

Spotlights on Innovative Professional Development Practice: CCDF Funding for Supporting the Infant and Toddler Workforce

Stephenie Hickman: Hi, everyone. Welcome to "Spotlight on Innovative Practice Theories." Today, we have Katherine Falen and Ronna Shaffer here. I'll let them introduce themselves in just a moment. But we have a few guest presenters that will be coming on a little bit later. Today's topic is CCDF funding for supporting the infant and toddler workforce. Thanks so much for joining us.

Before we get started, I just wanted to go over a few webinar features with you. So, at the bottom of your screen, you should see this list of widgets. That first one — the yellow question mark — if you have any questions, or need help, there's a lot of resources in there. You can certainly open that up. And then, the next is the slide deck. So, you should be seeing that. That's your life view. We also have a media player.

We're not going to be having any videos today, so you don't have to worry about that one. But if you do have any questions throughout the webinar for the presenters, or if you're having any technical issues, we encourage you to use that purple Q&A widget at the bottom of your screen, and we'll be sure to get to as many questions as we can. We also want to invite you to open up the green resource widget list. That has the PowerPoint in there, along with a few of the resources our presenters will be talking about today.

We'll also be interacting using the blue group chat. Some of you are already in there, so thank you and welcome to everyone who has introduced themselves, and joined that group chat. We also have some webinar tips, both in English and in Spanish, to the far right of your screen. But you can certainly click on those, and minimize those, if you do not need any assistance. Finally, we are able to provide this webinar today with English and Spanish closed captioning, so we invite you to open those if they are helpful for you. And with that, I'm going to go ahead and turn it over to Awuse Tama.

Awuse Tama: Hi, everyone. Thank you so much for joining us today. Welcome to our third and final webinar in the Spotlight on Innovative Practices series. My name is Awuse Tama with the National Center on Early Childhood Development, Teaching, and Learning — or NCECDTL.

Katherine Falen: Did we lose Awuse?

Stephenie: I think so. Awuse may be having some technical issues today, so we'll go ahead and go through those section ... Objectives. Katherine, I'll go ahead and let you take over.

Katherine: Sure. Great. Thank you. So, today, our objectives are to have you be able to explain how states and territories are using CCDF funding to support the infant and toddler workforce. And that is the Child Care Development Fund. Describe challenges and opportunities, and compensation efforts, to support the infant/toddler workforce. And we want to share resources available to support the infant/toddler workforce.

We're going to start with some introductions. We are going to introduce our speakers, and give you an overview of the Child Care Development Fund. We're going to talk a little bit about the

unique characteristics of the infant/toddler workforce, along with some data points. And we have some speakers today from Oregon and Pennsylvania, who are going to talk about ways that they are supporting the infant and toddler workforce in their states through initiatives that are funded by the CCDF money. And then, we'll have some time for questions. If we don't get to answer some of your questions, then we will absolutely get those to you in follow up, through email. So, ask your questions in the group chat, and anything that we can't answer today — in part just because the chat is going to be scrolling pretty quickly and we might not capture them all, but we do have the opportunity to get that answer back to you later. So ... And then, we're going to share some resources, and we'll wrap up. So, with that, I should say that this is Katherine Falen. I am a senior state training and technical assistance specialist with the National Center on Early Childhood Development Teaching and Learning. And I'm one of your co-facilitators today. and my partner in crime today is Ronna Schaffer.

Ronna Schaffer: Hello, everyone. Good afternoon, or good morning. This is Ronna Schaffer. I am an infant/toddler specialist with the State Capacity Building Center. And I am delighted to be collaborating with Development Teaching and Learning, Katherine, to present this webinar for you.

Katherine: So, we just wanted to get you started here in thinking about the issues. And so, if you would, please put your comments in the group chat box, in terms of what areas do the infant and toddler workforce — does the infant and toddler workforce — in your state need the most support? So, we're gonna give you a few minutes to ruminate on that, and to type in your answers. What are the needs? What are the biggest issues that you're facing? And what does your infant/toddler workforce need? "Wages for providers." "Education and training." "A living wage." "Mental health and trauma." And I don't know if that referred to working with children who have mental health issues or have been through trauma. It could be that they themselves have some trauma. "Wages and respect." "Wages and support capacity." I see a lot of compensation and education.

So clearly, we know that this is an underpaid field. "More infant and toddler slots, and wages and training in Texas." "Lower ratios." So, lots of themes here. "Part of profession." So, it may be to be considered a real professional. And, "mental health and a living wage." We do know that this is a draining field, to take care of young children, so, their own mental health supports for the providers. "High expectations." "Social and emotional care for the children." Boy, you guys have got a lot of great stuff here. It's flying in. Again, we'll be able to ... "Social and emotional development." "Professional development" around that topic. "Subsidy for assistance." I saw, "more subsidies." "More infant and toddler slots." So, a variety of things.

