A Summary of PDG B-5 Grantee’s Coordinated Eligibility and Enrollment Activities and the Impact of COVID-19

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Acknowledgments

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Executive Summary

Coordinated eligibility and enrollment (CEE)\(^1\) is a strategy that states and localities can use to build a more robust and interconnected early childhood system. CEE grows the “connective tissue” between programs within a service sector\(^2\) and across service sectors through co-creation of common processes for the recruitment of families, application for services, eligibility determination, matching families with providers, and enrollment of children and families into programs and services.

In this report, we summarize the initial 23 Preschool Development Grant Birth through Five (PDG B-5) renewal states’ (Alabama, Arizona, California, Colorado, Connecticut, Florida, Georgia, Iowa, Illinois, Kansas, Louisiana, Maryland, Michigan, Minnesota, North Carolina, Nebraska, New Hampshire, New Jersey, Oregon, Rhode Island, South Carolina, Virginia, Washington) planned CEE activities as they were written into their grant applications in late 2019.

We analyze the states’ proposed activities for six defining features: 1) nature of the main activities, 2) scope of programs (or funding streams) involved, 3) characteristics of the state’s CEE approach, 4) implementation stage of the CEE activities, 5) geographic level of implementation (i.e., local/regional, state), and 6) use of a data system to support CEE. We describe the challenges a sample of states reported in implementing these CEE activities due to the COVID-19 pandemic that began early the next year. We discuss the strategies these states used to adapt their work to the pandemic context and meet new needs. Then, we conclude with the implications of these pandemic experiences on states’ broader efforts to implement CEE within their comprehensive birth through five systems.

The reader can use this report to learn what CEE activities each state planned to accomplish using PDG B-5 renewal funds and see commonalities across states. Our framework of defining features also helps the reader conceptualize how CEE is being implemented in localities across the country.

In our systematic review of the application narratives, PDG B-5 TA Center staff found:

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\(^1\) Note CEE is also referred to as “coordinated application, eligibility, and enrollment” (CAEE) and “coordinated enrollment.” “Coordinated intake,” or “centralized intake,” which is often used in the home visiting, behavioral health, and housing support fields, is a similar process that may have slightly different characteristics, including the use of staff in a navigator or intake coordinator role.

\(^2\) By “service sector” we mean a group of related services or programs. For example, early learning and family support is one sector composed of early learning programs such as Head Start, state preK, private child care, and Early Childhood Special Education (ECSE), as well as home visiting, child care assistance program (CCAP)/subsidy, and other similar programs. Health and mental health is another sector composed of Medicaid, Children’s Health Insurance Program (CHIP), developmental screening, oral health, Infant Early Childhood Mental Health Consultation (IECMHC), and other similar programs. Economic supports is a third sector that includes services such as SNAP, WIC, TANF, housing support, and other similar programs.
For states’ main CEE activities, the most common activity (proposed by 16 states) was the development or improvement of an online “single point of entry” web portal or data system.

- Among the 16 states proposing this, eight described a portal that was family-centered and emphasized outward-facing components for families to use to access services. Four states described web portals that were provider-centered. These portals were intended to be used primarily by providers but could also have benefits for families. Five\(^3\) states laid out plans for data system enhancements that were primarily for state agency use.

Eleven states proposed pilots of coordination, expansions of ongoing pilots, or localized CEE implementation (i.e., occurring in relative isolation and approximating a pilot) as a CEE activity, making this the next most common type of activity.

- There were two types of pilots or localized implementation. The first was small-scale implementation of specific CEE strategies and the second was localized implementation of a general CEE approach.

Regarding the scope of programs involved in coordination, twelve states intended to coordinate across three service sectors: Early Learning and Family Support programs; Health and Mental Health programs; and Other Economic Support programs. Six states focused on Early Learning and Family Support only. Two states planned cross-sector coordination between Early Learning and Family Support and Other Economic Supports, and the remaining two states were unclear in their scope.

Regarding the way states described their broader CEE approach using four common characteristics (single point of entry, common application, no wrong door, closed-loop referral), single point of entry was common to almost all (21 of 23) of the states. This suggests that single point of entry can be considered a defining characteristic of CEE. Four states mention only single point of entry in their narrative. Nine states pair single point of entry with a common application. Two states added in the third characteristic of no wrong door, and two states proposed CEE approaches that use all four characteristics. Three states have approaches that use single point of entry and no wrong door together.

Eleven states were coded as being in the planning stages of their CEE activities whereas nine states were coded as already implementing. These latter states used words such as “expansion,” “refinement,” “revise,” “make improvements,” and “scale up” in their descriptions of their proposed activities. Three states were coded as both planning and implementing.

Regarding whether states’ CEE activities would be implemented across the entire state or locally in only some selected communities, we coded nine states as implementing locally/regionally. Many of these were the states that we characterized as conducting local

\(^3\) One state described a data system that was both provider- and state agency-centered so TA Center staff counted this state in both categories.
pilots under Feature 1, Main CEE Activity. We coded nine other states as implementing statewide. These were many of the states that we described as proposing state-level web portal or data system work under Feature 1: Main CEE Activity. We coded five states as implementing at both levels.

- The vast majority of states (17 of 23) described data systems on some level as part of their CEE activities. We know that many states proposed web portal or data system development as their main CEE activity, but these findings indicate that even among those that did not focus on data systems and proposed some other type of CEE work, data systems were a needed underlying support. The remaining six states did not mention data systems in their CEE bonus narratives, although this does not mean they do not need data supports in their work.

Through the interviews that PDG B-5 TA Center staff conducted to understand how the COVID-19 pandemic affected states’ abilities to implement their proposed CEE activities, we learned that state staff faced three main pandemic-related challenges:

- Attendance in early care and education programs significantly decreased. - State leaders used two main strategies to help providers avoid permanent closure and simultaneously serve children who were still in need of care (such as children of essential workers). States changed payment guidelines to allow providers to be paid even when children did not attend. States created online data portals to better track openings and closings among providers and to match families who needed care with providers able to accept them.

- To slow the spread of COVID-19, social distancing (and remote work) was required. - State and local staff adapted to the need to conduct their work remotely by increasing the use of web-based technologies that had benefits as well as drawbacks. The increased use of video conferencing expanded access to state-level meetings. The increased use of digital tools reduced paperwork burden and facilitated a higher level of service coordination for families. However, working virtually altered staff members’ ability to collaborate and build relationships in the ways that they were familiar with, and relationship-building is a key part of creating a CEE strategy.

- Staff had less time for CEE work due to immediate pandemic needs. - State and local staff adapted to pandemic conditions by reprioritizing work, reallocating staff time, and finding new partners for CEE activities as needed. Staff prioritized supporting COVID-19 relief efforts. States adjusted timelines for some CEE activities due to the reduction in staff capacity, and state staff formed new partnerships to more effectively move their CEE work forward.

Across the interviews, we heard these cross-cutting themes:

- Pandemic conditions made building relationships difficult, but existing strong relationships contributed to some communities’ resilience.
• Data systems and other technology tools support the human relationships and are key facilitators of CEE work.
• State staff’s pandemic response experiences reaffirmed their dedication to improving their systems so that they better support children and families, which is also the goal of CEE.

These findings have important implications for the planning and implementation of CEE within states’ comprehensive early childhood care and education (ECCE) systems.
Part 1. States’ Coordinated Eligibility and Enrollment (CEE) Activities

Coordinated eligibility and enrollment (CEE) is a strategy that states and localities can use to build a more robust and interconnected early childhood system. CEE grows the “connective tissue” between early childhood programs and across service sectors through co-creation of common processes for the recruitment of families, application for services, eligibility determination, matching families with providers, and enrollment of children and families into programs and services.

**Reasons to coordinate eligibility and enrollment** include:

- Increasing ease of access to services for families
- Increasing cooperation and reducing competition (to serve families eligible for public funding) among providers when the scope of coordination includes sectors such as early childhood care and education (ECCE) where similar services are delivered by multiple providers
- Allowing for better use of public resources due to more efficient allocation of slots and less redundancy in the application and enrollment process (although initial investments in infrastructure are needed to facilitate coordination)

Each locality decides the **scope of the provider and services (or funding streams)** it wants to coordinate across with work within a single sector (e.g., within ECCE). But localities also coordinate across multiple service sectors (e.g., between ECCE and nutrition and economic support services [e.g., WIC, SNAP, TANF]). Depending on the types of services or programs being coordinated and whether the selection of specific providers is part of the enrollment process, CEE may be implemented at the **local, regional, and/or state levels**. When program selection or matching of families to providers is needed, as is the case with ECCE enrollment, coordination typically needs to occur at the local or regional level. This is because individual service delivery providers must work together to create a selection and enrollment process that is common across all participating ECCE providers. However, states can still be involved through the provision of guidance, oversight, and supportive infrastructure. When the scope of coordination is limited to services such as economic supports where there is no local “provider” and enrollment requires only eligibility determination, then coordination can potentially occur at the state level with little to no local involvement. In other words, coordination must occur at a geographic level that matches where the program is administered.

