

# NC EARLY CHILDHOOD ACTION PLAN

## A 2024 Update on NCDHHS Activities and Local Initiatives in Four Key Areas



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



# Executive Summary

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The North Carolina Early Childhood Action Plan (ECAP) was released in February 2019 to establish a vision and road map with 10 critical goals for ensuring that all North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools and communities. This 2024 Update provides a snapshot of significant activities and local initiatives in four of the Plan's 10 goal areas. The full list of goals from the original ECAP can be found in the appendix of this document. As North Carolina recovers from the COVID-19 pandemic, the North Carolina Department of Health and Human Services (NCDHHS) continues to advance the ECAP with a targeted focus on four goals that address highly urgent needs for families with young children.

For each of these four targeted goals, listed below, this report describes three key NCDHHS strategies that are planned, underway, or have been completed to support progress. These strategies align with the commitments outlined in the ECAP and with the NCDHHS strategic plan and priorities.

## Goal 1: Healthy Babies

- Support efforts to improve coverage and rates for maternal healthcare, including doula services and group prenatal care.
- Increase same-day access to all methods of contraception.
- Improve access to and utilization of first trimester prenatal care and comprehensive prenatal care.

## Goal 3: Food Security

- Expand the reach of nutrition benefit programs - such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Medicaid - by identifying people who likely qualify for the multiple programs but have enrolled in only one of the programs and encouraging them to apply for the other programs.
- Build connections for families between health care and access to food supports through Healthy Opportunities, including the Healthy Opportunities Pilots and NCCARE360.
- Increase the rate of NC women who are breastfeeding by expanding support through a new breastfeeding hotline for families and breastfeeding trainings for local WIC agency workforces.

## Goal 6: Permanent Families for Children in Foster Care

- Partner with the Administrative Office of the Courts to pilot an evidence-based model, Zero To Three Safe Baby Court Teams™ to inform future statewide implementation.<sup>1</sup>
- Deploy NCDHHS Division of Social Services (DSS) Regional Child Welfare Permanency Specialists to provide technical assistance to county DSS agencies and implement strategies that decrease the time young children spend in foster care.
- Implement a trauma-informed child welfare practice model to support consistent practices in all child welfare agencies statewide.

## Goal 8: High-Quality Early Learning

- Enhance early childhood teacher compensation through several key initiatives (e.g. WAGE\$, Child Care Stabilization Grants).
- Develop a communications and rollout plan for North Carolina's alternative market rate methodology study to help stabilize child care businesses that participate in the NC Child Care Subsidy Program.
- Expand career pathways for early childhood teachers through collaboration with the NC Community College System and community partners to offer apprenticeships; provide credit for prior learning toward degrees and certifications; count the Child Development Associate (CDA) credential as a higher education credit; and fast track pathways for teacher qualifications.



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# Introduction

The **NC Early Childhood Action Plan (ECAP) 2024 Update** provides a snapshot of key NCDHHS activities in four goal areas. The ECAP<sup>2</sup> was directed by Governor Roy Cooper and developed in partnership with the NC Early Childhood Advisory Council, early childhood professionals and experts throughout the state. Released in February 2019, the ECAP established 10 goals designed to provide the optimal foundation for the health, safety, and success of our state’s children, and the vision statement:

*All North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities.*

By 2025, all of North Carolina’s young children from birth to age eight will be:

- 1. **Healthy** - Children are healthy at birth and thrive in environments that support their optimal health and well-being.
- 2. **Safe and Nurtured** - Children grow confident, resilient, and independent in safe, stable, and nurturing families, schools, and communities.
- 3. **Learning and Ready to Succeed** - Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life.

Six **guiding principles** were central to the development and implementation of the ECAP and are still relevant today.

- 1. Children and families are at the center of our work.
- 2. Brain and developmental science are fundamental.
- 3. Alleviate inequity to ensure that all of North Carolina’s children can reach their fullest potential.
- 4. Build upon existing strengths and partnerships in early childhood systems.
- 5. Set bold priorities and achievable goals for North Carolina’s young children.
- 6. Track progress toward all goals, ensuring transparency, accountability, and good stewardship of resources.





# NC ECAP: 2024 Report Framework

The North Carolina Department of Health and Human Services (NCDHHS) continues to make measurable progress on the North Carolina Early Childhood Action Plan (ECAP) via a renewed focus on four ECAP goals. While integrated effort across all 10 goals is required to fully support children and families, we identified four priority areas where there are urgent needs for families with young children as we emerge from the COVID-19 pandemic and build toward a strong statewide recovery.<sup>3</sup> Namely, NCDHHS is taking decisive steps to address these four goals:



**Goal 1: Healthy Babies**



**Goal 6: Permanent Families for Children in Foster Care**



**Goal 3: Food Security**



**Goal 8: High-Quality Early Learning**

Pursuing these goals entails a range of initiatives spanning funding, service provision, assessment, compensation, resource identification, and workforce training and development. This report summarizes high-impact strategies within each goal area that support the commitments outlined in the ECAP. These strategies align with other key North Carolina strategic initiatives. In the Appendix, we provide a detailed breakdown of policy strategies identified in this NC ECAP Moving Forward report and their alignment with existing state plans.