And we know that there aren't enough slots. I was just speaking to someone from Wisconsin a few minutes ago, and someone else from Kansas, about how they don't have enough infant/toddler slots in their states, and there are long waiting lists. "Consistent standards for teachers." "Working with mixed age groups." "Stress and emotional management for workforce." "Business development for directors." Absolutely. There's a lot more that goes into it than just understanding about how children develop. You have to understand the business side of things. I'm not sure ... "Missouri in process of writing and implementing an NFO." I'm not

sure what NFO stands for. "More Early Head Start child care partnership slots." So, yeah, slots, wages, respect, training — those seem to be strong themes.

So, with that, thank you very much. And we hope to be able to give some examples of — "[indistinct] ... Funding opportunity." So, I'm going to turn it over to Ronna, who is going to give us an overview of the Child Care Development Fund, and some statistics about how those moneys are being used to support the workforce currently. And if you're not already doing some of those things, then, we hope it gives you some good ideas. Ronna?

Ronna: Thank you, Katherine. And I saw a lot of comments about compensation and wages and professionalism. And I hear that from all over the country, as well. We are going to talk a little bit later today about the compensation piece, and hear from a few folks as to what they are doing to help support the infant/toddler workforce.

But let's get into the CCDF overview. So I, as most of you know the Child Care Development Fund, or as we lovingly call it, "CCDF," is the largest source of federal funding that helps low-income parents pay for child care. And in the 2014 reauthorization, they also included the allowability of using funds for quality-improvement activities and initiatives. And in fact required that 3 percent of the funding they receive is targeted to infant/toddler quality activities and initiatives.

So, in the 2016 plan, and again in the 2019 plan — which has just been completed by states — they have had to identify ways that they've used this 3 percent — what we call "infants/toddler quality" — set aside to really help promote quality in infants and toddlers. And that includes supporting the workforce. What you see here are the 10 initiatives or activities that are approved. And states can choose one or more of these activities.

And for our purposes today, regarding supporting the workforce, you can see there are several opportunities for that to happen. There's family child care networks, which certainly support family child care workforce. There's training and professional development specifically for infants and toddlers. And I saw in your chart that this was a need from all over the country. There's opportunities to use this funding for cooking or technical assistance, and to form a statewide network of quality infant/toddler specialists. And several states — and I'll talk to you a little more about that — have formed infant/toddler specialist networks. There's also opportunities to develop infant/toddler components within the QRIS systems if there is one in your state — that's Quality Rating and Improvement Systems — I should not use acronyms; I apologize. In your state, and opportunities to include support for infant and toddler workforce within those those strategies in the QRIS system.

So, what you see here, and on the next slide, is from the 2016 state plans on how they've talked about using their 3 percent set aside funding. As I said, the 2019 plans have just recently been approved, and we are pulling together the data from those plans. But we just want to share you ... Share with you, I'm sorry, the 2016. And you can see that all states and territories were using some of their money for professional development for infant and toddler caregivers. Thirty-two of the states have an infant/toddler credential, and some of their funding has gone to that, as well. You can ... You can read these statistics. I don't need to read them to you.

But many states have been using it through state networks of infant and toddler specialists. And more and more we are receiving requests for technical assistance to support the development of infant and toddler specialist networks. And to continue this, we see a few more of the activities and the statistics on the states that are ... How they're using their funding. And you see this last one that says "Thirty states and territories provide financial incentives to increase the supply and quality of infant and toddler care. So, that's just a little bit about what CCDF is doing with their funding, and how they're supporting the infant/toddler workforce. And speaking of the infant and toddler workforce, I'm going to turn it back to Katherine, to talk to you a bit more about what's happening in the infant and toddler workforce.

Katherine: Thank you, Ronna. We're going to talk about some statistics from the 2012 National Survey of Early Care and Education, and an analysis that we've done of that by the Center for the Study of Child Care Employment. And what we see here is that 86 percent of center-based infant/toddler teachers earned less than \$15 an hour. I think that probably comes as no surprise to anyone on the phone, and certainly corresponds with some of what we saw, in terms of the issues regarding compensation and wages. More than half earned less than \$10.10 an hour. And that the economic insecurity in teachers affects their ability to be present, and engage with children on a daily basis.

And that certainly also speaks to the comments about support for the workforce, and emotional support, and maybe mental health and care for the workforce itself, under the, the strain of trying to do very difficult work for not enough compensation. Teacher qualifications for infant/toddler teachers are very different depending on the state, the setting, the ages, and expectations of the various programs through which they may be funded. Qualifications for teachers in the birth-to-5 range, usually infant teachers/toddler teachers working in licensed child care are typically ... Have lower requirements. Where teachers who are working in 3- and 4-year-old programs — public preschool or Head Start settings — have higher requirements to hold an associate or a bachelor's degree, or perhaps even specialized training in early care and education.

