Conference Call: Using ARRA Funds for State Infant and Toddler Initiatives

SCOTT WASHBURN: Hello everyone, and welcome to today's NWLC teleconference. My name is Scott Washburn, I'm with Peach New Media and I will be moderating today's event.

I would like to welcome you to the using ARRA Funds for State Infant and Toddler Initiatives, and it's now my pleasure to hand the floor off to Karen Schulman who's the senior policy analyst at the National Women's Law Center. So Karen, if you're there, the floor is all yours.

KAREN SCHULMAN: Great, thanks. Thank you very much for joining us today for this conference call on how states are using their American Recovery and Reinvestment Act Fund for infant and toddler initiatives.

In a few minutes, Helen Blank, Director of Leadership and Public Policy at the National Women's Law Center will be moderating a discussion with our three presenters, who we are very fortunate to have here today to talk about their states' innovative infant toddler initiatives.

We have Evelyn Efinger, Infant Toddler Coordinator for the Early Care and Learning Council in New York. Debi Mathias, Director of the Bureau of Early Learning Services at Office of Child Development and Early Learning in Pennsylvania, and Wenda Singer, Program Consultant at the Office of Early Childhood Development in Virginia.

I know that everyone is very eager to hear from them, so I won't take up too much time with background information, but I'd like to give you a very brief overview to start.

I probably don't have the tell those of you listening to this call about the need for greater investment in infant and toddler care, given that most of you

probably see the need for it day in and day out in your communities and states. But I'll offer just a few statistics to help set the stage.

Millions of families with very young children rely on child care today. Sixty percent of women with children under three are in the labor force, and approximately 5.7 million children under age three are in child care on a regular basis. Yet high-quality care for these infants and toddlers is extremely difficult to find.

For example, one study of child care centers found that only 1 in 12 infant and toddler rooms provided developmentally appropriate care. [00:09:42]

In another study, nearly two-thirds of infant care providers had no specialized training in child development or infant care and nearly half had only a high school diploma or less education.

The American Recovery and Reinvestment Act, or ARRA, took a step forward in trying to address these gaps by setting aside $93.6 million for infant toddler care out of the $2 billion total provided for the Child Care and Development Block Grant.

States have drawn on this ARRA funding to implement a variety of infant and toddler initiatives. For example, at least six states are using the ARRA Infant/Toddler set-aside for infant/toddler resource centers or infant/toddler specialists. At least 13 states are using the ARRA set-aside for other forms of training and education for providers on infant/toddler care. And at least eight states are using the ARRA infant/toddler set-aside for grants for infant/toddler programs and providers to purchase equipment and materials to improve their quality.

So with that I'll turn it over to Helen and our terrific presenters so they can describe the exciting new initiatives in their states that they're supporting with their ARRA funds.

They'll talk for about half an hour and then we'll leave some time at the end for your questions. So if you do have any questions, you can email it at any time

to Rio Romero, rromero@NWLC.org. So thanks a lot. Helen, it's all yours. [00:11:12]

HELEN BLANK: Thank you Karen, and thank everybody for joining us today. Why don't we start with Debi. Can you provide a brief description of your infant/toddler initiative including the amount of funding being used and the funding sources? In your description, please explain how the initiative fits in with your state's other infant/toddler policies and meeting the need for infant/toddler care.

DEBI MATHIAS: Sure Helen. As you recall, I'm from Pennsylvania and we used the $3.1 million for an 18-month pilot for infant and toddler services. The design for our pilot came from an infant/toddler systems group we formed approximately a year ago. One of the recommendations from that group was to develop a statewide infant/toddler service program that assures quality learning opportunities for the most vulnerable infants and toddlers. We took that charge and developed guidance for what we ended up calling a Keystone Babies Pilot.

Keystone Babies originally was conceived as a stand-alone program that would provide five plus hours of high-quality services, But what happened was, as we ended up being moved into a different strategy – because of the type of funding vehicle that became available. So our systems committee developed a pilot on best practice and what they thought would be great for children in Pennsylvania.