Since ECAP’s 2019 launch, North Carolina has experienced multiple events – most notably, the unprecedented COVID-19 pandemic – that swiftly and deeply affected how we support children’s health systems. Fortunately, the ECAP was designed to be a living plan that evolves over time to incorporate new effective practices, identify changes in indicators or outcomes, and reflect new challenges and opportunities that impact NC’s families and the systems that serve them. This report represents a next step in ECAP’s evolution as NCDHHS and its partners rise to meet the most pressing challenges facing North Carolina’s children today.

## Current Policy Strategies

This report brings together updated data and current policy strategies relevant to the four ECAP goals previously highlighted. Leaders from across NCDHHS came together to identify state policy strategies that are planned, underway, or have been completed to support progress toward these goals. Below, we summarize strategies within each goal area that support the commitments outlined in the ECAP. These strategies align with other strategic state plans in North Carolina. In the Appendix, we provide a detailed crosswalk of policy strategies identified in this NC ECAP Moving Forward document with existing state-level plans.

## Updated Metrics and Trends

Beyond outlining current NCDHHS policy strategies, for each goal select metrics highlighted in the ECAP have been updated to monitor trends over time and in the context of COVID-19. Whenever possible, the same data sources and metrics were used from the original ECAP. Where data sources and definitions have been updated, we note the changes. This report shows both signs of promising responses in some domains, while also pointing to notable disparities that persist between different child populations

in NC. The updated data draws attention to areas of progress and areas for further improvement. Specifically, current evidence clearly shows that the COVID-19 pandemic disproportionately impacted vulnerable children in low-income and historically marginalized populations, and that these children continue to face higher risks of negative outcomes in health and mental health<sup>4,5,6</sup> education<sup>7,8</sup> and financial hardship<sup>9,10</sup>. As the process of adapting, healing, and resilience-building continues to unfold, our collective effort must ensure that all children across the state can thrive.

### Local Action Spotlights

While state-level policies provide resources and guidance, local partners (e.g., programs, governments, and community organizations) are the frontline of service for young children and their families. These local partners were

central to the development of the ECAP and bringing the plan to life for NC families. We provide examples of grassroots innovation and community problem-solving for each of the four goal areas through local spotlights of organizations working throughout North Carolina to achieve those ECAP goals.

The ECAP is a valuable tool for monitoring progress on key early childhood indicators as our state recovers from the pandemic. This report provides a **snapshot** of four key indicators to help NCDHHS further leverage and connect ongoing efforts in these areas. The strategies identified will ensure that local and statewide systems can adapt to meet both longstanding and changing demands as we rebuild from a pandemic that has tested our children and the institutions that serve them. As Governor Cooper stated in the ECAP introduction, “North Carolina’s future depends on our children today.”

## ► Medicaid Expansion: A Critical Gain for North Carolina Children

In December 2023, North Carolina marked the most significant investment in health care in the state’s history by becoming the 41st state to expand Medicaid. This expansion extends health care coverage to more than 600,000 newly eligible North Carolinians ages 19-64, closing the coverage gap. Expanding Medicaid brings affordable health care to more than 100,000 low-income parents with children at home, including thousands of parents of children with special needs.

Studies show that children are more likely to receive check-ups and preventative health care when their parents are insured. Additionally, children’s health and well-being are improved when their parents have access to physical and behavioral health care. Expanding Medicaid means more healthy parents, which means more healthy children.





PRIORITY GOAL #1:  
**HEALTHY BABIES**



GOAL AREA:  
**HEALTH**

**COMMITMENT: *Babies across North Carolina from all backgrounds will have a healthy start in their first year of life.***

All babies born in NC deserve a healthy start to life. Infant mortality, preterm birth, and low birth weight are key indicators of the health of our state’s babies and of our families. Racial disparities in infant mortality persist in NC, as do differences in poverty and access to high-quality health services. North Carolina fell to the 10th worst state in the nation in infant mortality in 2021 (from 12th in 2018).<sup>11</sup> Healthy NC 2030 set an aspirational goal to reduce the infant mortality disparity ratio between White non-Hispanic infants and Black non-Hispanic infants by 60% – reducing the disparity from 2.5 higher mortality among black non-Hispanic infants that white non-Hispanic infants (2018 baseline) down to 1.5 higher. This disparity increased to 2.8 in 2019 and 2020 but then decreased to 2.4 in 2021 . While this most recent trend is promising, the disparity is still unacceptably high. To address this disparity, NCDHHS has developed strategies to improve women’s, maternal, and infant health by supporting the integration of public health initiatives, health care providers, and community partners.<sup>12</sup> While this report focuses on the infant mortality indicator, the 2022-2026 North Carolina Perinatal Health Strategic Plan provides detailed metrics on other indicators such as maternal morbidity and preterm birth.<sup>13</sup>

