



State and Territory CCDF Administrators Meeting
August 7–9, 2018 • Crystal Gateway Marriott • Arlington, Virginia

Considerations for the Implementation of Infant/Toddler Contracted Slots

August 7, 2018

1:00–4:00 p.m.

Welcome



**Kelley Perkins, Ph.D. Technical Assistant Specialist Region III
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Please Share

1. Your state or territory
2. Your role
3. Your state's or territory's goals to build the supply of high-quality infant and toddler care

Child Care and Development Fund (CCDF) Reauthorization

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

Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67,455 (Sept. 30, 2016) (codified at 45 C.F.R. pt. 98). Retrieved July 26, 2018, from <https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>

Strategies to Build and Sustain High-Quality Infant/Toddler Care



Source: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Information memorandum: Building the supply of high-quality child care* (CCDF-ACF-IM-2015-02). Retrieved from http://www.acf.hhs.gov/sites/default/files/occ/ccdf_acf_im_2015_02.pdf

Elements of a Subsidy

- Eligible family and child
- Eligible and willing provider
- Direct child care service
- State payment and family copayment

Two Types of Subsidies

- **Certificates**
 - Family selects among providers in the market
 - Payment is usually a reimbursement
 - Agreement is with the family—child specific
- **Contracts**
 - Family selects among targeted providers
 - Payment can be before or after service
 - Rates and rules may be customized
 - Agreement is with the provider—not child specific

Why States Use Contracts

- Specific type of care for a population or geographic area
- Higher quality care
- Comprehensive services
- Underserved families

Examples of How States Use Contracts

- Early Head Start, Head Start, or prekindergarten extension
- Age-specific high-quality care
- Special populations
- Centers or family child care networks
- Rural or inner-city providers
- Temporary Assistance for Needy Families temporary care

Benefits of Contracts

- Stabilize and support the targeted care
- Ensure more access for low-income families
- Facilitate quality improvement
- Reduce administrative burden
- Broaden the scope of services
- Promote continuity of care

Possible Limitations of Contracts

- Budget implications
- Longer-term commitment
- Response time to changing needs
- Maintaining full enrollment

Implementation Considerations

- Funding and budget
- Specific target group
- Layering of funding
- Contracting process
- Standards
- Scope of services
- Outreach and placement of children
- Rate and payment provisions
- Eligibility determination
- Monitoring
- Reporting

Implementation Science

“Implementation science is the scientific study of the process of making evidence-based practices work in real-world settings. **Implementation science is important** because when you scale up a program to reach more children and families, you want to make sure you **achieve the desired outcomes.**”

—Tamara Halle (emphasis added)

Child Trends. (2013, April 25) Interview with co-editor of Applying Implementation Science In Early Childhood Programs and Systems [Blog post]. Retrieved from <https://www.childtrends.org/interview-with-co-editor-of-applying-implementation-science-in-early-childhood-programs-and-systems>

Why Focus on Implementation?

- Implementation science is a specific framework that early care and education program implementers and technical assistance providers can use to guide the implementation of quality improvement efforts.
- It places an overt emphasis on reflection of practices and evaluation of supports for those practices.

Johns, L. J., Perkins, K., & Ercan, Z. (2016). Doing something differently: Lessons learned from a case study using implementation science to guide program change [PowerPoint slides]. Presented on BUILD Initiative and QRIS National Learning Network Let's Talk webinar. Retrieved from <https://www.qrisnetwork.org/sites/all/files/materials/LetsTalkDecember2016PPT.pdf>

Implementation Stages

- Emerging/exploration
- Installation
- Initial implementation
- Full implementation/revision

Sources: Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature* (FMHI publication no. 231). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.

Metz, A., Naoom, S. F., Halle, T., & Bartley, L. (2015). *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE research brief #201548). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from

https://www.acf.hhs.gov/sites/default/files/opre/es_ccepra_stage_based_framework_brief_508.pdf

What Is Your Level of Knowledge and Experience with Implementation Science?

- Yikes ... implementation what?
- I can fit my knowledge in a carry-on suitcase.
- I am pretty familiar with it. I can help you with the presentation!
- I wrote the book on this.

Emerging/Exploration

- **Task 1:** Assess readiness, fit, and feasibility of implementing contracted slots.
- **Task 2:** Identify where infant/toddler contracted slots could be the most effective.
- **Task 3:** Begin to think about funding needs.
- **Task 4:** Review research and examples of states using contracted slots.