The **depth** of coordination also influences the geographic level at which coordination must occur. Some communities choose only to coordinate recruitment or marketing efforts. These

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4 WIC = Special Supplemental Nutrition Program for Women, Infants, and Children; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families
types of coordination efforts are not very “deep”; they can be done at either the local/regional or state level because it does not involve matching families to ECCE providers. Coordination can be implemented piecemeal or stepwise over time, and some communities may start with joint recruitment and then progress to developing a common application and eligibility determination process. Preliminary (pre-verification) eligibility can be determined via an online state web portal, but using a common application becomes more difficult at the state level because all participating providers, across all funding streams, must be accessible via the application. Still, other communities use staff in a navigator or intake coordinator role to guide families through eligibility determination and refer them to appropriate programs, so there is less need for a common application used across all programs.

The scope and depth of CEE implementation also have implications for the type of data sharing and data systems support needed to facilitate that coordination. In communities that want to achieve fully coordinated enrollment, where families apply once for services and are matched to providers through a single best offer based on their eligibility and preferences, participating providers must share family application information and slot availability with one another. They must have an agreed-upon method for selecting families into collectively available slots. Although manual matching and tracking of slots, applications, and enrollment is possible, using a shared data system for case management is less labor-intensive. Allowing families and providers to directly enter and retrieve information from such a system would facilitate achieving the CEE goals of ease of access, increase in cooperation, and better use of resources. These data can be held within a local system and/or at the state level. Data in a state system could also be linked or integrated with other information such as families’ use of other services, provider data, and even child outcomes.

In the 2019 PDG B-5 renewal competition, states that proposed CEE activities as part of their overall grant program were awarded bonus points. All 23\(^5\) states that won a grant had proposed CEE activities.

**Application Review Process**

PDG B-5 TA Center staff conducted a systematic review of the CEE bonus section of the renewal applications from the successful states: Alabama, Arizona, California, Colorado, Connecticut, Florida, Georgia, Iowa, Illinois, Kansas, Louisiana, Maryland, Michigan, Minnesota, North Carolina, Nebraska, New Hampshire, New Jersey, Oregon, Rhode Island, South Carolina, Virginia, and Washington. When states’ CEE bonus sections referenced other sections of the main application, staff also reviewed these sections for pertinent information. This occurred for 10 of the 23 states. For the remaining 13 states, the findings from the application review were limited to the information contained in the CEE bonus.

\(^5\) 20 renewal grants were awarded in December 2019 and three additional grants were awarded in April 2020 as part of the 2019 renewal competition.
section narrative. The level of detail that states included in their narrative varied; some states were more explicit in their descriptions of their planned CEE activities while others were vague.

PDG B-5 TA Center staff coded the narratives for six key features:

1. **Main CEE activities** the state is proposing to complete with PDG B-5 renewal funds
2. **Scope of the programs (or funding streams)** the state is coordinating across in their CEE activities
3. **Characteristics** the state is using to describe their planned CEE approach
4. **Stage of implementation** the state is in for its CEE activities
5. **Geographic level** (i.e., local/regional, state) at which the state is implementing their CEE activities
6. **Data systems** the state is using to support their CEE activities

In this report, we focus on states’ planned CEE activities to be accomplished using PDG B-5 funds. Some states may have more comprehensive CEE strategies that are broader than the activities described in their renewal applications, but we take a narrower approach because our information is limited to the application narratives. We also are limited to states’ proposed plans as they were written in late 2019, although it is likely that in some states, plans have evolved as implementation has occurred.

**CEE Application Features**

PDG B-5 TA Center staff coded the states’ bonus section narratives using the most commonly occurring categories within each of the six features (Table 1).

Table 1. Commonly Occurring Categories Within CEE Application Features

<table>
<thead>
<tr>
<th>Feature 1: Main CEE Activities</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
<th>Category 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Web Portal – Family Centered</td>
<td>Web Portal – Provider Centered</td>
<td>Data System – State Agency Centered</td>
<td>Pilot or Localized CEE Implementation</td>
<td>Other</td>
</tr>
<tr>
<td>Feature 2: Scope of Programs Involved</td>
<td>Early Learning and Family Support</td>
<td>Health and Mental Health</td>
<td>Other Economic Supports</td>
<td>Unclear</td>
<td></td>
</tr>
<tr>
<td>Feature 3: Characteristics of CEE Approach</td>
<td>Single Point of Entry</td>
<td>Common Application</td>
<td>No Wrong Door</td>
<td>Closed-loop Referral</td>
<td>Unclear</td>
</tr>
<tr>
<td>Feature 4: Implementation Stage</td>
<td>Planning</td>
<td>Implementing</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Below, we discuss the six features and the categories within them in detail and give examples of states that fall within each category. A summary table of the codes across 23 states can be found in Appendix A.

**Feature 1: Main CEE Activities**

*What are the main CEE activities states are proposing to complete with PDG B-5 renewal funds?*

Each state’s proposed main CEE activities are listed in Table 2. Some states proposed a single activity while others proposed multiple. States could be assigned a code for more than one category within this feature if the state either proposed multiple activities that fell into different categories or proposed an activity that met the criteria for more than one category (e.g., developing a state agency-centered data system as part of the localized implementation of CEE).

**Table 2. Description of Main CEE Activities by State**

<table>
<thead>
<tr>
<th>State</th>
<th>Description of Main CEE Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>1) Expand Help Me Grow to four regions of the state and as part of this; 2) Continue to develop a common intake process with a centralized database</td>
</tr>
<tr>
<td>California</td>
<td>Add early learning to existing plans to build centralized online verification hub for economic support programs</td>
</tr>
<tr>
<td>Colorado</td>
<td>Create state-level, online single point of entry system for child care licensing, food/cash assistance, health care coverage, child care subsidy, and workforce professional development</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Fund three to five local communities to expand ongoing coordination efforts, no specifics on scope or characteristics of coordination</td>
</tr>
<tr>
<td>Florida</td>
<td>Develop online single point of entry system, scope of programs not clear but initiative is from Office of Early Learning, very early stages of planning</td>
</tr>
<tr>
<td>Georgia</td>
<td>Conduct study of families (focus groups, survey) and make improvements to online single point of entry eligibility system for child care subsidy, health insurance, and economic support programs</td>
</tr>
<tr>
<td>Illinois</td>
<td>Embed home visiting referrals within Early/Head Start and CCR&amp;R sites as part of coordinated intake process</td>
</tr>
<tr>
<td>State</td>
<td>Description of Main CEE Activities</td>
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<tr>
<td>--------------</td>
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<tr>
<td>Kansas</td>
<td>1) Scale up implementation of Integrated Referral and Intake System (IRIS) to more local communities; 2) Pilot care coordination for children with disabilities/special health needs</td>
</tr>
<tr>
<td>Louisiana</td>
<td>1) Build out EdLink (state integrated data system) to include publicly funded-ECCE application and enrollment data with unique identifiers assigned at enrollment; 2) Revise CEE planning template to prioritize equity and family choice while maximizing network capacity; 3) Pilot Ready Start Networks to become a single point of entry; 4) Pilot Early Childhood Guides (navigators) to better reach CCDF-eligible families</td>
</tr>
<tr>
<td>Maryland</td>
<td>1) Conduct “greenhouse” sessions with parents and other stakeholders to inform modernization of statewide data system including revision of data sharing agreements between three departments (Education, Health, and Human Services) and develop a unique identifier; 2) Subgrants to the Local Early Childhood Advisory Councils to support local approaches to unified application or enrollment</td>
</tr>
<tr>
<td>Michigan</td>
<td>1) Launch state-developed no wrong door ECCE framework in &quot;ready&quot; local communities; 2) Give mini-grants and act as convener and connector which allows for local innovation including; 3) Pilot program in Detroit that uses common application and eligibility web portal</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Use existing early childhood longitudinal data system (ECLDS) and Shared Master Index (SMI) infrastructure to build an integrated data portal families can use with common application and consolidated eligibility verification across programs such as Head Start, state preK, child care subsidy, home visiting, WIC, and SNAP</td>
</tr>
<tr>
<td>Missouri</td>
<td>Develop a pilot for regional hubs (starting with rural areas) to implement a centralized enrollment system with a single point of entry giving access to a combination of programs serving children 0-5</td>
</tr>
<tr>
<td>Nebraska</td>
<td>1) Pilot CEE in six sites using successful model from Omaha where enrollment specialists help families enroll in early learning and then child care subsidy specialists help with other public benefits, also expanding Bring Up Nebraska model of no wrong door access to services and Help Me Grow; 2) Subgrants to local communities</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Develop integrated data system and web portal for child care providers that is a &quot;one stop shop&quot; housing QRIS, workforce registry, credentialing, TA/coaching, licensing requirements (etc.) data, will also include child care search feature for families</td>
</tr>
<tr>
<td>New Jersey</td>
<td>1) Implement a continuous quality improvement (CQI) pilot to support expansion and refinement of existing coordinated intake (single point of access) system of care; 2) Hire early childhood specialist to support mental health consultation and child welfare connections</td>
</tr>
<tr>
<td>New York</td>
<td>1) Expand existing coordinated application used by some Head Start programs and school districts; 2) Co-locate WIC and Head Start to encourage participation in WIC; 3) Use social media to supplement existing recruitment/outreach</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1) Expand NCCARE360 (a no wrong door, closed-loop referral system for community services that includes screenings and assessments) to statewide use and to include ECCE services and add 150 ECCE providers to the resource directory; 2) Expand Universal Application and Enrollment Process (UEP) project (where communities that have developed CEE for four-year-old children mentor others) to up to 34 communities through eight pilots, includes state-level oversight and hire of coordinator to oversee mentoring process</td>
</tr>
<tr>
<td>Oregon</td>
<td>1) Hire state Coordinated Enrollment Manager to support regional hubs in implementing local coordinated enrollment systems; 2) Support CEE by designing the state’s integrated data system to use unique child IDs</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Conduct two studies to (a) understand cross-enrollment barriers between WIC (administered by Dept of Health) and SNAP (administered by Dept of Human Services) and, (b) identify children who were eligible for care assistance but never enrolled with a provider</td>
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</table>
### Table: Description of Main CEE Activities

