State Strategies for Building the Supply of High-Quality Infant/Toddler Care

State Capacity Building Center
Infant/Toddler Specialist Network

Holly Wilcher, Infant/Toddler Specialist, Region IV
Today’s Presenters

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Holly Wilcher,
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Region IV
Agenda

- Welcome
- Rationale, background, and overview
- Using data to identify shortages
- Supply- and quality-building strategies
- State highlight
- Measuring progress toward supply building
- Resources and next steps
- Thank you
Participant Learning Objectives

Participants will do the following:

◆ Explore how to use data to identify infant/toddler child care supply shortages

◆ Examine multiple strategies to build the supply of high-quality infant/toddler care

◆ Identify evaluation strategies to assess progress toward building the supply of high-quality infant/toddler care

◆ Identify state and national resources to support building high-quality infant/toddler care
Rationale, Overview, and Background

Why the Focus on Building the Supply of High-Quality Infant/Toddler Care?
Child Care and Development Fund (CCDF) Reauthorization: New Purposes

Develop and implement strategies to increase the supply and improve the quality of child care services for the following:

- Children in underserved areas
- Infants and toddlers
- Children with disabilities
- Children who receive care during nontraditional hours

Prioritize investments that increase access to high-quality child care services for children in areas that have significant concentrations of poverty and unemployment and lack high-quality child care services

Develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services

Background and Definitions

What do we mean by supply?

• Enough spaces to serve the infants and toddlers; spaces are distributed so they are available to families with infants and toddlers and available at the hours needed by families; spaces are affordable and meet standards for high-quality care.
How Do We Define Quality?

**Measures**
- Quality frameworks, quality rating and improvement systems (QRISs), Early Head Start (EHS) standards

**Markers**
- Adult-child interactions
- Environment
- Staff qualifications
- Comprehensive services
- Family engagement
- Program for Infant/Toddler Care
Expanding the Supply of High-Quality Care and Sustaining Quality over Time

Making Data-Informed Decisions, Implementing Effective Strategies, and Evaluating Progress
Using Data to Identify Infant/Toddler Care Supply Shortages
Identifying Infant/Toddler Care Supply Shortages Based on Data

Assess

• Where families with low incomes live
• CCDF provider locations
• Quality level of existing providers—CCDF and non-CCDF
• Where jobs are located—especially with high employment
State Data Usage Example: New Jersey

Survey to examine availability of center-based infant/toddler care:
https://acnj.org/downloads/2017_05_15_where_are_the_babies.pdf
Where Does Your State Gather Information about Your Infant/Toddler Care Supply?

- Child care resource and referral (CCR&R) agencies
- State or territory’s market rate or “price” study
- Waiting lists (e.g., EHS, community-based programs, subsidy)
- Quality framework or QRIS
- United Way, Part C, Early Head Start
- CCDF quality performance report

EHS needs assessment
Others?
How Does My State Determine the True Cost of Care?

- Provider Cost of Quality Calculator (PCQC)
- Provider rates from subsidy program
- QRIS or other supplemental financing
- Families’ ability to pay
- Other sources of funding

How large is the gap?
Strategies to Build the Supply of High-Quality Infant/Toddler Care
Strategies to Build and Sustain the Supply of High-Quality Infant/Toddler Care

- Provider Payment Rates That Support High-Quality Care
- Financial Incentives
- Direct Contracts and Grants
- Community Hubs

- Expand Number of High-Quality Family Child Care Options for Infants and Toddlers
- Expand the Supply of Highly Qualified Infant/Toddler Caregivers
- Ongoing Technical Assistance and Support
- Use the Early Head Start–Child Care Partnership Model

- Public-Private Partnerships
- Technical Assistance on Business Practices
- Expand Supply in Rural Areas
- Others?

Financing Strategies

- CCDF: 3 percent
- Capital financing: grants and loans
- Subsidy rate setting
  - Delaware found—through cost modeling—that its reimbursement rates for infant/toddler care were not sufficient to attract service providers, and made adjustments
- Tax incentives or credits
- Incentives to convert to infant and toddler classes
- Layering and braiding
  - Maryland and Minnesota have required or have given points for Child and Adult Care Food Program (CACFP) participation in their QRISs
State Strategies for Public-Private Partnerships

Arizona

- **First Things First:** The state Early Childhood and Development Health Board and local councils allocate state public money to support a family-centered, comprehensive, collaborative, and high-quality early childhood system for the development, health, and early education of Arizona’s children from birth to age 5.