## STRATEGIES

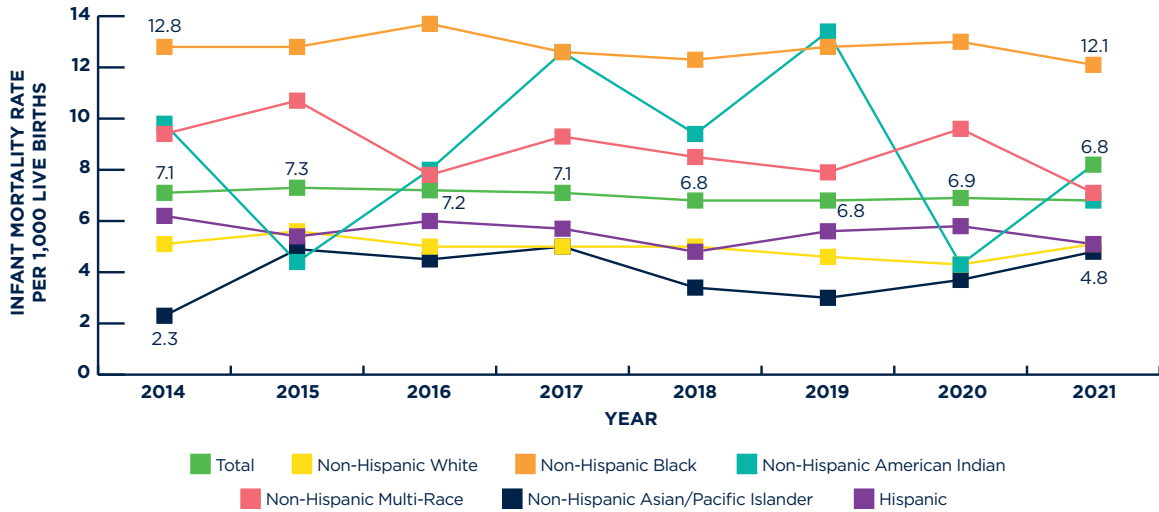
- 1 Supporting efforts to improve coverage and reimbursement rates for maternal healthcare, including doula services and group prenatal care,** is a key NCDHHS strategy to support this goal area. NCDHHS is increasing Medicaid rates for maternal care and group prenatal care as a result of legislation passed in 2023 by the North Carolina General Assembly. In addition, NCDHHS is convening partners to discuss implementation and access options for doula services.
- 2 Increasing access to contraception** is a key NCDHHS strategy for improving birth outcomes. NCDHHS is working to advance pharmacist-initiated contraception and is partnering with the national nonprofit [Upstream](#) to support same-day access to all methods of contraception.
- 3** NCDHHS is committed to ensuring that women receive quality medical care throughout their pregnancies. Through new requirements of the state’s Medicaid managed care plans, NCDHHS is strengthening accountability levers to **improve comprehensive access to and utilization of first trimester prenatal care and timely postnatal care.**

# PRIORITY GOAL #1: HEALTHY BABIES

## METRICS

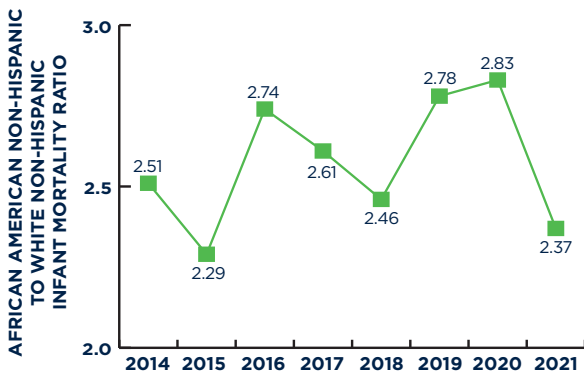
### TRENDS IN INFANT MORTALITY IN NC

Data Source: NC Division of Public Health



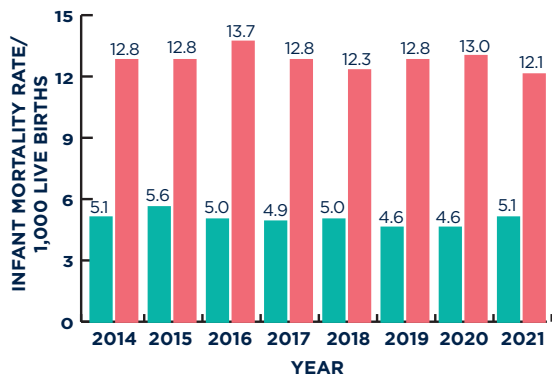
### NC INFANT MORTALITY RATE DISPARITY RATIO

Data Source: NC Division of Public Health



### NC INFANT MORTALITY RATE DISPARITY

Data Source: NC Division of Public Health





## Healthy Babies Local Spotlight

In the wake of the COVID-19 pandemic, support is growing in NC's communities for increased access to the care that doulas offer. Doulas are trained professionals who provide physical, emotional, and informational support before, during, and after childbirth to help families have safe and satisfying transitions into parenthood. Evidence shows doula support can improve birth outcomes. Additionally, many health providers are adding community health workers (CHWs) to their perinatal care teams to provide additional support to new families. Community health workers are trusted members of the community who work as liaisons to facilitate access to services, advocate for their clients, provide social support, and deliver community outreach and education. Fortunately, NC already has several local programs that have recently expanded doula and community health worker services.



Novant Health New Hanover Regional Medical Center ([NHRMC](#)) in Wilmington and the [YWCA High Point](#) have recently incorporated doulas and CHWs into their maternal health programs. Combined, these programs serve about 60 families annually and prioritize enrolling pregnant people who experience poverty, transportation issues, or other barriers to accessing maternal health care. CHWs enroll participants in the program and connect them with a doula. Then, the doula provides care through the baby's first birthday, including six home visits during which they provide referrals to other resources based on the family's needs. These programs also offer participant engagement activities including walking groups, infant CPR classes, community baby showers, and prenatal/postpartum yoga.

