- to five-hour flights from Hong Kong and the Philippines, Guam's proximity makes it an ideal U.S. location for travelers.

Due to the need to import essential goods, the cost of living in Guam is considerably high (U.S. Census Bureau, 2003). In December 2019, the fourth quarter Guam Consumer Price Index (CPI) was 132.9 (Guam Bureau of Statistics and Plans, 2019). The purchasing power of a dollar in Guam, indexed to the base year of 1996, is now worth just 55 cents (Guam Bureau of Statistics and Plans, Consumer Price Index, 2016). Guam's unemployment rate for March 2019 was 6.1%, while California's was 4.2% and the US overall was 3.5% (U.S. Department of Labor Bureau of Labor Statistics, 2019). The employment rate for Guam, as compiled in the 2010 Census, is 64% of the non-military, non-institutionalized population of residents ages 18-64.

Economically, Guam's per capita income for 2019 was reported at \$37,724 (retrieved from [https://trading-economics.com/guam/gdp-per-capita-current-us\\$-wb-data.html](https://trading-economics.com/guam/gdp-per-capita-current-us$-wb-data.html)). The economy of Guam is primarily dependent upon tourism and military spending, which clearly drive government revenues and publicly funded programs and services.

The COVID-19 pandemic has severely impacted the largely tourist-driven economy. With many local hotels and businesses shut down due to the global health emergency, many residents have lost their jobs or have been temporarily furloughed.

The Socio-Political Aspect of Guam. As an unincorporated territory, Guam is governed through the Organic Act passed by the United States Congress in 1950. Under this legislation, residents of Guam are citizens of the United States, like any state. The local laws of Guam are aligned with federal mandates enabling Guam to participate in "most" United States federal grants and aid programs. However, unlike most states, the geographic remoteness makes it more difficult and costly to ensure that the standards established for all Americans are provided in Guam.

With a reported 2010 U.S. Census total population of 159,358, Guam is slightly larger in population than the island of Maui, the second most populated island in Hawaii, while Maui is more than three times larger in land mass than Guam. Guam is the second largest of the U.S. territories in population, with Puerto Rico being the largest (Wikipedia, 2018).

According to the 2010 Census, Guam's 159,358 population is comprised of 59,381 Chamorro (indigenous people); 41,944 Filipino; 11,321 Caucasian/White; 11,230 Chuukese; 3,437 Korean; 2,563 Palauan; 2,368 Japanese; 2,368 Chinese; and 2,248 Pohnpeian residents. The remaining residents are from various other Pacific Islands, have two or more ethnic origins or races, or are of African American/Black or Hispanic heritage. More than 9% of the island's population (a total of 14,929 residents) reported that they are from two or more ethnic groups with 11,656 of these from Other Pacific Islands, including Native Hawaiian and other groups. The 2010 Census reports that nearly 71,000 residents speak a Pacific language. These languages include more than 25,000 speakers of Chamorro, more than 30,000 speakers of Philippine languages, and more than 14,000 speakers of other Pacific Languages. In addition, more than 9,000 residents report speaking other Asian languages, making Guam a truly linguistically and culturally diverse island.

Micronesian immigrants comprise a significant portion of Guam's population. Through the current U.S. Compacts of Free Association, citizens of the Federated States of Micronesia and the Republic of the Marshall

Islands (P.L. 108-188) and Republic of Palau (P.L. 99-658), who are citizens of their respective island nations, are afforded opportunities to move to Guam and become residents. Seeking better access to education, health, and community support, individuals from these Freely Associated States bring family members with disabilities to Guam, where a wider range of services and supports and medical treatment are available. In 2013 alone, 17,170 people migrated to Guam from the Freely Associated States (Guam Statistical Yearbook, 2016, p. 52), and migration continues steadily through today.

For FY2020 Medicaid reimbursements, Guam was awarded \$16.5 million, with a federal matching rate of 83% for the first quarter of 2020. Due to the expiration of the Affordable Care Act funding in 2018 and the passage of HR1865, Guam received an additional \$108.6 million for Medicaid reimbursements. The federal matching rate was increased to 89.2% due to the current Public Health Declaration. The Children's Health Insurance Program (CHIP) was funded at \$34 million for FY2020, with a federal matching rate of 99.6%. For many years, the Medicaid reimbursements were capped at \$16.4 million with a federal matching rate of 55%; and the CHIP at \$8 million. Guam can receive increases in its federal grant funds using the Medical Consumer Price Index for the Urban (MCPIU) formula. However, not all federal dollars can be expended if there is a lack of local matching funds. Because of the difficulties of covering expenses for basic mandatory sets of services, many services and supports that may be needed by children and their families are not covered. Guam residents are not eligible to receive Supplemental

Security Income (SSI). Guam's locally funded Medically Indigent Program (MIP) provides medical assistance to low-income families who do not qualify for Medicaid. Considered a payer of last resort, MIP provides a severely limited health care benefit package that does not include mental and behavioral health services. (J. Cruz, personal communication, August 6, 2020)

About one-third of all babies born on Guam are enrolled in the Medicaid program. Of those enrollees, an average of 33% received at least one Early Periodic Screening, Diagnosis and Treatment (EPSDT) screen over the last 3 years. The number of EPSDT clients who avail of this service is captured through the number of claims received and paid by the Bureau of Health Care Financing Administration, which administers the Medicaid program. The data reveals a significant lack of consistent follow up for subsequent screens and/or the visits are not coded correctly, and therefore, young children are not identified and/or provided services in a timely manner during this critical period of life. (J. Cruz, personal communication, August 6, 2020)

The high number of families living in poverty, an increasing homeless population that includes families with young children, limited access to health insurance, lack of adequate public transportation and affordable childcare, also create barriers to service.

Educational/Institutional Aspect of Guam. The Guam Department of Education (GDOE) is a single unified school district consisting of grades Kindergarten through 12. According to the School Year 2018-2019 GDOE Citizen's Centric Report, there were a total of 29,680 students enrolled from kindergarten through twelfth grade in 26 elementary schools, 8 middle schools, 6 high schools, and 1 alternate placement site. The student, professional, and staff populations in the public schools represent the diversity of cultures and languages that exist throughout the island.

Given Guam's status as a U.S. Territory, GDOE receives federal funding for several programs including support from the Administration for Children and Families for the implementation of a Head Start Program. As of September 2019, there are 534 children participating in Head Start programs (children 3 and 4 years old) in 27 centers located in 20 elementary schools. Guam currently does not have an Early Head Start Program, which decreases the number of families who receive evidence-based home visiting services.

Guam's context, the physical, economic, socio-political, financial, and educational aspects of Guam, presents continued challenges for effecting critical changes in Guam's Early Childhood Comprehensive System (ECCS).

Although Project Tinituhon: Guam's ECCS ended in 2017, the initiatives implemented with focus on the four critical components of early childhood systems development support the physical, social, emotional, and cognitive needs of Guam's youngest assets through the Guam Early Learning Council (GELC) workgroups: (1) Early Promotion, Prevention, Identification, and Education (EPPIE); (2) Social Emotional Wellness; (3) Early Learning; and (4) Family Engagement.

DEFINITION OF KEY TERMS

Quality Early Childhood Care and Education (ECCE)

Quality ECCE is defined as safe and healthy learning environments in compliance with the Americans with Disabilities Act and which support staff in acquiring or increasing the knowledge and skills to promote positive nurturing relationships, interactions, and activities that are culturally responsive and help all children's growth and development to prepare them for school entry. Quality ECCE promotes collaboration with parents and caregivers to engage children in learning, provides the necessary training and education for both staff and parents to be able to interact with children who have social, emotional, and behavioral concerns or challenges, and utilizes age-appropriate curricula.

Early Childhood Care and Education Availability

ECCE availability means parents have options for enrolling their child(ren) birth to five years in child care that is accessible, affordable, and supports children's development and meets the needs of both the parents and the children. Options should include non-traditional child care such as friends and family/relative care, child care cooperatives, and village-based child care groups in addition to licensed center-based facilities.

Vulnerable or Underserved/Underrepresented Children

The Guam PDG added underrepresented children to this key term. Children in need of special care, support, or protection because of age, disability, or various risk factors including but not limited to poverty, low parental education, and experience one or more adverse childhood experiences (ACEs) such as:

- abuse (emotional, physical, sexual);
- household challenges (mother treated violently, substance abuse in the household, mental illness in the household, parental separation or divorce, incarcerated household member); and
- neglect (emotional, physical).

The Guam PDG B-5 defines vulnerable and underserved families with young children as low income, economically disadvantaged, history of child abuse and/or neglect, domestic violence and substance use, low student achievement, developmental delays and/or disabilities, English language learners, homeless, foster care and/or wards of the state, and at-risk of poor outcomes.

Children in Rural Areas

The U.S. Census Bureau defines the entire island of Guam as a rural territory. The Guam PDG recognizes the need to focus this definition to the most rural areas located in the Dededo and Yigo villages, specifically Okkodo Pipeline, Gil Baza subdivision, Gil Breeze, Dollar Homes, Zero Down, GHURA housing, Swamp Road, and Nevermind Road. These areas lack the necessary infrastructure such as power, water, or both and may not be easily accessible.

