

Summary of Interim PDG Family Needs Assessment Findings (Memo #2)

Received by State: 9/11/19

The Family Needs Assessment is an analysis of Rhode Island families' greatest concerns/barriers in accessing ECE programs and comprehensive services, as well as transitions between home and school, across programs, and into elementary school.

Data was collected from families through a short survey (in English and Spanish) administered from July 30th to September 6th. 724 surveys were completed by parents and guardians of children ages Birth through 5 across the state, nearly twice the state's initial goal of reaching 400 families with children aged Birth – 5-years-old.¹

In addition, ten in-person focus groups were conducted at community events in three focal communities: Providence, Woonsocket and Washington County with a total of 52 families participating. Seven of the groups were conducted in English and three in Spanish.

Family Needs

- The majority of families surveyed indicated, “access to affordable childcare,” as their priority (44%).
- Among families identified as “vulnerable²” by the state, over 1/3 stressed a need for more “information about available programs for my family.”
- Families with young children and special needs and/or foster care indicated a particular need for “information about available programs for my family” and “childcare close to home”.

Potential State Action Steps:

- Strategies to provide consistent access to affordable children for families in need.
- Strategies to increase information about available programs, especially those with young children with special needs and families with foster care children.

Family Participation in Early Childhood Programs

- 70% of vulnerable families surveyed reported they participated in WIC.
- Less than one-third of these vulnerable families participated in SNAP, family visiting programs (FV), Early Head Start, Early Intervention (EI), Providence Talks, or Head Start, with families who speak a primary language other than English being the least likely to participate in these programs than other groups identified as “vulnerable”.

Potential State Action Steps:

- Consider expansion of state-funded services for more families.
- Consider additional efforts to engage with families who speak a primary language other than English to engage them in early childhood programs, including FV, Early Head Start, EI, and SNAP.

Perceived Benefits of Services

- Over half of B-5 families surveyed reported “a lot” of benefits (in terms of confidence, ability to teach their children, and their children's development).
- Among vulnerable families surveyed, those with special needs children or foster children were less likely to report benefits than others, especially among families with younger children (ages B-3).

Potential Action Steps:

- Consider extending and expanding outreach to families with young children with special needs and infants and toddlers in the foster care system.

¹ Abt expects the final sample will include approximately 20 more surveys that were mailed in too late to include in this analysis from a couple agencies.

² This summary refers to **vulnerable children** as: Children in low-income families (under 200% FPL); Infants & toddlers; Children with developmental delays and disabilities; Children who have behavioral or mental health (MH) challenges; Children facing trauma – with a focus on victims of child abuse or neglect; Children in families who speak a primary language other than English; Children who have experienced homelessness; Children experiencing transportation barriers or resource deserts that make programming unavailable.

How Families Learn About Programs

- Vulnerable families (low-income and families who speak a primary language other than English in particular) cited they are more likely to rely only on family and friends to learn about services and did not frequently cite family home visiting programs as a source.
- Vulnerable families did not frequently cite the internet as a source of information, with the numbers especially low for families who speak a primary language other than English and low-income families.

Potential State Action Steps:

- Consider a marketing/public action campaign to better message eligibility requirements for the various public benefit programs.
- Consider additional outreach to families about the value of family home visiting, so that they know that the home visitors/family navigators can play a role in linking families with services they need.
- Consider enhancing and widely advertising web portals, making the information highly accessible to all types of families, and providing useful information for parents about eligibility rules for services and where to get them.

Barriers to Families Accessing Services

- 66% of vulnerable families cited they have experienced barriers to accessing services – the most common barriers being ineligibility and transportation issues, followed by being overwhelmed and confused.
- Families who speak a primary language other than English as well as families with special needs children or foster children were more likely to cite cultural barriers in accessing services.

Potential State Action Steps:

- Consider new ways to communicate with families about the eligibility criteria for services and their location and encourage vulnerable families to find out if they are eligible versus assuming so.
- Consider working with local B-5 agencies to ensure that there are front-line staff from language and cultural groups in the community as families' first point of contact.

Child Care Use and Preferences

- Most B-5 families cited they use some type of childcare.
- Among families with preschool children who used any childcare, the majority used center-based care.
- For children aged B-3, the majority (57%) were in home-based care.
- Among families with children B-3, the most preferred features for childcare were safety and that the provider had shared values.
- 60% of B-3 families who were using home-based care reported that they used it because there were no slots available in centers or no centers close by. It is worth noting that several families using home-based care were very satisfied with their home-based providers.
- Among vulnerable families, knowledge of Bright Stars is lowest among families who speak a primary language other than English (35%).

Potential State Action Steps:

- Consider enhancing communications about Bright Stars so that more families are aware of the quality rating system.

Family Awareness and Use of State Pre-K

- 56% of families with children ages 3-5 had heard of the state Pre-K lottery.
- Over half of vulnerable families who were aware of the lottery applied for a slot, 70% were offered a slot, while just over half of families enrolled.

Potential State Action Steps:

- Consider providing more information and guidance to vulnerable families about the potential benefits of the state Pre-K program and how it might be different from their childcare program.

Summary of Interim PDG Workforce Needs Assessment Findings (Memo #2)

Received by State: 9/11/19

The Workforce Needs Assessment is an analysis of the current state of the Rhode Island Birth-5 workforce to inform strategies that identify existing barriers to recruiting and retaining a qualified workforce and opportunities to support the current workforce.

Data was collected from center-based program directors, center-based and public-school teachers¹, family visiting managers, family visiting staff, early intervention directors, and early intervention staff through a state-wide survey (in both English and Spanish) administered online and on paper to providers from Wednesday, July 24, 2019 to Friday, September 6th, 2019.²

In addition, five family childcare provider focus groups were conducted, along with a set of interviews of higher education institutions and professional development providers about the landscape of supports and pathways for the workforce. An intensive follow up effort with a random sample of 100 center-based programs that included in-person visits (along with extra email reminders and phone calls) was used to help weight the data for non-response and to represent the estimated population of center-based directors and teachers across the state.

While the final Workforce Needs Assessment report will include findings and recommendations based on the data collected from the B-5 workforce sectors described above, this preliminary memo primarily focuses on a subset of the Workforce Needs Assessment that addresses early childhood educators and Pre-K expansion.

State Pre-K Workforce Supply and Demand:

- Rhode Island appears to be positioned, in terms of educator supply, to adequately roll out the expansion of Universal Pre-K to serve 7,000 young children by 2024.
- Over 400 qualified (PK-2 certified) teachers are currently employed in non-Head Start community-based classrooms and about 70PK-2 certified teachers are produced annually by state higher education institutions (although not all of them end up teaching pre-k).
- However, multiple sources of instability currently face all sectors of the B-5 workforce including substantial staff attrition, compensation gaps, level of job stress/burnout, a desire for additional professional supports, and limited supports and opportunities for upward movement.

Potential State Action Steps:

- Consider addressing the issue of district restrictions.
- Consider how best to match qualified teachers to State Pre-K classrooms, make modest expansions to current certification programs, and strengthen pathways for existing community-based childcare teachers to progress toward licensure.
- Monitor the pipeline of individuals earning PK-2 and elementary certification to make sure it is sufficient to meet the needs of State Pre-K, other district preschool, and district K-2 classrooms.

¹Teachers' include lead and assistant teachers from center-based programs, including Head Start, and public-school classrooms, as well as a very small number of survey respondents who identified themselves as 'other' staff. 'Other' staff positions comprise a very small percent of overall survey respondents and include administrative assistants, support staff, etc.

² These final surveys will be part of the database for the final report and were not included in Abt's 9/11 findings.

Postsecondary Preparation Pathways and Supports

- Overall, almost half of childcare teachers are interested in or are currently working toward a credential/degree and a higher proportion of infant/toddler teachers are interested in or are currently working toward a credential/degree compared to preschool teachers.
- Although almost all have at least a four-year degree, over half (60%) of family visiting staff and one-third of early intervention staff are currently working toward or are interested in additional credentials.
- There are limited options and supports to support PK-2 certification for teachers in the workforce with a bachelor's degree. Much of Rhode Island's existing supports for training and postsecondary education of early childhood workforce are concentrated on non-credit professional development or entry-level higher education coursework (such as the CDA and 12-credit certificate), and less support is available to help move individuals toward higher levels of educational attainment (and ultimately PK-2 certification).
- Rhode Island's existing preparation pathways leading to a PK-2 credential appear to be designed primarily for recent high school graduates and incorporate less supports that might help currently working and mid-career educators obtain PK-2 credentials.

