

Please list the objectives from your workplan you focused on this quarter: Raise Up Oregon (RUO) Objectives
RUO 1.1 Families are supported and engaged as their child's first teachers.
RUO 1.2 Families have access to high-quality affordable infant-toddler and preschool care.
RUO 1.2 Build and improve capacity and essential infrastructure for health and safe high-quality care.
RUO 1.4 Ensure comprehensive, high-quality health care services including oral health.
RUO 1.4 Increase culturally responsive social-emotional supports for young children and families.
RUO 1.5 Young children with social-emotional, developmental, and health care needs are identified early and supported to reach their full potential--Strengthen policies and supports to prevent expulsion and suspension.
RUO 1.6 Children and families experience supportive transition and continuity of services across early care and education and K-12 settings--Establish shared professional culture and practice for pre-k-3
RUO 2.9 Provide preventative parenting support services to reduce participation in child welfare system.
RUO 3.10 State-community connections and regional systems are strengthened--family voice is included in system design and implementation to ensure family-friendly referrals.
RUO 3.11 Investments are prioritized in support of equitable outcomes for children and families--ensure resources reduce disparities in access and outcomes.
RUO 3.14 The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting--strengthen data-drive community planning and integrate early learning data into the system.
Please list hub activities funded with System Coordination dollars: Activities reference the RUO numbered items listed above.
1.1 & 1.6 KPI actions include converting face-to-face evidence-based parent education or kinder-readiness training for parents to being delivered using a virtual delivery format. Most of the parent education programs were paused when our school sites were closed due to the pandemic and have moved to virtual platforms to complete programs that were underway. Kindergarten Readiness calendars (5,120) were distributed to families through child care, preschools, and clinics during the quarter.
1.2 Sixteen Preschool Promise providers continued delivering instruction winter term, but had to move to take home packs and virtual storytime/circle time activities after the emergency closure. Trainings were provided in TS Gold, Creative Curriculum, Beginning Preschool and CLASS observations during the quarter. In partnership with the Chemeketa Small Business Development Center, training was also offer to 16 providers on how to access the SBA Paycheck Protection Program and the Economic Injury Disaster Loan Program.
1.2, 2.9, 3.10, 3.11, & 3.12 MPELH staff worked with provider/stakeholder partners to share the opportunities for the Preschool Promise and the Equity grants and how these could help support the ECE Sector Plan that was developed in the fall. Hub staff worked with local public and private pre-k providers and local groups that serve diverse ethnic communities to help the partners understand where and how to create a strong application for these funding opportunities.
1.4 & 1.5 The Care Connect project continues to work with providers with children in their care who are experiencing significant social-emotional concerns. This fall, emphasis has been focused on DECA and Reflective Coaching. MPELH is a pilot commu
2.9 Shorter-course parenting classes were being supported by the Hub during the term to support families who were reporting high stress situations.
2.9, 3.10 Many local organizations are using Family Support funds to meet emergent needs of local community families with children under age 6 to avoid family emergencies such as eviction or loss of utilities. The Family Support Emergency Support payments are limited to \$350 per family once a year; the local organizations often weave these funds with other donations or government programs to avert the family's emergency.
1.4, 3.1 Several staff continued participation in local planning efforts to meet critical needs such as child care and health care as the pandemic evolved during the quarter. MPELH also added content to our resouce page detailing services and information related to COVID to give families accurate information to make good decisions.
3.14 MPELH began exploring data solutions that could effectively support both the Coordinated Enrollment and Preschool Promise Programs.
Any stories that were particularly exciting or activities that created opportunities for more children to be served? Evaluations from participants in the Be Ready to Smile (oral health program) and the Abuela, Mama, y Yo (nutrition program) classes were very positive. For some of our focus group work, we used the Gilbert House Children's Museum site; the families thought this was an ideal location for both its central location and very child-friendly environment. For this reason, we will be holding our Parent Advisory Committee meetings at the location in the future.