Early Care and Education

The ECCE System provides services that are accessible, comprehensive, integrated, and responsive to diverse cultures and is developed in collaboration with parents and community partners. This is achieved by the authentic engagement of parents, service providers, and community partners doing the work together and coalescing around the issues addressed in the needs assessment, and identify actionable steps that result in the following 5 outcomes: 1) Alignment of programs, services and support that are accessible and available to all

children and families and especially for low income and disadvantaged; 2) Improved program quality by building capacity of parents, service providers and community partners through professional development training at each level / or tier that encompasses coaching to support the implementation of evidenced based practices to its fidelity; 3) Deepening family engagement by increasing families' awareness, access to high quality programs, implementing two-generational activities, and enhancing families' opportunities to engage; 4) Providing successful transition experience through cross agency partnerships and engage families and children in activities that promote school readiness to elementary school; 5) Expanding Guam's ChildLink Data System to capture unduplicated numbers of children receiving an array of services, annual performance of state identified indicators / measures, identifying strengths, gaps, opportunities, and threats.

Family Engagement and Involvement

The Guam PDG Team also finds it pertinent to define Family/Parent Engagement and Parent Involvement as it pertains to ECCE Systems. To ensure a uniform definition when referring to parent, the PDG Team compiled definitions of parent from the ECCE programs and reviewed the definition in the framework for Early Childhood Systems that was developed by the National Center on Parent, Family, and Community Engagement, and determined that for the purposes of this document and going forward, parent refers to all adults who interact with early childhood systems in support of their child, including biological, adoptive, and foster parents; grandparents; legal and informal guardians; and adult siblings (retrieved from Parent, Family, and Community Engagement Framework for Early Childhood Systems, https://childcareta.acf.hhs.gov/sites/default/files/public/pfce-framework_for_ec_systems_final_508.pdf)

Family/Parent Engagement refers to an interactive process of relationship-building between early childhood professionals and families that is mutual, respectful, and responsive to the family's language and culture. Engagement in the early years prepares families to support their children's learning throughout their school years and support parent/family-child relationships that are key to healthy child development, school readiness, and well-being. See related: Parent/Family Involvement.

Family/Parent Involvement refers to active parent/family participation in a child's care and education. To increase parent involvement, child care providers will typically identify projects, needs, and goals and let parents know how they can contribute. Parental involvement is often measured by metrics related to attendance at school meetings, events, and parent-teacher conferences; or by volunteering or serving on a school committee. See related: Family Engagement.

FOCAL POPULATIONS FOR THE GRANT

The Guam PDG B-5 will focus its efforts on vulnerable and underserved families with young children who are low income and economically disadvantaged; have a history of child abuse and/or neglect, domestic violence and substance use; low student achievement; developmental delays and/or disabilities; English language learners; homelessness; foster care and/or wards of the state; and are at-risk of poor outcomes.

Islandwide Data Report of Risk Indicators: Poverty

Definition: Poverty is generally defined as the members of the population living below the Federal Poverty level (FPL). Poverty rating is often included in various data as a variable for an "at-risk" community.

Data Source: Data on poverty was collected from the DPHSS, Division of Public Welfare. The population projection data by election district 2010-2020 was based on the 2010 Census of Guam, Population and Housing, published in the 2018 Guam Statistical Yearbook.

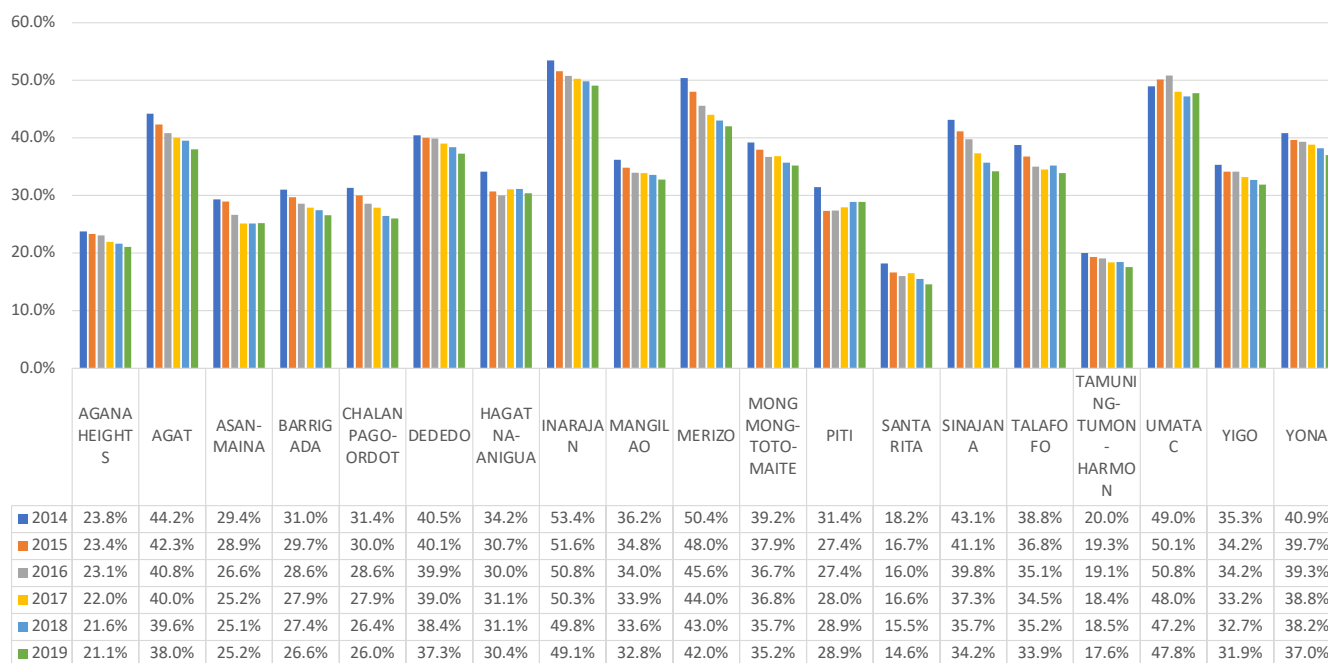
Determining Rates: The percentage for this indicator was obtained by dividing the number of participants below the FPL enrolled in public assistance benefits by the total population by village for 2014-2019.

The following public assistance benefits discussed include:

- Supplemental Nutrition Assistance Program (SNAP) – Supplemental Nutrition Assistance Program (SNAP) - SNAP is a federal program that offers nutrition assistance to low-income individuals and families and provides economic benefits to communities. While funding for the administration of SNAP is shared equally by the federal and local government, the SNAP benefits provided to recipients are 100% federally funded. It is the largest program in the domestic hunger safety net.
- Cash Assistance Program (CAP) – Cash Assistance Program (TANF, OAA, APTD, AB, GA) Temporary Assistance for the Needy Families (TANF) is a 100% federally funded program that provides assistance to needy families with children and provides parents with job preparation, work placement assistance, and support services to enable them to leave the program and become self-sufficient. Old Age Assistance (OAA), Aid to the Permanently and Totally Disabled (APTD), and Aid to the Blind (AB) are 75% federally and 25% locally funded program while General Assistance (GA) is 100% locally funded.
- Medicaid and Medically Indigent Program – provides medical assistance to low-income families and individuals. Benefits administration of this program is under the Bureau of Health Care and Financing Administration (BHCFA).

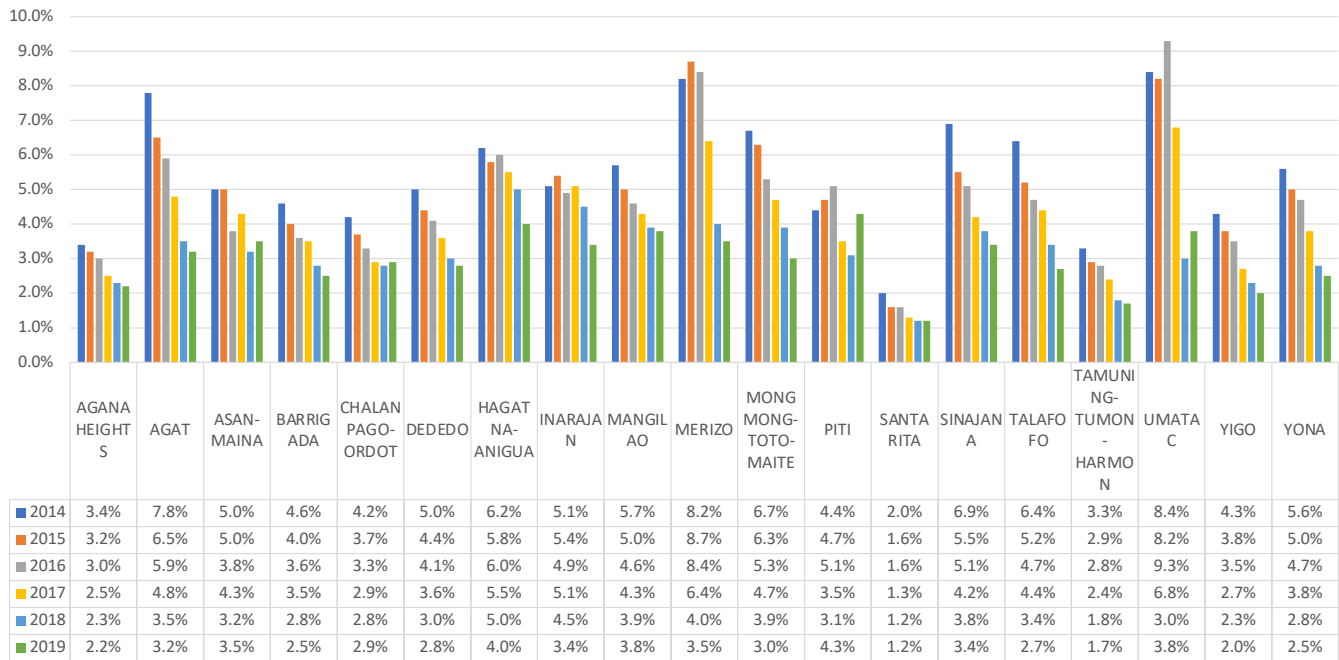
Interpretation: Based on graph 1 below, the villages that reported receiving SNAP benefits 35% or greater of the population include Agat, Dededo, Inarajan, Merizo, Mongmong-Toto-Maite, Yona, and Umatac.

