STAM 2015
July 14, 2015
What Can Data Do For Me?
Data Analysis Scenarios

Bucket 1: Compliance

Example 1: What is the percentage of CCDF families/children that are homeless?

Key Issues: Does the State's definition differ from OCC's definition?
Do these data currently exist and do I have access to it?
Do I need to modify the application to collect it?
If I have the data, what do I need to do to ensure it gets on my ACF-801 Report?

Example 2: How many children are served in programs that are implementing State ELGs?

Key Issues: Has your State adopted ELGs?
Is ELG implementation tracked at the provider level, for all types of providers?
Requirement is to report by age – does your State have the ability to report based on the age groups identified in the QPR?

Bucket 2: Stakeholder Questions

Example 1: What is the average copay in X county?

Key Issues: What is the time frame for the analysis?
Should average monthly copay or annual copay be reported?
Are you reporting copay for the family or for each child?
How should families with zero copay be treated?

Example 2: How many families and children are served by subsidies?

Key Issues: What is the time frame for the analysis?
Are you planning to report average monthly caseload versus total (unduplicated) number of families and children served in the year?
Should *all* subsidy families and children be included in the analysis (CCDF, TANF, PS, Military, etc.) or just CCDF (or other populations) families and children?

Bucket 3: Painting a Picture of Success

Example 1: The percentage of CCDF children served in quality settings has increased over time.

Key Issues: How do you define and measure quality in your State?
Is the same definition applicable to all types of providers?
Should children whose provider quality is unknown be excluded from the analysis?

Is the appropriate statistic for the trend analysis an average monthly percent or an annual percent?

Example 2: The percentage of CCDF children in stable child care arrangements has increased over time.

Key Issues: Is stable care defined as continuous care over time or more narrowly as continuous care with the same provider?
In order to count as continuous care, does the child/family have to receive services EVERY month within the period. (For example, do breaks during the summer for older kids count as disruptions?)
Which families/children should be included? Families/Children who are already receiving services or have received services in the past OR families/children who are brand new?

Bucket 4: Answering Policy Questions (with the Goal of Making the Program Better)

Example 1: What do current attendance rates for pre-K children look like and what policy changes/incentives do I need to introduce to improve attendance (assuming it's needed).

Policy Context: Studies of various pre-K programs find that regular attendance is correlated with better cognitive and social-emotional outcomes. Additionally, children who are chronically absent in pre-K are much more likely to have poor attendance in the later grades, making it difficult for them to catch up. (Head Start currently requires that programs maintain attendance of 85 percent on average, but does not require programs to track attendance of each child. The proposed standards would require attendance to be tracked for each child, making it easier to identify and help children who are chronically absent.)

Key Issues: Which children should be included in the analysis? (4 year-olds, children who turn 4 by the school cut-off date)
What is the appropriate timeframe for the analysis? The full school year? Partial year?
Do children have to have been enrolled for the full year in order to be included? Or should all children be included regardless of their length of duration in the program?
What attendance rates require attention/intervention? What is my definition/cut-off for chronic absenteeism?

Example 2: Does my supply of quality providers map to the apparent demand for subsidized care?

Key issues: How do you define and measure quality in your State?
Should both the home zip code and the work zip code be used to map the demand among families?
Should the analysis be limited to only providers who have received subsidy payments or all providers listed with the State or R&R Agency?
What is the time frame for the analysis? A specific year? Multiple years?