

### 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 three years of a child's life lay a foundation that has consequences for children's school and lifelong success. How we elect to support infants, 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 the unique learning needs of infants and toddlers, as identified by research. 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 a Task Force to review the current data on compensation and develop a set of recommended strategies to improve the compensation of infant/toddler educators 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.

It should be noted that the Task Force did not examine or develop recommendations on employer-provided benefits that may be available to the infant/toddler workforce, such as health insurance, retirement plans, paid time off, or reduced costs for child care. In addition, the Task Force did not examine or develop compensation recommendations for educators working with preschool-age children (ages 3 to

5). Task Force members recognize that compensation challenges are endemic across the early childhood workforce and that resources are often not adequate to retain effective preschool educators or program directors, in addition to infant/toddler educators. The compensation goals, target wage scale, and strategies to improve compensation that were developed for infant/toddler educators could also be applied to preschool educators and program directors.

"Young children thrive when they have secure, positive relationships with adults who are knowledgeable about how to support their development and learning. The science of child development and early learning makes clear the importance and complexity of working with young children from infancy through the early elementary years."

Institute of Medicine and National Research Council, 2015.







# The Workforce and the Compensation Problem

The early childhood educators 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 longterm 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-today 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.1,2,3,4

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 underqualified 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.<sup>5,6</sup>

Ensuring that our state's infant and toddler educators are adequately compensated is an absolutely essential element needed to deliver 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 - educators who work with the youngest children have very low wages, close to minimum wage. Nationally, infant child care teachers make less than one-third of what kindergarten teachers earn. Infant/toddler educators also make less than

"Of all that brain science has taught us over the last 30 years, one of the clearest findings is that early brain development is directly influenced by babies' day-to-day interactions with their caregivers."

J. Ronald Lally & Peter L. Mangione, *Young Children*, 2017.

"The early care and education workforce is at risk financially, emotionally, and physically, subject to a vicious cycle of inadequate resources, low qualification expectations, low education levels, and low wages that is difficult to break."

Institute of Medicine and National Research Council, 2015.

Table 1: Median Wage Comparisons, Rhode Island, 2017

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

preschool teachers, even with the same degree. Wage discrepancies grow as education levels increase, making it particularly difficult to attract and retain educators with bachelor's degrees in infant/toddler programs.<sup>7</sup>

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).

In 2017 in Rhode Island, the median hourly wage was \$11.82 for child care teachers, which translates to \$24,580 per year. 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.

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 have advanced degrees and 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

"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

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 infant/toddler teachers of \$10.50/hour. The same study found that 84% of family child care providers earn less than \$40.000/year.8

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 RI Pre-K 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 educators 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 educators 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 RI 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. RI Pre-K, 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. 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 RI 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.9

"When my home visitor changes, I have to explain everything about my child and our family all over again and start from the beginning."

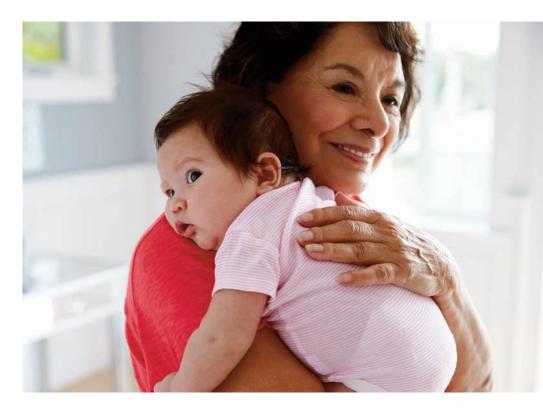
Rhode Island family

"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 from \$56.2 million/year to \$10.0 million/year between State Fiscal Year 2005 and State Fiscal Year 2020.10 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 infant/toddler educators in child care programs that seve low- and moderate-income families. Family home visiting and Early Intervention programs do not rely on tuition paid by families 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 will be needed at the state level to address the infant/toddler educator compensation crisis. 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.

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

National Academy of Sciences, Engineering, and Medicine, 2018.

## Task Force Recommendations

In response to ongoing challenges identified by programs that struggle to attract, develp, 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

#### 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 facilitated by 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

- 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 to help child care programs retain qualified and effective infant/toddler educators.

## Three Early Intervention Recommendations

- 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 RI 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 RI Pre-K program provides ongoing support to 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.