Potential State Action Steps:

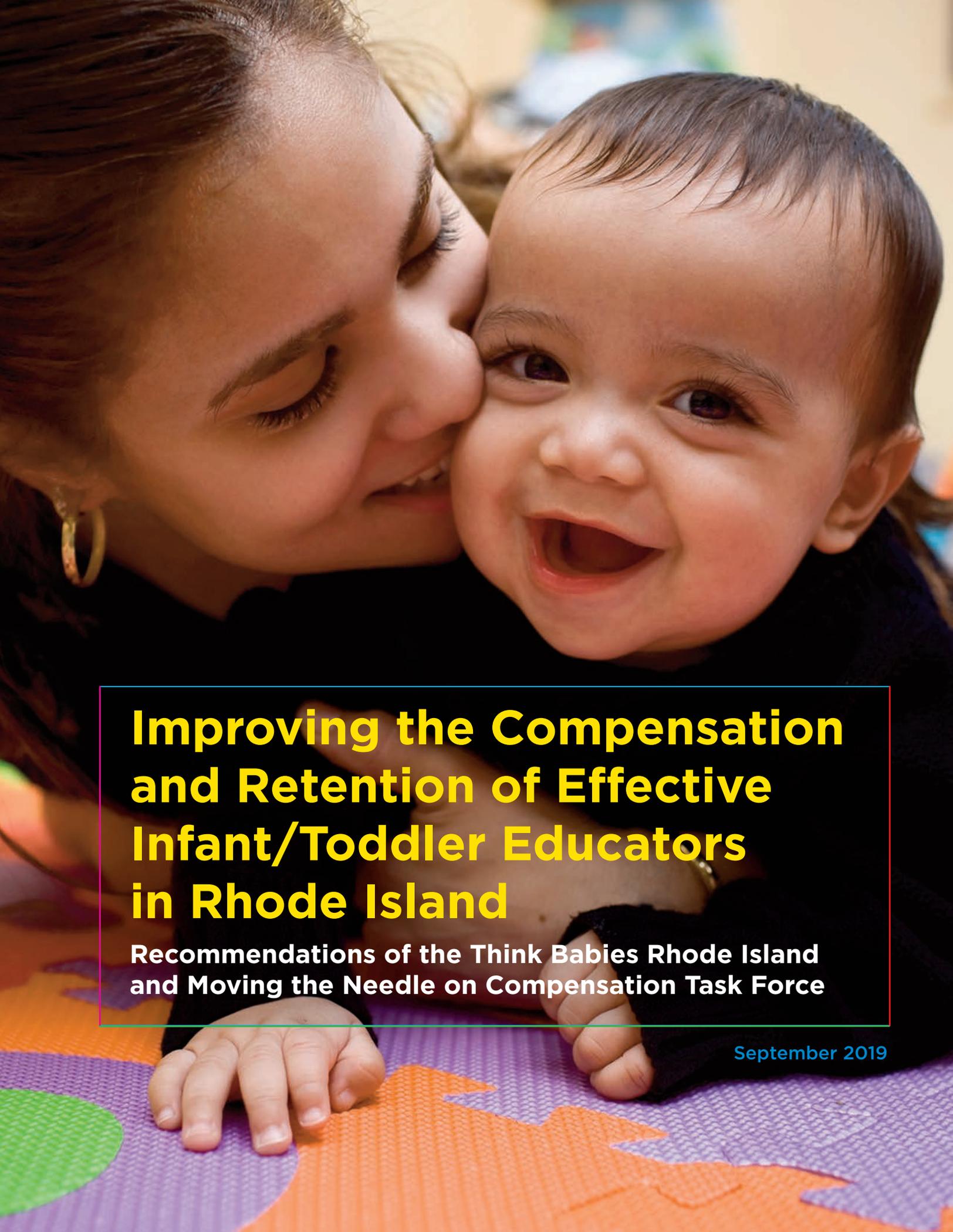
- Consider an alignment to certification strategy and/or providing additional intensive supports for students pursuing a PK-2 certificate—particularly those currently working in childcare or from underrepresented racial, ethnic, or linguistic backgrounds—to pass the Praxis.
- Regularly review barriers to smooth transfer and articulation faced by students and build into its contracts with CCRI and RIC incentives for them to reduce barriers. In addition, the state should seek to ensure that RIDE's program approval process does not require RIC to make changes to its program that increase the barriers to smooth transitions of students from CCRI.
- Encourage CCRI and RIC to offer more online options, or to employ a pool of substitute or relief teachers who could support relief time for teachers working to complete PK-2 credentials. This strategy could be built into the state's existing TA contracts to support childcare programs working to meet State Pre-K standards.
- Consider an expansion of Rhode Island Promise that provides an important support to accessing postsecondary pathways for recent high school graduates.

Workforce Compensation Strategies:

- The average hourly wage for lead teachers is \$17.35 (ranging from \$10-\$55), and for assistant teachers is \$13.31 (ranging from \$9 - \$45).
- Rhode Island currently provides State Pre-K teachers in both school- and community-based settings salary parity with K-12 public school teachers. This makes Rhode Island a national leader in pre-k compensation parity.
- There are disparities in compensation between State Pre-K teachers and other parts of the B-5 workforce, particularly infant and toddler teachers in childcare settings.

Potential State Action Steps:

- Consider an apprenticeship model where employers require wage increases in tandem with onsite coaching and modeling.
- Consider direct wage supplementation, successful compensation strategies seen in other states (i.e. New Jersey), refundable tax credits, minimum wage mandates, and/or increasing subsidy rates.
- Consider enabling networks of childcare centers or family childcare homes to join together to improve business operations, access efficiencies and economies of scale, and provide shared professional development and quality improvement supports.

A close-up photograph of a woman with dark hair and a gold hoop earring kissing a baby on the cheek. The baby is smiling broadly with its mouth open. They are sitting on a colorful play mat with purple, orange, and green sections.

Improving the Compensation and Retention of Effective Infant/Toddler Educators in Rhode Island

**Recommendations of the Think Babies Rhode Island
and Moving the Needle on Compensation Task Force**

September 2019

Introduction

Rhode Island is working to build a strong, coordinated system of programs and services that support the learning and development of young children from birth through age eight so that more third graders can read at grade level and are poised to succeed in school and life. The first 1000 days of a child's life lay a foundation that has consequences for children's school and lifelong success. How we elect to support infants and toddlers, and their families, matters to the entire Rhode Island community. Rhode Island has done a laudable job of establishing some key supports in the areas of child care, Early Intervention, and home visiting that are highly valued by the families who use these services and recently new federal funding has been allocated to increase and establish tiered quality rates for the Child Care Assistance Program. But more attention needs to be paid to the qualifications and compensation of infant/toddler educators. This workforce is poorly paid and, particularly for child care, lacks the education and training that is needed to best support infants and toddlers. Thus, this report focuses squarely on the infant/toddler workforce.

In 2016, the Rhode Island Early Learning Council identified a priority recommendation to **develop wage enhancement strategies to improve recruitment and retention of effective early educators**. The Council also endorsed a set of policy priorities to promote the

learning and development of infants and toddlers which included a recommended state priority **to develop and implement strategies to improve the wages of professionals who work with infants and toddlers**. The Rhode Island Family Home Visiting Strategic Plan for 2019-2024, which was developed in collaboration with Early Intervention stakeholders, identifies the need to **improve staff recruitment, retention and quality** as one of the top three priorities to strengthen services for families.

In 2018, Rhode Island KIDS COUNT and the Rhode Island Association for the Education of Young Children (RIAEYC) convened an Infant/Toddler Educator Compensation Task Force to review the current data on compensation and develop a set of recommended strategies to improve the compensation of infant/toddler professionals who work in child care, family home visiting, and Early Intervention. The Task Force received support from ZERO TO THREE's Think Babies™ Campaign and the Moving the Needle on Compensation initiative led by the T.E.A.C.H. Early Childhood National Center, including help from national experts. The recommendations have been endorsed by the Task Force and will be submitted to the Rhode Island Early Learning Council for endorsement in September 2019 for consideration by the Governor, the Rhode Island General Assembly, and other early learning champions.

“Any steps that would decrease turnover in the field will lead to improved support for families.”

Rhode Island Family Home Visiting Strategic Plan 2019-2024



Rhode Island Association for the Education of Young Children



The Workforce and the Compensation Problem

“This report found that educators of young children, including babies, need the same high level of knowledge and competencies as teachers of older children in order to address opportunity gaps and promote early learning and development.”

National Academies of Sciences, Engineering, and Medicine, *Transforming the Workforce for Children from Birth through Age 8*. (2015).

“The deficiencies in the current system are hurtful to all children and families in need of early care and education options and the adults who are early care and education practitioners and administrators – who are themselves often in extreme economic distress.”

National Academies of Sciences, Engineering, and Medicine, *Transforming the Financing of Early Care and Education*. (2018).

The early childhood professionals who provide the day-to-day services for infants and toddlers participating in Rhode Island’s child care, Early Intervention, and family home visiting programs are supporting the development of healthy brain architecture upon which all future learning and development is built.

Infant/toddler child care, family home visiting and Early Intervention are the gateway programs for Rhode Island’s education system, and the quality of these initial services have a profound, immediate, and long-term impact on our state’s youngest citizens and their families.