So, that minimal and varied specialized education or training required in infant/toddler development is an issue. And also, the offerings that exist for infant/toddler providers in higher education, coursework is not ... Follows that each group. It is typically a part of another class. It's very difficult to find infant/toddler-specific coursework, in many cases. And when it is there, it may not go in as deep a dive as is needed for those who are working with that age group.

Despite that, though, a lot of early educators have pursued education, and have worked to try and advance their education and training. And they get that from public and private resources — scholarships, wage incentives, and other supports that may be funded through the CCDF money. As we said, the challenges for this group include the fact that there are limited courses for ... In higher education and preparation studies that ... For people who are working with this age group. The work environments are often not necessarily supportive of the needs. It is difficult to be able to pay teachers to get professional development.

We know that in most states, the licensing standards might require that the ratio is maintained throughout the day, which makes it much harder to allow infant/toddler teachers to get out for training. Whereas, it may be more possible in a preschool program if all children are napping, or

on cots, for example, for the ratio to be changed, in order for a teacher to step out of the room for training. We also don't have a lot of data specific to the birth-to 3-age range. We have data that gets collected in Head Start. We have some in Early Head Start, as well. But we don't necessarily, in child care, have data that is specifically focused on the birth- to 3-age range, and we might have more data in a pre-K program or a 3- to 5-year-old programs. And so, we're not necessarily working with information that is up-to-date and current enough to be able to make informed policy decisions to be able to recommend changes to — whether it's compensation, or qualifications, or working environments, and how these vary by demographic characteristics, or program setting, and funding, the children served, and so on.

So, these are all basic questions that we should be able to answer to inform good policy, but we don't have that data for the infant/toddler workforce. So, we do want to hear from you a little bit about what are some of the factors that contribute to the challenges that the infant/toddler workforce faces in your state? You know, we've talked about, what are some of the issues that you're facing.

Are there, are there other challenges specific to your state in regards to your workforce? I see in Mississippi employees are eligible for the same services they're providing in the classrooms. So, I take that to mean that that's a support system for the staff. That's wonderful. So, they're eligible to participate in the same services that families that are enrolled receive. Other challenges, or other successes? Other examples of things that you can do, or you are doing, in your state that illustrate how you are supporting the workforce, despite the challenges?

"Second-shift care is a challenge. Right. Having programs being open for people who work non-traditional hours.

Ronna: And Katherine, I see in the question — the Q&A pod — that Christie has mentioned qualifications and staff turnover.

Katherine: Uh-huh. Thank you, Ronna. "Not enough qualified teachers." "Transportation." That's certainly a challenge with younger children who need to be in car seats. "Requiring teachers to go through all PITC modules." That's wonderful. "Supports for ... In Indiana getting ready to go from in-person to online." So, trying to make things more available. in New York, they move children at 18 months into the toddler room, to stay with their age peers regardless of development, is what I think I caught there. So, they don't have to all be walking before they can move up. They stay with their age peers. "Teach and scholarship." "Challenges. The professionals are still thought of as babysitters." "State standards ... Low state standards." And, "Rural access for parents to good care."

Ronna: I also see a few folks have said finding infant and toddler CDAs is difficult, and that particularly affects the Early Head Start program.

Katherine: Mm-hmm.

Ronna: And that state-funded pre-K are taking caregivers away to work in better-paying jobs. They love to work with the babies, but they leave for the higher wages in public school.

Katherine: Alright. So, thank you. Keep those coming in. We can share the group chat, and send that out for anyone who is interested. And ... just sort of a follow up on recommendations for

the study ... For the Study of Child Care Employment that workforce reforms require more than a single ingredient strategy. We need approaches that have multiple aspects in recognition that there is no one single solution. There is no magic bullet, here. Strengthening qualifications alone, for example, isn't sufficient without providing financial and structural supports for the workforce to meet those new qualifications. Developing a state-specific workforce strategy that includes compensation.

So, it's for the infant/toddler workforce, but in the context of the broader early childhood education workforce and services as a whole. So, it's not pulled out. It should be part of the whole system, and include increased compensation for infant/toddler teachers. Perhaps increasing subsidy as a method for increasing compensation may work as a strategy. Enacting policies to ensure that wages are improved by designing rate increases for the workforce, for example. But there are lots of other methods to explore to increase compensation.

And the care should be taken to have a long-term strategy that meaningfully lifts the infant/toddler workforce into higher compensation, and isn't just an attempt at a quick fix. Introducing state-level infant/toddler specializations into qualification. So, examining how they can create those specializations. New Hampshire and ZERO TO THREE and Council for Professional Recognition, they have recommendations that address entry through experienced educators.