Graph 1: Percent of Eligible SNAP Participants by Village 2014-2019



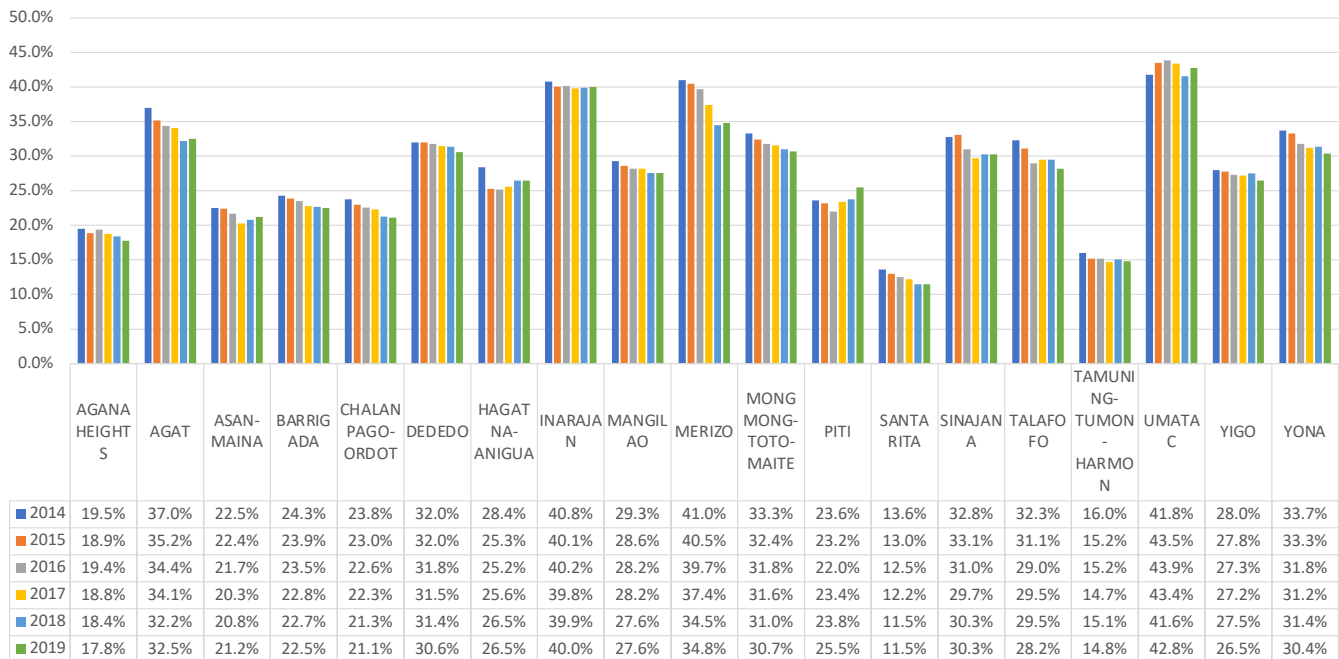
Graph 2 below shows the percentage of recipients that receive CAP benefits by village. The village of Hagatna showed where 5% or greater of the population access CAP benefits in five of the six years, followed by the villages of Merizo and Umatac at four of the six years.

Graph 2: Percent of Eligible CAP Participants by Village Population 2014-2019



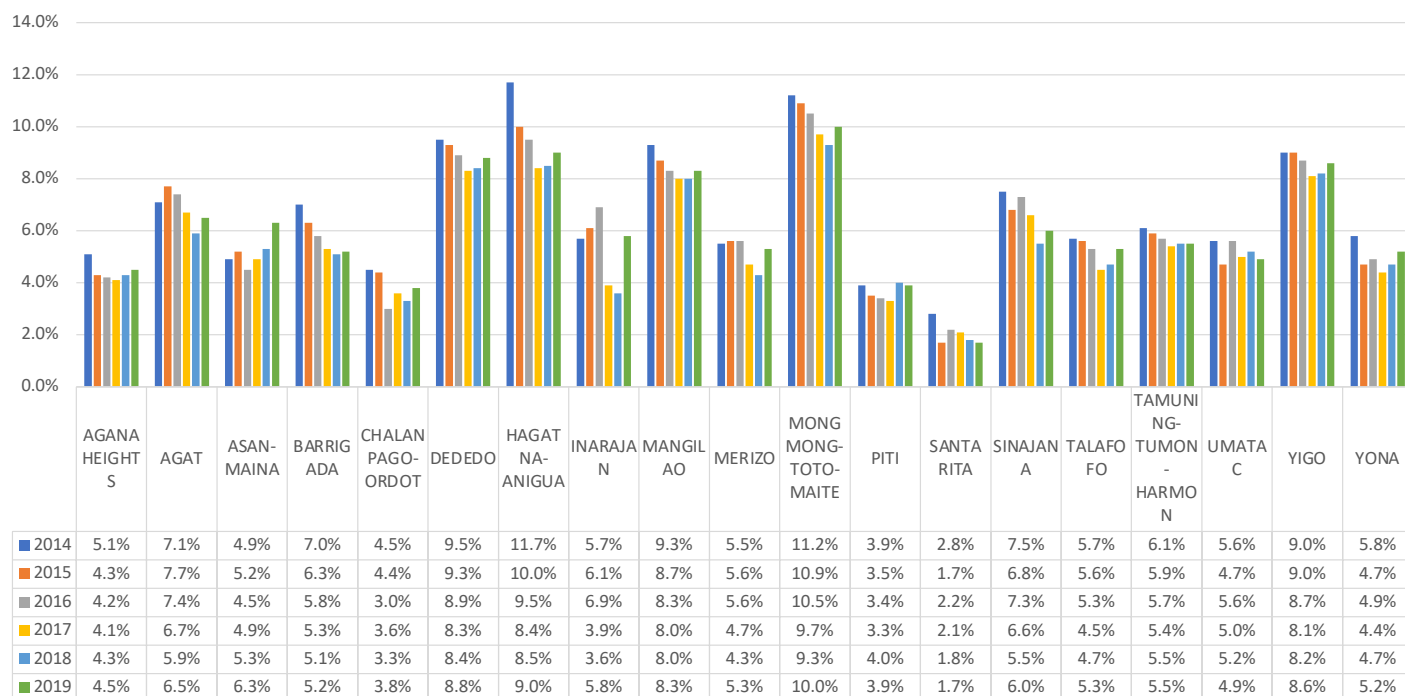
Graph 3 below shows the percentages of individuals that receive Medicaid benefits. The stakeholders reviewed the data and identified the eight villages that have 30% or greater of its population enrolled in Medicaid. These villages include Agat, Dededo, Inarajan, Merizo, Mongmong-Toto-Maite, Umatac, and Yona.

Graph 3: Percent of Eligible Medicaid Individuals by Village Population 2014-2019



Graph 4 below shows the percentages of individuals that receive MIP benefits. The stakeholders reviewed the data and identified the five villages that have 8% or greater of its population enrolled in MIP. These villages include Dededo, Hagåtña, Mangilao, Mongmong-Toto-Maite, and Yigo.

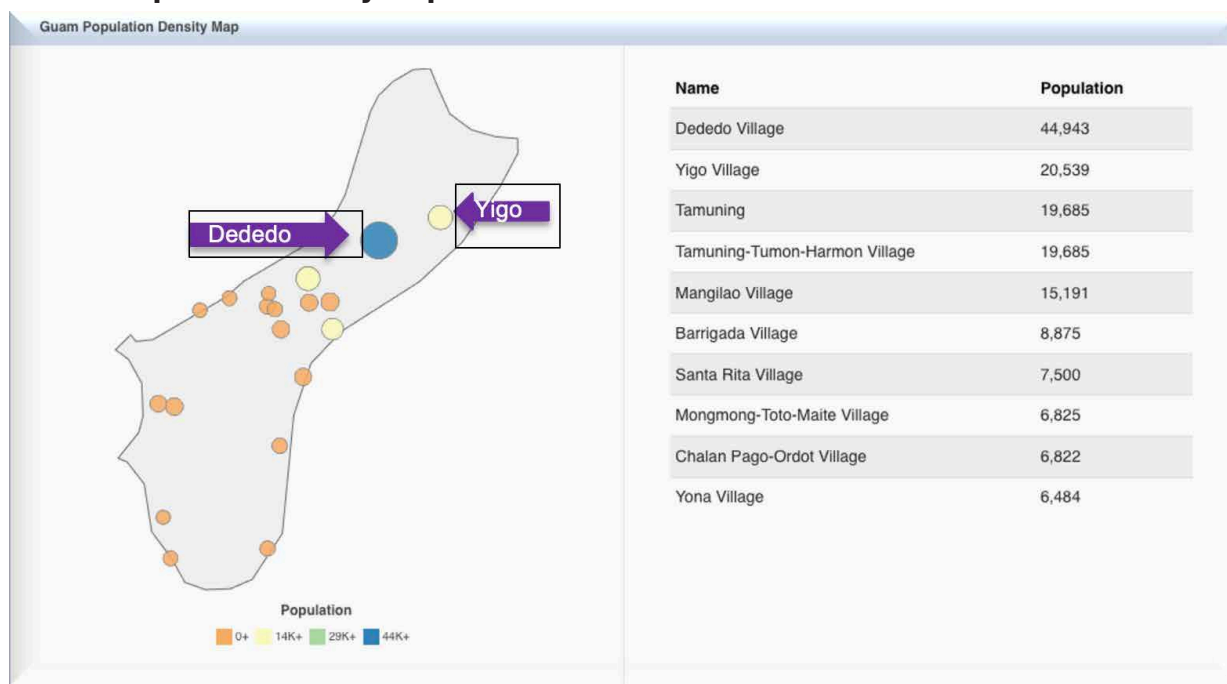
Graph 4: Percent of Eligible MIP Individuals by Village Population 2014-2019