The [NC Baby Love Plus](#) (BLP) program has received federal funding to provide doula services to 100 families annually from Nash, Halifax, Pitt, and Edgecombe counties. This service will be provided in partnership with [Opportunities Industrialization Center \(OIC\) of Rocky Mount](#) and the Haliwa-Saponi Indian Tribe. Alongside BLP program staff, the doulas support pregnant and new parents during pregnancy, labor, delivery, and immediate postpartum. This program focuses resources on the families who may be at increased risk for birth challenges due to chronic conditions, lack of social support, or lack of resources such as employment, housing, or transportation.

## PRIORITY GOAL #3: FOOD SECURITY



## GOAL AREA: HEALTH

**COMMITMENT:** *Babies, toddlers, young children, and their families across North Carolina will have access to enough healthy food every day.*

Food insecurity puts NC's children at risk for a host of negative developmental, behavioral, health, and academic outcomes. Across the country, households with children are experiencing food insecurity at a higher rate than households without children (12.5% vs. 9.4%, respectively). Disruptions during the COVID-19 pandemic further highlighted the need for strong food systems that ensure access to healthy food, particularly for children accessing meals through schools and child care. According to Feeding America, prior to the pandemic, rates of food insecurity were at their lowest levels since 1990.<sup>14</sup> However, the initial economic recession and school closures prompted by COVID-19 not only dramatically reversed gains made in prior years; they also reinforced existing racial and ethnic disparities in child food insecurity that persist in NC today.

Thanks to swift responses and sustained investments from federal, state, and local governments and private-sector partners during the federal public health emergency, our state largely avoided a potentially long-term food insecurity crisis. Yet, the latest data shows that about 10.9% of North Carolinians, or about 1.2 million people, are experiencing food insecurity. About 394,000 of those individuals are children, meaning that about one in six children statewide are facing hunger. While these latest food security levels are on par with levels observed prior to COVID-19, enhanced benefits for major nutrition programs (SNAP, WIC) have expired in 2023 after the end of the federal public health emergency.

Reductions in benefits combined with rising food costs threaten North Carolina's ability to sustain and further reduce food insecurity gains made statewide.

**The metrics presented below are only available through 2021 and do not reflect trends in 2023 indicating worsening food insecurity from other indicators such as food bank demand.**

Given these challenges, North Carolina has provided a model for other states of how government and community-based organizations can effectively work together.<sup>15</sup> NCDHHS is currently pursuing the following strategies to mitigate food insecurity for NC's children.





**STRATEGIES**

- 1** By increasing the reach of NCDHHS’s nutrition programs, such as SNAP and WIC, NCDHHS is working to improve nutrition security for children and families. Efforts include (a) a cross-enrollment initiative to identify individuals and households who are enrolled in at least one program (SNAP, WIC, or Medicaid) and are likely eligible for but not enrolled in another program and (b) a pilot to send text messages to individuals potentially eligible for WIC to encourage them to apply. Additionally, NCDHHS has implemented various initiatives to improve the participant experience in SNAP and WIC programs, by leveraging technology to expand flexibility for participant communication, recertification, and appointments.
- 2** Building connections between health care and food supports, including the Healthy Opportunities Pilots in Medicaid, NCCARE360, and other initiatives is another state strategy to address nutrition insecurity. Healthy Opportunities Pilots<sup>16</sup> are the nation’s first comprehensive programs to test and evaluate the impact of evidence-based, non-medical interventions related to housing, food, transportation, interpersonal safety, and toxic stress on high-need Medicaid enrollees. NCCARE360 is the first statewide network that unites healthcare and human services organizations with a shared technology that identifies unmet social needs and enables a coordinated whole person-centered approach for delivering care.
- 3** NCDHHS is also working to increase the rate of NC women who are breastfeeding by expanding support through a new breastfeeding hotline for families and breastfeeding trainings for local WIC agency workforces.