And there are national competencies and standards that have been established, that are based on evidence, science, and best practice. And so, some states have worked to implement those. Removing cost for improved infant/toddler and credentials and degrees from the workforce. So, ensuring that early educators who are working with young children have the opportunity to engage in preparation and training as they need it, but they don't have to absorb all of those costs themselves. There are different strategies, such as cohort models, bringing training into a community program, that can be utilized. And one way of including non-traditional students is folks who would be going back to engage in some type of education and training who maybe haven't been in school for a long time, and so, helping them with accessing technology to be able to maybe take a course online, or do training online.

So, another recommendation of ways to think about this. Creating new ways infants/toddler teachers to apply their learning. So, after the training how do they — how do they apply what they've learned when they come back to their work environment if they have no opportunity or time to collaborate with co-workers, or have a conversation about how they'll implement what they've learned? Right? We've all gone to trainings, and put that binder on the shelf, and never had a chance to look at it again.

So, instead of just providing stipends for the types of training, perhaps some of the quality dollars could be used to experiment with different types of supports and sites, and to help bring opportunities for teachers to then work together and collaborate as part of that training after the fact, when they get back to their program. Innovation in developing opportunities to create health care and professional supports for the teachers. We heard that loud and clear, based on your group chat, that the teachers need support as well.

What are the health benefit and services that they need — whether that's substitutes or floaters — that allows staff to have paid planning and professional development opportunities. It's difficult for small programs to provide these kind of supports, so how can states strategize ways to pay for those supports regionally, or statewide, and so on. And then, tracking and using the workforce data.

You know, it's a good investment for the state to be able to think of a way to use their dollars to develop and strengthen existing workforce data, so that they get the information that they need in order to implement some of these strategies that the CSCCE recommends. And think about how, with the good data, they can identify the challenges and the scope of needs, and how they vary across the workforce and within the state. And it can also be tracked over time, to assess how well any of these policies or investments are working, and for whom. So, data is — is one of those valuable commodities that's hard to come by, but is so helpful in identifying where the needs may be. And so, with that, I am going to turn it back over to Ronna.

Ronna: Thank you, again. So, as we go through this section on compensation, we'd love to hear — and we will share a few strategies — we would love to hear from you in the chat room more about how you are meeting some of these strategies, and what other compensation strategies you may be using in your state. Well, we all know that compensation is an enormous issue in the early childhood workforce in general, but especially for infants and toddler workforce.

So, we want to share with you some ways of thinking about compensation that might be beneficial to the staff that you are supporting and working with. So, an important indicator in the Berkeley report — in the Early Childhood Workforce Index from 2018 — is about the work environment. So, compensation is pay, but it's beyond pay. It's what the environment is like. It's salary, benefits, and the culture of the program, and the culture of the workforce, as well as supporting the workforce in ways, through technical assistance and coaching.

And we've seen a lot of comments in the comment section about coaching used to support the workforce, as well. So, I just want to briefly mention that in ... QRIS systems are beginning, and increasingly recognizing programs that have paid professional development opportunities. So, I saw in the chat box that a lot of you talked about when to provide professional development on-site, or do people have to travel to it? Is it done at the end of the day, on weekends, online, etc. But there's also the cost factor for professional development, and certainly for higher-education classwork.

So, in many QRIS systems, there is support for programs that are providing paid professional development and paid planning time. In fact, in some states, the highest rating calls for five hours of paid planning time a week, to really support the observation, the documentation, the individualized planning that is really important for infant and toddler development. So ... And I see somebody talking about tax credits. We will talk a little more about that, but these are great ideas. Thank you.

And then, of course, we have to look beyond the salary — although, we certainly don't want to ignore salary. But we want to look at salary scales that are in play. So, folks know, if they do get higher qualifications, if they achieve that infant/toddler credential that's offered by the state or

the national CDA, or if they get an associate's degree, or a bachelor's degree, or beyond, with specialized instruction will they automatically get that salary increase that helps justify the time and energy they've put into that achievement? And are there other benefits? Is there sick time — paid sick time — paid vacation time? Are there health care benefits? Those are all really important aspects of supporting the infant/toddler workforce that we cannot ignore. We also take a look at bonuses, stipends, and tax credits.

And I saw in here that Louisiana is providing some tax credit to — to folks. And what my — my understanding is that Louisiana and Nebraska provide tax credits for — for early childhood workers who meet certain education or training, and the credits increase as the educational levels increases. That's not specific to the infant/toddler workforce, but it certainly includes that. And we know that several states have teach, and several states have wages — so, stipend programs — some wages. And all of that helps to incentivize the infant/toddler workforce, to support the infant/toddler workforce, and to recognize the infant/toddler workforce for all the hard work that they do.