Infant/toddler educators establish and leverage strong, positive relationships with children and families. Their knowledge about and expertise in child development and learning promotes the healthy growth, development, and learning of children. High-quality infant/toddler child care is possible when the educator has a deep, lasting relationship with each of the children in his/her care and each of the families. These day-to-day interactions literally build brain architecture. In a child care program, each time an infant or toddler babbles, gestures, or cries, and her teacher responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child’s brain. Family home visiting and Early Intervention programs deliver most of their services to families in their homes and use relationship-based coaching strategies to help families learn new ways to support their children’s growth and development.ⁱ

A landmark report released by the National Academy of Sciences in 2015, *Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation* recommends that all educators who are responsible for children from birth

through age 8 have a bachelor’s degree. This report found that educators of young children, including babies, need the same high level of knowledge and competencies as teachers of older children in order to address opportunity gaps and promote early learning and development. However, the current early childhood workforce is under-qualified and under-compensated. A follow-up consensus report released by the National Academy of Sciences in 2018, *Transforming the Financing of Early Care and Education*, calls for new financing structures to support high-quality early childhood programs as a public good with salaries for early childhood educators equivalent to K-12 teacher salaries.

Ensuring that our state’s infant and toddler professionals are adequately compensated is an absolutely essential element in delivering consistent high-quality child care, family home visiting, and Early Intervention services that improve outcomes for our children and promote Rhode Island’s economic future.

The disturbing reality is that across the United States, and in Rhode Island, the early childhood workforce is characterized by very low levels of education and pay, and high turnover. There is growing recognition that improving access to high-quality early childhood programs requires a major investment in improving education credentials and wages for the early childhood workforce. The economic penalty for teaching young children is steep – professionals who work with the youngest children have very low wages, close to minimum wage. Nationally, infant child care teachers make less than half of what preschool teachers earn and less than one third of what kindergarten teachers earn. One study found that early childhood

Table 1: Median Wage Comparisons, Rhode Island, 2017

INFANT/TODDLER PROFESSIONAL ROLE	HOURLY	ANNUAL	RHODE ISLAND STANDARD OF NEED
CHILD CARE	\$11.82/hour	\$24,580	Workers with young children need earnings between \$63,000 and \$68,000 per year to meet basic needs.
EARLY INTERVENTION	\$13.50 to \$20.00/hour	\$28,080 to \$46,000	
FAMILY HOME VISITING	\$14.63 to \$20.00	\$30,430 to \$46,000	
ALL RI OCCUPATIONS	\$19.45/hour	\$40,460	
PUBLIC SCHOOL TEACHER KINDERGARTEN	\$38.45/hour	\$66,640	
PUBLIC SCHOOL TEACHER ELEMENTARY	\$41.02/hour	\$71,100	

Sources: Child care, public school teachers, and all RI occupations from Whitebook, M., McLean, C., Austin, L. J. E., & Edwards, B. (2018). *Early childhood workforce index 2018*. Berkeley, CA: Center for the Study of Child Care Employment. Early Intervention data from Rhode Island Executive Office of Health and Human Services. Family Home Visiting data from Rhode Island Department of Health. Standard of need information from *The 2018 Rhode Island Standard of Need*. (2018). Providence, RI: Economic Progress Institute.

teachers with bachelor’s degrees have the lowest lifetime earnings of any college major.i

Infant/toddler professionals in Rhode Island are the lowest paid educators in the state. Pay falls well below the Rhode Island Standard of Need, an estimate of the pre-tax earnings required by families with children to meet basic needs (\$63,000 for a single parent with two children and \$68,000 for a two-parent family with two children in 2018).ii

In 2017 in Rhode Island, the median hourly wage was \$11.82 for child care teachers, which translates to \$24,586 per year.iii While Early Intervention and family home visiting professionals do somewhat better, their situation falls short as well. For Early Interventionists the pay range is between \$13.50 and \$20 hour, or \$28,080 to \$46,000 annually. For family home visitors, the range is \$14.63 to \$20 an hour, or \$30,430 to \$46,000 annually.iv

Within the infant/toddler workforce there is a sharp divide between the qualifications and compensation of child care teachers who work directly with children (many children spend up to 10 hours per day 5 days per week in child care) and staff who work with families in Early Intervention and family home

visiting programs where a typical family receives one 90-minute visit per week.

The majority of family home visiting direct service staff have bachelor’s degrees or higher and extensive training to implement a model intervention. Some home visiting staff are licensed social workers or registered nurses. The majority of Early Interventionists have bachelor’s degrees and are trained to assess children for developmental delays and disabilities and provide coaching to families and to child care providers to promote young children’s learning and development and address developmental issues. Some Early Intervention providers are licensed therapists (physical, occupational, speech).

In contrast, infant/toddler child care teachers may have only a high school diploma although some do have a bachelor’s degree. A 2014 Rhode Island study found that infant/toddler teachers in Rhode Island have wages ranging from \$9.70/hour for those with a high school diploma or less (24% of the infant/toddler teachers in the state) to \$13.00/hour for those with a bachelor’s degree (15% of the infant/toddler teachers in the state), with an average wage for

“I can’t keep teachers in the infant/toddler program very long. As soon as they earn a CDA and demonstrate good teaching practices in the infant or toddler classrooms, they either move up to preschool child care classrooms or leave because they got a job in Early Head Start or Head Start.”

Rhode Island child care provider

infant/toddler teachers of \$10.50/hour. The same study found that 84% of family child care providers earn less than \$40,000/year.ⁱ

The reality is that staff who work in infant/toddler child care, Early Intervention, and family home visiting are part of the same female-dominated labor pool that has expertise in working with children and families and is culturally and linguistically diverse. Educational and pay inequities within these systems will drive individuals to change jobs in order to maximize their earnings. For example, an infant/toddler child care teacher who successfully earns her bachelor's degree may now see that she can do better if she joins one of Rhode Island's Early Intervention or family home visiting programs. Likewise, Early Intervention specialists are known to have sought positions in family home visiting programs in order to improve their compensation. And, across all three of these infant/toddler programs, staff who gain additional credentials, such as public school teaching certificates, can do much better by moving on to teach in State Pre-K programs or in public schools.

The job movement is troubling for two reasons. First, from a child development perspective, it undercuts core capacity for quality service delivery by depriving the infants and toddlers who are being served of reliable staff who can build relationships with them that are essential to the quality of the services delivered. Second, also from a child development perspective, it means that developing "master" infant/toddler professionals is difficult when staff lack economic incentives to stay in the infant/toddler segment of the early childhood profession. Infants and toddlers have unique developmental needs, and to support them being on track for school readiness by age three, the professionals who interact with

them must master a complete understanding of infant/toddler child development, how to form strong relationships, and unique approaches to learning aimed at children of this age.

Rhode Island already has two initiatives that address early childhood teacher compensation: the T.E.A.C.H. Early Childhood workforce development program and State Pre-K. The T.E.A.C.H. Early Childhood national model was implemented in Rhode Island starting in 2010 and helps child care teachers complete associate's and bachelor's degree programs by partnering with employers to provide tuition assistance, release time, money to cover book and transportation costs, small wage increases or bonuses as coursework is completed, and a commitment by scholarship recipients to continue working in their classroom for a year. Rhode Island's State Pre-K program, offered through a mixed delivery system of child care programs, Head Start agencies, and public schools, is recognized nationally for meeting all 10 national benchmarks for quality, including having preschool teachers with bachelor's degrees and early childhood teaching certificates and teaching assistants with Child Development Associate (CDA) credentials or 12 college credits in early childhood education.ⁱⁱ The state funds the program and requires that lead teachers are paid salaries equal to the starting salaries of kindergarten teachers in the public schools. Rhode Island's commitment to the State Pre-K workforce should be extended to the infant/toddler teaching workforce with strong supports to ensure educator qualifications and effective infant/toddler practices are rewarded with compensation equivalent to kindergarten teachers in the public schools.

“When my home visitor changes, I have to explain everything about my child and our family all over again and start from the beginning. It makes me want to drop out of the program.”

Rhode Island family

“I really worry about the turnover in my son's child care classroom. I never know which teacher is going to be there at drop off. Sometimes I can't even remember the name of the teacher.”

Rhode Island mother

Financing Improved Compensation for the Infant/Toddler Workforce

Implementing the Task Force recommendations will require expanded financial commitment. Rhode Island has relied on federal funding to grow its commitment to quality child care, Early Intervention and home visiting. Additional revenue generating strategies beyond federal investment are needed, including expanding state investments. For child care, state funding has declined by 82% from FY05 to FY20, from \$56.2 million to \$10.0 million. Restoring state funding for child care is a critical next step to ensure child care rates meet federal standards for equal access and to fund wage supplements to attract and retain effective early childhood educators in programs that serve low-income and moderate-income families. Family home visiting and Early Intervention, programs do not rely on tuition paid by families and so wages can be more directly impacted through state contracts and Medicaid rates that enable programs to pay competitive wages. The Task Force anticipates additional revenue generation strategies may be needed at the state level. In considering the role of the private and philanthropic sector, their investment approaches—while important—are not generally conducive to the ongoing operating monies needed to elevate and sustain improved compensation for the



infant/toddler workforce. A prime focus must be placed on elevating the commitment to and investment in the infant/toddler workforce who provide these backbone programs in child care, Early Intervention, and home visiting, and expanding the funding base beyond the current state and federal commitments.