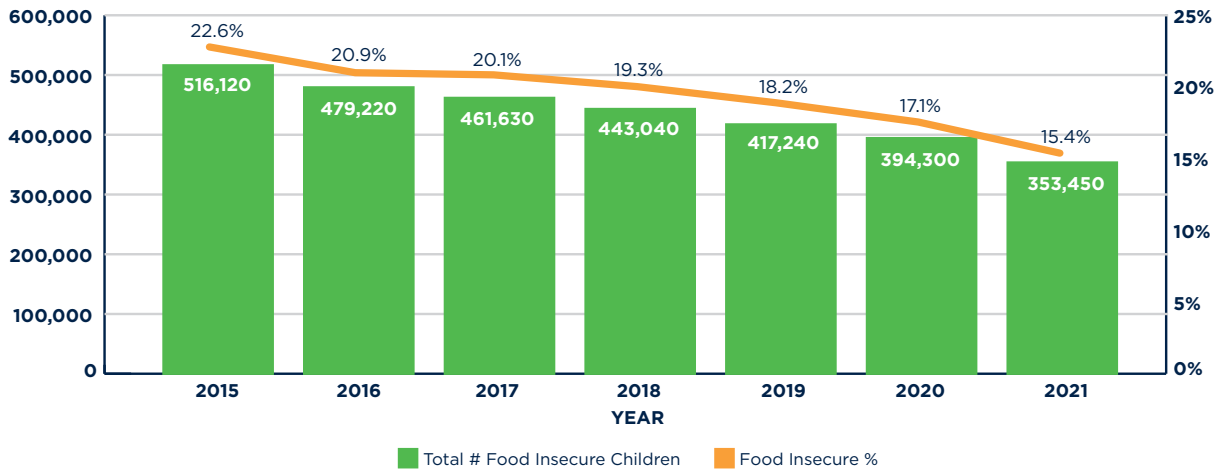


# PRIORITY GOAL #3: FOOD SECURITY

## METRICS

### FOOD INSECURE HOMES

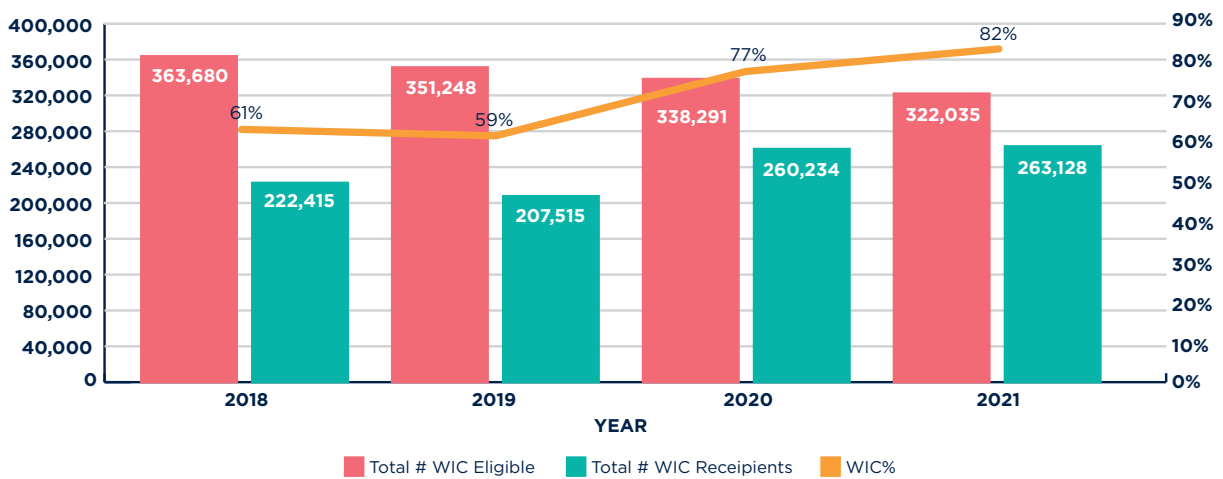
Data Source: Feeding America Map the Meal Gap



\*\* Note: This data does not include 2022 or 2023 data. Gains made in reductions in food insecurity in North Carolina may slow or change in 2023 as a result of the combination of reductions in benefits and rising food costs.

### WIC ELIGIBLE INDIVIDUALS RECEIVING FEDERAL SUPPLEMENTAL FOOD/ NUTRITION ASSISTANCE BENEFITS FROM WIC

Data Source: NC Division of Child and Family Well-Being



\*\* Note: This data does not include 2022 or 2023 data. In 2023 WIC enrollment rates are projected to drop as enhanced benefits for major nutrition programs (SNAP, WIC) have expired (in 2023) after the end of the federal public health emergency.



## Food Security Local Spotlight

During the COVID-19 pandemic, hundreds of local organizations and government agencies across North Carolina joined forces to ensure NC's children had access to healthy food. One example is HOPE ([Help Our People Eat!](#)) of Winston-Salem, whose volunteers bring nutritious weekend meals to food-insecure children across Forsyth County. Through partnerships with the county's faith, education, and healthcare communities, HOPE has grown its distribution footprint from five to 30 distribution locations. That growth enabled them to deliver more than 1,000 meals and over 2,500 pounds of fresh fruits and vegetables each weekend.

Further, during pandemic-related school closures from March to August 2020, HOPE doubled its distribution, providing another 1,000 meals Wednesday through Sunday each week, delivering more than 22,000 extra meals in this period.

When it was challenging or risky for many community members to get to and shop in grocery stores, HOPE launched its Neighborhood Produce Market, which took place on Tuesdays. The market bought produce from local wholesalers and urban farmers and sold it to customers at a low cost. Now that children are back in school, HOPE has resumed its weekend-only routes, but staff have noted an increasing need in the communities they serve, due to the end of the federal funding families received during the pandemic.

The [North Carolina Local Food Council \(NCLFC\)](#) coordinates food security efforts across the state. Prior to COVID-19, the NCLFC met quarterly, but starting in March 2020 the council met weekly throughout the following year to troubleshoot issues related to food access and supply chain adaptation in a timely manner. These collaborative meetings were instrumental for local organizations and agencies to connect with, learn from, and share resources with one another – a particularly critical resource for those agencies during the pandemic. For example, during the lockdown, local groups received generous food donations but were unable to store large quantities of cold food. In partnership with Sysco, the NCLFC coordinated access to unused refrigerated trucks for local organizations. Collaborative problem solving that leveraged public and private partnerships directly reduced barriers to accessing healthy foods for NC's children and families.