Georgia

- **Talk With Me Baby:** Cross-sector professional development for health, nutrition, and early educators to support improved knowledge and skills in professional and family stimulation of infant/toddler language development through a partnership of the state, higher education, and health and education departments, among others.

State Strategies for Using Hubs

- **Maryland** established community hubs in under-resourced communities in Baltimore to provide and coordinate existing services for children from birth to age 5 and their families.

- **Oregon** early learning hubs in 16 regions are getting cross-sector partners to work together to create local systems that are aligned, coordinated, and family-centered.
Strategies for Expanding the Supply of High-Quality Family Child Care (FCC) for Infants and Toddlers

<table>
<thead>
<tr>
<th>Connecticut</th>
<th>Massachusetts</th>
<th>Virginia</th>
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<tbody>
<tr>
<td><strong>Connecticut</strong></td>
<td>• <strong>All Our Kin</strong> is a staffed FCC network that provides in-program consultation, mentorship, and training on a variety of topics; Child Development Associate training and support for National Association for FCC accreditation; monthly network meetings; and much more.</td>
<td><strong>Massachusetts</strong></td>
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<tr>
<td><strong>Massachusetts</strong></td>
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<td><strong>Virginia</strong></td>
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Using Grants and Contracts to Increase the Supply of Infant/Toddler Care

- **Eight** states serve children with special needs.
- **Six** states provide services in specific geographical areas.
- **Nine** states offer integrated care or wrap-around services (e.g., Early Head Start, Head Start, preschool).
- **Nine** states serve infants and toddlers (National Center on Child Care Subsidy Innovation and Accountability, 2015).
- **Vermont** engages 15 parent child centers to focus on children with high-risk factors in targeted neighborhoods. These centers offer a variety of services in addition to child care, including home visiting, early intervention or referrals, health and mental health, and parent education (Department for Children and Families, 2016).

43 states and territories use grants or contracts to enhance the supply of child care and increase the quality of their programs.

Maryland

Rene' D. Williams
Chief of Child Care Subsidy
Maryland State Department of Education
Office of Child Care Subsidy
THE DECISION TO CENTRALIZE
Child Care Subsidy Authorization

Presenter:
Rene D. Williams, Maryland State Department of Education
October 18, 2017
Maryland

- 24 LDSS (Local Departments of Social Services in 23 Counties & Baltimore City)
- MSDE, CCDF LEAD
- CCS Central (Conduent, vendor)

Map of Maryland with numbers indicating locations for different social services programs.
Maryland Child Care Subsidy (CCS) Program

- 10,408 active cases, as of September 30, 2017
- Partial Wait List, two highest Income Levels (I-J) Frozen, February 28, 2011
- 4,370 Children on Wait List, as of September 30, 2017
- Family size of four, Wait Listed at $28,185
- Family size of four, ineligible at $35,702
- Maryland had 3rd highest State Median Income in 2016
- CCS Reimburses at the 10th percentile of the Market Rate Survey
Decision to Centralize CCS Services

Question: Which is more likely to achieve consistent implementation of CCS policy statewide?

Administrative oversight of 24 programs or 1 program?
Delinking Program Eligibility

Administrators should determine:

Is CCS being aligned in accordance with CCDF regulations?

CCS authorization can be lengthened to align redeterminations, but not shortened.*

*CCDF Final Rule, pg. 103
Delinking CCS Eligibility

Prohibits CCS termination based upon a parent’s eligibility or participation in another eligibility programs*.

Administrators should determine:

Is CCS being used as a positive reinforcement for participation in eligibility programs?

Prohibits CCS termination based upon a parent’s eligibility or participation in another eligibility programs*

*CCDF Final Rule, pgs. 28-29
Increases positive educational and child development experiences by keeping child care from becoming a “revolving door” experience for children (CCDF Final Rule, pg. 479).