Task Force Recommendations

In response to ongoing challenges identified by programs that struggle to attract, develop, and retain effective infant/toddler professionals, the Rhode Island Association for the Education of Young Children and Rhode Island KIDS COUNT co-chaired a Task Force to develop strategies to improve compensation across child care, Early Intervention and family home visiting. This cross-sector Task Force consisted of representatives from state, community, and private partners. The Task Force met eight times to review national guidance and effective practices in other states and to develop these recommendations, which are summarized below. These recommendations provide significant opportunity for many leaders in the public and private sectors to contribute to the development of an appropriate compensation approach for the infant/toddler workforce that provides critical child development supports through child care, Early Intervention and family home visiting. Recommendations are color-coded to indicate the key leaders who will need to work together to achieve implementation.

KEY TO LEADERSHIP ROLES FOR IMPLEMENTING RECOMMENDATIONS

- State agencies (e.g., Governor's Office, Department of Human Services, Department of Health, Executive Office of Health and Human Services, Department of Labor and Training)
 - Advocates (e.g., Rhode Island Association for the Education of Young Children, Rhode Island KIDS COUNT, Economic Progress Institute, unions, etc.)
 - Employers of infant/toddler professionals
 - State legislators
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Four Cross-Sector Recommendations

- 1) Adopt and use a statewide target wage scale linked to education levels for infant/toddler educators, Early Interventionists, and family home visitors. ●
- 2) Conduct a public education campaign designed to show the value of infant/toddler educators and the need for improved compensation. ● ● ●
- 3) Establish an Infant/Toddler Employer Group with the Rhode Island Department of Labor and Training. ● ●
- 4) Establish a working group to develop and introduce an Early Childhood Workforce Investment Act in 2020. ● ● ● ●

Two Infant/Toddler Child Care Recommendations

- 1) Commit to meeting federal rate guidelines for the Child Care Assistance Program through tiered quality rates. ● ●
- 2) Fund an infant/toddler wage supplement demonstration project and consider how to scale up. ● ●

Three Early Intervention Recommendations

- 1) Leverage existing billing opportunities to support Early Intervention. ● ●
- 2) Establish a compensation-based incentive pool. ● ●
- 3) Review and update Early Intervention reimbursement rates. ●

One Home Visiting Recommendation

- 1) Incorporate the infant/toddler educator wage scale into family home visiting contracts. ● ●

Recommendations

CROSS-SECTOR RECOMMENDATIONS

CROSS-SECTOR RECOMMENDATION 1:

Adopt and use a statewide target wage scale linked to education levels for infant/toddler educators, Early Interventionists, and family home visitors. ●

Early in the process, the Task Force developed an aspirational target wage scale, shown in Table 2 below, for infant/toddler educators in child care centers, Early Head Start, and family child care, Early Interventionists, and family home visitors (Parents as Teachers, Healthy Families America, and Early Head Start). (We note the Nurse Family Partnership program requires a minimum credential of Bachelor’s in Nursing and so requires a different wage scale). The wage scale model illustrates targets for compensation reform associated with an individual’s education. The educational levels of the model are aligned with the BrightStars educational requirements at Star Rating 3, 4, and 5.

The Task Force urges the public sector to use the target wage scale when developing contracts with and setting rates for infant/toddler service providers. The Task Force also recommends that evidence of effective practices be incorporated into wage scales. Research has shown that college degrees and knowledge of child development are linked to improved practices, but they are not a guarantee. The Rhode Island State Pre-K program requires teachers and teaching assistants to have certain educational credentials and to achieve target scores on valid and reliable measures of classroom practices. Both of these requirements are nationally recommended standards. The State Pre-K program provides on-going support to State Pre-K teachers and their employers to reach these target scores.

It is important to note that the Target Hourly Wage and Target Annual Salary represent the “floor” for compensation, not the ceiling or maximum amount. These amounts may increase based on an individual’s work experience and/or other credentials (e.g., Infant Mental Health endorsement). Currently we acknowledge that the vast majority of infant/toddler service providers (the employers) cannot meet these targets due to a lack of resources.

The “Level 1” target hourly wage was purposefully set at \$16 – one dollar above a target minimum wage of \$15 per hour (the target hourly wage for those working in child care with a high school diploma – the minimum qualifications required by state licensing). In addition, while these targets were developed for infant/toddler educators, they could also be applied to professionals working with preschool-age children.

Table 2: Infant/Toddler Professional Target Wage Scale, Rhode Island, 2019

LEVEL	EDUCATION	TARGET HOURLY WAGE FLOOR	TARGET ANNUAL SALARY FLOOR
1	CDA credential or 3 ECE credits	\$16	\$33,280
2	12 ECE credits	\$17	\$35,360
3	Associate’s degree	\$19	\$39,520
4	Associate’s degree & 24 ECE credits	\$20	\$41,600
5	Bachelor’s degree	\$21	\$43,680
6	Bachelor’s degree & 24 ECE credits	\$23.50	\$48,880

* Assumes that these amounts will need to be adjusted over time to account for inflation/cost of living. Note: level 1 is \$1 more than the target for the minimum wage of \$15/hour and level 6 is equivalent to the starting kindergarten teacher salary in Rhode Island in 2017. Note: the starting kindergarten teacher salary is for 40 weeks per year so this should be adjusted to cover a 52 week year (\$63,544). The median wage for a kindergarten teacher in Rhode Island in 2017 was \$66,640.



CROSS-SECTOR RECOMMENDATION 2:

Conduct a public education campaign designed to show the value of infant/toddler educators and the need for improved compensation. ● ●

Rhode Island demonstrated a deep understanding of the importance of its preschool teachers when it set up its State Pre-K initiative, setting funding at a level that would provide Pre-K teachers with pay parity to entry level K-2 educators. However, the public's understanding of the importance of the infant/toddler workforce lags behind. A concerted public education campaign is needed to help policymakers and other influencers understand that the quality of infant/toddler programming is tied to the state's school readiness and early grades goals, and that adequate wages are needed to ensure programs can attract and retain high-quality infant/toddler educators, just like we do for high-quality Pre-K teachers.

CROSS-SECTOR RECOMMENDATION 3:

Establish an Infant/Toddler Employer Group with the Rhode Island Department of Labor and Training. ● ●

The Rhode Island Department of Labor and Training (DLT) has been an active member of the Task Force and shared information about how they work with employers across the state to support recruitment, development, and retention of qualified staff. DLT understands the infant/toddler workforce is predominantly female, culturally diverse, and poorly compensated – even when education credentials are attained. DLT also understands that many employers struggle to recruit, develop, and retain qualified infant/toddler educators, family home visitors, and Early Interventionists with the resources available, and that this struggle limits access to high-quality child care, family home visiting, and Early Intervention for the entire workforce in Rhode Island.

DLT typically works in partnership with employers to solve a variety of workforce development needs – including helping employers meet

demand for talent through internships and apprenticeships, finding and training new hires, and updating the skills of current employees. DLT's work is demand-driven, collaborative, flexible, and business-led.

The Task Force recommends that an Infant/Toddler Employer Group be convened to work with DLT, the Governor's Workforce Board and the Department of Human Services to identify and implement creative solutions to current infant/toddler workforce needs. This may include recruitment, training, and/or systems-change sector improvements, such as establishing a registered apprenticeship model for the infant/toddler workforce.

The Task Force also discussed the feasibility and value of developing a state-endorsed early childhood education career pathway as a tool to support the workforce and help employers. The state has developed workforce career pathways to support numerous fields (e.g., Hospitality, STEM, Manufacturing, and many more). Currently, DLT is engaged in a Healthcare Workforce Transformation initiative that includes "Build Healthcare Career Pathways to Develop Skills that Matter for Jobs that Pay" as its first priority. The state is also working to establish a teaching career pathway for high school students to earn an endorsement on their high school diploma and currently offers child development and infant/toddler college coursework to high school students through the Advanced Course Network. At this time, it is not clear to the Task Force whether resources devoted to developing a Rhode Island early childhood educator career pathway would significantly advance the compensation of infant/toddler educators. The state and advocates

should continue discussions with DLT related to recruitment, development, and retention of the infant/toddler workforce in Rhode Island.

CROSS-SECTOR RECOMMENDATION 4:

Establish a working group to develop and introduce an Early Childhood Workforce Investment Act in 2020. ● ● ● ●

Rhode Island has been able to advance State Pre-K, family home visiting, Early Intervention, and the BrightStars Quality Rating and Improvement System through legislative action. Several states have drawn attention and resources to the early childhood workforce through legislative strategies to promote government action that addresses challenges facing the early childhood workforce – including educational and career advancement and compensation. A working group consisting of representatives from the legislative and executive branches, together with advocates and providers, should review legislation that has been introduced in other states and at the federal level and develop a Rhode Island Early Childhood Workforce Investment Act. This work will yield a strong understanding of the needs of the infant/toddler workforce, and provide a forum to work together to move forward the overall recommendations from the Task Force and importantly, to include consideration of revenue enhancements that will be needed to support the infant/toddler workforce.