PRIORITY GOAL #6:

# PERMANENT FAMILIES FOR CHILDREN IN FOSTER CARE



GOAL AREA:

# SAFE AND NURTURED

**COMMITMENT:** *Babies, toddlers and young children in North Carolina's foster care system will grow up in stable, consistent, and nurturing families, whether that is with the child's birth family or through an adoptive family.*

The foster care system is intended to be a temporary, short-term solution to provide safe, nurturing environments for children until they are reunified with their families or placed in another permanent home. Unfortunately, thousands of NC children in foster care spend months and even years in the foster care system while waiting for reunification or permanent placement. The foster care system relies on county Departments of Social Services and the court system to develop and implement permanency plans. During the COVID-19 pandemic, disruptions to the court process and major workforce challenges placed substantial strain on the foster care system. To address these challenges, NCDHHS has identified three strategies:

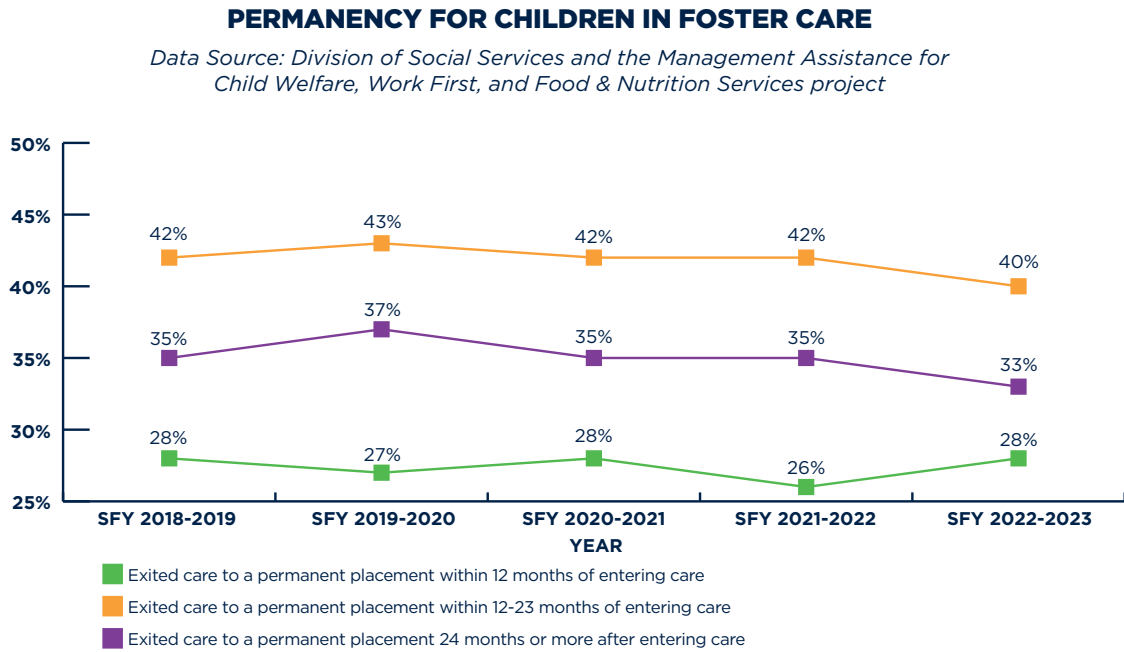
## STRATEGIES

- 1** NCDHHS and the Administrative Office of the Courts are partnering to pilot **an evidence-based model: Zero to Three Safe Baby Court Teams**. The Safe Baby Court Teams approach is a community engagement and systems-change initiative, based on the science of early child development. The approach is focused on reducing trauma and improving how courts, child welfare and child-serving organizations work together to support young children in, or at-risk of entering, the child welfare system. The current pilot will inform future statewide implementation.
- 2** By **deploying Regional Child Welfare Permanency Specialists who provide technical assistance to county DSS agencies** on child welfare best practices, NCDHHS is working to reduce the time young children spend in foster care.
- 3** NCDHHS is focused on implementing strategies to support the workforce that secures permanent families for children in foster care. These strategies include **implementing a trauma-informed child welfare practice model to support consistent practice in child welfare agencies statewide**. This practice model will increase engagement with families and add specificity to case plans, which will help expedite permanency.

**PRIORITY GOAL #6: PERMANENT FAMILIES FOR CHILDREN IN FOSTER CARE**

**METRICS**

The figure below shows the trends in the permanency metric for the past four state fiscal years.



*\* The metrics shown above are used by the U.S. Administration for Children & Families to evaluate progress to permanency for children in foster care. These metrics were used in lieu of the metrics included in the original ECAP to streamline data processing and to provide data that allows for comparison with other states.*



## Permanent Families Local Spotlight

The Sobriety, Treatment and Recovery Team (START) model is a trauma-informed and evidence-based child welfare intervention for families with co-occurring substance use disorder (SUD) and child maltreatment.<sup>17</sup> Given the growing number of young children entering foster care due to parental substance use disorders, in 2017, Buncombe County Health and Human Services chose to implement START. Based on the program's early success, Buncombe County was awarded a Governor's Crime Commission Victims of Crime Act grant to expand from one START team to two.

START pairs specially trained child welfare workers with family mentors (i.e., people with lived experience of child welfare systems and recovery from SUD). Through collaborative relationships with community-based substance use treatment providers, this dyad works closely with families to quickly intervene and support parents' assessment for and access to substance use treatment. Given their lived experience, family mentors provide parents with peer support – an evidence-based strategy promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a key component of a recovery-oriented system of care.