Stakeholder input revealed the following: (1) The data show that there are more families from Dededo and Mongmong-Toto-Maite receiving SNAP, Medicaid, and MIP. The villages of Merizo and Umatac with a high number of eligible residents receiving SNAP, Medicaid, and CAP. (2) Another factor affecting poverty is the lack of transportation where families do not own or have access to a vehicle and/or public transportation is difficult to access. (3) One is likely to suppose that larger populations correlate with higher numbers in poverty; however, smaller villages like Mongmong-Toto-Maite, Mangilao, Barrigada, and Yona show significant levels of poverty. There are low-rent housing units in some of those same villages which may explain why the numbers are significant. (4) The ethnic groups that are in those villages may be another factor to explore. There are more FSM families migrating to Guam in the last four years and where they reside may explain the unusual presence of poverty in less populated villages. (5) The rate of unemployment decreased in 2019, which may correlate to less of the population needing public assistance as well as a decrease in the number of school dropouts and an increase in the number of employed residents for the same year.

The largely rural areas, which lack infrastructure for power, water, or both, or contain homes which are considered substandard are in Dededo with Gil Baza, Gil Breeze, and Zero Down subdivisions located in Yigo also determined to lack infrastructure. Dededo is the most populated village with approximately 44,943 residents, followed by Yigo with approximately 20,539 residents (Figure 2: Guam Population Density Map, retrieved <https://worldpopulationreview.com/countries/guam-population>).

Figure 2: Guam Population Density Map



Strengths and Weaknesses of the Data

The basic demographic data currently available on population is derived from the 2010 U.S. Census. The most current Guam Statistical Yearbook, which was published in 2019, uses the 2010 Census data. Race and ethnicity data is not broken down by age group or individual village population. Since the U.S. Census definition of rural area encompasses the entire territory, it is difficult to pinpoint which ethnic populations residing in Guam are at most risk for poor outcomes.

NUMBER OF CHILDREN BEING SERVED AND AWAITING SERVICE

Number of Children Being Served

Table 1 below shows the local early childhood programs, their current enrollment, and availability of services. Each program is broken down by funded enrollment, area served, and number of children served vs. the maximum allotted by funding. The data shows that two of the seven programs are not serving the maximum allotted by funding. Several programs lack staff to the maximum allotted or lose staff to due to relocation or higher paying jobs. Five of the seven programs have eligibility requirements, which include Project Bisita I Familia, Guam Early Intervention System, Early Childhood Special Education Preschool, Head Start, and GATE Preschool. Kariñu serves all children who need services and supports. The Pilot Pre-Kindergarten Program enrolls children on a first come-first served basis.

Table 1. Guam Early Childhood Programs

Early Childhood Programs: Description	No. of Children Served Vs. Maximum Allotted By Funding						
	Funded Enrollment	Area Served	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Project Bisita I Familia <u>Description:</u> Families receive intensive home visiting services at least once a week on positive parenting and child development, health, and safety. For pregnant women under age of 21 or pregnant and have risk factors and parents with newborn less than 3 months old and have risk factors: Low income, substance abuse, tobacco user, low academic achievement, developmental delays, challenges in positive parenting, military families. (*) Based on # Home Visitors x 15 maximum case load	\$1,000,000	Villages: Mangilao, Dededo, Yigo	7 44 Slots*	23 57 Slots*	57 60 Slots*	50 47 Slots*	78 90 Slots*
Guam Early Intervention System (GEIS) <u>Description:</u> Provide early intervention services for infants and toddlers with and/or at risk for disabilities birth through 2 years of age and their families. (*) Based on 2010 Census of total number of infants and toddlers 8690. (**) Based on US National Average	\$1,520,218	Islandwide	185 or 1.85%*(*) 2.95% or 256 slots (**)	131 or 2.15% 3%(**) or 260 slots	108 or 1.66%*(*) 3.12%(**)	137 or 1.31% 3.25%(**)	154 or 1.65%*(*) 3.26%(**)
Kariñu/LAUNCH <u>Description:</u> Services and support for young children birth to 8 years and families with young children with social, emotional, and behavioral concerns.	\$800,000	Islandwide	No data provided	64	19	167	86
Head Start <u>Description:</u> For children 3 to 5 years of age and their families who are income eligible, foster, TANF, or have disability. Children with high risk.	474 slots Federal Funded 60 slots Local Funded	Islandwide	534	534	534	534	534

Department of Education (DOE) Pilot Pre-Kindergarten <u>Description:</u> Children age 4 by July 31. Supports and enhances young children's development through a high-quality early learning experience, which will prepare them to enter kindergarten ready to learn and lay the foundation and/or school readiness indicators. *18 children x 4 school sites = 72 maximum per year	\$352,876	24 Elem. Schools: Finnegan, JQ San Miguel; Marcial Sablan	N/A	72	72	72	72
DOE: Early Childhood Special Education (ECSE) <u>Description:</u> Children 3 years to 5 years old with disabilities.	Funding not available	Islandwide	171	159	165	167	149
DOE: Pre-Kinder Gifted & Talented Education <u>Description:</u> GATE pre-kindergarten program is designed for gifted four-year-old children and provides a balance between acceleration and enrichment activities that meet students' physical, social, emotional, and intellectual needs.	Funding not available	9 Elem. Schools: LBJ (2) Price (2); Machananao; MU Lujan; Truman; Carbullido	126	126	126	126	126

Project Bisita I Familia, Guam's Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

Guam's MIECHV Program is locally known as Project Bisita I Familia (in the Chamorro language meaning, "to visit the family"). Project Bisita uses the Healthy Families America evidence-based home visiting model to provide services for pregnant women and families with young children at high risk for poor outcomes. The program is intended to support the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting service to eligible families. Project Bisita's priority criteria for enrollment are maternal age less than 21 years, low maternal education, and low income. The program also serves pregnant women and families with young children at increased risk for maltreatment due to prior involvement with the child protective system or history of mental health issues.

The program ensures highly qualified staff provide families residing in the villages of Dededo, Yigo and Mangilao, all identified as at-risk communities based on the 2010 Needs Assessment, with home visiting services on a voluntary basis with the option to discontinue services at any time. Through home visiting, home visitors build partnerships with families and work together to improve their overall health and development prenatally and after birth, prevent child injuries, child abuse, neglect, or maltreatment, improve overall early childhood development to ensure school readiness and achievement, reduce domestic violence, improve family economic self-sufficiency, and provide the coordination and referrals for other community resources and supports. Project Bisita collaborates

with other early childhood programs to improve the coordination and referrals for other community resources and support. With effective delivery of services, families of Project Bisita show improvement in the health and development of their children, as well as an increase in parental involvement and stronger family relationships.

Project Bisita offers its families the following: 1) parent education and training, 2) life skills workshops, 3) family bonding and networking activities, and 4) prevention and educational resources on parenting, child development and health using the Parents as Teachers (PAT) foundational curriculum. These activities and materials provide additional positive parenting support to families. Project Bisita staff often collaborate with other early childhood programs to provide these activities and trainings.

Guam Early Intervention System (GEIS)

GEIS provides early intervention services for infants and toddlers birth to three years with or at risk for developmental delays or disabilities as indicated in Part C of the Individuals with Disabilities Education Improvement Act (IDEA). GEIS works in partnership with families in the implementation and monitoring of evidenced based models to ensure children and families receive high quality coordinated services that would support their child's overall development. GEIS has fully implemented Routines-Based Interview (RBI) and the Early Childhood Coaching Model. These two evidence-based models support the development of the child as well as recognize what parents are already doing to support their child's learning and development.

Kariñu

Kariñu ("Loving our Babies" in Chamorro) family partners provide enhanced home visitation services using either the PAT foundational curriculum, the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Pre-K Parent {Positive Solutions for Families} modules, or a combination of both curricula. Enhanced home visitation services were primarily delivered in families' homes until 2018 when the program was met with transportation challenges and safety issues. Families were given the option to continue home visitation services at the Northern Region Community Health Center (NRCHC).

Guam Head Start Program

The Guam Head Start Program provides comprehensive services to 534 children ages three to five years and their families, with priority given to preschoolers who will be entering Kindergarten the following year. The Head Start Program is under the Guam Department of Education and the Head Start Classrooms or Centers are part of most Elementary schools in Guam.

The Guam Department of Education (GDOE) is the grantee for the program. Health and Human Services, Administration for Children Youth and Families, Office of Head Start program provides much of the funding with the Department of Education ensuring a level of effort of 20% of the grant award.

The Guam Education Policy Board (GEPB) is the Governing Body for the program and works with the Parent Policy Council in shared decision making and discussion in the planning of the program. The Guam Department of Education Head Start Program strives to provide comprehensive services for eligible children and families. The more knowledge and understanding the families have regarding issues and concerns, the better they can advocate for themselves and their families.