Recommendations

INFANT/TODDLER CHILD CARE RECOMMENDATIONS

The Rhode Island child care system is a private market with parents shouldering the majority of the costs. The Rhode Island Child Care Assistance Program (CCAP), funded largely with federal CCDGB and TANF funds, provides a subsidy to eligible low-income families. Families may enter the program with incomes up to 180% of the federal poverty level (\$38,394 for a family of three in 2019) and exit when incomes are over 225% of the federal poverty level (\$47,993 for a family of 3 in 2019). Parents may enroll their child(ren) in any licensed program in the state that accepts CCAP payments. CCAP payments are made directly to child care programs that submit invoices for reimbursement. Parents with incomes above 100% of the federal poverty level are responsible for making co-payments directly to the child care provider. State child

care licensing standards set the minimum standards required to legally operate a child care program, including staff: child ratios. BrightStars is the state's Quality Rating and Improvement System for child care and early learning programs, providing a pathway for licensed child care programs to achieve research-based quality standards that promote children's development and learning.

The two recommendations that are specific to infant/toddler child care should be addressed simultaneously as co-equal priorities. Rhode Island has a high proportion of moderate income families who pay for their child are out of pocket, and this means that it is simply not possible to use a rate strategy alone to get to the necessary investment for quality infant/toddler care provided by



infant/toddler educators who are provided with a middle-class income. At the same time, we know that Rhode Island's child care programs are in financial distress. A current analysis by LISC shows that only 30% of programs reviewed met established financial ratios for fiscal strength and stability; similarly, a very high percentage of centers surveyed have no cash on hand to deal with an emergency. Despite allocating 60% of revenues to teacher pay, programs do not pay their staff more because they lack the resources overall to increase wages. So, while the ongoing commitment to improve CCAP rates to meet federal benchmarks is critical, it must be complemented by a significant strategy to address compensation, as outlined in the second recommendation. This second strategy is designed to support infant/toddler educators working in programs that include low-income children in the CCAP program but it supports all of the infant/toddler educators in the program as part of the effort to boost compensation for the workforce as a whole. The Task Force recommends phasing in the second recommendation through a carefully conducted demonstration project that will allow a model to be developed and refined before the final cost model and scaling approach is adopted.

The twin proposals to improve CCAP rates and to simultaneously fund a direct wage supplement program for infant/toddler child care educators will help to ensure that infant/toddler child care is strengthened, can meet research-based quality standards, and can expand to meet the needs of families.

INFANT/TODDLER CHILD CARE RECOMMENDATION 1:

Commit to meeting federal rate guidelines for the Child Care Assistance Program through tiered quality rates. ● ●

The federal Child Care and Development Block Grant Act, which provides core funding for Rhode Island's Child Care Assistance Program (CCAP), requires the Rhode Island Department of Human Services to certify that the rates it is paying for CCAP services are sufficient to ensure eligible children have equal access to child care services comparable to those provided to children who are not eligible to receive CCAP. The benchmark for equal access established by the federal government are rates at or above the 75th percentile of the current child care market with base rates set at or above the 25th percentile. Currently, CCAP rates for infants and toddlers in child care centers and family child care homes that meet BrightStars 5-star standards meet the federal benchmark based on the 2018 market rate survey conducted by the University of Rhode Island. However, base CCAP rates fall well below the 25th percentile and do not meet the equal access provision.

Rhode Island should meet federal expectations for CCAP rates so that low-income children have equal access to the care available and high-quality programs can afford to serve children with a CCAP certificate. According to the U.S. Department of Health and Human Services Office of Child Care, this means paying rates at or above the 75th percentile of a recent market rate survey. However, we note that adequate rates alone will not ensure adequate pay to attract, develop, and retain qualified and effective child care

Improving CCAP rates are a necessary but insufficient strategy to adequately raise child care teacher wages and provide access to high-quality child care. Additional strategies are needed that take into consideration that child care programs are economically integrated and rates for middle income families cannot be raised much higher than they are now – parents cannot afford to pay more and teachers cannot afford to get paid less.

teachers. CCAP rates are determined using a private market rate that is suppressed due to low rates paid by middle-income families as they struggle to afford the true cost of quality care.

Rhode Island's recent adoption in 2018 of tiered quality rates for children under six enrolled in centers provides a strong incentive for programs to make quality improvements. Setting the top tier rate at or above the federal benchmark for access to quality care (75th percentile of market rate) resulted in a 33% CCAP rate increase for infants and toddlers in 5-star programs. This important policy victory is helping programs sustain quality improvement activities, including small wage enhancements for teachers, and is providing parents with more purchasing power so they can enroll their children in higher quality programs. Now, companion strategies to support the development and retention of individual infant/toddler teachers are needed – including support for programs with lower-quality ratings that are on a path toward quality improvement.

The projected cost for FY 20-21 to meet federal equal access rate standards for all children in the Child Care Assistance Program exceeds \$7 million. Assuming federal child care dollars remain stable, additional state resources will be needed to meet these benchmarks for low-income families to have equal access to programs.

**INFANT/TODDLER CHILD CARE
RECOMMENDATION 2:**

Fund an infant/toddler wage supplement demonstration project and consider how to scale up. ● ●

The most widely adopted approach to addressing teacher compensation in the United States are wage supplements paid directly to individual early childhood teachers, primarily via stipends. At least 15 states provide targeted wage supplements to child care teachers, but these supplements reach less than 2% of the workforce. To help provide an incentive for attaining higher education levels and skills, stem the tide of turnover as teachers achieve these credentials, and increase teacher continuity, ongoing salary supplements are provided to early educators based on education achieved, demonstrated skills, and the continuity of care provided.

The Rhode Island Department of Human Services should fund and administer a pilot of education and retention awards for teachers who work with infants and toddlers to increase workforce retention, education levels, effective teaching practices, and compensation. This Task Force developed a demonstration project proposal, "Starting Right Teacher Education & Retention Awards." The proposed program will reward child care professionals (center-based teachers and family child

care providers) who have demonstrated a commitment to the field by achieving higher educational credential and quality teaching practices. Awards will be given to infant educators working in CCAP/BrightStars programs that are seeking to move up to the next star level or maintain their 5-star rating. Every six months, qualified teachers will receive a graduated supplement tied to the level of their education and effective teaching practices (aligned to the Infant/Toddler Professional Target Wage Scale). Participants must continue working with infants/toddlers in CCAP programs for the duration of the pilot and will receive practice-based coaching and technical assistance.

This recommendation is modeled on the strategy used to launch the Rhode Island State Pre-K program through a two-year demonstration project with a national expert evaluation. The State Pre-K demonstration project started with seven classrooms (seven teachers and seven teaching assistants) and was funded to meet national quality standards and pay teachers wages equal to kindergarten teachers.

Findings from the Starting Right Teacher Demonstration Project would inform the long-term design of a Rhode Island infant/toddler wage supplement strategy, including its cost model and a revenue generation model, as well as national efforts to address the infant/toddler teacher compensation crisis. A more complete description of the proposed demonstration is found in Appendix 3.

Note: The Task Force considered several options before selecting the direct teacher wage supplement strategy. Two other strategies that are in use in some

other states and still could be considered for implementation in Rhode Island are:

1) Contract with child care programs that serve CCAP children and provide additional funding and support to meet or sustain program quality targets and pay infant/toddler teachers wages that meet or exceed the target wage scale. This option did not make the final list because Task Force members believed it would be difficult to scale up and would be limited to programs that have high concentrations of CCAP children, potentially excluding programs that were more economically integrated.

2) Develop strong refundable state tax credits for teachers who work with infants/toddlers in child care programs to supplement their wages and promote increased education, strong teaching practices, and retention. This option did not make the final list because the Task Force believed it would be difficult to pilot a tax credit program and significant infrastructure would be required for the RI Department of Revenue to verify teacher employment, education credentials, and teaching practices.

Recommendations

EARLY INTERVENTION RECOMMENDATIONS

The Rhode Island Early Intervention (EI) system is primarily funded by Medicaid (public insurance) and private health insurance. Early Intervention service providers submit bills (claims) to Medicaid and private insurance for reimbursement on a fee-for-service basis. In addition, the EI system receives a small allocation of federal IDEA Part C funds, and a portion of these funds are provided to individual programs to support quality. Parents with children in Early Intervention do not pay anything toward the cost.

EARLY INTERVENTION RECOMMENDATION 1:

Leverage existing billing opportunities to support Early Intervention. ● ●

The Executive Office of Health and Human Services (EOHHS) is the lead state agency responsible for the administration of the Early Intervention (Part C) system to serve infants and toddlers with developmental delays and disabilities. EOHHS is also responsible for the state's Medicaid program. The state Part C team is currently reviewing the billing practices of Early Intervention service providers to ensure all allowable activities under current codes are being utilized and considering other additional activities within the definition of these codes to promote quality and enhanced services. This is a promising strategy that should be fully explored and executed.

