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ELCFH Quality Committee Meeting
Thursday, October 23, 2025 at 9:00 AM via ZOOM

Zoom meeting link: <https://us02web.zoom.us/j/82054921001?pwd=FHuKWF6BOvRyYET2Aa3Nwx20eTIBBT.1>

Meeting ID: 820 5492 1001 **Password:** 981749 **Phone:** +1 305 224 1968

Agenda Item	Content
1. Opening Committee Chair: Susan Norris	• Welcome and Introductions • Review- 8.14.25 Quality Comm meeting minutes (p.2-3)
2. Discussion Anne Brewer p.4-5 Anne Brewer p.6-8 Anne Brewer Beth Mueller Beth Mueller	Items for Committee discussion are: a. ELCFH position statement development: what is our local definition of school readiness? b. Using surveys to strengthen and inform childcare businesses c. UPDATE: Hurricane Season- child care program COOP/ emergency preparations- Hurricane Disaster funding follow-up d. Directors meetings- low participation in Highlands e. Completing the ASQ with fidelity!
3. Healthy Families p.9-12	Updates from the Healthy Families Charlotte and DeSoto/ Hardee Programs - <i>Maria Magowan and Trena Miller</i>
4. Open Forum	Other items for discussion?
5. Adjourn	

Item 1: ELCFH Quality Committee (ZOOM) Meeting Minutes- August 14, 2025

Committee/ Board Members Present: Susan Norris, Susan Flemming, Trena Miller, Gail Werley, John Stover, Leigh Ann Moccia, Enrico Pucci, Alma Ovalle, Billie-Jo Moretta, Maria Castillo

Staff Members Present: Anne Bouhebent, Beth Mueller, Janet Lane, Pam Hillestad, Kelly Wertenbach, Denise Hoefer

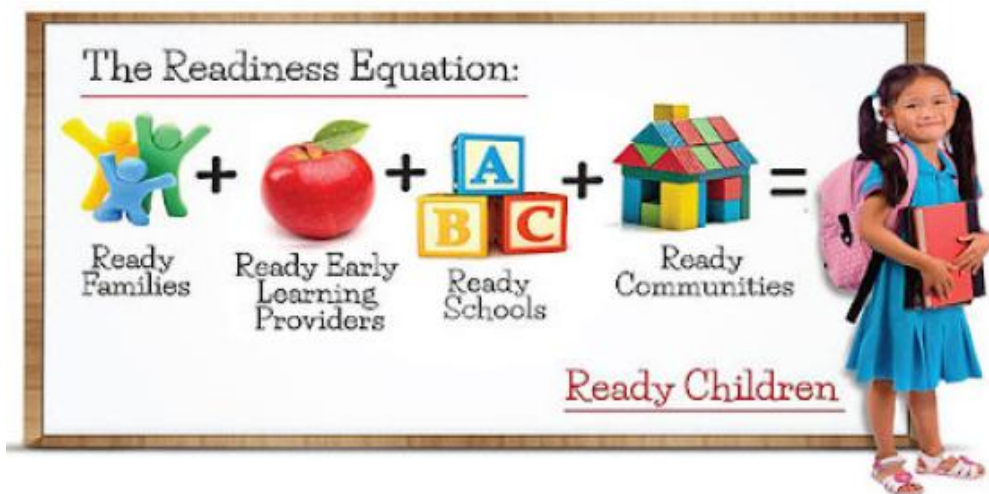
Guests Present: Amber Qureshi, Melissa Wiest, Dr. Tracy Payne, Jennifer Smith, Denita Browning

Agenda Items	Item Overview	Comments/ Actions
1. Opening	The meeting opened at 9:00 AM. Introductions were made. The 5.15.25 Quality Committee meeting minutes were reviewed.	
2. Committee Discussion	Child care program COOP/ emergency preparations: an allocation of Hurricane (Ian) Disaster funding has been made available through DEL. The ELCFH has been working through a required application to create a plan to utilize these funds for the four county service area. A study conducted by consultants through DEL made recommendations based on interviews with the ELCFH , county officials and providers. Based on this, the ELCFH has developed a plan and thought through funding mechanism ideas for providers specific to COOP development, hurricane kits, and bigger ticket items such as generators and battery operated AC units. DCF will be advised of all phases of the conversations and information provided to help assure that information shared with providers is aligned with licensing requirements. Additionally, the ELCFH has built a mental health component which offers materials and support trainings for providers and children as well as access to kits to support children entering hurricane shelters either pre or post storm. It was noted that many affected individuals have “assessment fatigue” and having actionable best steps is much needed. The committee engaged in discussion about the individual components of the plan, understanding that updates will be as the ELCFH works through the process. <u>Committee members voiced support for the plan as presented.</u> VPK sub and VPK teacher break time clarification: this topic was originally discussed at a recent ELCFH VPK Provider meeting. Concern has been expressed over the rules regarding teacher breaks; the committee agreed that short restroom breaks certainly were allowable per the rule, and teachers had to be mindful of not taking long breaks during paid instructional time. COP for Kindergarten Transition: The ELCFH has edited the Kindergarten Transition Plan in preparation for the annual Board meeting; one element for discussion was to move the VPK/ Kindergarten teacher meetings to a Community of Practice format. Kindergarten teacher participation has been a challenge despite inperson outreach efforts by the ELCFH. <u>Committee members voiced support for the revised plan as presented with the CoP focus. The plan with</u>	