The Guam Head Start Vision is that "All children and families will receive services respectful of their differences, which allow them to reach and go beyond their life goals and become stronger voices for their families, their children, and themselves" (May 2017).

Pilot Pre-Kindergarten Program

The Guam Board of Education passed a resolution to implement the Pilot Pre-K Program in September 2014. The program is voluntary and currently available in four schools across the island, one per district. Each participating school will have four preschool classes with 18 children, one teacher and one instructional aide in each class.

The Pre-K program utilizes the Guam Early Learning Guidelines (GELGs) for young children ages three to five years. The GELGs focus on five different areas—physical development, health and safety; self-concept and social-emotional development; cognitive development; communication, language development and literacy; and creative development.

Early Childhood Special Education Preschool Services

The Early Childhood Special Education (ECSE) Services is designed to provide services to children ages three to five years who have been identified as having developmental delays or identified in another disability category under IDEA Part B. These children usually have difficulties in two or more of the developmental areas of speech, language, cognition, self-help, personal, social, gross motor, or fine motor skills. The services also are included for children with hearing, vision, or physical disabilities.

ECSE Services are provided by preschool teachers and related service providers. These services are provided in different settings. Some services are provided in “natural environments” or ‘typical’ settings, such as in the home, daycares, or other community settings where other children are at.

ECSE Services are also provided in ‘typical’ early childhood programs, such as Head Start, Pre-Kindergarten and other preschool programs, with the aim in supporting the student’s participation and access to the general curriculum, while addressing their individual needs. These ‘typical’ programs provide peer models (peers without disabilities) who will also learn about other children with disabilities and accepting differences, as well as familiarities amongst each other.

ECSE Preschool also has preschool classrooms specifically geared toward children with Autism with typically developing children in the classes.

GATE Pre-Kindergarten

The GATE Pre-Kindergarten program provides daily sessions at seven (7) elementary schools on the island. Children who are four years of age by July 31 of each school year are eligible to be considered for the program. Public Law 14-45 passed in 1977 mandates the gifted education Pre-K program.

The curriculum of this program is specifically designed for four-year-old gifted children. It is meant to be a well-rounded program to meet their physical, social, emotional, and intellectual needs without pressure and unnecessary structure. It is meant to be a balance between acceleration and enrichment activities. It is not intended to replace kindergarten. Its intentions are to allow the children to function at all levels at which they are ready, while providing them with a background of experiences that will help them to be eager and effective learners.

The GATE Pre-K program is a one-year program. At the end of the Pre-K year the children will return to the school in their district and must re-qualify for the GATE Elementary Program once in kindergarten.

Health Care Services

More than 60% of children on Guam five and under are enrolled in Medicaid. Based on historical testimony from parents receiving services from ECCE programs, families access healthcare services only in emergent situations for several reasons such as inability to get medical appointments within the preauthorization period, lack of medical professionals who accept Medicaid, and/or lack of transportation. Table 2 below shows that more than 60% of children birth to five years are enrolled in Medicaid.

Table 2: Children Enrolled in Medicaid

	2015	2016	2017	2018	2019	2020
Under 1 year	3082	2968	2909	2928	2860	2412
1 year	1817	1713	1644	1641	1591	1485
2-3 year	3321	3323	3283	3190	3143	2990
4-5 year	3152	3063	3088	3131	3099	2947
TOTAL	11,372	11,067	10,924	10,890	10,693	9834
Percentage	80%	77%	76%	76%	75%	69%

**Percentage based on the total population of children birth to five years from the 2010 Census*

Source: DPHSS Division of Public Welfare, Bureau of Health Care Financing Administration

Table 3: Children Enrolled in MIP

	2015	2016	2017	2018	2019	2020
Under 1 year	148	150	143	124	145	118
1 year	136	122	92	129	128	85
2-3 year	284	267	177	193	263	243
4-5 year	281	277	224	223	218	235
TOTAL	849	816	636	669	754	681
Percentage	6%	6%	4%	5%	5%	5%

**Percentage based on the total population of children birth to five years from the 2010 Census*

Source: DPHSS Division of Public Welfare, Bureau of Health Care Financing Administration

Guam also has the Guam Medically Indigent Program (MIP), which is a 100% locally funded program established by Public Law 17-83 to provide financial assistance with health care cost to individuals who meet the necessary income, resource, and residency requirements. MIP is available for individuals who reside in Guam for no less than six months and are not eligible for Medicaid or Medicare coverages. Table 3 above shows that less than 10% of the birth to five years population utilize MIP.

Special Supplemental Nutrition Program for Women, Infants and Children

According to the USDA “the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children up to age five who are found to be at nutritional risk.” Table 4 below shows the number of pregnant women and children birth to five years who received WIC benefits.

Table 3: Women, Infants, and Children Receiving WIC

	2015	2016	2017	2018	2019	2020
Number of Pregnant Women	308	388	432	443	278	278
Number of Infants - 0 months to 11 months old	1271	1230	1647	1587	1435	1435
Number of Children - 1 yr. old to 5 yrs. old	2049	2841	3593	3609	3568	3522
Total number of children birth to 5 years	3320	4071	5240	5196	5003	4957
Percentage	23%	28%	37%	36%	35%	35%

**Percentage based on the total population of children birth to five years from the 2010 Census*

Source: DPHSS Division of Public Welfare, Bureau of Nutrition Services

Number of Children Awaiting Service

The seven early childhood programs do not currently have children on a waiting list. Part C (GEIS) and Part B (ECSE) utilize pending lists. Children are placed on a pending list if there is a delay from parents who want to wait, a need to gather additional information, inability to locate parents, or a shortage of staff. Project Bisita does not use waiting lists as outlined by the home visiting model. The remaining programs on the above table do not have waiting or pending lists.

Limitations of the Data

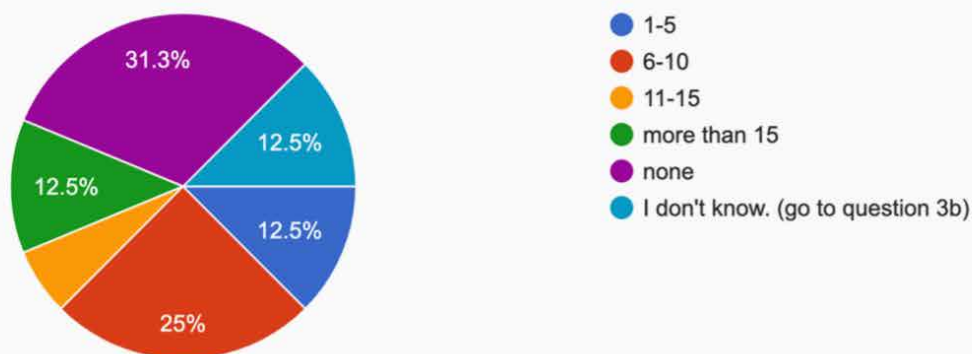
Guam currently does not have a mechanism for tracking the unduplicated number of children being served by early childhood programs. Programs that use databases have proprietary systems that track data specific to program requirements. While four programs currently use the Guam ChildLink data system (Project Bisita I Familia, Kariñu, the Family Health Information Resource Center, and the Guam Early Hearing Detection and Intervention (Guam EHDl) Project) it is not an interoperable system that shares information among programs.

The Guam PDG Team conducted a survey with Early Childhood Program service providers. Sixteen participants responded. One of the questions asked participants if they were aware of whether their families were receiving services from another EC program. Graph 5 below shows the responses of 16 service providers who are aware of the services their families receive from other EC programs. It does not seem that it is a standard practice across all EC service providers to know how many other services a family receives, which could also account for the lack of collaboration across EC programs who serve the same families.

Graph 5: Children Receiving Multiple Services

3a. Of the number of children who you serve through your program, how many of them receive services from another Early Childhood Program?

16 responses



Source: DPHSS Guam PDG B-5 Service Provider Survey

The survey also asked if the service providers collaborate with the EC programs with which their families receive services. Of the respondents that are aware of their families receiving multiple services, 11 collaborate with other EC programs to provide services and supports to decrease the number of visits the family received.

QUALITY AND AVAILABILITY

According to the National Vital Statistics Reports, 3,041 babies were born on Guam in 2019. These babies were born at Guam Memorial Hospital Authority, Sãgua Mañagu, and Naval Hospital. The 2010 Census reported a total of 14,289 children under age five live on Guam.

Table 5: Children Enrolled in Early Childhood Programs

Early Childhood Program	Number of Settings	Number served	Percent of children served
Child Care Centers	44	975 (February 2021)	7%
GEIS	1	141 (December 2020)	<1%
ECSE	4	88 (December 2020)	<1%
Head Start	27	534	3%
Pilot Pre-K	4	72	<1%
Pre-K GATE	9	126	<1%
Total	89	1936	14%

*Percentage based on the total population of children birth to five years from the 2010 Census

Source: DPHSS Division of Public Welfare, Bureau of Economic Security, Child Care Development Fund

Table 5 above shows that 14% of children five years and under are currently enrolled in early care and education programs. The 2010 US Census reported 14,289 children birth through five years living on Guam. The total capacity for all 44 active child care centers is 2,796 children. Due to the current COVID-19 global pandemic and social distancing restrictions, only 975 or 35% of available capacity is being utilized.

The Child Care Development Fund (CCDF) currently provides child care subsidy for 7,450 children ages birth to five years and afterschool care for eligible families. Table 6 below shows the breakdown the number of children receiving subsidy by age group in months.