<table>
<thead>
<tr>
<th>State</th>
<th>Description of Main CEE Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Carolina</td>
<td>Develop a common application for early learning programs within SC Thrive, a larger non-profit-run comprehensive application system for state and federal economic support and health programs</td>
</tr>
<tr>
<td>Virginia</td>
<td>1) Using state-developed toolkits and templates, expand local pilot communities’ capacity to conduct self-assessment and develop action plans for CEE implementation with a broad scope of providers; 2) Adapt a data platform (ChildPlus) to provide real-time slot data; 3) Develop a family engagement strategy in the CEE context</td>
</tr>
<tr>
<td>Washington</td>
<td>Create single point of entry system for health and economic support programs that uses Master Person Index, early learning data will be integrated or linked to this system and families will be directed to benefits application through Help Me Grow</td>
</tr>
</tbody>
</table>

**Web Portal or Data System Development**

The most common activity, proposed by 16 states, was the development or improvement of an online “single point of entry” web portal or data system. The data are held at the state level except in Michigan, where the data portal is part of a local pilot. Among these states, eight (California, Colorado, Florida, Georgia, Michigan, Minnesota, South Carolina, and Washington) described a portal that was family-centered and emphasized outward-facing components for families to use to access services. The scope of programs or funding streams included in the proposed family portals varied but in many states they built off existing data infrastructure that was often created for economic support services.

For example, California proposed adding early learning and care programs to a public benefits verification hub that is under development; Colorado described linking pre-existing data systems for child care licensing, public benefits, child care subsidy, and workforce professional development; Georgia wanted to conduct a study to improve their online integrated eligibility system for economic supports, child care subsidy, and health insurance; Minnesota will build an integrated data portal with a common application and consolidated eligibility verification across multiple programs; South Carolina proposed creating a common application for early learning programs within a larger web portal for health care and public benefits; and Washington planned a single point of entry system for health care and social services that uses a Master Person Index and could then be linked to early learning data.

These types of systems may also have functions for providers (e.g., Colorado) and may tie into the state’s integrated data system work (e.g., Colorado, Minnesota, Washington), but the description focused on families as primary users. Terminology commonly used in the descriptions of these family-centered web portals include single point of entry, common intake, and the Impact of COVID-19 November 2021

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6 In Alabama, the data are limited to four Help Me Grow regions of the state but are held at the state level. Help Me Grow is a model for coordinating resources in a community to build a comprehensive early childhood system supporting child development. [https://helpmegrownational.org/hmg-system-model/](https://helpmegrownational.org/hmg-system-model/)

7 Colorado’s proposed portal also has significant provider- and state agency-facing components. In an interview that PDG B-5 TA Center staff conducted with state representatives in December 2020 to inform the second half of this report, we learned that the portal has since evolved to be more provider-oriented.
eligibility verification, unified waitlist, real-time monitoring of available slots, centralized database, and no wrong door.

A smaller group of four states described web portals that were provider-centered. These portals were intended to be used primarily by providers but could also have benefits for families. Kansas and North Carolina both proposed expanding the use of closed-loop referral data platforms. These types of systems let service providers more easily follow up on referral uptake, or “close the loop,” when they refer families to other providers. These platforms may also have additional features like built-in assessments and screenings and real-time data on the capacity of partner organizations to receive referrals. Use of these platforms can lead to a more coordinated referral process and better experience for families, with fewer of them “falling between the cracks” or becoming lost to the system.

New Hampshire will build a data portal that links Quality Rating and Improvement System (QRIS), professional registry, credentialing, technical assistance/coaching, and licensing data, among others. It will let ECCE providers access and enter required data more easily. It offers secondary benefits to families through a child care search feature. It also has significant functionality for state agency staff who need these data for reporting and program management purposes. Virginia proposed adapting a nationally used data management system to meet their needs for real-time child care slot data. Terminology commonly used in the descriptions of these provider-centered web portals include closed-loop referral and no wrong door.

In addition to New Hampshire proposing a data system that is state agency-centered (as well as provider-centered), four other states laid out plans for data system enhancements that were primarily for state agency use. As part of expanding Help Me Grow, Alabama will continue to develop a centralized database that supports a common intake process, enabling the state to track and coordinate new referrals and applications, coordinate eligibility requirements, and monitor openings and a waitlist. Louisiana will build out their state integrated data system to include publicly funded-ECCE application and enrollment data. Maryland will revise data sharing agreements among three state agencies (Departments of Education, Health, and Human Services) as part of modernizing their data system and streamlining eligibility and enrollment procedures for families who may be eligible for multiple programs. Oregon will support CEE by designing the state’s integrated data system to use unique child IDs. Terminology commonly used in the descriptions of these state agency-centered web portals include data sharing agreements, unique identifiers, and integrated data.

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8 Although the data are held at the state level, Alabama’s system is not statewide and it is used more similarly to how data systems are used to support CEE at a local level.
Pilot or Localized CEE Implementation

Eleven states proposed pilots of coordination, expansions of ongoing pilots, or localized CEE implementation (i.e., occurring in relative isolation and approximating a pilot) as a CEE activity, making this the next most common type of activity after the development or improvement of an online single point of entry web portal or data system. There were two types of pilots or localized implementation. The first type was small-scale implementation of specific CEE strategies. Examples include Illinois embedding home visiting referrals within Early Head Start/Head Start and CCR&R sites as part of a coordinated intake process; Kansas piloting care coordination for children with disabilities or special health needs; Louisiana hiring staff to act as guides to better reach child care subsidy-eligible families; Michigan launching a web platform that facilitates eligibility determination and application for ECCE programs for families in a local community; New Jersey planning a continuous quality improvement (CQI) pilot to understand how to improve their existing coordinated intake system; and New York implementing three strategies locally – expanding the use of a coordinated application adopted by some Head Start programs and school districts, co-locating WIC and Head Start, and using social media to supplement existing recruitment/outreach to families.

The second type of pilot was localized implementation of a general CEE approach. These can be considered trial runs of a full CEE model before potentially scaling up to statewide implementation. The previously discussed example of Alabama expanding Help Me Grow in four regions of the state falls into this category. Other examples include Louisiana piloting Ready Start Networks (which are highly supported versions of their more standard Community Networks) to act as ECCE hubs and a single point of entry for enrollment; Michigan launching their state-developed no wrong door ECCE framework in "ready" local communities; Missouri piloting a model for CEE in their rural communities; Nebraska piloting a CEE approach first successfully used in Omaha that includes no wrong door access to services and Help Me Grow; North Carolina expanding CEE system development through local-to-local mentoring; and Virginia pilot communities conducting CEE self-assessments and creating implementation plans using state-developed toolkits and templates.