	<u>the changes will be presented to the Board for approval.</u> ELCFH Provider Event- February 21, 2026- Steve Fite: The annual provider event will have a different format this FY in order to align with provider feedback- it will be a ½ day event with a breakfast and focus on music. Steve Fite will be the presenter for this event. Directors meetings- low participation in Highlands: Ideas to encourage Highlands and Hardee providers to attend this provider owned/ ELCFH hosted meeting were discussed. One provider rep offered to call all Highlands providers and personally encourage them to attend. VPK Readiness Rates: Rates will be posted today and FAQs specific to provider accountability have already been blasted. This will be further addressed during the provider call scheduled for Thursday, August 21 (6PM).
3. Healthy Families	The DeSoto/ Hardee program reported the following: • The quarterly report on performance measure was provided, with the program showing steady progress. The time period for the report was April 1 – June 30, 2025. • The program is currently transitioning to a new office; the location is in close proximity to the previous office space. The Charlotte program reported the following: • A Family Engagement Specialist position is currently available; interviews of candidates are in progress. • The program is meeting or exceeding all outcomes; those not met are due to outliers such as a family having twins, or early delivery. • A total of 13 new families have enrolled since July; it was noted that a year ago, the program was down by over 30 families. Now they down only by 8. This is attributed to staff focus on meaningful family engagement resulting in good recruitment results and retention.
4. Open Forum	Other items for discussion? • Follow-up VPK meeting is planned and the date is pending. • A Contracted Provider Meeting is scheduled for Thursday, 8.21.25 at 6:00 PM via ZOOM. The topics for this meeting were discussed and will be blasted out to providers along with a reminder of the log-in information. • The ELCFH Annual Meeting is scheduled for Wednesday, 8.27.25 at 10AM at the Turner Center Annex in Arcadia. All are welcome! • A question was asked about registration fees for SR funded children who are expelled from their childcare program. It was shared that there are exceptions noted in rule to help families dealing with program transition due to expulsion so that they do not have to pay the registration fee out of pocket to the new provider. This will be addressed during the contracted provider call on August 21st.
5. Adjourn	The next Quality Committee meeting will be held on Thursday, October 23rd at 9AM via ZOOM. The meeting adjourned at 10:17 AM.

Item 2.a: ELCFH Position Statement Development:

- *How do we as a coalition define School Readiness?*
- *How is the school readiness of individual children measured/ achieved?*



How does the general community view school readiness (learning concepts/ activities, age of child, what tells us a child is “ready” for school)?

As early learning professionals, what do we know about school readiness? What are our key words?

What do children really need to be ready for school entry? (*example: reciting the alphabet versus self regulation of emotions*)

Some of the definitions:

- **CDE Dept:** Kindergarten readiness isn’t about “mastery” of academics. It’s about children being prepared to learn—socially, emotionally, physically, and cognitively—so they can thrive in a structured school setting.
- **DEL- [What is School Readiness \(SR\)?](#):** Children are prepared to start kindergarten ready to learn.
- **[School Readiness | HeadStart.gov](#):** “School readiness is foundational across early childhood systems and programs. It means children are ready for school, families are ready to support their

children's learning, and schools are ready for children. Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. Physical, cognitive, social, and emotional development are all essential ingredients of school readiness."