So, we also want to mention that, in the resource — the Early Childhood Workforce Index resource — they talk a lot about parity. And parity, which they describe as meaning equal pay and compensation for early-childhood workforce equal to the K-to-3 workforce, which is parity. And if that's the high level — if that's what we're all working for — we have to do it in stages. We can't just ... Rome wasn't built in a day, and neither was parity. But we can begin with alternate forms of compensation improvement. So, little pieces at a time is a beginning — you know, baby steps for the babies. So, there's partial parity, there's sub-parity, that we really need to think about. Those are all really important aspects to supporting the infant/toddler workforce.

And I want to share — before we move to the state speakers — I want to share a couple of examples, here. You see that the District of Columbia and Vermont have articulated compensation standards, or guidelines for early educators, that go beyond just the pre-K teachers. That 13 states are planning to do that. So, there's movement towards parity. In Connecticut, Illinois, and Washington, there are reports addressing the compensation crisis. And in Massachusetts and Montana, they're earmarking funding for salaries and public funds, again, outside of pre-K ...

So, for early childhood, including infant and toddler teachers. And some strategies that are suggested are for states to really set long- and short-term goals. As I said, it can't be done overnight, but you need to begin. So, short-term goals are a first step. And then, setting the long-term goals on how to support compensation increases for the early-childhood workforce, including infant and toddler workforce. Certainly, all of this is relative to the birth to 5, but sometimes, we forget to include the infant and toddler workforce, as well.

We also want to make sure that we're messaging the importance of this, and the importance of the infant/toddler workforce to child development. And we want to elevate the compensation in the state workforce plan. So, all of this is critically important as we think about compensation.

And now, I want to move to, and introduce, our guest speakers. We are so fortunate to have with us today Jon Reeves and Dana Bleakney-Huebsch, from the Early Learning Division, the Office of Child Care, and the Oregon Department of Education. Both Jon and Dana are infant/toddler specialists, and are a part of a wonderful new initiative that is happening in Oregon, that we've asked them to share. So, Jon and Dana, we ask you to unmute, and hear your information, please.

Jon Reeves: Hi. We're online, here, and looking forward to sharing a little bit about what's going on in Oregon. This is Jon Reeves, and I'm going to kick it off a little bit, here, and then, hand it off to Dana. In Oregon, just historically, we've been losing child care options over a period of time. And I think it's ... Our state leadership has been focused on how do we go about addressing the issues that are happening in Oregon, and what ways we might strategize around that. And so, our Child Care Development Fund resources were really the central method that we were going to utilize to address some of these situations.

But I kind of wanted to just talk about what we were experiencing, which I'm sure is happening in multiple states. But these CDF resources, as we're looking at increasing the supply, the longevity of care, and quality of the infant/toddler care, that's really the purpose of what we've decided to do in focusing on our infant/toddler caregivers, because we've had centers and family child care programs closing at an alarming rate throughout Oregon. We've had numbers of people trying to open new centers to meet the demand, but realizing that sustaining infant/toddler care is costly and very challenging. And employers, philanthropists, local businesses seeing marked issues in being able to recruit viable staff, and recognizing that infant/toddler care was a huge necessity.

And so ... And also, seeing that our infant and toddler costs for care, of course, are the ... It's the most expensive care. But, families are spending upwards of 50 percent of their wages to obtain care, leaving little to no room for our families that are experiencing poverty to obtain quality infant care. And so, our Oregon State University — Oregon Child Care Research Partnership — has produced many reports on quality care, but has recently issued a Child Care Deserts report. And this is one of the tables out of that study. And they were able to identify some things that were pretty important for us.

And if you look at these two ... These are the counties within Oregon. And we're looking at both what that looks like for children birth to 3, and what it looks like for children between the ages of 3 and 5. And we're going to focus our efforts over here, on this one, with all the white space. That particular issue is really showing us that a majority of our counties have less than 10 percent of our children, ages birth to 3, that have access to a regulated slot. If you take out a couple of counties that are outliers, we really have about one slot for every nine children, on average — so, about 11 percent of our children have access to a regulated slot.

What we are finding is that we're not going to solve this issue using the existing methods that we've used in the past. No one entity is going to fund our way out of this, no matter how great our resources are. It's going to take innovative partnerships, and public-private partnerships, utilizing our businesses and philanthropy locally, and really focusing on how to do things in a much different way to fill the gaps that exist.