9 CCR&R = Child Care Resource and Referral network
As a counterpoint to these many pilots and instances of localized CEE implementation, PDG B-5 TA Center staff know of only two states where local-level CEE involving selection and enrollment into ECCE programming has scaled up to statewide implementation. These states are Louisiana and Oregon. Both started their CEE efforts outside of the PDG B-5 grant program and have state funding sustaining it. A third state, New Jersey, has a statewide system of coordinated intake that is implemented locally in all 21 counties, but this system originated with home visiting programs and is still expanding to other B-5 services include early learning. Several other states described above (Michigan, North Carolina, Virginia) are providing guidance at the state level and leveraging state resources to expand local CEE implementation.

Local Implementation State Highlight – Through their PDG B-5 initial grant, Virginia supported local pilot communities in building models of CEE by co-developing and facilitating the use of a coordinated enrollment self-assessment along with other tools and templates. They propose to continue this with their renewal grant, further helping the pilot communities build on their strengths, learn from peers, and grow their capacity to implement CEE. This includes turning information from self-assessments into concrete action plans, gathering expertise on financing, expanding the stakeholders engaged in CEE to include parents and leaders from broader human services agencies, and integrating family engagement strategies as part of CEE. Additionally, the state proposed to partner with ChildPlus to adapt the software to Virginia’s particular needs and strengthen the capacity to have real-time child care slot information.

Other Activities

Eight states proposed activities that did not fit into common categories. As their only activity, Connecticut proposed to fund through a competitive process three to five local communities to expand ongoing coordination efforts. In a fourth activity, Louisiana will revise their state-developed CEE planning template that they provide to local communities. Maryland, Michigan, and Nebraska all planned to support localities through mini-grants or subgrants in addition to their other proposed state-level activities. Oregon and New Jersey planned to hire staff – Oregon wanted to hire state-level staff to support continued CEE implementation by their regional hubs, whereas New Jersey proposed hiring early childhood specialists for their coordinated intake hubs. Rhode Island described conducting a study of WIC (administered by Department of Health) and SNAP (administered by Department of Human Services) cross

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10 This information is not readily apparent from Louisiana’s and Oregon’s CEE bonus section narratives but can be found elsewhere in their PDG B-5 renewal applications.
11 Louisiana and North Carolina also proposed hiring staff, but this was part of previously discussed activities that were already coded for and not an activity on its own. Louisiana planned to hire Early Childhood Guides and North Carolina planned to hire a coordinator for its local-to-local mentoring project.
enrollment as well as a study of child care subsidy-eligible children who never enrolled with a provider.

Feature 2: Scope of Programs Involved

*What is the scope of the programs (or funding streams) being coordinated across in the CEE activities?*

For this feature, PDG B-5 TA Center staff coded states’ CEE bonus section narratives using four categories.

- Early Learning and Family Support- includes early learning programs such as Head Start, state preK, private child care, and Early Childhood Special Education (ECSE), as well as home visiting, child care assistance program (CCAP)/subsidy, and other similar programs.
- Health and Mental Health- includes Medicaid, Children’s Health Insurance Program (CHIP), developmental screening, oral health, Infant Early Childhood Mental Health Consultation (IECMHC), and other similar programs.
- Other Economic Supports- includes SNAP, WIC, TANF, housing support, and other similar programs.
- Unclear- indicates staff could not tell what programs or funding streams were to be included in the state’s CEE activities.

States could be assigned any combination of the first three codes, or the fourth indicating the scope was unclear. Twelve states (California, Colorado, Georgia, Maryland, Minnesota, Nebraska, New Jersey, North Carolina, Oregon, South Carolina, Virginia, and Washington) were assigned codes in each of the first three categories, indicating a broad, cross-sector intended scope of coordination. Six states focused on Early Learning and Family Support only (Alabama, Illinois, Louisiana, Michigan, Missouri, and New Hampshire). Two states planned cross-sector coordination between Early Learning and Family Support and Other Economic Supports (New York and Rhode Island) and the remaining two states (Connecticut and Florida) were unclear in their scope. Connecticut proposed giving grants to local communities via a competitive process so the scope of coordination would naturally be unknown. Florida did not include examples of programs or funding streams they would attempt to coordinate across in their development of an online single point of entry system. For a summary table of the codes across 23 states, see Appendix A.

Feature 3: Characteristics of CEE Approach

*What characteristics does the state use to describe their planned CEE approach?*

Here, PDG B-5 TA Center staff looked somewhat outside the bounds of the states’ explicitly proposed CEE activities and assessed the way states characterized their broader CEE
approach in their application narrative. The following terms are often seen in discussions of coordination:

- **Single point of entry** - Families have one centralized place to go (i.e., a single website, phone number, or in-person location) to gain access to an array of services. The scope of the services will vary by community, with some communities choosing to coordinate across a narrower range of services while others have a broader scope (see Feature 2: Scope of Programs Involved).

- **Common application** - Families complete a single application to indicate their interest in the array of services, whereas previously they needed to complete an application for each service (e.g., one for WIC, one for Head Start, and one for child care assistance) or each provider (e.g., one for Mary's Learning Center, one for Tri-County Community Action, and one for Tri-County public schools).

- **No wrong door** - Families can reach out to or apply for any one service and the provider will refer the family to other services they may qualify for or show interest in, or refer the family to other providers who may be a better match for them.

- **Closed-loop referral** - When providers refer a family to another provider or service, they check to see if the family made contact with that provider and whether they enrolled to “close the loop” on the referral.

States could be assigned codes for any combination of the above characteristics, or a code of “Unclear” if TA Center staff could not determine from the application narrative whether any of these characteristics applied. TA Center staff assigned a code both when the state explicitly mentioned the characteristic in question as well as when the characteristic was strongly implied or could reasonably be inferred. Some states explicitly mentioned or heavily implied a common application as part of their single point of entry system, but others did not. TA Center staff coded both single point of entry and common application in the former case (see Alabama, Washington); otherwise staff coded single point of entry only (see Georgia, New Jersey).

Single point of entry and common application are often seen together but are actually independent. In some systems, families arrive at a single point of entry but only apply for services after preliminary eligibility is determined. This reduces redundancy in applications so the need for a common application is also reduced. Similarly, in some systems, the single point of entry is at the state level, but once preliminary eligibility is determined, families need to apply to specific providers at the local/regional level that do not use a common application. The converse, where a community has a common application but no single point of entry, can potentially also occur. Families can be given the same common application to complete by multiple providers who are part of a network in a “no wrong door-type” of system, although PDG B-5 TA Center staff suspect this is rare in practice and did not see it in the renewal narratives. It is likely that most networks coordinated enough to have a common application would also
consider the network entity to be a single point of entry, even if families made first contact through an individual provider.

No wrong door and closed-loop referral are also often (but not always) paired together. No wrong door is a common approach, but closed-loop referral requires extra steps that are labor intensive if done manually. Some communities (e.g., North Carolina, Kansas) use data platforms to support this.

In our analysis of the states’ CEE bonus narratives, we found that single point of entry was common to almost all (21 of 23) the states. This suggests that single point of entry can be considered a defining characteristic of CEE. The two exceptions were Connecticut and Kansas. Connecticut described giving local grants as their only CEE activity and the characteristics of the to-be-funded CEE approaches are unknown so TA Center staff coded them as “Unclear.” Kansas’ approach pairs no wrong door with closed-loop referral using a data platform.

Four states (Georgia, New Hampshire, New Jersey, and Oregon) mention only single point of entry in their narrative. New Hampshire is slightly unusual in that it refers to creating a “one stop shop” (another way to describe single point of entry), but this is for providers rather than families. Nine states (Alabama, California, Florida, Maryland, Minnesota, Missouri, New York, Rhode Island, and Washington) pair single point of entry with a common application. Louisiana and Michigan add in the third characteristic of no wrong door.

North Carolina and South Carolina have all four characteristics; in North Carolina, no wrong door and closed-loop referral are part of their proposed expanded use of the NCCARE360 data platform while single point of entry and common application are part of the Universal Application and Enrollment Process (UEP) local-to-local mentoring project. South Carolina mentions all four characteristics in their plans for developing a common application for early learning programs within a larger comprehensive application system for economic support and health programs. Colorado, Nebraska, and Virginia have CEE approaches that use single point of entry and no wrong door together. Again, for a summary table of the codes across 23 states, see Appendix A.
Feature 4: Implementation Stage

What stage of implementing CEE activities is the state in?