When the funding source came along and melded up with the best practice pilot that we developed, we had to change a little bit about how we were looking at eligibility for Keystone Babies. [00:13:01]

So Pennsylvania built Keystone Babies on top of the Keystone Stars Program. Keystone Stars is our quality initiative in Pennsylvania. It's been around for over five years now and includes star levels, star one, two, three and four. Providers that were star three and four were eligible to apply to be in the Keystone Babies Project. We're looking at access to high-quality services for approximately 208 children in 26 communities or 26 classrooms.

The services are provided with a cadre of highly qualified teachers and we're looking at the program data to improve practice. We selected the

communities where we located Keystone Babies based on the Office of Child Development and Early Learning Reach and Risk Study. That study tells us where does Pennsylvania have the lowest reach in terms of high-quality programs with the most risk. By crosswalking those two parts, we came up with a selection of cities and counties that were our highest need areas, where we would open services for the Keystone Babies Program.

Eligible providers were programs that served families in the Child Care Works subsidized child care program. They had to be Keystone Stars three or four, and we were looking for providers that had eight or more infant and toddlers that were subsidized children. We were asking them to create a Keystone Babies classroom. And in essence we would overlay the funding from Keystone Babies on top of what the program already received from subsidized child care, tiered reimbursement, and the copayment of the family.

We layered on additional funding between $30,000 and $60,000 a year for a classroom on top of that base funding to meet the program requirements. We were requiring a ratio of 8 children to 2 staff so that the children could develop a close relationship with a small number of caregivers and teachers.

In Pennsylvania, for infants, our group size is 8 and our staff/child ratio was 1 to 4, and when we talk about lessons learned in a minute, I'll talk a little bit about pushing the group size of 8 into the older toddler realm which was one of the challenges in terms of financing for this project.

The program components included community coordination and collaboration, developing strong reciprocal relationships with families, strong screening using the ages and stages, and assessment using the ounce scale, assessing and improving the learning environment. We had a benchmark on the environment rating scale of the ITERS of a 5.25 for that specific classroom. Keystone Babies has strong components regarding curriculum, environment, staff requirements and qualifications. Keystone Babies required a bachelor degree teacher in the classroom with an assistant teacher who had at least a CDA and had worked for two years in an infant/toddler room. [00:16:40]

We require a reflective supervision model, mental health support, and transition actively planned. I'd have to say that the Keystone Babies Program fits into the continuum of services in Pennsylvania, complementing of course Early Head Start. We have a nurse family partnership home visiting program and a parent child home visiting program, as well as the Keystone Stars Program which looks to bring up all child care and early learning facilities for infants and toddlers to a higher level of quality.

That's a basic introduction about the program. It fits into Pennsylvania's early learning services continuum. It was designed to support children in Child Care Works in high quality programs. We do have monitors and technical assistance staff members called infant/toddler specialists who provide technical assistance and monitor for compliance with the protocols of the program.

HELEN BLANK: Thanks so much, Debi. Evelyn, can you tell us what you're doing in New York? [00:17:53]

EVELYN EFINGER: Sure. I'm going to begin with a little history about what we've been doing with our infant/toddler block grant fund prior to the ARRA expansion and then I'll talk about the ARRA expansion.

So in New York State, our infant/toddler set-aside in the Child Care and Development Block Grant, the infant/toddler earmark some call it, is about $5 million. And the state uses that funding for some general child care support such as licensing and a large training program that we run in New York, the Training Scholarship Program that all child care providers can access. And the argument around that is, of course, infants and toddlers are part of the overall child care system.

So they've taken some of our infant toddler set-aside dollars and used them for generalized functions. But specifically about, starting in 2003, they funded the development of a network of infant/toddler specialists around the state. The ARRA infant/toddler specialists are housed in the child care resource and referral program network, and they didn't give us enough funding to put an infant/toddler specialist in every child care resource and referral agency. We have 39 of them in New York State, and they use the regional configuration. So each region was

given money to start a regional infant/toddler resource center and we have about three or four specialists in every region of the state. [00:19:27]

And you can imagine, in upstate New York there was a large geographic area, so they're covering lots of territory and geography. And in a place like New York City to only have five infant toddler specialists, that's really a drop in the bucket.