EARLY INTERVENTION RECOMMENDATION 2:

Establish a compensation-based incentive pool. ● ●

The Executive Office of Health and Human Services (EOHHS) should consider using limited Federal IDEA Part C grant funds to create an incentive pool aimed at improved compensation. Incentives may be paid to individual EI front line staff that meet identified targets (e.g., productivity and possibly quality measures). Potentially, additional incentives may be provided for enhanced compensation of EI managers for meeting overall program targets.

EARLY INTERVENTION RECOMMENDATION 3:

Review and update Early Intervention reimbursement rates. ●

The overall Early Intervention rates have not been increased since the 3% Medicaid rate cut in 2009. Medicaid reimbursement rates should be reviewed utilizing the original methodology that based the rates on current market rates of Early Intervention specialists and therapists. If rates are determined to be inadequate to support quality services with wages adequate to attract and retain qualified EI staff, adjustments should be considered.

Recommendations

FAMILY HOME VISITING RECOMMENDATIONS

Currently in Rhode Island, Family Home Visiting is funded through contracts from the Department of Health to service providers offering the Nurse Family Partnership, Parents as Teachers, and Healthy Families America programs. In addition, the federal government funds Early Head Start home visiting services through direct contracts. Families enrolled in home visiting programs do not pay anything to participate.

FAMILY HOME VISITING RECOMMENDATION 1:

Incorporate the infant/toddler educator wage scale into family home visiting contracts. ● ●

Similar to the existing State Pre-K contracts described above, state contracts with Family Home Visiting service providers should provide adequate funding and mandate minimum compensation for qualified home visiting staff aligned with the Infant/Toddler Professional Target Wage Scale that is detailed in the first cross-sector recommendation.



Appendices

APPENDIX 1: LIST OF TASK FORCE MEMBERS

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Susan Dickstein

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**APPENDIX 2:
DATA ON THE RHODE ISLAND INFANT/TODDLER CHILD CARE WORKFORCE**

ESTIMATES	INFANT/TODDLER CHILD CARE	FAMILY HOME VISITING	EARLY INTERVENTION
# Children	2,433 infants and toddlers in Child Care Assistance Program (CCAP) 5,790 infant/toddler slots in centers. 914 infant/toddler slots in licensed family child care home (estimate)	1,278	2,219
# Educators	1,158 infant/toddler teachers (estimate) 457 family child care providers	98 home visitors, including supervisors	280 direct service staff, equal to 200 FTE
# Employers	205 centers licensed to serve infants and/or toddlers 457 self-employed family child care providers licensed to serve infants and toddlers	13 contracted agencies	9 certified EI agencies
Typical Compensation	\$11.82/hour median wage for child care center teachers, i.e. \$24,580 annually 84% of family child care providers report income < \$40,000/year	\$14.63 to \$20.00/hour, i.e., \$30,430 to \$46,000 annually Note: Nurse Family Partnership requires BSN with 3-5 years public health nursing, \$28.54/hour	\$13.50 to \$20.00/hour, i.e., \$28,080 to \$46,000 annually
% Female	98% center teachers 99% family child care	99%	Not available
% Educators of Color	20% centers 70% family child care	69%	Not available
% Bachelor's Degree or Higher	15% infant/toddler teachers in centers 14% in family child care homes	90%	Master's degree or higher: 50.6% Bachelor's degree: 37.3% Less than bachelor's degree: 4.6% Missing info: 10.6% NOTE: Beyond the Early Interventionist role discussed in this report, many specialized areas require a master's degree
Annual Turnover	27% for teaching staff in licensed centers.	(info to come)	15% with a range from 5%-30% depending on the individual agency

Sources: Data on infant/toddler child care teachers from Whitebook, M., McLean, C., Austin, L.J.E. & Edwards, B. (2018). Center for the Study of Child Care Employment, *Early Childhood Workforce Index 2018*. Berkeley: CA Center for the Study of Child Care Employment, University of California at Berkeley; Oldham, E. & Hawes, S. (2014). *Rhode Island Early Learning Workforce Study*. Providence, RI: Rhode Island Early Learning Council.; Data on licensed child care programs from the RI Department of Children, Youth and Families; Data on the Child Care Assistance Program from the RI Department of Human Services; Data on the Early Intervention program from the RI Executive Office of Health & Human Services; Data on family home visiting programs from the RI Department of Health.

Starting Right Infant/Toddler Teacher Education and Retention Awards Program

JULY 2019

Summary: Rhode Island will launch a two-year demonstration project called the Starting Right Infant/Toddler Teacher Education and Retention program for infant/toddler teachers in child care centers and licensed family child care providers who work with infants and toddlers. The purpose of this initiative is to increase workforce retention, education, effective teaching practices, and compensation. The Starting Right Teacher Education and Retention Awards program will reward infant child care professionals who have demonstrated a commitment to the field by achieving higher educational credentials and quality teaching practices. The awards will be given to infant educators working in CCAP/BrightStars programs that are seeking to move up to the next star level or maintain their 5-star rating. Every six months, qualified teachers will receive a graduated financial award (wage supplement) tied to the level of their education and demonstration of effective teaching practices. Participants must continue working with infants/toddlers in CCAP programs as a condition of participation.

The Task Force suggests that the demonstration project be open to participants statewide and marketed to all programs that serve CCAP infants. Each interested and qualified teacher would apply and participants would be selected through a state-supervised random lottery, just like children are currently selected for State Pre-K participation. A random lottery would also provide a wonderful opportunity to conduct a rigorous evaluation of the impact of these wage enhancements on the teachers, the programs, the families, and the children.

Criteria: The teacher/family child care provider must:

- Work as an infant teacher in a center or family child care setting serving children under age 18 months (children can be in mixed-age classrooms ages birth to 3 or in family child care). NOTE: The Task Force recommends starting with infant teachers and expanding to reach teachers of toddlers and 3-year-olds in the future.
- Have the support of her/his employer and agree to remain in the program working directly as a teacher for infants under 18 months (mixed-age classrooms OK), including infants in the CCAP program. Employers are expected to support improved teaching and program practices, including having adequate furnishings and materials in the classroom/program and adjusting program schedules and policies to improve scores on the valid and reliable program observation measures.
- Work in a BrightStars-rated program that is actively working to move up in star level or sustain a 5-star rating. We could target recruitment of teachers from programs with lower star ratings to help these programs retain more qualified and effective educators which should help programs achieve higher quality ratings.
- Work in a center or family child care program that currently serves at least 25% children in CCAP and has a commitment to prioritizing enrollment of CCAP infants.
- For centers, participating teachers would need to be assigned to a classroom with at least 25% infants receiving CCAP funding. Family child care providers would need to meet the 25% CCAP program-level criteria above and have at least 1 infant receiving CCAP funding.
- Work a full-time schedule (a minimum of 35 hours per week).
- Meet the educational requirements in Table 1 below.
- Meet or exceed a target score on a valid and reliable classroom/program observation tool. The target scores are to be determined by the state. The Task Force recommends the use of the Infant Toddler Environment Rating Scale (ITERS) for center-based teachers and the Family Child Care Environment Rating Scale (FCCRS) to align with the tools used in the BrightStars Quality Rating and Improvement System. On-site coaching for infant teachers and family child care providers is needed to support continuous improvement of practices to reach the national benchmark score of 5 on these tools, just like we do for State Pre-K.
- At a minimum, be paid \$12/hour (The federal Bureau of Labor Statistics (BLS) estimates that the median wage for child care workers in Rhode Island in 2017 was \$11.82/hour. This minimum base salary would be adjusted biannually with BLS median wage data for child care workers). Family child care provider income will be verified using the same protocol as the T.E.A.C.H. Early Childhood model.
- Earn no more than 15% above the target annual salary for that teacher, as identified in Table A below.

Administration & Evaluation: The demonstration will be administered by an intermediary that will develop and monitor contracts with all teachers. The intermediary will award supplements every six months according to the following formula: *Target hourly rate - \$12 (The minimum base salary paid by the employer) = Hourly award * 40 hours * 26 weeks.*

**TABLE A:
TARGET ANNUAL SALARY BY TEACHER LEVEL**

STARTING RIGHT TEACHER LEVEL	EDUCATION	MINIMUM WAGE PAID BY EMPLOYER	WAGE SUPPLEMENT AWARD	TARGET HOURLY WAGE	TARGET ANNUAL SALARY
1	CDA credential or 3 ECE credits	\$12/hr	\$4/hr	\$16/hr	\$33,280
2	12 ECE credits	\$12/hr	\$5/hr	\$17/hr	\$35,360
3	Associate's degree	\$12/hr	\$7/hr	\$19/hr	\$39,520
4	Associate's degree & 24 ECE credits	\$12/hr	\$8/hr	\$20/hr	\$41,600
5	Bachelor's degree	\$12/hr	\$9/hr	\$21/hr	\$43,680
6	Bachelor's degree & 24 ECE credits	\$12/hr	\$11.50/hr	\$23.50/hr	\$48,880

The intermediary will track the criteria above for each participant and issue awards every 6 months based on the criteria.

Resources: Allocated funds will be used primarily to pay participant salary supplements. Some funds will be used for program administration including annual administration of the valid and reliable classroom/program observation measure for each participant.