For this feature, PDG B-5 TA Center staff coded the implementation stage of states’ proposed CEE activities using binary codes of planning or implementing. If the state discussed creating or starting a new process or activity, this was coded as planning. If the state had an existing process or activity they were proposing to improve or expand, then this was coded as implementing. States could be assigned both codes if they proposed more than one substantive activity and it was clear the activities were in different stages of implementation.

Eleven states were coded as planning. This included a number of states that were planning complex state-level data systems work (California, Colorado, Maryland, Minnesota, New Hampshire, and Washington) or were in the early stages of web portal development (Florida). It also included states that were proposing new pilots or “launching” localized coordination activities, indicating they were in the planning stage (Illinois, Michigan, and Missouri). Nine states were coded as implementing. These states (Alabama, Connecticut, Georgia, Kansas, Nebraska, New Jersey, North Carolina, Oregon, and South Carolina) used words such as “expansion,” “refinement,” “revise,” “make improvements,” and “scale up” in their descriptions of their proposed activities. Three states (Louisiana, New York, and Virginia) were coded as both planning and implementing.

These findings indicate that among the 23 states, there was a fairly even split between those that were in the process of planning their CEE activities and those that were already implementing and were proposing expansions or enhancements. In our initial review of the CEE narratives, we could see the states varied in their depth of experience with CEE, but we were not entirely successful in crafting a coding schema to capture this. This feature as it was coded reflects mostly whether states’ proposed activities were new or continuing and does not take

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CEE Approach State Highlight – North Carolina described two main CEE activities that encompass each of the four previously described CEE characteristics. They will expand to statewide use their NCCARE360 platform, which is a no wrong door, closed-loop referral system for community services that includes developmental screenings and assessments. PDG B-5 renewal funding will allow them to add 150 ECE providers to the NCCARE360 resource directory and an additional 2,000 families will be connected to resources using the platform. North Carolina’s second activity is to expand their Universal Application and Enrollment Process (UEP) project, where communities that have developed single point of entry and common application CEE approaches for four-year-old children mentor other communities. The expansion will include up to 34 communities through eight pilots. The state will provide oversight and hire a coordinator to oversee the mentoring process.

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12 Hiring staff, giving subgrants to local communities, and other lower level of effort activities were not coded as “new” activities needing planning.
into account the complexity of the proposed activities or any prior activities that led up to the new activities being proposed. In our qualitative read of the narratives, some states have more experience and a longer history with local implementation of CEE (or CI) and a few have reached statewide implementation (Louisiana, New Jersey, and Oregon) whereas others are just beginning to explore (e.g., Missouri). The same is true with state-driven data portal or data system development. Some states are very early in the process (e.g., Florida) whereas others are drawing from their experiences with integrated data systems development outside the realm of CEE (e.g., Colorado, Maryland, Minnesota, New Hampshire) or expanding on web portals designed for accessing economic supports (e.g., California, Georgia, South Carolina, Washington).

Feature 5: Geographic Level of Implementation

At what geographic level (i.e., local/regional, state) is the state implementing or planning to implement their CEE activities?

PDG B-5 TA Center staff coded this feature using the binary categories of local/regional or statewide implementation. The distinguishing factor was whether the CEE activity would be implemented across the entire state rather than locally in only some selected communities. The question was not whether state or local actors were responsible for the CEE activity being implemented. State oversight or provision of guidance materials can be applied locally or statewide; we coded for the latter distinction and not for whether the state played a role in the activity.

We coded nine states as implementing locally/regionally. Not surprisingly, many of these were the states that we characterized as conducting local pilots under Feature 1, Main CEE Activity: Alabama (Help Me Grow expansion), Connecticut (local grants), Illinois (embed home visiting referrals within Early/Head Start and CCR&R), Kansas (expand use of closed-loop referral platform), Michigan (launch ECCE framework in “ready” communities, pilot local web portal), Missouri (pilot CEE in regional hubs), Nebraska (pilot CEE model, expand no wrong door model and Help Me Grow), New York (three local strategies), and Virginia (strengthen implementation within pilot communities).

We coded nine other states (California, Colorado, Florida, Georgia, Minnesota, New Hampshire, Rhode Island, South Carolina, and Washington) as implementing statewide. Also not surprisingly, these were many of the states that we described as proposing state-level web portal or data system work under Feature 1: Main CEE Activity. We coded five states as implementing at both levels. Louisiana, New Jersey, and Oregon are the only three states that are doing statewide implementation of local-level CEE (or CI in New Jersey’s case). Louisiana and Oregon also proposed some state-level data system work. Maryland will do state-level data systems work but also give subgrants to locals to develop their CEE approach. North Carolina will implement their closed-loop referral platform statewide while continuing to expand local CEE implementation through local-to-local mentoring.
Feature 6: Data System as CEE Support

Does the state describe any data systems that are being used or will be used to support their CEE activities?

PDG B-5 TA Center staff coded this feature using the binary codes of yes/implied (meaning data systems were explicitly described or they were implied) and “not mentioned.” The vast majority of states (17 of 23) described data systems on some level as part of their CEE activities. We know that many states proposed web portal or data system development as their main CEE activity, but these findings indicate that even among those that did not focus on data systems and proposed some other type of CEE work, data systems were a needed underlying support.

The remaining six states (Connecticut, Illinois, Missouri, Nebraska, New Jersey, and New York) did not mention data systems in their CEE bonus narratives, although this does not mean they do not need data supports in their work. It is more likely an indication of the nature of their proposed activities (e.g., Connecticut will award grants to local communities to implement CEE; New Jersey will conduct a CQI pilot study of their statewide coordinated intake system) rather than an indication that they can implement CEE without data supports.

Summary

Looking across our analysis of the 23 PDG B-5 renewal states’ CEE application narratives, we see that many states proposed building state-level web portals that would serve as a single point of entry to services for families or doing some other type of data systems integration work that would support CEE at the state level. This is in some ways a top-down approach but should be expected because the top is where state actors have leverage (and the grant applications were written by state staff). The complexity of the web portal build depends in large part on whether the services offered have a selection component where families need to be matched to local providers. Portals with economic supports as the scope may be simpler to build than portals that include ECCE programs in addition to economic supports. Also, portals for smaller communities will be simpler to build than state-level portals.
It can be extremely challenging to build a portal at the state level that has an online common application that provides access to all local ECCE providers, determines eligibility across funding streams, and matches families to a provider considering family preferences and slot availability. It can be even more challenging to design that application to cover a range of services including health care and economic supports in addition to ECCE. The technical build can be accomplished, but what is likely the most difficult to achieve is getting all providers to buy into and participate in the CEE process. Providers must agree to use mutually agreed-upon processes for recruitment, application, eligibility determination, and enrollment, they will need to be compelled to do so, likely through licensing or funding levers. This can limit participation to publicly funded programs but the need for CEE is greatest among families navigating public programs.13

For coordinating ECCE programming, another route to consider is a ground-up approach where states support pilot communities in implementing CEE locally and then try to scale up into statewide implementation. In our review of the application narratives, we also saw many proposed activities of this type. Local implementation still needs data support but how sophisticated that needs to be is up to the community. Ideally, the state would provide infrastructure for case management (e.g., a data system that compiles application information, determines eligibility, facilitates matching, and tracks enrollment and slot availability in real-time) and integrate enrollment data into a larger state data system, but there is less incentive for the state to do this when the CEE efforts are grown from the ground up. In ground-up examples, the local communities typically strive to find a data solution that meets their immediate case management needs, but these solutions tend to represent the lowest common denominator and usually do not build high-quality data infrastructure. The advantage of a ground-up effort is in community building – relationships are built among programs at the local level and the community learns to work together to meet community needs. The state still has a role to play in providing oversight, guidance, and infrastructure supports, however. For example, Louisiana and Virginia state staff developed tools and materials for local implementers, and Michigan state staff developed a no wrong door ECCE framework for use in local communities.

When eligibility and enrollment are coordinated, families have improved access to the services that are the most appropriate for them. CEE simplifies for families what can be a confusing and labor-intensive process of identifying which services they would like to access, applying in multiple places, and then choosing from among those they qualify for. Creating a single point of entry where families apply for services once using a common application and having eligibility determination and selection done through a coordinated back-end process can reduce a family’s burden and still allow for choice. Similarly, a no wrong door approach gives families access to other services they may qualify for beyond what they were originally seeking.