And so ... to give an overview of what our Baby Promise model looks like, this slide here is a depiction of what we've put together. And so, the way that we've set this up is that it is a pilot program, and there's three pilot regions. We're utilizing the local Child Care Resource and Referrals to implement this program, and to implement these multiple strategies. It is a quality and supply-building strategy focused on families that are at 185 percent of federal poverty level, or lower. And what we are realizing is that, over a number of years we've utilized — and I think, as Katherine mentioned — single-ingredient strategies. And those things work to a point, but we don't see population level change.

What we're doing here is really leveraging and scaffolding multiple things that combined together, multi-layered strategies to attack one of our most serious issues in our community, which is infant/toddler care availability.

So, the four major components — the Child Care Resource and Referrals will have infant and toddler specialists in each of those three regions, having skilled leaders working directly with early-education programs that are interested in becoming a part of the Baby Promise program. And these efforts begin with cohort-based, focused child care networks. So, really focusing on ongoing professional development, training, peer learning, working on their quality rating improvement, continuous quality advancement as those infant/toddler specialists are walking alongside them, and helping them.

And that group-based work, that cohort work, starts to evolve into ... As these programs are on-boarded into Baby Promise, that transitions into a more individualized set of strategies, coaching within the environment, really focusing on quality improvement activities, embedding the professional development that they've had in the group setting into a very individualized set of strategies in the classroom, or in the family child care program homes.

And so, what what we also recognized in this is that we needed a strategy to address the supply of infant/toddler specialists if we were going to hire infant/toddler specialists to help our infant/toddler caregivers in Oregon. We didn't actually have a group of specialists all trained up and waiting in the wings. So, one of the things that we chose to do was bring in Zero to Three, and their critical competencies for infant/toddler caregivers curriculum, to really create a workforce strategy to work with our trainers. It's a training of trainers program so that these folks are ready and prepared for their leadership as a focused child care network leads, and for the coaching in those environments.

And another component of our multi-layered strategy is ensuring that we've done readiness assessments and partnership assessments with the interested early-education programs. Those readiness assessments help us to create individualized implementation and quality improvement plans. And the infant/toddler specialists work with those providers to really set goals for increasing high levels of quality within the program. Those readiness assessments are also helping those three regions select the right partners for the initial parts of the project.

And so, once they're under contract, then, they can utilize those readiness assessments to prioritize how the funding will be used to enhance the physical environments, increasing the level and quality of materials, equipment — cribs, rocking chairs, changing tables, all those sorts of things — computers, software upgrades, if needed. And then, of course, the compensation

portion of this project is really also focusing on, as they're doing all of the myriad of things that we're gonna be asking these early-education providers to do, they will have a higher cost per child. That cost per child is set individually with programs, based on the level of programming that they're provided ... Providing the way they've designed their programs. So, that budget prep will be done with those infant/toddler specialists, working directly with the providers as they're onboarding them. And so, that is the overview.

I'm going to pass it off to Dana, but my final statement around this is, these four system level areas that we've created here are ... What we're hoping to do is really create a synergy for those Child Care Resource and Referrals, equipping them with the tools to succeed in partnership with child care programs in our communities, and also give them the capacity to change the trajectory on many long-standing system issues that have prevented us from having an adequate amount of care in Oregon. And so now, I'll turn it over to Dana, and she'll finish off our part of the presentation.

Dana: Well, hello, everyone. So, for the Baby Promise pilot, we'll be utilizing the CCDF funds — the Child Care Development funds. On the upper section of this slide, you can see we've set aside approximately a million dollars for three positions here at the Early Learning Division in Oregon, for that child care capacity across the three regions, for professional development funds, which Jon was alluding to, as well as the environmental enhancement.

So, just a quick overview of the personnel. For folks here at the Early Learning Division, we have a position that will oversee the grants, and kind of contract management. We have an individual who will do kind of research and evaluation, so that we can collect really robust data throughout the duration of the pilot. And then, we also have a program specialist who will coordinate and oversee implementation of Baby Promise. Locally, at the three CCR&R, we're gonna have infant and toddler specialists that Jon spoke to, as well as an individual who will oversee the subcontracts with child care programs, and someone who will do the recruitment, eligibility selection, and enrollment functions for children and families.

So, Jon already talked about the Zero to Three training, so for the sake of time, I'm going to kind of jump ahead, and go to the lower section of that slide. So, on the lower portion of the slide, you'll see that we have \$4.3 million set aside for the contracted slot payment. So, it's our goal to serve between 200 and 250 children across the three regions. To be eligible, children will need to be 6 weeks to 3 years of age, be U.S. citizens, and living within the target counties. Their families are going to need to be at or below the 185 percent of federal poverty line, and participating in educational or employment activities.

And in regards to the slots themselves, we're trying to recruit child care programs that will offer full-day, full-year services. So, basically, we're looking for child care programs that will offer between six and 10 hours of care, to address the needs of working families. So here, you can see our pilot regions, and our estimated slots. When it comes to these regions, they were intentionally selected to provide a mix of urban and rural settings, which will help us, really, to understand the unique needs of various communities, as well as the impact of the geographic settings.

