



**TASK FORCE ON THE MENTAL HEALTH, SOCIAL, AND EMOTIONAL  
NEEDS OF YOUNG CHILDREN AND THEIR FAMILIES**

**NOVEMBER 17, 2011**

**10:00-3:00**

**Attendees**

*Members:* Beth Melcher (co-chair), Rosie Allen, Karen Appleyard Carmody, John Ellis, Catharine Goldsmith, Jill Hinton, Judy McKay, Laura Muse, Janice Petersen, William Purcell, Dawn Rochelle, Terrie Shelton, Jean Smith, Joseph Turner

*Steering Committee and NCIOM Staff:* Melissa Johnson, Marcia Mandel, Pam Silberman, Adele Spitz-Roth, Berkeley Yorkery

**WELCOME AND INTRODUCTIONS**

*Beth Melcher, PhD, Assistant Secretary for Mental Health, Developmental Disabilities, and Substance Abuse Services Development, North Carolina Department of Health and Human Services, Co-chair*

**Overview of North Carolina Division of Child Development and Early Education**

Mary Lee Porterfield, Contract Unit Manager, Director's Office Policy Unit, Division of Child Development & Early Education, North Carolina Department of Health and Human Services

Kay Lowrance, Division of Child Development & Early Education, North Carolina Department of Health and Human Services

Ms. Porterfield and Ms. Lowrance provided an overview of child care in North Carolina and the role of the Division of Child Development & Early Education (DCDEE). Approximately 35% of children 0-5 in North Carolina are in regulated child care, which is overseen by DCDEE. DCDEE is responsible for ensuring safe and healthy environments, promoting quality child care, licensing and monitoring, providing public information, and investigating complaints and illegal operations. They reviewed the types of child care arrangements, the star rated license system, rules related to the social-emotional development of children, the quality rating and improvement system, and teacher supports.

A copy of their presentation is available here: [Overview of North Carolina Division of Child Development and Early Education.](#)

*Select Comments and Questions:*

- How will parents know if center had environmental rating done? Not all 3 star programs are the same. Parents are encouraged to ask questions about specific aspects of care provided. Even 5-star doesn't mean that all social-emotional developmental needs are met.

### **Smart Start's Role in Improving Child Care Quality**

Susan Perry-Manning, Senior Director Policy and Programs, Smart Start and The North Carolina Partnership for Children

The mission of Smart Start is to measurably increase development of children birth to 5 years of age wherever they are—at home, in child care, or in a pediatrician's office. The North Carolina Partnership for Children oversees Smart Start. Since Smart Start's creation, children in North Carolina have been faring better. Smart Start is about building the systems needed to support healthy development for children 0-5 years of age. At the local level, this is achieved through local partnerships in all 100 counties. At local and state level, Smart Start focuses funding on evidence-based programs and practices.

A copy of Ms. Perry-Manning's presentation is available here: [Smart Start's Role in Improving Child Care Quality](#).

#### *Select Comments and Questions:*

- How do you define high quality care? Minimum of 4 stars
- Star assessment – is their overlap with QRIS? DCDEE is focused on licensure and rating. Smart Start is focused on moving child care centers up in the star system – through technical assistance, consulting.
- Need to ensure that e-b practices are implemented with fidelity. SS is restricted to offering e-b and evidence-informed programs. But – definitions are wide. Doing work on evaluation of practice, but need more.

### **CSEFEL Pyramid Model and Behavioral Health Consultations**

Margaret Mobley, Statewide Project Manager, Healthy Social Behaviors Initiative, Child Care Resources Inc.

Ms. Mobley presented on the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) pyramid model for supporting the social and emotional competence of infants and young children and DCDEE's statewide initiative promoting healthy social behaviors in child care centers. North Carolina is one of 11 states that have statewide partnerships with CSEFEL (they provide technical assistance, no financial support). The statewide partnerships work to spread training on the CSEFEL pyramid to professionals working with young children throughout the state. The DCDEE's promoting healthy social behaviors in child care centers works to promote the social-emotional health of children in child care centers by providing consultations and trainings to licensed child care centers throughout North Carolina. Since 2005 the program has worked with more than 5,000 teachers across the state, trained 200 trainers across the state, and 56 coaches. The CSEFEL Pyramid is a conceptual model, not a curriculum. It is difficult to teach s-e skills if you (teacher) don't have the skills. We need workforce that understands developmental needs of children.

A copy of Ms. Mobley's presentation is available here: [CSEFEL Pyramid Model and Behavioral Health Consultations](#).

*Select Comments and Questions:*

- Applicability to younger children (infants, toddlers): Modules have been created from this model for 0-3 year olds. Focus is relationships, which is applicable to all ages.
- Principles of model applicable out of classroom. Would be nice to get this in to other settings. DPH is using this in early intervention settings. Have trained home visitors for early head start. Also have parent training models. Hope to see this embedded in QRIS model.
- Not able to respond to 100% of request. Specialists have a waiting list, which varies and they can only respond to cases that are feasible.

**NC-TAPP and the Inclusion Initiative**

Sandy Steele, NC-TAPP, FPG Child Development Institute, University of North Carolina at Chapel Hill

NC-TAPP is a statewide technical assistance project located at the FPG Child Development Institute with staff and offices across the state. NC-TAPP's mission is to improve child outcomes by promoting social and emotional competence of young children and expanding/improving inclusive opportunities for young children with disabilities and their families through responsive TA, the Inclusion Initiative, and the NCDPI SEFEL Initiative. The NCDPI SEFEL Initiative aims to implement the SEFEL pyramid model in preschool classrooms.

A copy of Ms. Steele's presentation is available here: [NC-TAPP and the Inclusion Initiative](#).

**Educating Early Care and Education Providers**

Debra Torrence, North Carolina Institute for Child Development Professionals

Ms. Torrence presented information about the North Carolina early childhood professionals workforce and current educational requirements related to mental health and social-emotional development. North Carolina's early childhood professional workforce is made up of approximately 50,000 individuals, primarily women. These professionals represent a diverse population, have a range of education levels, earn low wages, have few benefits, and typically are parents themselves.

The education standards and guidelines include the NAEYC national standards, the NC higher education competencies, the DCDEE regulated facilities, Head Start, and NC PreK staff education requirements (which vary), and inclusion and early intervention staff requirements. Professional development and technical assistance services are provided by



the NC Child Care Resource and Referral agency guidelines and the Smart Start technical assistance guidelines. In North Carolina there are two- and four-year degree programs.

The Early Childhood Credential is offered by most two-year programs; the birth to Kindergarten teach licensure is offered by most four-year programs. There are continuing education requirements for all early childhood professionals which vary depending on whether the individual works in a child care facility, NC PreK classroom or Head Start classroom. NC also has a few programs to support professional development.

A copy of Ms. Torrence's presentation is available here: [Educating Early Care and Education Providers](#).

### **Discussion of Recommendations**

The Task Force spent the remainder of the meeting discussing draft recommendations.