Additional funds will be needed to provide on-site technical assistance and coaching to the participating teachers to improve classroom/program observation scores; this may be available through existing contracts with quality improvement programs (Center for Early Learning Professionals, Ready to Learn Providence). State leaders will seek a national evaluation expert and funder for the evaluation of the demonstration project, similar to how the evaluation of the Rhode Island State Pre-K demonstration project was funded at no cost to the state (Pew Charitable Trusts funded the National Institute for Early Education Research to conduct the evaluation).

**TABLE B:
ANNUAL ESTIMATED BUDGET FOR STARTING RIGHT INFANT/TODDLER EDUCATOR EDUCATION AND RETENTION AWARDS DEMONSTRATION PROJECT**

STARTING RIGHT TEACHER LEVEL	# OF PARTICIPANTS	AMOUNT
1	4	\$33,280
2	4	\$41,600
3	4	\$58,240
4	2	\$33,280
5	2	\$37,440
6	1	\$23,920
Classroom/Program Observations	17 teachers (\$650)	\$11,050
General Administration	2	\$10,000
<i>TOTAL</i>	<i>17 teachers</i>	<i>\$248,810</i>

Child Population Reached: Assuming 17 teachers/family child care providers are selected, we estimate that 120 infants and families will benefit from higher-quality, more stable care. (14 center-based teachers x 8 infants + 4 family child care providers x 2 infants). Due to the fact that child care programs and classrooms are economically integrated, approximately 31 - 62 of these infants would be in the CCAP program and the other would be infants of middle income families who pay full tuition or very low-income children from the Early Head Start program.

Implementation Steps:

- 1) Identify intermediary to manage the Starting Right Infant/Toddler Teacher Award program, which includes work to develop policies, application materials, identification of eligible programs, conduct outreach, administer lottery for participation (if applicant pool exceeds available revenue), implement the program, and provide overall support and problem solving. This would include
 - Developing policies and application materials.
 - Determining any unintended consequences as part of policy development, e.g., determine if award would be counted and used in eligibility determination process for participants, thus potentially making them ineligible for Rlite Care, CCAP, the SNAP Supplemental Nutrition Assistance Program, etc.)
 - Identifying CCAP programs that are eligible and hold information sessions for directors and staff. Make individual site visits to some programs to encourage participation.
 - Establishing the application period with deadline for applications.
 - Holding a stratified lottery to select participants (to ensure we have some family child care homes and some infant teachers in centers, some at various star levels, some with various degrees)
 - Contracting with participants and providing financial guidance to ensure the teacher knows the stipend is taxable income and will end in 12-24 months (although our goal is to develop financing strategy so project can be expanded and sustained)
 - Administering all financial awards in a prompt and timely manner with appropriate controls and accountability
- 2) With partners, develop an evaluation plan to measure the impact of improved compensation on the teachers, the programs, the families, and the children. Identify philanthropic partners and potential national expert evaluators. Work with partners, the identified evaluator, and the intermediary to design and conduct the evaluation and share and disseminate findings.
- 3) Establish an advisory group for the demonstration (consider using the Moving the Needle/Think Babies Compensation Work Group).

Remaining Considerations:

- Need to conduct program observations in first 6 months before the first payment?
- Will teachers have more than one observation per year to demonstrate effective practices? Note: State Pre-K teachers have 2 chances per year and on-site coaching to reach target scores.
- Should there be a minimum target for first observation and higher target for 2nd observation?

Acknowledgements

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ZERO TO THREE created Think Babies to make the potential of every baby our national priority. Early experiences shape how a baby's brain develops, laying the foundation for future learning, behavior and health. The Think Babies Campaign brings nationwide attention to what babies and families need to thrive. Rhode Island KIDS COUNT is leading Rhode Island's Think Babies campaign to develop and advance policies benefiting infants and toddlers with support from ZERO TO THREE.

The T.E.A.C.H. Early Childhood National Center created the Moving the Needle on Compensation Initiative in 2017 to raise awareness about the early childhood workforce compensation crisis and to help states create new or significantly expand existing policies and funding strategies to improve the compensation of early childhood educators. Rhode Island Association for the Education of Young Children is the Moving the Needle lead organization for Rhode Island.

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xxii University of California Berkeley Center for the Study of Child Care Employment, Early Childhood Workforce Index 2016, (2016). Berkeley, CA: Center for the Study of Child Care Employment, University of California at Berkeley. Retrieved from <http://cscce.berkeley.edu/files/2017/05/6-Compensation-Strategies.pdf>.



“The bottom line is that the hour-to-hour, day-to-day early experiences of babies and young children have a profound, lasting impact on the rest of their lives. And when children’s early environments are unsupportive or even damaging, the repercussions persist for decades, compromising their development and limiting their capacity for success in school and in work.”

U.S. Chamber of Commerce Foundation, *Workforce of Today, Workforce of Tomorrow: The Business Case for High-Quality Child care* (2017)

Summary of Interim PDG Early Learning Facilities Needs Assessment Findings

Received by State: 9/17/19

The Local Initiatives Support Corporation (LISC) conducted a statewide Early Learning Facilities Needs Assessment, working collaboratively with state agencies, community partners and early learning providers across the state of RI. The Facilities Needs Assessment was conducted between March 1, 2019 and September 30, 2019.

Data was collected through various methods of investigation across the state's mixed delivery system, such as: surveys, focus groups, site visits, data review, key informant interviews, and case studies to determine cost modeling options for expansion and quality improvement. Under this Needs Assessment, PDG Leadership tasked LISC to identify quality space ripe for Pre-K expansion while still preserving quality infant/toddler space across a mixed delivery model.

Facility Space

- RI has an existing infrastructure for its four-year-old population, although not always in the community of residence
- Not all of RI's existing preschool seats are high quality seats
- RI does not have enough licensed spaces for its infant and toddler population
- 18 communities do not have high-quality infant/toddler child care slots

Potential State Action Steps:

- Reconsider policy that requires a child to attend state pre-k in his or her community of residence. This would allow for better use of existing infrastructure.
- Develop and launch an online platform such as the ones available in Philadelphia, DC, Detroit and New Jersey to readily identify and easily connect providers, available sites, developers, funders and areas of need.
- Work with real estate developers to create new spaces as part of other projects (has proven to be highly effective in RI and nationally)

Expansion

- RI has limited potential for expansion within its existing community-based early learning settings
- 77% of programs report having a wait list
- 64% of programs report being fully enrolled
- Most openings for centers not fully enrolled are for the 3-5 age group
- 90 centers received a site visit and interview. Of those 90 centers, only 32 had adequate space for at least one additional classroom and a desire to expand, 20 centers were rated low quality, and 12 centers were rated high quality (4- or 5-star rated)
- Only 8 high quality centers have the room, desire, and funding to expand (approximately 216 slots across 7 communities)

Potential State Action Steps:

- Create a more robust set of resources to guide providers through the real estate process and educate other essential partners on key components of quality early learning space.
- Increase access to training and supports to guide current and potential providers through the facility improvement and development processes.
- Support and incentivize partnerships between LEAs and high-quality community based early learning providers to maximize use of appropriate infrastructure available within many school systems.

Regulations:

LISC conducted a robust review of facility related program regulations, various building and fire code requirements and best practice guidance for quality assurance to assess any potential inconsistencies, lack of alignment or onerous requirements.

- Licensing regulations, BrightStars standards and CECE requirements are generally well-aligned and consistent in written form. However, due to the intentionally vague nature of most standards, these standards are frequently interpreted differently within and across agencies.
- Only 29% of operators view building regulations as a barrier to opening new classrooms, even fewer (18%) indicate they would need help navigating the regulatory process if they were upgrading their existing facilities.
- Operators appear to be more concerned with the ambiguity of regulations and standards.

Potential State Action Steps:

- Create regulations that are Specific, Measurable, Incremental, Logical, Enforceable, Enforced.
- Ensure facilities can be readily measured and consistently understood.
- Create & operationalize tools to support regulators with consistency and transparency, guiding providers in understanding requirements.
- Create a central clearinghouse for all regulations connected to facilities. This could be as simple as a website page that includes links to resources, all applicable regulations and key contacts.

Funding

- There is currently no dedicated source of public funding for infrastructure in community-based early learning settings.
- Converting preschool space to infant space is feasible from a facility standpoint but not from a financial standpoint; cost of renovations and increases in operating cost to serve infants would fall to providers.
- Financial data from 60 RI community-based childcare facilities validates the findings of the Center for America Progress: Only 10-15% of a facility's total revenues are available for occupancy cost, improvements and expansion.

Potential Action Steps:

- Consider taking necessary steps to include an early learning facility bond referendum on the November 2020 ballot; site Massachusetts highly successful program as a model.
- Include line item in state budget for a small grants program to be used for facility planning and pre-development activities
- Seek matching opportunities from private funders.