But our little network has been plugging along and I am housed at the statewide parent organization for all the child care resource and referral agencies in our state, the Early Care and Learning Council in Albany, and I coordinate that network of infant/toddler specialists.

So when the ARRA funding came through, our State Office of Children and Family Services asked us to help them think about programs to spend about $3.1 million. So we came to them with a list of services we thought would be helpful and together we selected four main activities.

The first is to double funding for all of the regional centers. The infant/toddler specialists and the regional infant/toddler resource centers. So after seven years of flat funding, we were able to actually double their funding.

The next was to expand funding for our organization, the Early Care and Learning Council, specifically to hire support staff in the infant/toddler project and to bring on evaluation partners because we had never really had a thorough evaluation system to measure and document the work that we've been doing these past seven years. So that funding was really helpful in terms of expanding work that we've been, you know, struggling along with fixed funding for the last seven years.

And then there are two new initiatives that seemed appropriate when you're thinking about just 18 months worth of funding. And the first is that we will bringing WestEd to New York State to conduct the PITC Training, Intensive Training Institute. And PITC stands for the Program for Infant and Toddler Caregivers. This is a nationally known curriculum for training, first trainers and then the trainers in turn go out and train child care providers in the field on best practices in group care for infants and toddlers.

So we'll be bringing that faculty here and training 120 individuals in the course of our ARRA contract period. [00:22:07]

And then the fourth project is a small demonstration project to test social-emotional consultation in infant and toddler child care programs. So we have designed an advisory body that has representation at the state level from mental health, early intervention, child care. We have some interagency bodies that are involved in our network and some infant mental health experts in the state. And we'll be funding just probably four, we're in the throws of this RFP right now. We hope to fund about four community demonstration projects that would bring together mental health players, child care consultants, early intervention, and child care programs to test out different models of onsite, social-emotional consultations to help staff cope with children with challenging behaviors, and we'll be evaluating that subject as well. [00:23:21]

HELEN BLANK: Great. Wenda. Can you tell us what you're doing in Virginia?

WENDA SINGER: Absolutely. Thanks, Helen. The infant/toddler initiative in Virginia is funded entirely by ARRA. The title of it is Pilot Communities for Infant and Toddlers Social, Emotional and Behavioral Development.

It's a pilot initiative. The contract for the pilot extends from March 2010 through June 2011, with the possibility that our department will chose to use this PCDF (??) infant/toddler earmark to fund two six-month renewal periods.

Funds were awarded to six pilot communities through an RFP process. A total of $1.7 million was available and the amount of awards to the pilot communities ranges from around $169,000 to $337,000.

A sub-grantee holds the contract for each pilot community on behalf of local partnerships and inter-agency collaboration. Each pilot community has a plan that includes both family day home and center providers.

Each of the pilot communities self-defined its geographic boundary. And we have two cities, there is a city and county community and then combinations of the two for the other four.

Our division, the Division of Child Care and Early Childhood Development, began the planning process by inviting colleagues from other state agencies to brainstorm with us the best use of the available ARRA funds, and there was not much difficulty in coming to a consensus about social and emotional development of infants and toddlers.

There was also the desire to allow communities to design and carry out plans that would expand beyond whatever their state was, in establishing a comprehensive system of mental health services for infants and toddlers.

Following this brainstorming, we then relied on the work of the state-level infant and child mental health committee that actually began as a state Head Start committee. Its members now include members from both the public and private sectors.

We also reference current research-based literature on infant and toddler social and emotional development. And so in a nutshell then, the intent of each of the pilot communities is to first of all build the capacity of the pilot community to provide quality mental health services. This is the systems component of the pilot initiative.

Secondly, it is to provide support for child care providers so they will better be able to understand social and emotional development and risk factors. They'll be competent observers and screeners. They'll have an array of services available to address behavior challenges of infants and toddlers to maintain child care placement, and will be guided in working with families. This is the intervention component of the pilot initiative.