- **Dr. David Elkind (Tufts University):** *"The skills a child needs to succeed in most kindergartens are not knowing numbers and letters, but rather being able to communicate, follow instructions, and work cooperatively with other children."* <https://especiallyforchildren.com/wp-content/uploads/2011/10/What-is-School-Readiness.pdf>
- **Dr. Dan Gartrell:** [Readiness: Not a State of Knowledge, but a State of Mind | NAEYC:](#) *"People used to think children were ready for kindergarten if they could say the ABC's, count, identify colors, and write their first name. Readiness was always more complicated than that, and new brain research is helping us understand what readiness really is. Readiness doesn't mean just knowing the academic basics. It means a child has a willing attitude and confidence in the process of learning: a healthy state of mind."*
- **NAEYC School Readiness Position Statement:** [PSREADY98.PDF](#)
*"...discussions of school readiness must consider at least three critical factors:
(1) the diversity of children's early life experiences as well as inequity in experiences;
(2) the wide variation in young children's development and learning; and
(3) the degree to which school expectations of children entering kindergarten are reasonable, appropriate, and supportive of individual differences."*
- **American Academy of Pediatrics, Council on Early Childhood, Council on School Health: "School Readiness" (Technical Report):** *"All of a child's early experiences, whether at home, in child care, or in other preschool settings, are educational. When early experiences are consistent, developmentally sound, and emotionally supportive, children learn optimally and develop resilience for life. To focus only on the education of children beginning with kindergarten is to ignore the science of early development and to deny the importance of early experiences"*

Item 2.b: Using surveys to strengthen and inform childcare businesses:

Why survey? Survey can inform improvements for a childcare business which can lead to business growth. By regularly reviewing areas like safety, curriculum, staff management, and parent communication, providers can use the results to create specific, measurable, achievable, relevant, and time-bound (SMART) goals, ultimately leading to higher quality care.

Who to ask? Asking for feedback from staff, teachers, current parents and past parents (even as an exit interview exercise) can provide valuable insight. Allowing for confidential feedback (ie through Jotform) strengthens the opportunity for honest ideas. Keep the survey short (10 or fewer questions) and easy/ confidential to submit (ie virtual). Options for easy completion (ie multiple choice responses) might also be considered.

What to ask families? Below are some ideas of questions to ask....

Opening statement: Our childcare program is very interested in family feedback! This helps us to reflect and update, as well as strengthen our commitment to providing a high quality program to children. Please complete the below and submit; your responses are entirely confidential. Thank you!!

Program quality and environment

1. How satisfied are you with the overall quality of the program?
2. How satisfied are you with the cleanliness and safety of the facility?
3. Do you feel the staff is adequately trained to handle emergencies?
4. How satisfied are you with the age-appropriate activities provided?

Child's care and development

5. How well does the center meet your child's individual needs?
6. How satisfied are you with the amount of information you receive about your child's progress?
7. Do you believe your child gets enough attention from their teachers?
8. Do you feel the staff is knowledgeable about supporting your child's development?
9. What are your child's current interests?

What to ask staff and teachers?

Opening statement: We are looking for your feedback- this helps us to reflect and update, as well as strengthen our commitment to providing a high quality program to children. Please complete the below and submit; your responses are entirely confidential. Thank you!!

About the job itself

- What are the most satisfying things about your job?
- What are the most frustrating things about your job?
- Do you feel your work matters and is important?

About professional growth and support

- Do you feel you have opportunities to learn and grow?
- Do you have the resources and materials you need to do your job well?
- What makes you feel most appreciated and understood?

About overall well-being and future

- On a scale of 1 to 10, how happy are you at work this week?
- Do you leave work feeling good at the end of the day?
- Are you happy with your current salary and benefits?
- Would you recommend this job to a friend?

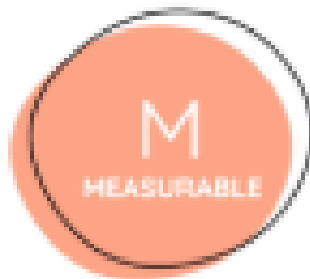
What next? How to use completed survey feedback..... Take a deep breath and review the feedback with an open mind....

- **Analyze your findings:** Evaluate your program's current performance against best-practice standards. Identify which areas are strengths and which need improvement.
- **Create an improvement plan:** Based on your analysis, create a plan with specific, measurable, achievable, relevant, and time-bound (SMART) goals. For example, "Implement a new parent communication system by the end of next quarter to improve family engagement".
- **Monitor progress:** Use the self-assessment results as a benchmark to track your progress over time. Re-assess periodically to ensure your improvements are effective and to identify new areas for growth.

SMART GOALS



WHAT DO I WANT TO ACHIEVE AND WHO IS INVOLVED?



HOW WILL I TRACK PROGRESS AND MEASURE SUCCESS?



IS THIS GOAL REALISTIC AND WITHIN REACH?



DOES THIS GOAL ALIGN WITH MY OBJECTIVES AND PRIORITIES?