So, the number of slots and providers included in this slide are estimates. These were provided by the Child Care Resource and Referral agencies when they submitted their letter of interest for Baby Promise. And as you can see, the number of slots and providers vary across the region. I think a nuance that can get missed here is the intention of Child Care Resource and Referral agencies to partner with different provider types. So, for example, in Multnomah, our most populated county — which includes the Portland metro area — they estimate that having three more providers than neighborhood impact in Central Oregon. But they will have 35 less slots, and that's really because of their reliance in partnership with licensed family-based programs in their area.

Again, these are only estimates, but tentatively, we hope to be having 227 slots filled by approximately 42 providers, which ends up being an average of five slots per program. On our next slide, we've got just a nice graphic that represents the mixed-delivery system that we'll be utilizing in Baby Promise. We really did this to support parent choice, and to ensure that we could provide culturally and linguistically relevant care to our children. So, through the partnerships identified in the letter of interest from three regions, you can see that, in this graphic, we have a rich array of programs that will be participating in Baby Promise.

So, the flower petal graphic lists the different provider types, which will include registered family and certified family child care programs. We've got migrant, seasonal, and tribal programs, and programs currently implementing other publicly funded programs, such as Preschool Promise. Again, not every region will have all of these partners. It will vary based upon that region's makeup, and its needs. But this rich diversity gives us greater confidence that we can provide parents a rich array of offerings, and that we'll ultimately be able to reach the children and families in our most rural locations.

Then the provider demographics on the left give you a sense of another aspect of the diversity. So, with the Baby Promise pilot we're hoping to achieve these things. Again, we'd like a scalable model. We want to increase not only the quality and the quantity of infant and toddler care in Oregon, additionally, we want to increase the length of time children are placed in their slots, and we also want to be able to maintain those relationships.

So, as we talked about earlier, we need to decrease the turnover rate of providers. So, that is a quick overview of Baby Promise. Ronna: Thank you so much for that information. It's fantastic, and I am so excited to hear more about how this pilot program works in Oregon. I can't wait for it to happen. And now, I want to take the time to introduce ... our next speaker is Becky Mercatoris, who is the director at the Bureau of early learning policy and professional development in the office of Child Development and Early Learning in Pennsylvania. And her colleague, Deborah Wise, who is Chief in the Division of Standards and Professional Development at the same agency. And I'd love to hear from them all about what's happening in Pennsylvania.

Deborah Wise: Thank you. This is Deb Wise. I'm actually going to speak first. I'm actually acting as the program director for the Infant/Toddler Contracted Slots Pilot that we're going to be sharing with you this afternoon. So, I'll do just some brief overview of the actual pilot. It's actually very similar to Oregon's contracted slot portion of what they just mentioned. So, I will just highlight some key components of our pilot.

The slide you're seeing in front of you, I realize is probably very difficult to read, but it is our theory of change for our Infant/Toddler Contracted Slots pilot. The things I want to point out here really relate to our short-term and medium-term goals for the pilot. So, much like Oregon, we are looking at piloting a fiscal model using the CCDF funds and contracted slots to really stabilize funding for infant/toddler slots from the provider perspective. And also to look at that compensation issue for the teachers, so that programs can recruit and retain qualified infant/toddler caregivers. We also have a focus on quality. And one of the comments I noticed in the group chat was around the ratios.

So, we are focused, in our pilot, of really looking at enhancing that one-to-four ratio regardless of age, that we hope will help address some of the issues that were mentioned in the chat box just around supporting the teachers as they're actually working with children within the classrooms. We also have a focus on continuity of care, and also on just kind of building the systems to support the pilot itself. Our pilot is very new, and it's also very small. So, it's quite a bit smaller than the Oregon model that was previously mentioned.

Our pilot we rolled out in January through a request for applications. We did pre-identify four regions of the state for the pilot. Out of that request for application process, we are funding 14 providers for a total of 116 contracted slots. Most of the providers were fully enrolled and up and running by February of 2019. So, we very quickly rolled out the pilot, and most of the providers were actually serving children who were previously receiving subsidy funds.

And the families were just kind of switched, basically, to the infant/toddler contracted slots as part of the pilot. One of the things we are also doing is we are evaluating the pilot as we are implementing it, which is very important to us as we think about the scalability of the pilot. The cost per child for the pilot is regionalized, and ranges from about \$15,000 per child to \$20,000 per child.

And there was a kind of complicated formula for determining that regionalized rate. And ... we did build in some infrastructure. We actually used previously existing infrastructure of two of our high-quality programs. So, we directly connected the infant/toddler contracted slots — actually selected the providers who were eligible to apply for the slots — to our state-funded pre-kindergarten programs in Pennsylvania. It's called "Pennsylvania Pre-K Counts."