Third, the intent is to identify mental health community resources and disseminate that information and that's the promotion, public awareness, and prevention component of the pilot initiative.

What we want the activities of each pilot to result in is healthy social, emotional and behavioral development of infants and toddlers and we also want the experiences of the pilot communities to provide approaches and activities that other communities can use. Obviously that would be the replication component of the pilot initiative. [00:27:35]

Now Helen asked us to briefly explain how the initiative fits with our state's other infant/toddler policies and meeting the needs for infant/toddler care, so let me just take a minute to address that.

This pilot initiative complements the infant/toddler network system in Virginia. That system being implemented regionally using the same eight regions that are used for child care licensing. This initiative also supports the vision and professional development goals of the infant/toddler mental health committee that I referenced earlier. And in addition, this initiative supports infant and toddler policies in the state by requiring the involvement of community partners and the actual implementation of the program. Thanks, Helen.

HELEN BLANK: Thank you, Wenda. Debi, can you tell us what lessons you would share with other states about the implementation of this initiative including how you're working to anticipate and avoid potential problems, or how you're trying to address any unexpected challenges you already encountered. [00:28:44]

DEBI MATHIAS: Well that's the ongoing juggle of implementing a new program. ,.

Initially getting a robust applicant pool was difficult and anecdotally from the field, we've heard that some of the hesitancy around participation was due to the 18-month funding stream and the fact that it was not ongoing funding. And providers didn't have an example of somebody already doing it or who had tested the water in order to get involved. As I said before, we restricted the pilot to certain cities and counties based on the reach and risk. And I think hindsight would have said, maybe open it to the next tier of high need areas in order to get a stronger applicant pool.

I think that the length of time for the pilot and the funding of 18 months was a barrier, because they have to ramp up and meet all the qualifications and put that bachelor degree teacher in the room in order to participate.

I think that we missed a little bit on the level of funding in the urban areas. We did a formula for the funding in each of the communities that was to bring everyone to a parity of approximately $120,000 per classroom per year. And so

we in essence worked with subtracting off what they were already earning and subsidized reimbursement and tiered reimbursement and kind of came up with a formula to backfill the rest with a grant amount to support the classroom.

I think that we should have looked maybe a little bit more at thinking about the costs in an urban area of putting the program on the ground, so we had way more rural providers jump into the fray than urban participation, although we do have some urban providers.

We are beginning and certainly making headway on setting up our mental health consultation. We have a program that's now been in effect for two or three years and we were able to build on that. But just having the infrastructure for programs within their local communities to purchase with some of the funding, infant/toddler mental health consultation or basic health consultation, I don't think that we had the infrastructure of enough people "hanging out their shingle," being ready for people to call and purchase services from them, versus us providing the infrastructure and the people on someone else's payroll. So our idea was to give the program the funding to purchase the services that were required in the grant. I'm not sure we had quite enough capacity throughout the state to handle that.

The qualifications of a teacher at a bachelor level are a challenge, and we were looking for level six on our career ladders which requires 30 ECE credits. I was shocked to hear this, but we're hearing some comments from teachers like, "I didn't get a bachelor's degree to change diapers." And that just floored me because I'm of the mind that, really it's how well we do our work in these early years that sets the table for everybody else doing the work and of teaching and learning along the way, but we've really had some attitudinal challenges. And if we all need another study or something, we could really think about that.

You know, you have the college professor looking down on high school, looking down on middle school, elementary school, the kindergarten teacher, the preschool teacher and now really I just got that feeling about looking down on the infant teacher as at the bottom of the totem pole.

Another challenge was our group size limitation, as I alluded to before, through age three to hold it to a group size of eight. That obviously is where

providers begin to make up the differential and the financing being so tough for infant/toddler care, the fact that you can go to five or six with one teacher when they turn two or three, and the fact that we held it to an eight I think gave some people a challenge with the financing model.