WHAT IS THE DEADLINE OR TIMEFRAME FOR ACHIEVING THIS GOAL?

HEALTHY FAMILIES CHARLOTTE
Performance Measures (Quarterly)
(7/1/2025 - 9/30/2025)

Performance Measures	Percentage Achieved
Eighty (80) percent of all families will enroll in the program prenatally or within the first three months after the birth of the focus child.	N/D = 16/17 = 94%
Ninety (90) percent of families are assessed within 30 days of enrollment.	N/D = 17/18 = 94%
Eighty (80) percent of participants that enroll prenatally will have the Edinburgh Postnatal Depression Scale (EPDS) administered to them at least once prenatally.	N/D = 12/13 = 92%
Eighty (80) percent of participants will have the EPDS administered to them within the designated time period after the birth of the focus child.	N/D = 25/25 = 100%
Eighty (80) percent of participants will have the EPDS administered to them within the designated time period for any subsequent pregnancies.	N/D = 1/1 = 100%
Ninety (90) percent of participants will be administered the CHEERS Check-In (CCI) Tool according to schedule.	N/D = 33/34 = 97%
Eighty-five (85) percent of participants will have the baseline HFPI administered to them within the designated time period.	N/D = 17/19 = 89%
Eighty-five (85) percent of participants will have the subsequent interval of the HFPI administered to them according to the designated intervals for the tool.	N/D = 6/6 = 100%
Eighty-five (85) percent of participants who were low on one or more HFPI subscales will improve on at least one of the low subscales from baseline to six months.	N/D = 1/1 = 100%
Ninety (90) percent of families will develop a Family Goal Plan with their home visitor within the first 90 days of enrollment.	N/D = 28/28 = 100%
Eighty (80) percent of primary participants that close on level three, level four or complete the program will have improved or maintained self-sufficiency while enrolled in the program.	N/D = 3/6 = 50%
Ninety (90) percent of focus children will receive age appropriate developmental screenings according to schedule using the Ages and Stages Questionnaire, Third Edition (ASQ-3).	N/D = 10/11 = 91%
Ninety (90) percent of focus children will receive age appropriate social-emotional screenings according to schedule using the Ages and Stages Questionnaire: Social Emotional, Second Edition (ASQ:SE-2).	N/D = 10/10 = 100%
Eighty (80) percent of focus children will be up-to-date with immunizations at 24 months of age.	N/D = 1/1 = 100%
Eighty-five (85) percent of focus children will be up-to-date with well-child checks at 24 months of age.	N/D = 1/1 = 100%
Eighty-five (85) percent of focus children over 24 months old will have the most recent well-child checks according to the schedule.	N/D = 6/6 = 100%
Ninety (90) percent of focus children enrolled in the site six months or longer will be linked to a medical provider.	N/D = 41/41 = 100%
Ninety (90) percent of primary participants enrolled in the site six months or longer will be linked to a medical provider.	N/D = 43/43 = 100%
Eighty (80) percent of mothers enrolled in the project will not have a subsequent pregnancy within two years of the focus child's birth.	N/D = 64/64 = 100%
Seventy-five (75) percent of participants will have received at least seventy-five (75) percent of home visits according to the participant level.	N/D = 40/59 = 68%

HEALTHY FAMILIES DESOTO/HARDEE
Performance Measures (Quarterly)
(7/1/2025 - 9/30/2025)