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 RI 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, like the approach the state uses for RI Pre-K teachers.

Table 2: Compensation Goals
Infant/Toddler Educator Target Wage Scale, Rhode Island, 2019

LEVE	L EDUCATION	TARGET HOURLY WAGE FLOOR	12-MONTH 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	\$22	\$45,760
6	Bachelor's degree & 24 ECE credits	\$24.15	\$50,240

<sup>\*</sup> 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 2017-2018 (\$41,869)<sup>11</sup> adjusted to a 12-month schedule.



**CROSS-SECTOR RECOMMENDATION 3:** 

# Establish an Infant/Toddler Employer Group facilitated by 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 can cause waiting lists and limit access to child care, family home visiting, and Early Intervention programs for families throughout 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 demanddriven, 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 due to market limitations that do not reward skill development with wage gains.12 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 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.

"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

### 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), provides a subsidy for approximately 10,000 children of eligible, low-income families. 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. In 2018. Rhode Island increased and began tiering CCAP rates to incentivize quality with higher rates paid to programs with higher quality ratings. Tiering rates to promote quality is a common practice across the U.S. Parents with incomes above 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. Although many child care programs in Rhode Island have made progress at achieving high-quality standards, as of January 2019, only 8% of infants and toddlers in CCAP and only 12% of licensed infant and toddler slots in the state were in a high-quality program (with a 4 or 5 star rating). Attracting, developing, and retaining qualified and effective educators has been a significant barrier for programs that are working to improve their BrightStars quality rating. The two recommendations that are specific to infant/toddler child care should be addressed simultaneously as co-equal priorities. Because rates for the Child Care Assistance Program are based on private market rates paid by middle-income families for child



care and because children receiving a CCAP subsidy are enrolled in programs and classrooms alongside the children of middleincome families paying private tuition, increasing CCAP rates alone will not provide sufficient revenue to increase educator wages adequately. 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.13 So, while the ongoing commitment to improve CCAP rates to meet federal benchmarks is essential so that low-income families can have access to the same child care market that middle-income families are using, it must be complemented by a significant strategy to address educator compensation, as outlined in the second recommendation. This second strategy is designed to support infant/toddler educators working in programs that include both low-income children in the CCAP program and middle-income children by providing a financial award directly to qualified and effective infant/toddler educators on top of the wage they earn from their employers. This financial incentive is designed to help early childhood programs retain qualified and effective infant/toddler educators. 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.

INFANT/TODDLER CHILD CARE RECOMMENDATION 1:

Meet 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.14,15

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. However, we note that adequate rates alone will not ensure adequate pay to attract, develop, and retain qualified and effective child care 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.

Improving CCAP rates are a necessary but insufficient strategy to adequately raise child care teacher wages and provide access to highquality child care. 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.

Rhode Island's recent adoption in 2018 of tiered quality rates for children under age 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. 16 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 to help child care programs retain qualified and effective infant/toddler educators.

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.<sup>17</sup> 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 allocate funding to pilot a demonstration project of education and retention awards for effective 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 educators (center-based teachers and family child care providers) who have demonstrated a commitment to the field by achieving higher educational credentials 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 Educator Target Wage Scale). Participants must continue working with infants/toddlers in CCAP for the duration of the demonstration project and will receive practice-based coaching and technical assistance.

This recommendation is modeled on the strategy used to launch the RI Pre-K program through a two-year demonstration project with a national expert evaluation. The RI 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 Education and Retention
Awards Program 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 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 El 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 RI 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 Educator Target Wage Scale that is detailed in the first cross-sector recommendation.