And also, the providers needed to be of the highest quality in our QRIS system. So, they needed to be at a star level — three or four — in our system. We did feel like that was important, particularly for a pilot, to have some infrastructure in place around quality as we were rolling this out. Oregon talked about doing a readiness checklist. We kind of went a different route, and chose providers who we felt would be ready due to the infrastructure we already had in place, due to those two programs that I mentioned.

So, we are looking to reduce the subsidy waiting list with this pilot. We are, again, focusing on the increased reimbursement rates per child, the increased teacher qualifications — which, interestingly enough, when we looked at the data on the teachers in our pilot program, over 60 percent of them already did have a higher-level degrees — either an associate's, a bachelor's. We even have one with a master's degree.

So, again, because we were building on that previous infrastructure, we did feel like that helped as far as that increased teacher-qualification goal. And I mentioned a lower child-to-adult ratio. And the other piece of the continuity of care for the pilot is that, again, because we directly selected providers who were already offering our Pennsylvania Pre-K Counts program, and had robust Pre-K programs in place, we also instituted a continuous eligibility of 36 months. and with a focus of that transition into an available pre-kindergarten slot when the child became age-eligible.

So, that's a very quick overview of some of the key highlighted points of our pilot. I will now pass it over to Becky, who will talk specifically about how this pilot supports the infant/toddler workforce.

Becky Mercatoris: Thanks, Deb. And thank you everyone for the opportunity to share today. I'd like to hit just a couple key takeaways for us in the interest of time. I think, you know, as we think about the similarities of the pilot, and thinking about the general ecosystem in which a pilot like this operates, a couple of the big takeaways that that we found is, you know, as we leverage our state pre-K program, and found that we did actually have many infant/toddler educators who had those increased staff qualifications, that was really an exciting finding for us for our initial pilot.

But we do have expansion considerations. And I think we talked about that a bit in the beginning of the webinar, thinking about how we're supporting our workforce where they're coming into us, how we're supporting our incumbent workforce, and moving through the system. And making sure that, as we ask folks to move through these increased qualifications and degree attainment, that there's a great place, and a great program and classroom, that they really can apply what they've learned, and be able to serve the age group of children that they feel called to serve. And make sure that, as we're doing that, we've set up our policy through our subsidy system, are QRIS, system, our licensing system, our workforce development dollars, to make sure the compensation is there for them as we start to move forward.

So, I did really want to pull out this idea of contracted slots as a mechanism for increasing compensation. One of the places that we've found through our state-funded pre-K, but also through — through an opportunity like our infant/toddler contracted slots pilot, is this is one of the opportunities for, you know, an entity to be able to say, "We're contracting with you for these slots. We need your staff to have X qualifications ..." whatever it is you decide, "... and we're going to set some targets around compensation."

And I think it's a bit of a different way to think about it, and how we can start to drive some of those opportunities for the field. I also wanted to pull out this idea around the strategies for infant/toddler workforce support in thinking about how we're supporting our incumbent workforce in attaining those degrees and really moving through a system that's built to support them, and be responsive to their needs, and understanding about some of the real demands and pressures they have on them, to not just work in a classroom in a very emotionally and socially demanding place, but also understand that many of them are, you know, very much at the poverty line themselves, or, you know, have very real family pressures.

So, making sure that our system is supportive there, but also this idea that we do want to build a system where our pre-service teachers are moving through a higher-ed system where they have great access to infant/toddler course content, and everyone's coming out with these aligned competencies that our friends from Oregon talked about in their model.

So again, in the interest of time, I will, you know, move along, and just share that we do have an evaluation. We have some next steps. We're really thinking about how we're using the data that we're collecting to be able to expand our pilot, and thinking about where we're moving to full implementation. And with that, Katherine, I will turn it back to you.

Katherine: Thank you so much. We've had a really rich discussion today, so I apologize. We are running short on time. So, just really quickly, you will have access to the PowerPoint on the ECLKC in a couple of weeks, and you'll have access to all of these resources, so we're not going to go through all of them now. But there are, you'll see here, several pages of resources and things that you can reference later on. And we would like to have you please fill out the evaluation. You can click right on that screen, and be able to access that. We'd love to hear your thoughts.

We thank you for your wonderful contribution to the conversation today. You're all doing great work out there. And it was wonderful to hear from our two states — Oregon and Pennsylvania — and to have such a rich engagement with the rest of you in our group chat.

So, thanks again. We appreciate everyone's flexibility. This hour went by very quickly. And please fill out the evaluation. And we look forward to the next time we get to talk with you. Thank you.