Table 6: Children Birth to Five Years Receiving CCDF Subsidies

	0-11m	12-23m	24-35m	36-47m	48-59m	TOTAL	Percentage
2015	569	1054	1752	1795	1497	7117	50%
2016	1134	1814	2142	2075	1809	8974	63%
2017	1097	2068	2099	2154	1951	9369	66%
2018	658	1420	1861	1855	1850	7644	53%
2019	640	1249	1780	1879	1617	7165	50%
2020	524	1222	1545	1621	1517	6429	45%

**Percentage based on the total population of children birth to five years from the 2010 Census*

Source: DPHSS Division of Public Welfare, Bureau of Economic Security, Child Care Development Fund

PROGRAMS/SERVICES AND MAXIMIZE PARENTAL CHOICE

As mentioned in Table 1, children are receiving services from early childhood programs. However, some families do not avail of services and supports for several reasons. These reasons include:

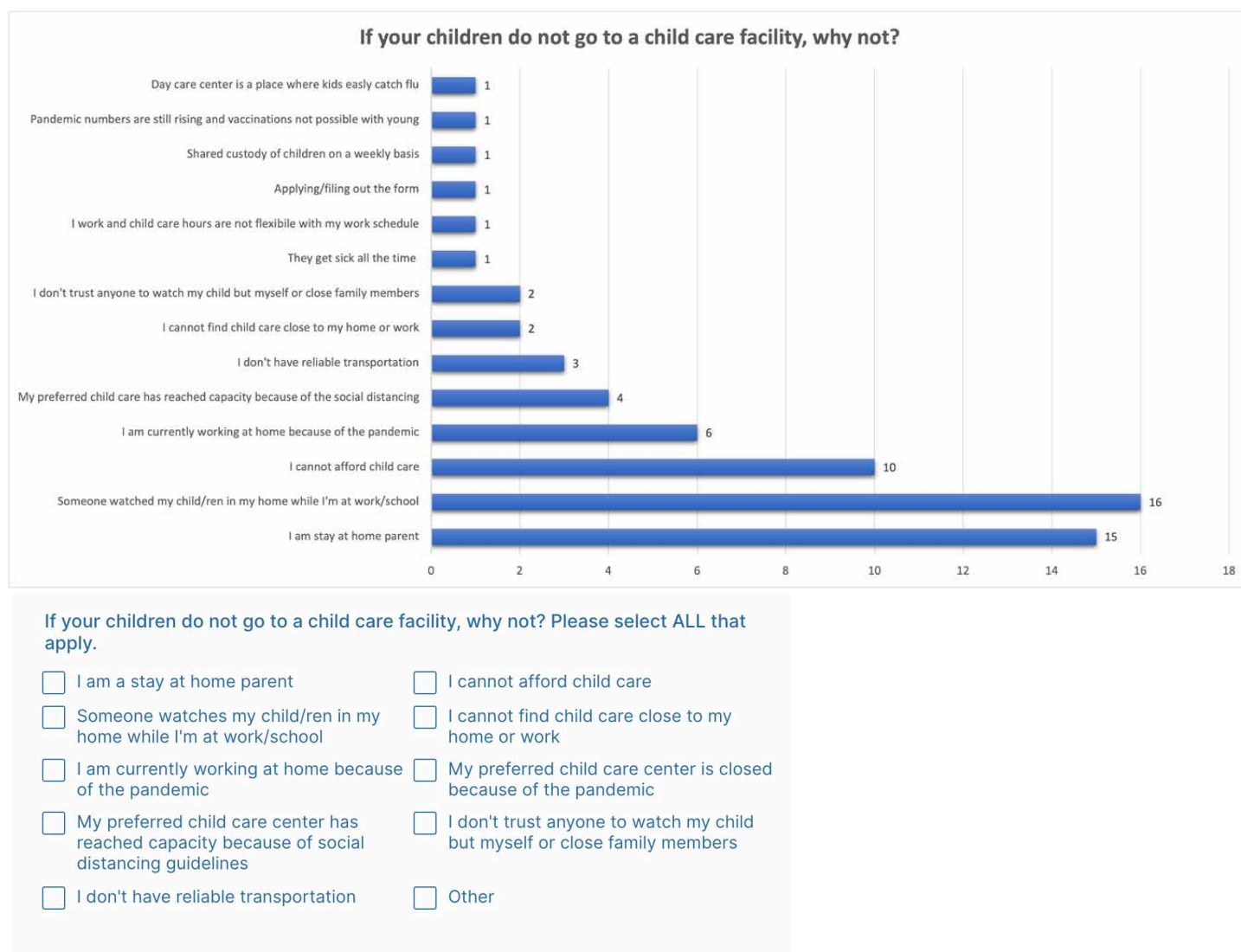
- Parents work standard business hours (8am to 5pm M-F).
- Parents are not comfortable with having people in their home.
- Parents just do not want the service.
- Receiving services is not currently a priority for the family.
- The child has a medical condition that requires attention.
- The program is not flexible enough to work with the parents.
- Parents do not give a reason.
- Parents are unaware their child needs services.
- The family is not concerned with their child's development.
- Some families had a bad experience in the past when trying to get the help they needed.
- Parents prefer to monitor their children on their own.

While some early childhood programs can make accommodations to offer services outside of standard business hours, not all do. In a survey conducted with early childhood service providers, 10 respondents said their programs were flexible with visits or services outside of standard business hours; 7 said no. Some accommodations that are made include meeting with parents during lunch breaks, weekends, or after 5:00pm; through WhatsApp or telephone calls; and encourage parents to utilize Government of Guam Parental Leave if they are government employees.

Parent Input

Several input sessions were conducted with parents with children who receive services and parents whose children received no services. In addition, a parent input survey was conducted via electronic format. The survey was also conducted face-to-face with some families residing in Gil Baza Subdivision. While the COVID-19 pandemic has significantly decreased the number of children enrolled in child care facilities due to social distancing restrictions and parents working from home, parents have reasons for not sending their children to day care. In graph 6 below parents who responded to the survey had someone to watch their children at home while they were at work or school or was a stay-at-home parent. Other respondents said child care was not affordable.

Graph 6: Reasons for Keeping Children at Home



Source: DPHSS Guam PDG B-5 Parent Survey, 2021

Parents also shared during input sessions that the lack of child care centers open outside of standard business hours prevent them from utilizing such services. Most center-based facilities are open 7:00am – 6:00pm Monday through Friday leaving parents who work swing or graveyard shifts without child care options. Ten of the 44 active centers are open on Saturdays. Three of the 44 centers offer night care up to 11:00pm or 12:00am.

Financial support for middle class families and ECCE providers is critical. Other reasons include not meeting the income eligibility for child care subsidy because their income is above the threshold. Many middle-class families cannot afford child care tuition even with two incomes contributing to the household expenses.

Families need help navigating ECCE services. They need to know what services and supports are currently available. Information that is available is not accessible or lacks clear instructions. Forms and applications need to be simplified. The same can be said about services and supports for children with special needs. More specialized services are needed with certified and licensed specialists to provide interventions for young children.

Aside from knowledge of available services and supports for children, lack of transportation is still a critical need for some families. The local mass transit services are not reliable in some areas of the island or take a significant amount of time to navigate. The lack of transportation decreases the ability for families to enroll their children in the Pilot Pre-Kindergarten Program or ensure that immunizations are up to date.

Families need to know the importance of early care and education for young children and how it impacts school readiness. The lack of available programs to service the birth to three population impacts school readiness for children. Coupled with the lack of birth to three programs is the lack of online access for all early childhood programs and supports, especially access to appointments to avail of services. The COVID-19 global pandemic has exacerbated the long wait times and/or inability to schedule appointments to get information about said services. For example, families who qualify for child care subsidy must take leave from work or school to continually submit proof of eligibility monthly. The time off from work may result in lost wages for the parent.

There is limited or no access to early childhood programs for vulnerable and underserved/underrepresented families due to language barriers and lack of transportation. Programs that currently provide services and supports for families with children birth to five years utilized available resources such as employees who speak a language other than English (e.g., Chuukese or Tagalog), or translation software such as Google Translate (e.g., Russian).

Children who are currently wards of the state and under the care of Child Protective Services who are housed in group care homes are not eligible for child care subsidy. Since the same law that governs group care homes also govern the center-based facilities, these children cannot be placed in center-based facilities because of how the Guam law is written. Changes will need to be made to the current law to make an exception for wards of the state.

Policies need to be developed to ensure that children with disabilities are not denied access to any services, including but not limited to child care and other services and supports available to typically developing children. Parents have shared that they have been asked to leave or have been turned away from child care centers because their child's needs sometimes require one-on-one assistance. Child care providers also need training programs to learn how to assist and support children with special needs. These providers also need to work more collaboratively with early childhood service providers and programs to identify children with special needs and provide intervention services.

Early childhood providers have voiced the need for training to support social emotional wellness for themselves and the children for whom they care. They have also requested training on trauma-informed care and ongoing coaching and mentoring as the strategies are implemented.

Foster families find the lack of a one-stop center for information and application of services for their foster children. The processes need to be streamlined as they must go to multiple places to ensure they receive the services and supports for their foster children.

Current and Future Initiatives to Maximize Parental Choice

Guam early childhood programs currently use the islandwide Developmental and Behavioral Screening System (iDBSS) as part of their standard protocol. The iDBSS was updated in 2021 to include the "Learn the Signs. Act Early." Four Steps of Early Identification. Training and ongoing coaching will be provided to child care providers on implementing developmental and behavioral screening as part of the annual registration process required by child care centers.