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13 CEE approaches rarely include private self-pay child care providers because they operate under different market forces.
CEE also benefits the providers involved by promoting collaboration rather than competition as the main strategy for maintaining full enrollment. In a fragmented service system, programs tend to operate largely in isolation from one another, and providers within a sector can feel like they are competing with one another to serve a limited pool of families. In a coordinated system, the use of joint application and selection procedures means that the best provider-family match is made. Providers have equal access to what in practice is usually a large pool of families seeking services and available slots in a community are allocated more efficiently and equitably. By building the connections between providers and allowing families easier access to best-fit services, CEE strengthens the comprehensive early childhood system as a whole and makes it more resilient to stressors, such as the COVID-19 pandemic.

Part 2. Impact of COVID-19 on CEE Activities

In the months immediately following states' submission of their PDG B-5 renewal grant applications, the COVID-19 pandemic had far-reaching impacts on Americans’ lives. State agencies needed to respond to the emerging health and economic emergencies. To understand how the pandemic affected states’ abilities to implement their proposed coordinated eligibility and enrollment (CEE) activities, PDG B-5 TA Center staff interviewed staff from a sample of the states in December 2020.

Interview Process

TA Center staff chose six states (Colorado, Florida, Louisiana, Missouri, Oregon, and Rhode Island) that were willing to participate in the interview and that varied in geographic location, scope of programs involved in CEE activities, characteristics of CEE approach, and CEE implementation stage. TA Center staff drafted an interview protocol asking state staff about their proposed CEE activities, the impact of COVID-19 on their ability to implement those activities, and strategies they used to address COVID-19 related challenges. Most individuals we interviewed were program managers or directors within state early learning divisions and/or departments of education. TA Center staff summarized the interview data and conducted a systematic analysis to reveal common challenges that states faced in CEE implementation and adaptations they made to their work in response to these challenges. The six states we interviewed represent a sample and their pandemic experiences cannot be generalized broadly to all PDG B-5 renewal grantees, although the impacts they felt may resonate with staff from other states on some level.

Summaries of Sample States’ Proposed CEE Activities and Context

Below, we briefly describe each state’s planned CEE activities, based both on what they proposed in their renewal grant application prior to the pandemic, and on what we learned
through the interviews in December 2020. We also give contextual information important to understanding their CEE work, such as whether efforts were already ongoing independent of PDG B-5 funding.

**Colorado**

**Colorado** proposed the creation of an IT Solutions Roadmap, a state strategy to improve the alignment of data between programs such as the Colorado Shines Professional Development Information System (PDIS), Colorado Shines Quality Rating and Improvement System (QRIS), Licensing/Background Investigation Unit (BIU), and Program Eligibility and Application Kit (PEAK). The goal of the Roadmap is to improve access to these data systems for state staff, child care providers, and families. To accomplish this goal, **Colorado** Office of Early Childhood (OEC) staff hired a third-party vendor to support the technical components of the project.

As a separate CEE activity, **Colorado** staff were also developing a coordination toolkit for localities. The toolkit will help localities consider how they can better coordinate their early care and education system to increase family access by highlighting local or national success stories and including tools to facilitate coordination. Also, as a part of the PDG B-5 strategy focused on strengthening local capacity, a facilitated workgroup of the OEC, Family Resource Center Association and Early Childhood Council Leadership Alliance, with input from local organizations, created a local collaboration guide for the state’s Family Resource Centers and Early Childhood Councils, which share some goals (Early Childhood Council Leadership Alliance, 2020; Family Resource Center Association, 2015). Family Resource Centers connect families with comprehensive, coordinated support services. Early Childhood Councils engage with providers and families to ensure that families have access to high-quality child care, family support, and health/mental health care services. Both the coordination toolkit and the ECC/FRC collaboration guides will be promoted and piloted by select communities later in 2021.

**Florida**

**Florida’s** proposed CEE activities focus on data integration and coordination within a single point of entry (SPE) platform. The single point of entry platform relates to PDG B-5 Activity 3 (Maximizing Parent and Family Knowledge) by making program information more accessible to families. The platform’s focus will be on providing families with eligibility information and application resources for early intervention and early childhood special education services. System administrators will also be able to use the SPE platform to assess what the barriers to families accessing multiple services are and determine how to integrate waitlists. Staff at the Office of Early Learning (OEL) expected to establish subcontracts to vendors within the first year of the project and complete a draft SPE portal by the end of the first year but are now re-evaluating the sequence and deadline for the project due to COVID-19 related delays.

**Florida’s** renewal grant application also included an activity to convene a workgroup of professionals and partners from the early intervention and special education fields. The goal of
this developmental screenings workgroup is to give recommendations on how to provide the Individuals with Disabilities Education Act (IDEA) Part C and Part B 619 services more effectively, as well as how to streamline families’ access to other birth through five services to meet their needs more comprehensively. The group expects to deliver their recommendations by mid-2021. The University of Florida will work with OEL partners to implement these recommendations and develop a roadmap for families that increases their knowledge of screening, assessment, diagnosis, and treatment steps for children with disabilities.

**Louisiana**

**Louisiana’s** CEE efforts predate their PDG B-5 renewal grant; the department of education began building a CEE strategy in 2013. Coordination across programs occurs through Community Networks (CN) that organize mostly at the parish (county) level. CNs implement CEE across state-funded preschool, child care, and Head Start programs within their geographic catchment area. The lead agency within a CN is typically a local education agency (LEA) but other organizations can apply to lead. **Louisiana** Department of Education staff provide CNs with training, technical assistance, and other implementation support.

Since **Louisiana** staff have years of CEE implementation experience, they embedded CEE as a main systems-building strategy within their larger PDG B-5 efforts. The CEE bonus section of their renewal grant application cross-references Activity 3 (Maximizing Parent and Family Knowledge) and Activity 6 (Monitoring). For **Louisiana** state staff, the goal of CEE is to increase access to early care and education by streamlining services and reducing duplication of efforts for families and providers. Specific activities described in the grant application include leveraging Community Networks to increase infant/toddler slots, pilot Ready Start Networks, and build out EdLink. The Ready Start Network pilot aims to expand and improve coordination across local programs by establishing local governance structures and identifying gaps in service (Louisiana Department of Education, 2019b). Ready Start Networks are CNs that receive additional assistance, site visits, and support from the state to strengthen local capacity. EdLink is an initiative to integrate early care and education data with the K-12 data system. Through the interview, PDG B-5 TA Center staff also learned about an existing online eligibility determination tool called **DirectMatch**; although it was developed by the Department of Education in 2018 unrelated to PDG B-5, it was used more consistently statewide during the COVID-19 pandemic as it eliminates the need for face-to-face interactions in determining family eligibility.

**Missouri**

The **Missouri** PDG B-5 team proposed activities that would lead to CEE across early childhood services that are currently housed within four state agencies. Led out of the Office of Early Learning in the Department of Education, the CEE efforts require collaboration with the Departments of Social Services, Health and Senior Services, and Mental Health and are in the
planning stages. State staff are undertaking a mapping activity to assess the scope of available services (e.g., preK, child care, home visiting), cross-walk eligibility requirements, and align referral and application forms. This will inform the development of a single point of entry system that can more efficiently connect families to one or many appropriate resources. The single point of entry system will be supported by a centralized data system. The goal is to pilot implementation of this system in regional hubs in rural parts of the state.

**Oregon**

Like **Louisiana**, **Oregon** had CEE activities that predated their PDG B-5 renewal grant. **Oregon** Early Learning Division staff were using an expansion of their state preschool program and their PDG B-5 initial planning grant to implement CEE across 16 regional Early Learning Hubs. Early Learning Hubs are cross-sector partnerships that are operated most often by state education service districts (ESDs), nonprofits, and universities. Their governance structures require member representation from multiple sectors including but not limited to early childhood education, K-12 education, early intervention/early childhood special education, social services, higher education, the business community, and parents. ESDs are a regional LEA organizing body that coordinate programs and services that may range from early learning to workforce preparation. **Oregon’s** PDG B-5 renewal application detailed the expansion of Preschool Promise, a state-funded preschool program, across all Early Learning Hubs, and the development of a CEE strategy that would start with Preschool Promise but eventually encompass all publicly funded preschool programs including Head Start and Oregon PreK (state-funded Head Start), and child care programs receiving subsidies. PDG B-5 funds are integrated with state Student Success Act (SSA) funds for these activities. Passed in 2019, the SSA is a corporate activity tax.