Performance Measures	Percentage Achieved
Eighty (80) percent of all families will enroll in the program prenatally or within the first three months after the birth of the focus child.	N/D = 6/6 = 100%
Ninety (90) percent of families are assessed within 30 days of enrollment.	N/D = 5/6 = 83%
Eighty (80) percent of participants that enroll prenatally will have the Edinburgh Postnatal Depression Scale (EPDS) administered to them at least once prenatally.	N/D = 5/5 = 100%
Eighty (80) percent of participants will have the EPDS administered to them within the designated time period after the birth of the focus child.	N/D = 6/6 = 100%
Eighty (80) percent of participants will have the EPDS administered to them within the designated time period for any subsequent pregnancies.	N/D = 1/1 = 100%
Ninety (90) percent of participants will be administered the CHEERS Check-In (CCI) Tool according to schedule.	N/D = 52/52 = 100%
Eighty-five (85) percent of participants will have the baseline HFPI administered to them within the designated time period.	N/D = 5/6 = 83%
Eighty-five (85) percent of participants will have the subsequent interval of the HFPI administered to them according to the designated intervals for the tool.	N/D = 9/10 = 90%
Eighty-five (85) percent of participants who were low on one or more HFPI subscales will improve on at least one of the low subscales from baseline to six months.	N/D = 2/2 = 100%
Ninety (90) percent of families will develop a Family Goal Plan with their home visitor within the first 90 days of enrollment.	N/D = 13/13 = 100%
Eighty (80) percent of primary participants that close on level three, level four or complete the program will have improved or maintained self-sufficiency while enrolled in the program.	N/D = 2/3 = 67%
Ninety (90) percent of focus children will receive age appropriate developmental screenings according to schedule using the Ages and Stages Questionnaire, Third Edition (ASQ-3).	N/D = 38/41 = 93%
Ninety (90) percent of focus children will receive age appropriate social-emotional screenings according to schedule using the Ages and Stages Questionnaire: Social Emotional, Second Edition (ASQ:SE-2).	N/D = 29/30 = 97%
Eighty (80) percent of focus children will be up-to-date with immunizations at 24 months of age.	N/D = 3/5 = 60%
Eighty-five (85) percent of focus children will be up-to-date with well-child checks at 24 months of age.	N/D = 3/5 = 60%
Eighty-five (85) percent of focus children over 24 months old will have the most recent well-child checks according to the schedule.	N/D = 1/2 = 50%
Ninety (90) percent of focus children enrolled in the site six months or longer will be linked to a medical provider.	N/D = 17/17 = 100%
Ninety (90) percent of primary participants enrolled in the site six months or longer will be linked to a medical provider.	N/D = 21/21 = 100%
Eighty (80) percent of mothers enrolled in the project will not have a subsequent pregnancy within two years of the focus child's birth.	N/D = 56/57 = 98%
Seventy-five (75) percent of participants will have received at least seventy-five (75) percent of home visits according to the participant level.	N/D = 45/58 = 78%

Note: N = numerator D = denominator A result of Indeterminate means the denominator (D) value is 0. Bold numbers met goals.

QUALITY ASSURANCE SUMMARY

The purpose of the annual quality assurance visit is to monitor Healthy Families (HF) Desoto/Hardee's adherence to the standards set forth by Healthy Families America (HFA) and Healthy Families Florida (HFF) and to the HFF contractual requirements to ensure the delivery of quality services. Definitions of the standard practice and detailed performance levels are described throughout this report.

HF Desoto/Hardee continues to work toward improving program quality. HFF identified the following strengths during the quality assurance visit:

- Families are enrolled in the program prenatally or within the first three months after the birth of the focus child.
- The Edinburgh Postnatal Depression Scale (EPDS) is administered prenatally to participants that enroll prenatally.
- The EPDS is administered to participants within the designated time period after the birth of the focus child.
The EPDS is administered to participants within the designated time period for any subsequent pregnancies.
- Family goals are developed within the first 90 days of enrollment.
- Primary participants that close on Level 3, Level 4 or complete the program improve or maintain self-sufficiency while enrolled in the program.
Age-appropriate social-emotional screenings are administered to focus children according to schedule.
- Focus children are linked to a medical provider.
- Primary participants are linked to a medical provider.
- Focus children are fully immunized by 24 months of age.
- Focus children over 24 months old have the most recent well-child checks according to the schedule.
- Mothers enrolled in the program have not had a subsequent pregnancy within two years of the focus child's birth.
- The CHEERS Check-In (CCI) tool is administered to participants according to schedule.
- Age-appropriate developmental screenings are administered to focus children according to schedule.
- Children are free from maltreatment during services.
- Children are free from maltreatment after completion of services.
- The site's program acceptance rate for the most recent 12 months was 91.4%.
- The supervisor reviews and provides feedback to staff each time the HFFAT is administered.
- Staff use positive methods to build family trust when enrolling families in services.
- Transition planning is used to support families with a planned closure.
- Results of the Healthy Families Parenting Inventory (HFPI) are consistently shared with participants.
- Growing Great Kids™ (GGK) is used with each family to promote healthy child development, nurturing parent-child relationships and parenting skills.
- Participants are connected with services in the community on an as-needed basis and have followup to determine whether they received the services they were referred to.

- Supervision documentation consistently reflects how home visitors are supported to problem solve challenges related to family goals.
- Supervision documentation consistently reflects discussion of Home Safety Checklist (HSC) results and plans for follow-up if needed.

HFF staff also identified areas where HF Desoto/Hardee must focus attention to improve program quality. The following Quality Improvement Plan (QIP) items were identified:

- The site does not yet consistently assess families within 30 days of enrollment.
- The baseline HFPI is not yet consistently administered to participants within the designated time period.
- Contact information for the medical/health care provider of the focus child is not yet consistently maintained in participant files.