Implementation Considerations

- Funding and budget
- Specific target group
- Layering of funding
- Contracting process
- Standards
- Scope of services
- Outreach and placement of children
- Rate and payment provisions
- Eligibility determination
- Monitoring
- Reporting

Innovations

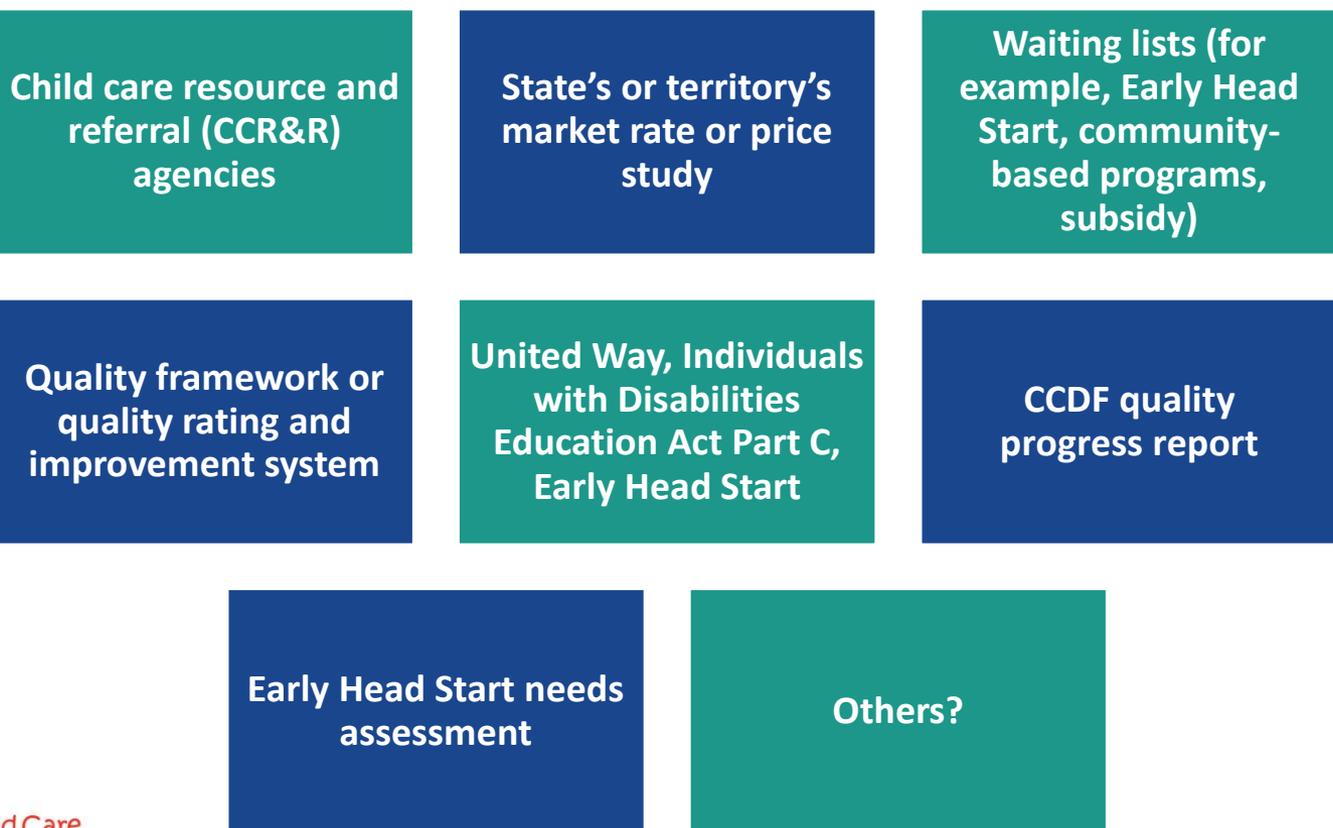
- Setting rates—base, tiered, or negotiated
- Attendance and guaranteeing payment
- Linking to quality improvement
- Contracting for 3–5 years with rate increases
- Reassessing need, supply, and provider cost
- Layering funding in contracts

Identifying Infant/Toddler Care Supply Shortages Based on Data

Assess

- Where families with low incomes live
- CCDF provider locations
- The quality level of existing providers—CCDF and non-CCDF
- Where jobs are located

Where Does Your State or Territory Gather Information about Your Infant/Toddler Care Supply?



Using Grants and Contracts to Increase Supply

- **43** states and territories use grants or contracts to enhance the supply of child care and increase the quality of their programs.
 - **Nine** states offer integrated care or wrap-around services (for example, Early Head Start, Head Start, preschool).
 - **Nine** states serve infants and toddlers.
 - **Eight** states serve children with special needs.
 - **Six** states provide services in specific geographical areas.