**Rhode Island**

**Rhode Island’s** proposed CEE activities centered on a data analysis of families enrolled in Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). **Rhode Island** currently has a coordinated application and eligibility determination system that includes SNAP and many other programs (e.g., Rhode Island Works Cash Assistance, Medicaid, State Supplemental Payment Program, and Child Care Assistance Program) that are administered by the Department of Human Services but does not include WIC because it is administered by the Department of Health (Rhode Island Department of Human Services, 2021). Their PDG B-5 Needs Assessment survey revealed that families were nearly twice as likely to be enrolled in WIC than SNAP, despite the survey sample including almost entirely families that should qualify for both programs. In their renewal grant application, **Rhode Island** proposed to do a cross-enrollment analysis of families enrolled in SNAP and WIC to understand what the rate of dual enrollment is. After completing the analysis, the two departments will work together to develop a plan to increase the rate of dual enrollment.
Through the interview, PDG B-5 TA Center staff learned that in addition to the cross-enrollment data analysis, the state is developing a statewide e-referral system known as RISES. An initial pilot connected Pre-K, dental providers and family support services from a Community Action Partnership. The e-referral system is a closed-loop system where social service providers can connect families with other resources and then follow up to see if families used the referral.

**Challenges Due to COVID-19 and Adaptations Made**

State staff faced three main pandemic-related challenges that affected their ability to implement planned CEE activities:

- Attendance in early care and education programs significantly decreased.
- To slow the spread of COVID-19, social distancing (and remote work) was required.
- Staff had less time for CEE work due to immediate pandemic needs.

**Attendance in early care and education programs significantly decreased.**

Interviewees from multiple states noted there was a significant decrease in attendance in ECCE programs when the pandemic began. To prevent the spread of COVID-19, many families chose to keep children home, or providers decided to close their center or home to reduce the risk of exposure for their staff. CN teams in Louisiana reported that ECCE enrollment in spring 2020 was far lower than expected, especially considering the steady increases they had seen in previous years. Florida staff said they saw a reduction in requests for support services associated with the decline in ECCE attendance. Interviewees from Oregon estimated there was a 40-50% reduction in use of their child care referral line. Staff across states indicated that many ECCE providers were on the brink of permanent closure because they are typically reimbursed by state and federal agencies based on attendance. Staff across states indicated that many ECCE providers were on the brink of permanent closure because they are typically reimbursed by state and federal agencies based on attendance. Since children were no longer attending, providers experienced a significant loss of revenue.

**State leaders used two main strategies to help providers avoid permanent closure and simultaneously serve children who were still in need of care (such as children of essential workers).**

**States changed payment guidelines to allow providers to be paid even when children did not attend.**

14 The federal government gave all states permission to use Child Care and Development Block Grant (CCDBG) funds to pay for child care slots for low-income families and essential workers based on enrollment rather than attendance. This meant providers could be paid even if they were closed due to COVID-19. However, each state could decide whether it wanted to use CCDBG funds in this manner.

15 Providers also lost significant income when self-paid families were unable or chose not to send their children into care.
One adaptation that state leaders in Louisiana, Florida and Oregon made was they continued to pay providers that enrolled children with child care subsidies even if the children were not currently attending. In addition to continuing to pay providers, Florida added a bonus payment for providers serving children of first responders.

States created online data portals to better track openings and closings among providers and to match families who needed care with providers able to accept them.

Faced with the need for information on which child care providers were still open and serving families, Colorado and Louisiana state staff created web-based portals that could show self-reported data on center closures and openings. Access to this information gave families that needed child care a way to find it and allowed the state to monitor center status changes. A coordinated data system that gives families, providers, and administrators a single point of access to child care enrollment information is a commonly desired feature of a CEE strategy; pandemic conditions just accentuated the need for it. Colorado’s emergency (child care) provider portal was built using stimulus and private funds by a vendor operating outside of their normal state system and the system is now closed and non-operational.

To slow the spread of COVID-19, social distancing (and remote work) was required.

At the start of the pandemic, state governments and other organizations closed their offices and asked employees to work from home to reduce the COVID-19 infection rate. The impact was that many state staff had to work on proposed PDG B-5 activities and continue to support localities’ program enrollment efforts remotely. At the local level, program staff could not use traditional enrollment strategies such as in-person enrollment events or face-to-face community outreach.

State and local staff adapted to the need to conduct their work remotely by increasing the use of web-based technologies that had benefits as well as drawbacks.

Some of the technologies adopted include video conferencing platforms, internet-based data systems, virtual collaboration tools, and online preschool applications. These technologies were used with varying degrees of success and there were both advantages and disadvantages associated with virtual work.

The increased use of video conferencing expanded access to state-level meetings.

One of the benefits of using video conferencing platforms is that an attendee can join from any location. Colorado and Rhode Island staff reported seeing increased attendance in state-level meetings once they shifted to holding them virtually rather than in-person. Colorado state staff explained that those living far outside the Denver metro area could easily participate in meetings because they no longer had to travel long distances. This resulted in more equitable representation of attendees from around the state. Similarly, Missouri staff began live-
streaming some state-level meetings, which meant that more members of the public could access these meetings than when they were in-person.

The increased use of digital tools reduced paperwork burden and facilitated a higher level of service coordination for families.

**Louisiana** state interviewees reported that CN staff advanced their use of digital tools for program administration due to the need to work from home. These tools are *DirectMatch*, an income eligibility determination tool, and online common applications for preschool. Both technologies existed before the pandemic, but the pandemic expanded their use across the state. Some CN staff were previously reticent to adopt new technologies because the effort required to learn a new system or implement new processes did not seem worthwhile when the existing system was yielding acceptable enrollment results.

*DirectMatch* is a web-based tool containing information about families enrolled in SNAP or Medicaid who are below the 200% Federal Poverty Level limit. A CN staff member can use the tool to search for a child or family record and download the eligibility verification for that child’s preschool application. This means families who are already enrolled in SNAP or Medicaid and qualify for state preschool do not need to resubmit paperwork to prove their eligibility (Louisiana Department of Education, 2019). This furthers **Louisiana’s** CEE goals of increased service coordination and ease of access to programs for families. Although *DirectMatch* launched in 2018, few CNs adopted the technology in the 2 years following. The transition to working from home created interest in the tool and **Louisiana** state staff held an online training so that CN staff could learn to use the system.

Similarly, online common preschool applications were available but not widely used in many CNs before the COVID-19 pandemic. The need to work remotely was an incentive for CN staff to promote the use of online applications rather than having families send or deliver a completed paper application. This benefited not only staff, but also eased access for families who had internet access.

**Working virtually altered staff members’ ability to collaborate and build relationships, which is a key part of creating a CEE strategy.**

Video conferencing and virtual collaboration tools allowed staff to work remotely, but virtual interaction is different from in-person interaction in key ways. Some staff found it more challenging to get to know new colleagues and build trusting relationships when interaction was solely online. This may be due to the lack of time for informal small talk and more difficulty in conveying a genuine personal connection over a screen. Relationships that were pre-existing and already strong were less affected by the shift to virtual collaboration. Building cross-program and cross-agency relationships is fundamental to CEE work so the increased reliance on technology did hinder the progress of some CEE activities where relationships did not already exist.
For example, to create the single point of entry system in Missouri, state staff worked to cross-walk enrollment and eligibility requirements across ECCE programs by holding cross-agency brainstorming meetings. Staff used online collaboration tools like virtual sticky notes and online whiteboards to mimic the in-person experience. However, for cross-walk and mapping activities like this, staff felt that the virtual sessions could not replace the speed and substance of meeting in the same physical room, and found it difficult to gain the necessary buy-in. During the COVID-19 pandemic, the Missouri team decided to temporarily shift their focus away from the cross-agency work and concentrate on the less relational task of building out their data system instead.

PDG B-5 TA Center staff also heard from Missouri that connectivity issues was another disadvantage of working remotely. Not all home internet services provide the bandwidth required to join a video call. Some participants in meetings lost signals or needed to join the conference by phone. The instability of the connection slowed down the conversation and the work.

**Staff had less time for CEE work due to immediate pandemic needs.**

The state staff interviewed all described differences between the work they had planned at the start of 2020 to accomplish during the year and what they were able to accomplish. In the early stages of the pandemic, staff had to respond with flexibility as they or their colleagues were drawn into emergency response work and CEE activities became less of a priority. CEE partners at departments of health were particularly impacted.

State and local staff adapted to pandemic conditions by reprioritizing work, reallocating staff time, and finding new partners for CEE activities as needed.

In general, PDG B-5 teams had less capacity to implement grant activities, including those related to CEE. Interviewees were grateful for the flexibility provided by the no-cost extension on their grants.

**Staff prioritized supporting COVID-19 relief efforts.**

For example, Louisiana received emergency funds for hurricane as well as COVID-19 pandemic relief. Louisiana state staff needed to write the guidelines for the distribution of these funds, including to service providers in the B-5 mixed delivery system. This work took priority over most other tasks because staff knew that local communities urgently needed the funds.