Administrators should determine:

What data can be used to identify if CCS is being authorized based upon CCDF policy or other factors

?
Timeline: Maryland Child Care Subsidy (CCS) Program

- CCATS modified October 2014
- Initial CCS Centralization, August 31, 2015
- Modified CCS Centralization, December 18, 2015
- Current Structure: 24 LDSS & CCS Central

MSDE, CCDF Lead
Challenges Transitioning to Centralization

- Variation in Policy Interpretation/Implementation
- Culture
- Volume
- Program Priorities
- Computer System
- Human Service vs Automation

24 LDSS

Centralized CCS Authorization
Case Management Structure

Prior to Aug. 31, 2015


Present

Non–TANF Only

TANF Only

CCS Central
Benefits of Centralization

- Faster Application Processing
- Consistent Policy Implementation and Interpretation
- Easier Implementation of Policy
- Easier Training and Technical Assistance
- Greater Accountability
- Easier checks and balances
- Increased Benefits to Children
## Data on CCS Central

<table>
<thead>
<tr>
<th>Monthly Outcome</th>
<th>June 2017</th>
<th>July 2017</th>
<th>Aug 2017</th>
</tr>
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<tbody>
<tr>
<td>Calls Answered</td>
<td>9,757</td>
<td>8,567</td>
<td>10,852</td>
</tr>
<tr>
<td>Emails Addressed</td>
<td>6,144</td>
<td>5,324</td>
<td>6,644</td>
</tr>
<tr>
<td>IVR Calls</td>
<td>19,023</td>
<td>18,094</td>
<td>21,1476</td>
</tr>
<tr>
<td>Invoices Distributed</td>
<td>14,152</td>
<td>11,766</td>
<td>12,324</td>
</tr>
<tr>
<td>Mailed Correspondence</td>
<td>21,578</td>
<td>20,480</td>
<td>25,538</td>
</tr>
<tr>
<td>Applications Processed</td>
<td>1,416</td>
<td>1,139</td>
<td>1,599</td>
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Lessons Learned

- Know the history of CCS in your state
- Know the impact on providers
- Know all components to maintain seamless services
- Know the impact on other eligibility programs
- Know that everyone will not cheer the decisions
- Know that the smallest change is felt
- Know the “squeaky wheel will get oil”
- Know your why, when faced with difficulty

KNOW THAT ALL OF OUR DECISIONS IMPACT CHILDREN

CCDF ADMINISTRATORS
Evaluation Strategies to Assess Progress toward Building the Supply of High-Quality Infant/Toddler Care

Examining Strategies to Measure Progress
How Do You Measure Progress?

- Increasing supply of quality care for infants and toddlers
- Improving quality
- Increasing quality access
- Increased number of qualified and competent infant/toddler teachers
- More infants and toddlers from low-income families in high-quality care
National Resource for Supporting Implementation and Assessing Efficacy of Program Delivery

An Integrated Stage-Based Framework for Implementation of Early Childhood Programs and Systems:
Thank You!

You can contact us at https://childcareta.acf.hhs.gov/infant-toddler-resource-guide
Additional State and National Infant/Toddler Supply-Building Strategies and Resources
State Strategy to Help Families Access Affordable, Quality Child Care: Michigan

Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access Quality Care:

State Strategy to Understand the Capacity of the Early Childhood Education (ECE) Workforce

Nebraska Early Childhood Workforce Study:
Policies and Practices to Consider in Planning and Implementing Direct-Service Grants and Contracts

**Geographic areas**
- Lead Agencies should conduct needs assessments of targeted demographic groups, geographic areas, and underserved populations.

**Link the contracted services to other quality improvement efforts**
- Coordinating direct service contracts with other quality improvement initiatives will produce the best results and provide for efficient use of available funds.

**Use the state’s procurement process**
- Lead Agencies need to develop a comprehensive scope of services and performance standards.

**Develop accountability controls**
- Lead Agencies are responsible for ensuring that grantees and contractors expend CCDF funds for their intended purpose.