National Center on Child Care Subsidy Innovation and Accountability & Child Care State Capacity Building Center. (2016). *Using contracts and grants to build the supply of high quality child care: State strategies and practices*. Washington, DC: Office of Child Care. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/contracts_paper_2017_508_compliant.pdf

Planning and Implementing Grants and Contracts

Conduct needs assessments

- 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 or territory'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 purposes.

National Center on Child Care Subsidy Innovation and Accountability & Child Care State Capacity Building Center. (2016). *Using contracts and grants to build the supply of high quality child care: State strategies and practices*. Washington, DC: Office of Child Care. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/contracts_paper_2017_508_compliant.pdf

Assessing Progress toward Implementing Contracts and Grants

- Have you identified shortages in the supply of high-quality child care for specific populations or geographic areas?
- Do you have state or territory authority to contract directly with providers?
- Have you considered using or leveraging other funding sources to finance direct-service grants and contracts?
- Have you pursued partnerships with organizations to become contracted providers?
- Do you have the resources to establish direct-service grants and contracts?
- Have you included reporting requirements in your contracts to help measure overall stability in your provider supply?
- Have your contractual relationships led to program improvements and expansions?

National Center on Child Care Subsidy Innovation and Accountability & Child Care State Capacity Building Center. (2016). *Using contracts and grants to build the supply of high quality child care: State strategies and practices*. Washington, DC: Office of Child Care. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/contracts_paper_2017_508_compliant.pdf

How Does My State or Territory Determine the True Cost of Care?

- Provider Cost of Quality Calculator (PCQC)
- Provider rates from the subsidy program
- Quality rating and improvement system or other supplemental financing
- Families' ability to pay
- Other sources of funding
- How large is the gap?

Your Turn: Small Group and Share Activity

- What questions should be asked at this stage of implementation?
- What tasks need to be on your to-do list?
- Are you at this stage? If so, share your challenges, wisdom, and successes.

Installation

- **Task 1:** Identify readiness and capacity for the state or territory to organize the resources and will to implement.
- **Task 2:** Design a logic model to guide the work and prepare for formative evaluation and feedback loops.
- **Task 3:** Explore key administrative and operational rules.
- **Task 4:** Create a timeline for implementation to account for decisionmaking.

Your Turn: Small Group and Share Activity

- What questions should be asked at this stage of implementation?
- What tasks need to be on your to-do list?
- Are you at this stage? If so, share your challenges, wisdom, and successes.

Initial Implementation

- **Task 1:** Examine initial implementation of state or territory contract programs to identify early indicators of success and course corrections.
- **Task 2:** Examine inputs and activities in the logic model to determine whether they are achieving the desired goals (for example, build supply, stabilize care in certain areas, meet parents' needs, improve program standards).
- **Task 3:** Gather data on perspectives of parents and providers regarding their experiences with child care provided through contract policies.

Your Turn: Small Group and Share Activity

- What questions should be asked at this stage of implementation?
- What tasks need to be on your to-do list?
- Are you at this stage? If so, share your challenges, wisdom, and successes.

Full Implementation

- **Task 1:** Continue formative evaluation and utilize feedback loops.
- **Task 2:** Consider continuous quality improvement additions or changes for revisions.

Your Turn: Small Group and Share Activity

- What questions should be asked at this stage of implementation?
- What tasks need to be on your to-do list?
- Are you at this stage? If so, share your challenges, wisdom, and successes.

Additional Information

Infant/Toddler Resource Guide



The screenshot shows the website for the Office of Child Care's Infant/Toddler Resource Guide. The header includes the logo and navigation links for 'About Us' and 'Contact Us'. A dark blue navigation bar contains icons and text for 'Home', 'State Level Policy Professionals', 'PD & TA Professionals', 'Infant/Toddler Care Providers', and 'Infant/Toddler Care Video Clips'. The main content area features a photograph of a man and a young girl drawing together at a table. Below the photo is a blue box with the title 'The Program for Infant/Toddler Care Six Essential Program Practices for Relationship-Based Care' and a brief description. To the right, a section titled 'About the Infant/Toddler Resource Guide' includes a sub-heading 'What is the purpose of this guide?' followed by a paragraph explaining the guide's purpose, and another sub-heading 'Who are the intended users?' followed by a list of three primary audiences.

Office of Child Care
Infant/Toddler Resource Guide

About Us Contact Us

Home State Level Policy Professionals PD & TA Professionals Infant/Toddler Care Providers Infant/Toddler Care Video Clips

About the Infant/Toddler Resource Guide

What is the purpose of this guide?

This Resource Guide offers a host of materials to support the development and implementation of policies and practices for high-quality care for infants and toddlers. Whether you are a Child Care and Development Fund (CCDF) Administrator developing policies, a child care provider seeking information and guidance, or a professional development provider seeking innovative training materials, this site is for you. Development of this guide is new and actively growing, so check in frequently to see what resources have been added to support your work with infants, toddlers, and their families.