Since Buncombe's implementation of START in 2017, nearly 150 families in Buncombe County have completed START services. In over 70% of these families, children were either not removed or were reunified with their families prior to the close of the child welfare case. The success of Buncombe County's work with families receiving START services contributed to the NCDHHS Division of Social Services decision to expand START to 10 additional sites throughout the state, funded by the Substance Abuse Treatment Block Grant of the American Rescue Act.



PRIORITY GOAL #8:  
**HIGH-QUALITY  
EARLY LEARNING**



GOAL AREA:  
**LEARNING  
AND READY  
TO SUCCEED**

**COMMITMENT: *Babies, toddlers, and young children across North Carolina will be able to participate in high-quality early learning programs.***

Brain development in the first five years of life sets the stage for future health and learning. Extensive research shows that when young children’s healthy development is fully supported, they are more likely to reach developmental milestones, achieve better in school, and fulfill their potential. High quality early childhood education programs support young children’s healthy development and learning. When kids are cared for, parents can work and support their families, and businesses can hire and retain the employees they need. North Carolina relies on quality early childhood teachers to ensure healthy, productive futures for our residents. Early childhood teachers in our state partner with families to support healthy development of their young children. They form close relationships with parents and children and use their strengths and interests to help them achieve their goals.

The unprecedented child care crisis caused by the COVID-19 pandemic continues to impact families and businesses across North Carolina. The early childhood system is attempting to maintain services in the wake of an increasingly tight job market, upward pressure on wages, and a lack of long-term funding solutions at the state and federal levels. To address the lack of affordable, high-quality child care and the long-standing problem of low compensation for early childhood teachers, NCDHHS is pursuing three key strategies.

**STRATEGIES**

- 1** Through several key initiatives (e.g. WAGE\$, Child Care Stabilization Grants) NCDHHS is **enhancing early childhood teacher compensation**. Child Care WAGE\$ is a salary supplement for early childhood teachers to increase their retention, education, and compensation. The WAGE\$ supplement is funded by local Smart Start Partnerships and is administered by the Child Care Services Association, with administration costs funded by the NCDHHS Division of Child Development and Early Education through CCDF (the Child Care and Development Fund) funds. Child Care Stabilization Grants are American Rescue Plan (ARP) funded grants to child care providers with specific set aside funding for salary, benefits, and bonuses for teachers and staff in licensed child care.
- 2** In order to support the affordability of early education, for low-income working families, NCDHHS will develop and execute a communications and rollout plan for the **alternative market rate methodology study**. This study

## PRIORITY GOAL #8: HIGH-QUALITY EARLY LEARNING

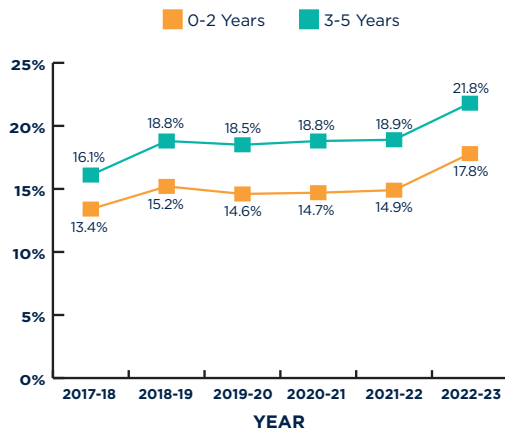
provides data and recommendations for a new child care subsidy funding methodology that, if funded and implemented, will help make child care affordable to low income working families while stabilizing child care businesses participating in NC's child care subsidy program.

- 3 NCDHHS is expanding career pathways for early childhood teachers through collaboration with the NC Community College System and community partners to offer apprenticeships; provide credit for prior learning toward degrees and certifications; count the Child Development Associate (CDA) credential as a higher education credit; and fast-track pathways for teacher qualifications.