# Questions to Assess Progress toward Implementing Contracts and Grants

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
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<tbody>
<tr>
<td>Have you identified shortages in the supply of high-quality child care for specific populations or geographic areas?</td>
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<tr>
<td>Do you have state authority to contract directly with providers?</td>
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<tr>
<td>Have you considered using or leveraging other funding sources to finance direct-service grants and contracts?</td>
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<tr>
<td>Have you pursued partnerships with organizations that could become contracted providers?</td>
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<tr>
<td>Do you have the resources to establish direct-service grants and contracts?</td>
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<tr>
<td>Have you included reporting requirements in your contracts to help measure overall stability in your provider supply?</td>
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<tr>
<td>Have your contractual relationships led to program improvements and expansions?</td>
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National Resource: Child Care and Development Block Grant Implementation

_A Guide for States_: includes section on supply building: 
Example of Measuring Progress

State and Territory Approaches to Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The State Capacity Building Center Infant/Toddler Specialist Network has developed this resource to provide a snapshot of some of the ways States' and Territories' Child Care and Development Fund (CCDF) Plans reflect infant/toddler quality efforts and initiatives. The purpose of this resource is to provide a synopsis of plans to improve the supply and quality of child care programs and services for infants and toddlers to meet CCDF 3 percent set-aside requirements.

This document does not include a complete list of all state and territory approaches. Information is extracted from state plans published June 2016.

States and territories are reviewing, comparing, and implementing practices to using their infant/toddler set-aside funds, and to learn about state and territory practices intended to improve the supply and quality of infant/toddler child care programs and services. Where available, web links are provided for documents that offer more detail about the infant/toddler quality initiatives highlighted in this resource. Users are encouraged to refer to state and territory web links and 2016–2018 CCDF Plans for a more complete understanding of each state and territory’s approach.

Summary of Infant/Toddler Child Care Quality Initiatives and Efforts

- 31 States and Territories have infant/toddler standards within their Quality Rating and Improvement Systems (QRIS).
- 44 States and Territories provide technical assistance through statewide networks of infant/toddler specialists.
- 30 States and Territories have infant/toddler standards in their child care licensing regulations.
- 56 States and Territories provide professional development to promote appropriate services for infants and toddlers.
- 32 States and Territories have an infant/toddler credential.
- 47 States and Territories have infant/toddler early learning standards or guidelines.
- 18 States and Territories have established staffed family child care networks.
- 18 States and Territories have established infant/toddler community or neighborhood-based child development centers.
- 37 States and Territories provide clear and user-friendly consumer information about high-quality infant and toddler care.
- 24 State and Territory CCDF Lead Agencies coordinate with partners to provide developmental screenings and comprehensive services for infants and toddlers under Part C of the Individuals with Disabilities Education Act.
- 30 States and Territories provide financial incentives to improve the supply and quality of infant/toddler care.

https://childcareta.acf.hhs.gov/infant-toddler-resource-guide

Supply Building Action Plan: 
Examining Data on Child Care Deserts

Child Care Aware of Kansas’s data on child care deserts provided critical information for one of their county United Way partners to make the case for investment in child care. The analysis of supply and demand was instrumental in justifying use of donated funds for child care that helped build the supply of needed child care slots.

State Strategy for Infant/Toddler Care Resource Mapping

What resources does Illinois make available to support quality infant and toddler care?

http://iafc.convio.net/site/DocServer/High_Quality_IT_Care_ENG_FINAL.pdf?docID=3401
National Resource on Public-Private Partnerships

Summary of State Profiles of Successful Public-Private Partnerships:

National Technical Assistance Resources on Using Grants and Contracts

A deep dive into the mechanics of contracting for child care: STAM 2015:

Using Contracts and Grants to Build the Supply of High Quality Child Care: State Strategies and Practices:
National Resources for Expanding FCC for Infants and Toddlers

*Developing a Staffed Family Child Care Network: A Technical Assistance Manual:*


Increasing the Quality and Supply of Infant Toddler Family Child Care:

National Resource: Measuring Access to High-Quality Care

Measuring indicators of ECE access: includes a list of the preliminary ECE access indicators compiled by an ECE access expert panel:

https://www.acf.hhs.gov/sites/default/files/opre/cceepra_access_guidebook_final_213_b508.pdf
References


National Infant/Toddler Care Supply-Building Resources


National Infant/Toddler Care Supply-Building Resources


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