Who are the intended users?

We are including resources for three primary audiences:

- CCDF Administrators, staff, and state policy professionals
- Child care resource and referral administrators, training organization directors and trainers, higher education institution administrators and early childhood/child development faculty, and technical assistance organization administrators and providers
- Infant and toddler teachers, center directors, and family child care providers

The Program for Infant/Toddler Care Six Essential Program Practices for Relationship-Based Care

These papers promote evidence-based program practices that support infant/toddler care.

Developed by the Child Care State Capacity Building Center; available at <https://childcareta.acf.hhs.gov/infant-toddler-resource-guide>.

2016–2018 CCDF Plans

Activities to Improve Services for Infants and Toddlers



CHILD CARE

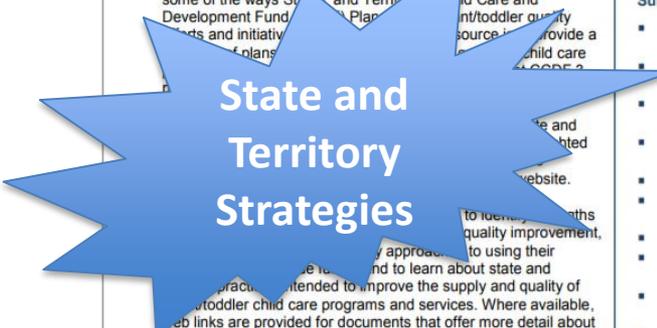
State Capacity Building Center

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 are improving infant and toddler quality. This resource provides a snapshot of the current state of child care quality and identifies key strategies and initiatives that are being implemented. The resource includes a list of state and territory websites that provide information on child care quality improvement, including quality improvement, quality improvement, and quality improvement. 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.
- 55 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.



Available at <https://childcareta.acf.hhs.gov/infant-toddler-resource-guide>.

National Supply-Building Resource in the Infant/Toddler Resource Guide

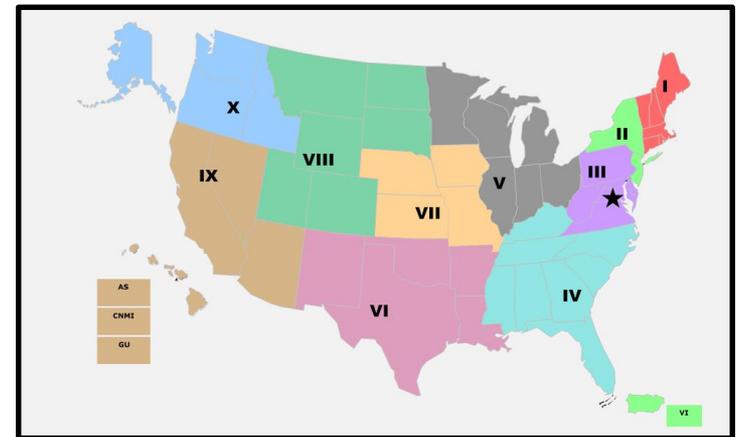
Supply Building Action Plan: What Should We Do Next?

- Available at https://childcareta.acf.hhs.gov/sites/default/files/public/itrg/ITRG_Chapter5ActionPlanCoded.pdf.

Infant/Toddler Resource Guide		CHILD CARE State Capacity Building
Supply Building Action Plan: What Should We Do Next?		
Purpose and Goals: Create monitoring strategies that meet the new CCDF requirements while addressing the special needs of infants and toddlers. <ul style="list-style-type: none">◆ Create a system for monitoring license-exempt providers.◆ Ensure all required provider monitoring and inspection results are posted in a consumer friendly and timely manner.◆ Encourage coordination with other infant and toddler monitoring entities (for example, licensing, QRIS, Early Head Start, CACFP) to meet state and territory monitoring requirements.◆ Ensure monitoring strategies address the special health and safety needs of infants and toddlers.	Action Item 1: 	
Ideas or Possibilities: 	Who? 	
Collaborative Partners: 	When? 	
Workgroup Members: 	Resources Needed: 	
	How Will Success Be Measured? 	
	Follow Up or Next Steps: 	
	Questions or Challenges: 	
April 2017		

Contact Your Infant/Toddler Specialist

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Thank You

Gratias ago Matondi
Merci 감사합니다
Grazie Dankie Eskerrik Asko
Hvala Dziękuję Dank u wel
Dankon Thank you
Tak Shukran merci 谢谢
Gracias Obrigado 谢谢
Danke ευχαριστώ
ありがとうございました