## **Appendices**

#### APPENDIX 1: LIST OF TASK FORCE MEMBERS

#### Leanne Barrett

Rhode Island KIDS COUNT

#### Kristine Campagna

Rhode Island Department of Health

#### Susan Dickstein

RI Association for Infant Mental Health

#### Casey Ferrara

Meeting Street

#### Maryann Finamore

Children's Friend

#### Rachel Flum

**Economic Progress Institute** 

#### Leslie Gell

Ready to Learn Providence

#### Catherine Green

Genesis Center

#### Cara Harrison

Office of the Governor

#### **Amy Henderson**

Rhode Island Department of Human Services

#### Lisa Hildebrand

Rhode Island Association for the Education of Young Children

#### Robert Kalaskowski

Rhode Island Department of Labor and Training

#### Jennifer Kaufman

Rhode Island Executive Office of Health and Human Services

#### **Cindy Larson**

LISC

#### Khadija Lewis Khan

Beautiful Beginnings

#### Zoe McGrath

Rhode Island Department of Education

#### Tara McHugh

Children's Friend

#### Caitlin Molina

Rhode Island Department of Human Services

#### Sarah Nardolillo

Rhode Island Department of Human Services

#### Nicole O'Loughlin

**SEIU 1199** 

#### **Sheila Grant Orphanides**

Center for Early Learning Professionals

#### Alyson Panzarella

Rhode Island Association for the Education of Young Children

#### Larry Pucciarelli

Rhode Island Department of Human Services

#### **Courtney Read**

Community College of Rhode Island

#### Joseph Robitaille

Trudeau Center

#### **Marinel Russo**

Rhode Island Association for the Education of Young Children

#### **Sharon Terreault**

Center for Early Learning Professionals

#### Lori Wagner

Rhode Island Child Care Director's Association

APPENDIX 2:
DATA ON THE RHODE ISLAND INFANT/TODDLER EDUCATOR WORKFORCE

ESTIMATES	INFANT/TODDLER CHILD CARE	FAMILY HOME VISITING	EARLY INTERVENTION
# Children	2,433 infants and toddlers in Child Care Assistance Program (CCAP)	1,278	2,219
	5,790 infant/toddler slots in centers		
	914 infant/toddler slots in licensed family child care homes (estimate)		
# Educators	1,158 infant/toddler teachers (estimate)	98 home visitors, including supervisors	280 direct service staff, equal to 200 FTE
	457 family child care providers		
# Employers	205 centers licensed to serve infants and/or toddlers	13 contracted agencies	9 certified EI agencies
	457 self-employed family child care providers licensed to serve infants and toddlers		
Typical Compensation	\$11.82/hour median wage for child care center teachers, i.e. \$24,580 annually	\$14.63 to \$20.00/hour, i.e., \$30,430 to \$46,000 annually	\$13.50 to \$20.00/hour, i.e., \$28,080 to \$46,000 annually
	84% of family child care providers report income < \$40,000/year	Note: Nurse Family Partnership requires BSN with 3-5 years public health nursing, \$28.54/hour	
% 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	15% infant/toddler	90%	Master's degree or higher: 50.6%
Degree or Higher	teachers in centers		Bachelor's degree: 37.3%
	14% in family child care homes		Less than bachelor's degree: 4.6%
			Missing info: 10.6%
			NOTE: Beyond the Early Interven- tionist role discussed in this report many specialized areas require a master's degree
Annual Turnover	27% for teaching staff in licensed centers	22%	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.

#### **APPENDIX 3:**

INFANT/TODDLER WAGE SUPPLEMENT DEMONSTRATION PROJECT

## Starting Right Infant/Toddler Teacher Education and Retention Awards Program

**Summary:** The Task Force proposes a two- or three-year demonstration project to increase workforce retention, education, effective teaching practices, and compensation of infant educators in child care centers and family child care homes. The Starting Right Teacher Education and Retention Awards program will reward infant child care educators 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, and sponsored by, 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, demonstration of effective teaching practices, and continued employment as an infant educator in their sponsoring program.

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 RI Pre-K participation. A random lottery would also provide an 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.
- Be sponsored by and 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. Recruitment efforts should include 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 (FCCERS) 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 the state provides for RI 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 used by 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 project will be administered by an intermediary organization that will develop and monitor contracts with participating teachers and their employers. The intermediary will pay education and retention awards directly to participating educators every six months to close the gap between the wages paid by the employer and the target wages for the education and skill level of the educator.

The intermediary will track eligibility criteria for each participant. Sponsoring programs will submit their program's salary scale and may not reduce wages for participating teachers. Sponsoring employers will be required to provide the same regular wage increases to participating teachers as are provided to other teachers in the program.