### METRICS

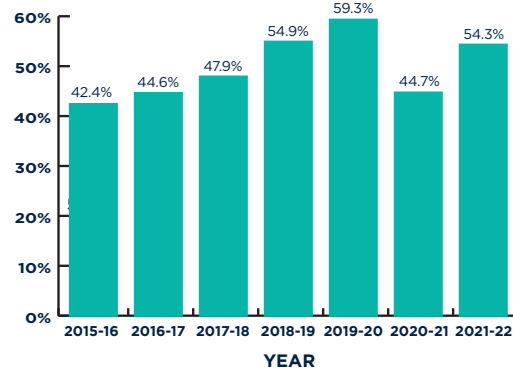
#### % SUBSIDY

Data Source: NC Division of Child Development and Early Education



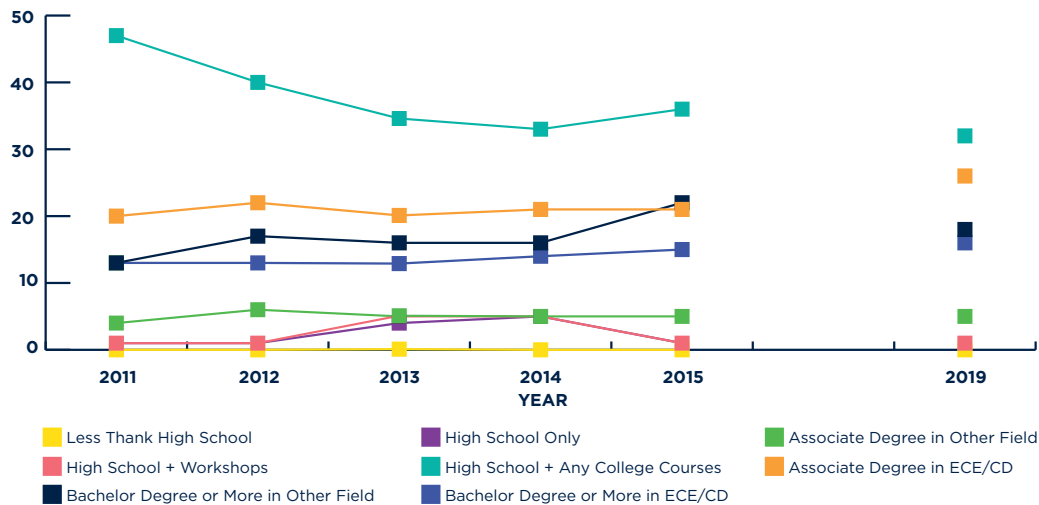
#### TRENDS IN NC PRE-K ENROLLMENT AMONG ELIGIBLE 4-YEAR OLDS

Data Source: NC Division of Child Development and Early Education



#### TEACHER EDUCATION 2011-2015, 2019

Data Source: Child Care Services Association 2011, 2012, 2013, 2014, 2015, & 2019 Child Care Workforce Study





## High-Quality Early Learning Local Spotlight

Since 1993, Smart Start partnerships have been building effective early childhood systems throughout North Carolina. Smart Start's success hinges on community-based partnerships to create strategies tailored to local needs for increasing access to high-quality early care and education.

In 2021, [Smart Start of Forsyth County](#) launched the Family Child Care Expansion Program. Family child care homes provide many benefits for some families as an alternative to center-based care and were an important option for families when many centers closed due to the pandemic. Further, the initiative sought to: (a) increase the number of women of color owning successful businesses and (b) increase access to quality child care for women of color in the workforce. To achieve this two-fold aim, Smart Start provided a suite of resources to five grantees to launch family child care businesses, including funding, support navigating regulations, access to technology platforms, and coaching on quality instructional practices and environments for the first year of operation. After the first year, all five child care homes were able to operate independently as successful businesses, without the need for additional funding.

Since the Family Child Care Expansion Program's launch in 2021, more than 100 families have benefited from the increased availability of quality care in the five new family care environments. Due to the success of the Family Child Care Expansion model, the [North Carolina Child Care Resource and Referral Council](#) is facilitating additional expansion efforts statewide to create 20 more family child care homes in 2023, which are expected to serve 600 families over the next two years.



# North Carolina Early Childhood Action Plan Moving Forward: Strategy Matrix

Goal Area	Strategy	NCDHHS Strategic Plan (2023-2025)	NC SHIP 2022	Healthy North Carolina 2030	Managed Care Quality Strategy
Food Security	Build connections between health care and food supports through Healthy Opportunities, including the Healthy Opportunities Pilots and NCCARE360.	Goal 2 Strategy 3.1 (p.9)	(p.58)		(p.21-22)
	Increase the reach of nutrition benefit programs - such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Medicaid - by identifying people who have enrolled in only one of these programs but would likely qualify for the other programs, and encouraging them to apply for the other programs as well.	Goal 2 Strategy 3.2 (p.9)	(p.58)		
	Increase breastfeeding supports and rates through a breastfeeding hotline for families and breastfeeding trainings for local WIC agency workforces.	Goal 2 Strategy 3.3 (p.9)			
Healthy Babies	Improve access to and utilization of first trimester prenatal care and comprehensive prenatal care.	Goal 2 Strategy 4.2 (p.10)	(p.106, 114)	(p.89, 97)	(p.19)
	Support efforts to improve coverage and rates for maternal healthcare, including doula services and group prenatal care.	Goal 2 Strategy 4.1 (p.10)	(p.106)	(p.89, 97)	
	Increase same-day access to all methods of contraception.	Goal 2 Strategy 4.5 (p.11)	(p.92, 114)	(p.79, 97)	
Permanent Families	Partner with the Administrative Office of the Courts to pilot an evidence-based model, Zero To Three Safe Baby Court Teams™, to inform future statewide implementation.		(p. 44-47)		
	Deploy NCDHHS DSS Regional Child Welfare Permanency Specialists to provide technical assistance to counties' DSS agencies and implement strategies that decrease the time young children spend in foster care.	Goal 2 Strategy 2.3			
	Implement a trauma-informed practice child welfare model to support consistent practice in all 100 county child welfare agencies.			(p.47)	
High Quality Early Learning	Provide Child Care WAGES, a salary supplement for early childhood teachers to increase retention, education, and compensation.	Goal 4 Strategy 2.2 (p.14)	(p.35, 50)	(p.37, 49)	
	Conduct an alternative market rate methodology study to determine a child care subsidy methodology that will help stabilize child care businesses.		(p.30)		
	NCDHHS, NC Community College System, and community partners will offer apprenticeships; provide credit for prior learning toward degrees and certifications; count the Child Development Associate (CDA) credential as a higher education credit; and fast track pathways for teacher qualifications within the star rated system.	Goal 4 Strategy 2.1 (p.14)			

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