**States adjusted timelines for some CEE activities due to the reduction in staff capacity.**

Oregon extended the timeline for their CEE activities and reduced the expectation of coordination across programs for the 2020–21 school year. The 16 Early Learning Hubs are responsible for building partnerships and eventually implementing CEE among publicly-funded preschool programs within their regions. They were using Preschool Promise, a state-funded preschool program which awards grants to various types of ECCE providers, as the starting point.
point for coordination. Provider types include but are not limited to school districts, Head Start grantees, and private child care providers. In response to the pandemic-related decline in ECCE enrollment and reduced staff capacity at both state and local levels, Oregon state staff decided to focus on enrolling children in programs and coordinating eligibility and enrollment among Preschool Promise grantees only. Interviewees from Oregon stressed that the long-term CEE goal of coordinating across additional funding streams, such as Head Start (providers that are not also Preschool Promise grantees), Oregon PreK (state-funded Head Start), and early childhood special education, remains unchanged. The new expectation is that they will resume efforts to coordinate across multiple funding streams during a future school year.

The timeline for Missouri’s CEE goal of building a single point of entry system for ECCE programs was also affected. As was previously mentioned, this type of work requires substantial cross-agency collaboration. State PDG B-5 staff shared that many partners who were focused on responding to immediate pandemic needs could no longer participate in collaborative meetings, and this relationship-building work was especially difficult to do virtually. Given this, the PDG B-5 team refocused their efforts on the building of their Early Childhood Integrated Data System (ECIDS), which underlies a robust CEE strategy. The task of data element mapping could be completed through document reviews and did not require the attention of multiple partners with decision-making capacity. State staff reflected that concentrating on ECIDS data was an appropriate alternative task for 2020, but they have now reached a point where they must turn their attention back to the programmatic aspects of service mapping and cross-walking eligibility requirements.

**State staff formed new partnerships to more effectively move their CEE work forward.**

Despite the challenges to relationship-building posed by social distancing and remote work, interviewees reported that in some cases they were able to form new partnerships to respond to the pandemic as well as move their CEE activities forward. In Colorado, state staff came together with other organizations and philanthropies to form the Emergency Child Care Collaborative. This partnership was responsible for accelerating the creation of the previously mentioned provider portal. The provider portal allowed providers to self-report their closure status and allowed families who needed child care to find open providers.

In Florida, rather than work with a partner agency at the state that was strained by COVID-19 emergency response, PDG B-5 staff were able to establish a new partnership with the University of Florida. The university had the capacity to lead the developmental screenings workgroup and was able to put in a great deal of effort to catch up with the expected project timelines.

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16 The Emergency Child Care Collaborative disbanded in May 2020 after the first Colorado stay-at-home order expired. [https://covidchildcarecolorado.com/](https://covidchildcarecolorado.com/)
Conclusion

Services for young children and their families (e.g., early childhood care and education, home visiting, health and mental health care, economic supports, etc.) exist within an often-fragmented ECCE system. The lack of coordination among providers and programs presents challenges to families as well as to the providers themselves. Families must first be aware of the landscape of services available to them and then navigate complex eligibility determination, selection, and enrollment processes to start receiving services. Providers may work in isolation, or in competition with other providers within their sector, and sectors are often siloed.

Localities and states are using coordinated eligibility and enrollment (CEE) as a strategy for building something cohesive out of what was fragmented before. CEE requires an investment in relational infrastructure (e.g., trusting relationships and co-created processes) as well as an underlying data infrastructure that supports the partnerships. When well-implemented, CEE helps create a more efficient early childhood system that better meets the needs of families, supports the work of providers, and is more robust in the face of challenges (such as the COVID-19 pandemic).

This review of the CEE bonus section of successful states’ PDG B-5 renewal applications uncovered a wide range of approaches to implementing CEE. States varied in their proposed CEE activities, their stage of implementation (planning vs. implementing), characteristics of their CEE approach (e.g., common application, no wrong door, closed-loop referral), geographic level of implementation (local/regional, or statewide), and whether there was a data system supporting their activities.

PDG B-5 TA Center staff also learned more from staff in six states about their progress on CEE activities and how the early phases of the COVID-19 pandemic impacted their work. Most state staff described challenges they faced and adaptations they made in the first half of 2020 when the pandemic response was most acute. They reported facing similar challenges of decreased enrollment in child care, working remotely to maintain social distance, and supporting emergency response efforts. PDG B-5 TA Center staff identified the following cross-cutting themes from among the staff’s experiences.

Cross-Cutting Themes

Pandemic conditions made building relationships difficult, but existing strong relationships contributed to some communities’ resilience.

CEE work inherently requires collaboration across teams that might not typically work together. Pandemic conditions requiring social distancing and remote work made relationship-building challenging so it was difficult to move forward with some types of CEE work. Existing partnerships that were already strong and positive were more likely to survive the stresses of
the pandemic, and the strength of their partnership gave the teams more capacity to address new challenges.

For example, in Colorado, local Family Resource Centers (FRCs) and Early Childhood Councils (ECCs) needed to work together to distribute personal protective equipment (PPE) to child care providers. These organizing entities have different geographic catchment areas. Not all FRCs and ECCs had partnerships with the other entity in their area, which made PPE distribution more challenging. Colorado state staff reflected that FRCs and ECCs with good pre-existing relationships could deliver PPE with greater efficiency than those that did not.

Data systems and other technology tools support the human relationships and are key facilitators of CEE work.

Technology tools increase the speed of information sharing across large numbers of people and help them communicate from a distance. Interviewees from each state described how pandemic social distancing requirements spurred them to rely more on digital tools for storing, accessing, and transferring information and said that technology allowed them to continue their work remotely. Tools we heard about included online common preschool applications, an emergency child care portal that allowed families to find open slots in real time, a database that enables cross-program eligibility determination (DirectMatch), and other data systems including ECIDS.

To have fully coordinated application, eligibility determination, selection, and enrollment processes, partnerships built between agencies must be supported by an infrastructure that allows for secure sharing of families’ and providers’ information. This often requires data sharing agreements or memoranda of understanding (MOUs) but the platform for sharing can be as simple as an Excel document or as sophisticated as an ECIDS. In some instances, pandemic conditions pushed staff to finally adopt technology that was already available but not commonly used, while in other cases, staff turned to technology to help solve problems created by the need to work remotely. Either way, states’ pandemic experiences highlighted the efficiencies that come with data sharing and automation and underscored to many that building a robust data infrastructure would further their CEE work separate from pandemic response efforts.

State staff’s pandemic response experiences reaffirmed their dedication to improving their systems so that they better support children and families, which is also the goal of CEE.

Many of the adaptations that staff made in response to pandemic challenges (e.g., creating data portals, using online applications, forming new partnerships) also had the effect of improving families’ access to services within the B-5 mixed delivery system. One state staff member from Rhode Island expressed that their COVID-19 response efforts were directed toward ensuring families had the appropriate resources and support needed to navigate the challenging economic and health circumstances. Staff from Louisiana thought that one of the long-term positive effects of addressing the pandemic’s challenges would be their increased focus on
family engagement. State staff plan to continue supporting family engagement by creating relevant resources that help Community Networks reach out to eligible families in their catchment area.

**Implications for CEE in the Comprehensive ECCE System**

State and local communities across the United States are using their PDG B-5 renewal grant funding to plan and implement activities that will build out coordinated eligibility and enrollment within some segment of their comprehensive ECCE system. The COVID-19 pandemic was a stress test that both disrupted the work that had been planned and demonstrated the need for coordination. In many states, the pandemic emergency response required targeted use of data, for example, to understand how far child care enrollment was down and where existing slots were. The emergency response also benefited from the mobilization of partnerships, for example, to distribute PPE and give other supports to providers to help them avoid permanent closure. Localities that had the foundations for partnerships and data infrastructure laid were able to build and use them quickly, which allowed them to be more resilient in the face of challenge. Fragmented systems were less able to withstand the stress. The pandemic experience further builds the case for coordinating eligibility and enrollment as a strategy for strengthening an early childhood system so that it can better meet the needs of children, families, and providers.
References


### Appendix A

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<th>State</th>
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<th>Implementation Stage</th>
<th>Geographic Level of Implementation</th>
<th>Data System as CEE Support</th>
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*Grantee’s Coordinated Eligibility and Enrollment Activities and the Impact of COVID-19*  
November 2021
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Grantee’s Coordinated Eligibility and Enrollment Activities and the Impact of COVID-19

October 2021
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