TABLE A:
PROPOSED STARTING RIGHT TEACHER EDUCATION & RETENTION AWARDS

STARTING RIGHT TEACHER LEVEL	EDUCATION	ESTIMATED EDUCATION & RETENTION AWARD	TARGET HOURLY WAGE FLOOR	TARGET ANNUAL SALARY FLOOR
1	CDA credential or 3 ECE credits	\$4/hr	\$16/hr	\$33,280
2	12 ECE credits	\$5/hr	\$17/hr	\$35,360
3	Associate's degree	\$7/hr	\$19/hr	\$39,520
4	Associate's degree & 24 ECE credits	\$8/hr	\$20/hr	\$41,600
5	Bachelor's degree	\$10/hr	\$22/hr	\$45,760
6	Bachelor's degree & 24 ECE credits	\$12.15/hr	\$24.15/hr	\$50,240

**Resources:** Allocated funds will be used primarily to pay education and retention awards to participants. Some funds will be used for program administration including 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 RI 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 THE 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	\$41,600
6	1	\$25,272
Classroom/Program Observations	17 teachers (\$650)	\$11,050
General Administration	2	\$10,000
TOTAL	17 teachers	\$254,322

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), at a cost of approximately \$2,120 per child (\$254,322/120). 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 children who would benefit 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 RIte Care, CCAP, the Supplemental Nutrition Assistance Program (SNAP), 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 qualified 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 on Compensation Task Force).

#### **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: RI 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

We thank our funders for this project, ZERO TO THREE's *Think Babies*<sup>TM</sup> Campaign and the T.E.A.C.H. Early Childhood National Center's *Moving the Needle on Compensation Initiative*.

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.

We thank Harriet Dichter and Tammy Camillo for their facilitation, thought partnership, and support, as well as the Planning Committee of Leanne Barrett, Lisa Hildebrand, Kristine Campagna, Amy Henderson, and Jennifer Kaufman.

### References

- <sup>1</sup> Lally, R. J. & Mangione, P. L. (2017). Caring relationships: The heart of early brain development. *Young Children, 72*(2), 17-24.
- <sup>2</sup> National Collaborative for Infants & Toddlers. (2019). *Strengthening the infant-toddler child care workforce: A messaging tip sheet.* Washington, DC: Zero to Three and Pritzker Children's Initiative.
- <sup>3</sup> Ullrich, R., Cole, P., Gebhard, B., & Schmit, S. (2017). *Early Intervention: A critical support for infants, toddlers, and their families.* Washington, DC: Zero to Three and Center for Law and Social Policy.
- <sup>4</sup> Cole, P., Henry-Spires, D. & Spires, M. J. (2016). *The next horizon for home visiting: A white paper on policy discussions among stakeholders.* Washington, DC: Zero to Three and the Dalton Daley Group.
- <sup>5</sup> Institute of Medicine and National Research Council. (2015). *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation.* Washington, DC: The National Academies Press.

- <sup>6,17</sup> National Academies of Sciences, Engineering, and Medicine. (2018). *Transforming the Financing of Early Care and Education.* Washington, DC: The National Academies Press.
- <sup>7</sup> 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.
- <sup>8</sup> Oldham, E. & Hawes, S. (2014). *Rhode Island early learning workforce study.*Providence, RI: Rhode Island Early Learning Council
- <sup>9</sup> Friedman-Krauss, A. H. et al. (2019). *The state of preschool 2018*. New Brunswick, NJ: National Institute for Early Education Research.
- <sup>10</sup> Rhode Island House Fiscal Office. Rhode Island Budget as Enacted, FY2005 FY2020.
- <sup>11</sup> National Education Association Center for Advocacy. (2019). *State teacher salary* benchmark data highlights for 2017-2018. Retrieved November 5, 2019, from www.nea.org

- <sup>12</sup> Cheng, I. et al. (2018). *Career pathways in early care and education*. Bethesda, MD: Abt Associates.
- <sup>13</sup> Personal communication, Cindy Larson, Rhode Island LISC, July 2019.
- National Center on Child Care Subsidy Innovation and Accountability. (n.d.). CCDF payment rates: Understanding the 75th percentile. Retrieved July 12, 2019, from https://childcareta.acf.hhs.gov/
- <sup>15</sup> Christian, S. (February 5, 2019). Letter to Director Courtney Hawkins, Rhode Island Department of Human Services regarding conditional approval of Rhode Island's FY2019-FY2021 Child Care and Development Plan. Washington, DC: U.S. Department of Health & Human Services, Office of Child Care.
- <sup>16</sup> Rhode Island KIDS COUNT calculations with rates for one star programs at the 25th percentile, rates for five star programs at the 75th percentile, and intermediate rates for programs in the two to four star range, June 2019



"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)