Guam's Plan for Professional Development (GPPD) will need to be updated to ensure alignment with national standards and outline alternatives for continuous education when no courses are being offered at the local level. A professional development registry with available courses, both locally and online, as well as certified trainers who are available locally and align with the GPPD should be developed. The PD registry should also include online learning and training opportunities for parents and families.

The Guam PDG B-5 will work in collaboration with CCDF to establish a database of available child care for parents to access information about the centers that will meet families' needs as well as offer insight to quality care in child care centers. Training and resources should be made available to families on how to select the most appropriate high quality early care and education programs for their children as well as community-based parenting training.

Aside from center-based facilities, alternative care should be explored such as child care cooperatives and Friend, Family, and Neighbor Care. These alternative options will widen opportunities for families to provide learning opportunities for their children.

Parent input also brought to light the difficulties in accessing information about services and supports available for children and families. A one-stop center or online portal or website of information for all available services should be developed.

More collaborative efforts among early childhood programs and child care centers should be encouraged. The collaboration would possibly allow parents to accept services and supports from ECCE providers while their children are in child care.

The re-launch of the Neni 3-1-1 warmline for parents to call with questions or concerns about their child's development would also be beneficial for families, especially in the wake of the COVID-19 global pandemic and possibly needing additional information about social emotional wellness.

Existing and New Initiatives That Would Address Gaps in Services and Parental Choice

Parent and service provider input indicated the following existing and new initiatives that would address gaps in ECCE services and parental choice:

- Build local capacity through training, coaching, mentoring. Contracting off-island consultants is cost-prohibitive in the long-term and availing of Train the Trainer programs would build local capacity to continually provide training to new and existing ECCE providers.
- Expand the Village Play Time from the original three villages to six in the first year, adding three more villages in subsequent years until all 19 villages have Village Play Time up and running. This would also create the impetus for other services and supports being brought into the villages so transportation issues may be minimal.
- Implement a Playgroup on Wheels program. This program would provide roving collaborative sessions that encourage parent-child bonding and interaction.
- The Guam Early Learning Council Social Emotional Wellness Workgroup Multi-Agency Team (SEW-MAT), which works collaboratively to ensure that children with behavioral issues and/or concerns receiving services from multiple agencies, is currently looking at updating procedures for addressing children with behavioral problems and streamlining how services and supports are provided.
- Explore the use of social media platforms by ECCE programs to provide information to parents and families including WhatsApp, Facebook, Instagram, and/or TikTok.
- Research evidence-based models and/or curricula that are not cost-prohibitive. Experience with evidence-based curricula that require annual fees or additional costs to use all available resources within those programs are cost-prohibitive once grant funding ends. The Guam PDG B-5 is currently exploring the use of the Early Start Denver Model, which supports child development for all children regardless of disabilities.

Gaps Regarding Collaboration Across Programs and Services

Foremost on the agenda for streamlining and strengthening collaboration across programs and services would be updates to the GPPD. The current GPPD was implemented in 2012 with no changes or evaluation of its effectiveness. The lack of a uniform policy and/or procedures referral through transitions across ECCE programs does not lend well to a mixed delivery system.

Equity is still an issue for the vulnerable and underserved/underrepresented population of children. The GELC was encouraged by the development and implementation of the Pilot Pre-Kindergarten Program under the Guam Department of Education, which first began in 2014, that would give the vulnerable populations the opportunity for formal early learning before kindergarten entry. The Pilot Pre-K program was to have opened at least one classroom per elementary school by 2020. To date, only the original four classrooms are in operation.

There is a lack of coordination among ECCE programs. The development of the GELC SEW – MAT is a step in the right direction in terms of coordination of services and supports for children with behavioral issues and/or concerns. Using the SEW – MAT flow of services as a model to extend the coordination among ECCE programs for services and supports for all children would strengthen the B-5 mixed delivery system.

Waiting lists among ECCE programs should be shared. This would ensure that all children have access to participate in ECCE programs including child care, Head Start, Pilot Pre-K, or community-based programs.

There has been a wave of new staff and leadership in the ECCE programs. Orientation and/or some type of mechanism for building relationships with new staff and leadership will ensure that ECCE initiatives continue seamlessly.

Gaps Related to Maximizing Parental Choice and Initiatives to Address Gaps

Parent input emphasized the need for the expansion of child care choices and/or the development of alternative child care for parents who do not work the standard 8:00am to 5:00pm jobs. Parents requested a website or registry that lists all child care centers and child care services, their capacities for each age group, waiting lists for centers, and an expanded list of child care open outside of standard business hours, to name a few.

Another gap is the lack of knowledge of available assistance for children and families. During parent input sessions, some parents voiced surprise in finding out that they could have availed of financial assistance from CCDF for child care while finishing high school, higher education, or training programs. They had no knowledge of programs they could have been eligible for while pregnant or nursing their babies. There also needs to be more coordination among programs in the divisions, bureaus, and/or sections in some local agencies.

QUALITY AND AVAILABILITY OF PROGRAMS AND SUPPORTS

Guam currently has few programs or supports available that help connect children to appropriate, high-quality care and education. The ECCE programs collaborate to continually update the NENI DIRECTORY of Services and Supports as well as the NENI 3-1-1 warmline. There is no Child Care Resource and Referral (CCR&R); that role is taken on by CCDF.

The Neni Directory lists all resources for Health, Family Support, and Education that are available for families and children birth through age 8. Pre-COVID-19, the NENI 3-1-1 warm line provided a mechanism for parents and caregivers to call for information on developmental screening, referrals for early childhood services, and family supports. Since the COVID-19 global pandemic began, the 311 line was used to provide information related to the coronavirus. The Guam PDG B-5 staff has been working with the Governor's Office to include an option on the line for families to call for information related to child development and resources to support growth and learning.

The Guam Quality Rating and Improvement System (QRIS), currently still in draft form, was used to conduct two pilot test runs on using the protocols outlined. The protocol has not been shared with the public to date.

Families have voiced that they do not currently know how or what a high-quality care and education setting looks like so it would be difficult to know that their child care of choice is providing high quality care. Families and early childhood providers define high quality care as having loving, caring, and knowledgeable caregivers.

Many families choose child care based on proximity to work, school, or home. Since child care is chosen based on location, it is difficult to make the choice for child care since there is currently no database or online portal for families to check availability of the centers. Parents often do not know if the center is at capacity while researching child care. Having a portal with information about location, capacity, and availability to provide care would be beneficial.

Another factor that limits the child care choices for families is a center's ability to care for children with special needs. Employing providers that can care for children with special needs, including developmental disabilities and social emotional or behavioral concerns, requires specialized training and/or education. If a center cannot provide that specialized care, the choices for child care diminishes for families.

Guam's ECCE programs have long since tried to provide services and supports to families that are culturally and linguistically appropriate. Several programs employ staff from different cultures who are fluent in their native languages. Other programs have access to interpreters/translators to provide services on home visits. Individual service providers have also used Google Translate or other online language translation applications or programs to communicate with families. Several programs have worked collaboratively with the Micronesian Resource Center One Stop Shop (MRCOSS), a program under Mañelu' (formerly Big Brothers Big Sisters of Guam). Kariñu worked with MRCOSS to translate the Pyramid Model Pre-K Parent Module – Positive Solutions for Families into Chuukese. MRCOSS staff were trained to use the module. They conducted the sessions in Chuukese using the translated training materials and parent handouts with a certified trainer present to offer coaching as needed. MRCOSS currently provides the training independently in the various Chuukese communities and neighborhoods. Stakeholders agreed that working collaboratively with MRCOSS would enhance the relationship programs have with them and enable all ECCE programs to broaden their array of services and supports.

There are several populations of parents/families with cultural/linguistic differences that are not being connected to appropriate high-quality care and education, including the Freely Associated States (FAS)/Federated States of Micronesia (FSM), immigrants from Russia and Asia who speak little to no English; homeless, and families with children who have special health care needs (CYSHCN). Information about early learning opportunities often miss these populations in terms of disseminating information in a language they can understand or are not inclusive of children with special health care needs or children who do not currently live in homes and have no address.

The DPHSS Division of Public Welfare (DPW) Work Programs Section (WPS) manages the Job Opportunities and Basic Skills (JOBS) Program and the Guam Employment and Training Program (GETP). The JOBS program provides employment and training opportunities for TANF and CAP recipients. The TANF program has a mandatory work requirement. If an individual processes through the TANF program, they are automatically referred to JOBS. Individuals in the JOBS program are linked to CCDF by a social worker. The social worker will work with the individual to find a child care that is located between work and home. There is a transition support time frame for TANF recipients who have successfully obtained employment which also includes 12 months of child care support services through the CCDF subsidies.

Under the GETP, WPS contracts case management services with workforce development with the Guam American Jobs Center under the Department of Labor. The Memorandum of Understanding (MOU) with the American Jobs Center is specifically for individuals with SNAP assistance. This program also provides child care support services as well as opportunities for employment and training.

At one point, the Guam Head Start Program used to have a wraparound program that was funded by CCDF which operated in 5 centers year-round from 7am to 6pm Monday through Friday.

Ten of the 44 active child care centers licensed through BOSSA are open on Monday through Saturday. Four of the ten centers offer extended night hours. Only one of the ten operates on seven days a week.

During parent input sessions, participants said that the ECCE programs they have worked with, including child care centers, offer support in the form of information or resources to parents and families. Parents have also said that the advertisement/marketing of information to the public about available ECCE services and supports could be better.

