

Project Startup Report

Submitted to Project Oversight on 03/10/2025

GENERAL INFORMATION

Project Name: Early Childhood Insight Enhancement

Agency Name: Department of Health & Human Services (HHS)

Project Sponsor: Kay Larson

Project Manager: Ramya Mogili

PROJECT DESCRIPTION

This project will add enhancements, as well as the Licensing and Resource & Referral modules, to the existing Insight system that is used to manage HHS Early Childhood (EC) processes.

BUSINESS NEEDS AND PROBLEMS

1. Duplicate entries occupy a large amount of child care provider time. Often it is unclear to end users who they need to connect with regarding the different data systems the STATE utilizes.
2. State staff having to communicate with multiple vendors and ensure pipelines are working accurately.
3. As the Quality Rating and Improvement System (QRIS) grows, the EC section are finding that the stand-alone data systems are becoming cumbersome to maintain. They are currently utilizing the myTeachstone platform for Classroom Assessment Scoring System (CLASS) observations and the Branagh Environment Rating Scales (ERS) data system for ERS observations. Having the observation management and reporting right in Insight will help streamline the processes of data collection, which leads to improved data quality.
4. The EC section recognizes that not every individual will want to pursue a Child Development Associate (CDA) Credential or degree, or may already have professional qualifications. Still, every individual working in the field needs ongoing training and professional development to continually improve their skills and competencies. Badging demonstrated skills and competencies is a way to recognize individuals even if they are not pursuing a credential or degree.
5. 63.9% of the EC workforce within the Registry are at lowest Career Pathway. With the right incentives the EC section can help them grow their skills and knowledge.
6. The current Child Care Resource & Referral (CCR&R) database is difficult to manage because of incorrect and missing data coming through file transfers from the childcare licensing system, causing extra work for many users and data that is not as trusted as it needs to be.
7. The current Classrooms tab lacks quick and easy interaction, most of the data is stored under each classroom when in fact that information is organization level data, for example, hours of operation, type of facility, etc. When editing enrollment and creating classrooms/groups under the Classrooms tab, work is repetitive and therefore it takes a longer time commitment to complete.
8. Training approval is a two-step process, having the course approved and then after that is approved, training sponsors have to submit the events tied to the course for approval. This is time consuming for training sponsors and state staff who approve courses and events.
9. There is a lack of customization within the Continuous Quality Improvement (CQI) case types. The questions are one-size fits all and make the case application not very useful.
10. The HHS EC section currently does not have the ability to waitlist programs when funding is not available and keep them in the queue. They currently are only able to cancel or not approve applications so that they are not kept under review for long periods of time. The EC section does not want child care providers to have to resubmit new applications if/when additional funding becomes available.
11. The current training bundles are tied to specific courses and cannot be altered. The EC section needs to create more flexibility in providing training incentives to align with evolving practice and legislative intent.
12. End users of the database will transition to a more current version (v7) of the Individual Profile and HHS administrators of the system will not have the same version.

13. Inefficiencies of the current licensing system include the consumer ed webpage, backend processes are time consuming for staff, and the inspection platform is inconsistent.
14. EC practitioners do not have a mechanism to create a professional development plan guided by goals and objectives related to EC careers.
15. The QRIS case type, Maintaining Quality case type, and the Quality Improvement Grants case type require use of a Quality Improvement Plan (QIP). Currently, programs are utilizing a fillable PDF and uploading it to the system. This is their preferred method since the current version of the online QIP is cumbersome and not always relevant. Enhancing the QIP will streamline the user experience and allow for integration into the Quality Standards Inventory (QSI).
16. The QRIS in North Dakota (ND) is only available for HHS licensed programs. Allowing non-licensed programs to participate would ensure the system is universal.
17. Users experience extended timeframes filtering and sorting to find the information and data they need to complete their work.

PROJECT BASELINES

Project Start Date	Baseline End Date	Baseline Budget	Funding Source
7/11/2024	4/16/2027	\$8,205,292.00	State General and Federal

Notes:

Federal - \$6,750,254; State General - \$1,455,038

OBJECTIVES

Business Objective	Measurement Description
Reduce time users spend between multiple data systems, and improve the overall user experience.	During the project, the team will survey childcare providers to understand the effort/time it takes them currently to use multiple systems. One month after go live, the project team will re-survey childcare providers to understand if they are sure on which system they needed to use and who they needed to contact, on the amount of time it takes them to use the single system, as well as to learn from them if the unified system provides a better user experience.
Increase user satisfaction and provide the support needed for providers using Technical Assistance (TA)	During the project, the team will collect feedback from childcare providers during licensing visits, Child Care Aware (R&R), Community Action Program (CAP LP), USpireND (Inclusion vendor) to set a baseline to understand their level of satisfaction of the current system as well when it comes to receiving support One month after go live, the project team will again collect feedback from childcare providers on their satisfaction with the new system and the support being provided.
Provide opportunities to acknowledge the training, preparation, and skills of an early childhood practitioner.	At go live, the system will have the capability to provide badging, as well as to view individuals training and preparation.

Business Objective	Measurement Description
To increase the percentage of early childhood workforce obtaining advanced career pathway placement.	Currently there are 5467 registry members at Category A, 284 registry members at Category B, 81 members at Category C, and 111 members at Category D. This is found in the Job preparation report on ND Growing futures. After 6 months of go live, HHS will verify the increase on individuals moving up in the career categories B through D, using the same report.
Updates needed with code change can be completed in 30 days of ND century code changes going into effect.	Post go live, HHS will verify century code changes can be made in the new system within 30 days (timing will be dependent upon the first ND-directed code change going into effect)
Decrease time to process a license	During the project, the project team will determine the average amount of time it takes to process a license using the workflow dashboards in the current system. 3 months after go live, HHS will track the average amount of time in the new system to verify the decrease.

KEY CONSTRAINTS AND/OR RISKS

None at this time.