PRESCHOOL DEVELOPMENT GRANT BIRTH THROUGH FIVE (PDG B-5) ACTIVITIES*

Grant Purpose: “To develop, update, or implement a strategic plan to facilitate collaboration and coordination among ECE programs in a mixed delivery system to prepare low-income and disadvantage children to transition into the local educational agency or elementary school.”

Activity I Needs Assessments (NAs): Conduct or update a thorough statewide Birth - 5 needs assessment of the availability and quality of existing programs and services in the state by leveraging existing NA’s and conducting new analyses to inform B-5 Strategic Plan Development.

Contract	Vendor	Goals
Family Needs Assessment	Abt Associates	<ul style="list-style-type: none"> Identify barriers preventing needy families from accessing available services and supports Create a family NA to develop data-driven strategies to achieve PDG’s three system goal
Workforce Needs Assessment		<ul style="list-style-type: none"> Gain baseline knowledge about the composition (i.e. demographics, education, experience, wages, career path, etc.) of the current B-5 workforce across all programs Understand the pathways into the B-5 workforce and the reasons for turnover and exit Identify opportunities to strengthen the quality, stability and sustainability of the workforce Develop data foundations to drive a pipeline for staffing universal, high-quality Pre-K and inform policy decisions
ECEDS Data System Gap Analysis and Website Application Development		<ul style="list-style-type: none"> Conduct system-wide heuristic review Perform an initial NA of the current public facing website Exceed Identify RI user needs and key requirements for a website enhancement plan Understand existing data policies and infrastructure; Implement requirements that establish data linkages, transitions across programs and into elementary school, and gain understanding of the B-5 system through data collection/analysis. Develop a plan and recommendations for the governance, implementation, and sustainability of the state’s early childhood data system
Facilities Needs Assessment	Local Initiatives Support Corp. (LISC)	<ul style="list-style-type: none"> Work with current and potential providers and other state stakeholders to analyze the current state of facilities and resources needed to improve, optimize, and expand facilities Identify providers that would consider expansion, providers that need upgrades to facilities to meet system goals and improve quality, as well as ways to streamline permitting and licensing of new spaces to remove barriers to small businesses operating and expanding in the State

Activity II Strategic Planning: Develop or update a strategic plan, based on needs assessment results, that recommends collaboration, coordination, and quality improvement activities among existing programs.

Contract	Vendor	Goals
Strategic Planning	AnLar	<ul style="list-style-type: none"> Facilitate and lead action planning in partnership with interagency state leads and B-5 stakeholders Develop a comprehensive B-5 action plan that builds on RI’s existing early childhood plans to provide recommendations for, B-5 system governance structure and sustainability (<i>see Restivo Consulting contract below</i>), workforce development, parent and family engagement, expansion of quality ECE programs, and transitions across ECE programs and into elementary school

Contract	Vendor	Goals
Funding Streams Assessment and Cost Analysis	Brown University Lead Researcher: Dr. Kenneth Wong	<p>Conduct a cost analysis, leverage existing funding streams/ identify new revenue streams to find:</p> <ul style="list-style-type: none"> What the key drivers are in determining the cost per seat for high quality, mixed delivery Pre-K programs and the cost model options, including the implications of a potential shift from a classroom to seat-based Pre-K funding model What the funding sources for expanding high quality, mixed delivery Pre-K programs and the potential funding streams are, including current and new public and philanthropic sources

Contract	Vendor	Goals
Accountability and Governance Framework	Restivo Consulting LLC	<p>To establish/implement an accountability and governance framework for the ECE system:</p> <ul style="list-style-type: none"> Assign ownership of work streams that most impact a successful B-5 system Articulate major milestones for each work stream with a responsibility matrix Establish short-cycle routines to review progress and discuss actions needed

Activity III Maximize Parent Choice and Knowledge: Promote and increase involvement by parents and family members in the development and transition of their children from early childhood care and education program into an elementary school

Contract	Vendor	Goals
PDG B-5 Marketing & Comm. Campaign	NAIL	<ul style="list-style-type: none"> Develop a communications and public awareness campaign for Universal Pre-K, as key part of RI's B-5 system, and more intentional marketing strategies to reach specific audiences (e.g., parents of target populations) Provide an array of strategic marketing consultation services: designing, implementing, and evaluating comprehensive communication campaigns; and creative services

Contract	Vendor	Goals
Direct Supports to Parents through grants to Rhode Island Department of Health's (RIDOH) Health Equity Zones (HEZs)	RIDOH's Healthy Equity Zones (HEZs)	<p>Provide programming for families throughout the PDG B-5 funding period through grants to Rhode Island's Health Equity Zones (HEZ's) to deliver services and supports to families of young children. HEZs will implement or expand programs that support family involvement and engagement in children's development and education and transition into elementary school.</p> <p>Central Providence HEZ:</p> <ul style="list-style-type: none"> The Autism Project to implement the trauma-informed, evidence-based Conscious Discipline® program to help families understand and support children's social-emotional growth and development. Federal Hill House to expand the successful Providence Talks Playgroup Model that strives to increase parent talk, reading, playing, and teaching through modeling and coaching delivered to caregivers during playgroups. <p>Washington County Health Equity Zone to expand the Incredible Years Parenting Groups by providing an Incredible Beginnings Teacher Training that will instruct early care and education providers in effective family collaboration strategies to support consistency from home to school.</p> <p>Pawtucket Central Falls Health Equity Zone partnering with Children's Friend to expand the Culturally and Linguistically Responsive project, which strengthens the engagement and involvement of parents of English Learners and improves the capacity and quality of the classroom learning environments in addressing the learning needs of English Learners.</p> <p>Woonsocket Health Equity Zone:</p> <ul style="list-style-type: none"> Connecting for Children and Families (CCF) to expand the Parents as Teachers Family Home Visiting program to deliver friendly, informative, and culturally relevant workshops specifically designed for pregnant and parenting teens. Expand the Circle of Security parenting intervention to build secure attachment between caregivers and children. The Autism Project to pilot the Conscious Discipline© program in preschool classrooms and support professional development for staff. <p>West Warwick Health Equity Zone, partnering with Westbay Community Action to expand Women, Infants, and Children (WIC) services, promote early literacy efforts at the West Warwick library, and offer social service support through United Way 2-1-1.</p>

Contract	Vendor	Goals
Parent Involvement in Governance	Rhode Island Parent Information Network (RIPIN)	<p>To facilitate family engagement in the development of the B-5 Strategic Plan:</p> <ul style="list-style-type: none"> Identify and recruit 40 families with children birth-five who represent a sample of the State's total birth-five population to participate in 1 of 3 in-person feedback sessions and provide an online opportunity for 50 families to provide feedback Collect all information on the number of families engaged in three feedback sessions and number of children represented by the families engaged through the activities of the project

Activity IV Increase Collaboration and Efficiency: Share best practices among early childhood care and education program providers in the State to increase collaboration and efficiency of services; including to improve transitions from such programs to elementary school.

Contract	Vendor	Goals
Child Care Licensing Unit	Public Consulting Group	To strengthen alignment and quality improvement efforts within RI's ECE system by supporting the design and function of the childcare licensing unit within DHS. The DHS Child Care Licensing Unit will serve as the state's foundational framework for introducing, and supporting the ECE system's quality standards: <ul style="list-style-type: none"> • Develop and deploy a 100-Day Action Plan that addresses highest risk areas • Develop a Business Plan that outlines key components of the Child Care Licensing Unit • Lay the foundation for a high-performing, mission-oriented licensing unit aligned to the state's quality improvement goals

Contract	Vendor	Goals
Reflective Supervision	Bradley Hospital	To expand professional development activities focused on reflective supervision to ECE providers: <ul style="list-style-type: none"> • Deliver trainings to up to 60 ECE providers in supervisory roles (30 people per session) • Deliver sessions to up to 60 ECE providers in supervisory roles (30 people per session) • Deliver trainings/workshops to up to 15 ECE providers in supervisory roles

Contract	Vendor	Goals
Ready to Learn	Roger Williams University	<ul style="list-style-type: none"> • Provide onsite coaching and modeling to 45 center-based early childhood programs to increase their BrightStars rating. Progress within quality standards will be tracked in order to message interim progress in response to the intervention. • All technical assistance will be aligned to the programs Quality Improvement Plan. • 30 of the programs supported have a BrightStars rating of 1 or 2. 15 programs have a BrightStars rating of 3 or 4, with technical supports focused on developing capacity to serve as a state funded Pre-K classroom in the future

Contract	Vendor	Goals
Enhancing the Early Childhood Professional Workforce	University of Rhode Island (URI)	<ul style="list-style-type: none"> • Assist 2, 3- and 4-Star providers in increasing their quality ratings by providing professional development, classroom observations and onsite coaching and modeling through two institutes, each providing one day for early childhood teachers and one day for education coordinators and administrators.

Contract	Vendor	Goals
Transitions to Kindergarten	Education Development Center, Inc. (EDC)	Partnering with RIDE to expand their transitions to Kindergarten work with the EDC through: <ul style="list-style-type: none"> • A statewide summit lead by the EDC to share best practices around Pre-K to K transition planning, • A statewide survey to gather information on current practices used by school districts across the state.

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