The ECCE programs on Guam have implemented the islandwide Developmental and Behavioral Screening System (iDBSS) which was first developed under Project Tinituhon, Guam's Early Childhood Comprehensive System. When Project Tinituhon ended in 2017, the iDBSS was under the purview of the Guam Early Learning Council Early Promotion and Identification Workgroup and continued to be used by the ECCE programs. The iDBSS endorsed the use of the Ages and Stages Questionnaires Third Edition (ASQ-3) and includes the use of the Early Childhood Universal Referral Form that streamlines the referral process to the ECCE programs on Guam. The iDBSS was updated to include the "Learn the Signs. Act Early." Four Steps for Early Identification. The Guam Head Start Program also utilizes the Developmental Instrument Assessing Learning (DIAL) Edition 4 within 45 days of initial enrollment into the program.

While the ECCE programs have had a long-standing history of working collaboratively, there are still major gaps in providing services and supports to children and families. The DPHSS has many programs under the Divisions of Public Health and Public Welfare that provide services and supports to children birth to five years and their families. There is a big disconnect among these programs. Improvements in awareness and communication would enable better collaboration within DPHSS. Eligibility for services from DPHSS programs should be streamlined and expanded to include all services available to families rather than having families go from one place to the next to avail of services they need. Stakeholders feel that when families apply for certain services and/or public assistance programs, that they are also informed of other services for which they are eligible. For example, if a family applies for SNAP, they are also provided information about TANF, CCDF, WIC, etc.

While there are many programs and services available in Guam, there is still the issue of access and equity of services for our most vulnerable and underserved/underrepresented populations. One of the greatest systemic barriers that needs to be examined is how information is disseminated to reach the vulnerable populations.

Many programs do provide information and resources that have been translated into other languages. However, there is a vast majority of resources that are not accessible to families because they are only available in English. Interpreters and translators are available and/or accessible in some programs, but not always and not for all languages.

Homeless families have the least access to services and supports. With no address or a reliable mode of communication, homeless families encounter missed opportunities for their children. Programs such as Project Bisita have made attempts to provide home visiting services to homeless families but are often unable to locate these families after a few visits. Other vulnerable populations such as the FAS/FSM and Russian families also miss opportunities for available services because information is not easily accessible in their languages.

MEASURABLE INDICATORS OF PROGRESS THAT ALIGN WITH THE STATE/ TERRITORY'S VISION AND DESIRED OUTCOMES FOR THE PROJECT

The latest Early Childhood State Plan, which was published in 2015 under Project Tinituhon, has been reviewed and prioritized for the purposes of this grant by the GELC workgroups. The four workgroups have reviewed previous objectives and activities in the 2015 state plan. Each of the workgroups were asked to examine the following four questions:

1. Since the 2015 State Plan was published, how many objectives and/or activities were successful?
2. What kind of collaboration enabled the success of the objective/activity?
3. If no objectives and/or activities were not completed, what were the challenges or barriers?
4. For each focus area, what objectives and/or activities are no longer a priority?

Each GELC workgroup has prioritized the objectives and activities for the current year and will ensure that each GELC focus area is aligned to the goals and objectives of the Guam PDG B-5. The indicators in the 2015 State Plan were also aligned with the objectives and activities with GELC workgroup members ensuring that any indicators are priorities of the ECCE. In years past, some of the indicators in the Early Childhood State Plans did not have an objective or activities that would ensure the workgroups ability to collect data and measure progress. The Guam PDG B-5 Strategic Plan will serve as Guam's Early Childhood State Plan and will include measurable indicators pertaining to the goals, objectives, and activities of the PDG grant. The Strategic Plan will run for a period of three years from 2021 through 2024.

ISSUES INVOLVING EARLY CHILDHOOD CARE AND EDUCATION FACILITIES

There are currently 44 private, licensed center-based child care centers and group care homes. All center-based facilities and group care homes are subject to the rules and regulations of Public Law 31-73, "An act to establish the Administrative Rules and Regulations of the Department of Public Health & Social Services relative to child care facilities and group child care homes," under Article 1 of Chapter 1, Division 1, Title 26, Guam Administrative Rules and Regulations, and in conformance with Article 4, Child Welfare Services Act, Chapter 2, Division 1, Title 10, Guam Code Annotated. The Department of Public Health and Social Services, Division of Public Welfare, Bureau of Social Services Administration is tasked with ensuring that all center-based facilities and group care home comply with the public law. Of the 44 active centers, 38 provide infant care.

Limitations of the Data and Strategies to Improve

At the present time, the Guam PDG Team has limited information about the status of early childhood care and education facilities. Current information on infrastructure is not in place to systematically collect and analyze data drawn from direct observation of the physical facilities where early childhood care and education services are provided.

BARRIERS TO THE FUNDING AND PROVISION OF HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION SERVICES AND SUPPORTS AND OPPORTUNITIES FOR MORE EFFICIENT USE OF RESOURCES

There is a lack of adequate funding to support the provision of high-quality early childhood care and education services. Most of the early childhood care and education services are funded directly by parents through tuition and fees charged by the providers. The cost of providing high quality care far exceeds a family's ability to pay. Families below the federal poverty line are eligible for CCDF subsidies and/or Head Start. Other programs such as GATE Pre-K and Pilot Pre-K Program are housed in elementary schools, which are publicly funded. The Pilot Pre-K program, while free to children enrolled in the program, registration is on a first come/first served basis and only allows for 18 children per school site.

The center-based child care facilities are regulated by PL. 31-73, which includes the child to teacher ratios allowable by law. The availability of child care slots coupled with child to teacher ratios increased the cost of providing quality care in all licensed centers. Since the implementation of PL. 31-73, several child care centers which were part of the CCDF Model Child Care Program closed because of the increase in costs associated with compliance to the law. Public Law 31-73 also includes Guam's Plan for Professional Development which outlines the caregiver designations and requirements for education and training. Child care licensing requires that all professional development documents for all staff members who interact with children be reviewed by the GELC Early Childhood Professional Development Subcommittee before all licensing documents are submitted. The lack of professional development opportunities over the last two years has affected the ability for child care providers to obtain required training hours each year.

Another barrier to providing high quality ECCE programs is maintaining quality caregivers. Many child care providers are paid minimum wage. Once the providers have obtained necessary training and education requirements, they move on to the GDOE system which provides higher salaries and offer benefits such as health insurance. If the child care providers do stay employed with the centers after gaining employment with GDOE, they work in the centers on a part-time basis, which disrupts the quality of care in the centers.

The COVID-19 global pandemic severely affected the child care centers' ability to provide quality care during the shutdown and subsequent gradual lifting of restrictions. Public health mandates required six feet of distance between all individuals which decreased the number of children and staff that could be in the centers. Restrictions were lifted for capacity of indoor gatherings in July 2021. The ability for child care centers to operate at 100% capacity has not been reviewed.

TRANSITIONS SUPPORTS AND GAPS

There are no formal transitions for children between child care and kindergarten entry. The Head Start Program and ECSE Preschool Services provide transition supports from their programs to kindergarten entry, with targeted support for children with an IEP. Transition supports can be written into the IEP or be requested by the parent. GDOE kindergarten classrooms provide orientation for children entering elementary school; however, it is unknown if all kindergarten classrooms have uniform orientation procedures. There are no targeted transition supports for vulnerable or underserved/underrepresented children or children in rural areas who do not have IEPs. Children who are not in formal ECCE programs prior to school entry do not have any transition supports into kindergarten.

There is a lack of early childhood programs for children exiting the GEIS and are not eligible for ECSE Part B Preschool Services. The Head Start Program begins enrollment of children at three years 6 months, which leaves children younger than that with no formal ECCE settings aside from center-based child care.

The Guam Head Start Program begins parent orientations in April or May. The center-level parent group invites the school principal and parents into the classroom to discuss what is expected. Parents are given the kindergarten application, which also includes health information. Parents are given a Basic Health Data Checklist which helps the school and teachers effectively meet the health needs of the child at school. The list includes things like rheumatic fever, seizures, skin problems, allergies to food, drugs, other serious illness or injury, and other behavioral or mental health concerns.

As discussed in previous sections, equity is an important piece of the puzzle in terms of preparing vulnerable and underserved/underrepresented children for school entry. Stakeholders have recommended that programs and services go to the vulnerable communities and provide families with translators/interpreters to understand the information being given. At present it is difficult to determine the effectiveness of current transition supports since there is no uniform procedure from program to program.

SYSTEM INTEGRATION AND INTERAGENCY COLLABORATION

The Guam Early Learning Council was created to provide a coordinated framework, involving all child-serving agencies and family representatives, to develop a comprehensive system of supports for young children and their families. First established through Executive Order 2004-14 by former Governor Felix P. Camacho, and then mandated legislatively through Public Law 31-62 in 2011, the Council's composition, goals and objectives, and roles and responsibilities focus upon the efficient and effective delivery of services and support to young children, birth to eight (8), and their families. The GELC vision is that "All of Guam's young children will have healthy minds, bodies, and spirits as the foundation for lifelong success. Several ECCE programs share the same vision which ensures collaboration among programs. The GELC was funded for a period of three years under the State Advisory Council Grant and Project Tinituhon until both grants ended. However, there is no state funding to support the administrative aspect of the Council. The Guam PDG B-5 has currently allocated supports for the GELC. The PDG support allows the GELC to avail of administrative support to coordinate meetings, compile and disseminate program reports, and keep minutes during quarterly and special meetings. Since the GELC is unfunded, there are no funds to support interagency collaboration. The lack of funding support does not hinder interagency collaboration. Administrators of the ECCE programs have had a long-standing relationship in terms of collaboration to effectively meet the needs of the children and families they serve.



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