So I guess I would say that those were the main challenges so far in this pilot phase that we're uncovering. [00:33:48]

HELEN BLANK: Thanks, Debi. That is quite interesting. Evelyn?

EVELYN EFINGER: Alright. I had put our biggest challenge at the bottom of the list there, but I think listening to Debi talk about time frames, I'm going to begin there.

Because I think in New York, we also found that our biggest challenge was time frames and you know, trying to gear up and get going, kind of call it building the ship as it set sail.

HELEN: Right.

EVELYN EFINGER: I mean it's wonderful, it's like all the things that we wished for are now coming true and we have to hurry up and do them all, and just trying to kind of be a cheerleader and keep people motivated as everyone gears up and takes on more work and you know, it's all exciting times, but it's been a challenge really with just getting going.

In promoting these new initiatives, we have really worked hard to bring various infancy professionals together. Really in our seven years of history here in New York State with the infant/toddler resource centers, we've always taken a cross-disciplinary perspective in that, you know, the notion that it takes a village to raise a child and wanting very much to follow the Zero to Three organization's philosophy of bringing mental health professionals, health professionals, early care and education people together with child welfare workers, early intervention, so that we've really got the expertise of all of these experts helping to improve our early childhood system.

So we've tried to perpetuate this framework that we've been using around through a lot of our infancy efforts, which is depicted in a model where we have three interlocking circles: the first being healthy children; the second being strong families; and the third being early learning.

And these are models that have been floating around the country and you see them depicted in different ways. So right off the bat when we started with expansion funds, we said you know, who needs to be at the table. We made sure that we stood up in front of groups that had started mental health and child care partnerships, other organizations to kind of keep pushing that button and helping people to think about what partners they had available to them.

There were four main projects. Some really were designed with the 18-month period very much in mind, intended to start and stop and produce some lessons for us. That's our social and emotional consultation pilot project. We designed the community demonstration so that at the end, our hope is to have strong evaluation results that can be pushed up to our early childhood advisory council that is poised and ready to make policy recommendations at the state level.

That will be the same thing with our PITC training. That had a beginning and an end. Our biggest challenge is really for the two projects that were not funded in that way. We hope we'll be able to find continuation funding to keep some of the other start-up and expansion efforts. We don't want to have to retreat from what we've built in this period.

HELEN BLANK: Yes. Wenda, how about Virginia?

WENDA SINGER: Well, this pilot initiative is just over two months old, and on the first-quarter reports, which just covers one month, the startup is basically going as had been planned and there aren't any major problems.

Having said that, however, we think that it's important that we sought input from colleagues across agencies and programs before we prepared the RFP, and that that's going to bode well for us throughout the project.

We also think that it was smart to have built on the work of an existing group that has an even broader agenda, especially pertaining to professional development.

And the other thing that I'll mention is that, it's our assumption that allowing each of the pilot communities to tailor its approach to its own circumstances was a practical way to help us avoid problems with implementation.

And I guess the other thing that I would say is that it's our assumption that requiring that each pilot community have several partners, and that each of those partners have defined specific jobs to do, will minimize problems. It's interesting that several of the pilot communities chose to create an oversight group that first of all works with the sub-grantees to make decisions and review quarterly reports, and secondly, has the ability to make changes during implementation in order to improve performance. Thanks.

HELEN BLANK: Thank you. One last question. We'll start with Debi again. Are you planning on evaluating or assessing this initiative in any way? And if so, describe the process of how you developed or are developing the approach for evaluative or assessing the initiative.

DEBI MATHIAS: We of course at OCDEL embrace accountability and reporting. And we are looking at a two-phase evaluation.

We're looking at an implementation evaluation using measures of program and classroom quality, and a child outcomes evaluation using repeated authentic assessment of all children.

The program rollout is within the context of Pennsylvania's Early Learning Network (ELN). And this will enable us to utilize a robust data collections system. Examples of data elements collected in the ELN are child demographics, such as health data, household data, outcomes, and other program enrollments. We have data about parents or legal guardian, such as addresses, mother's age, education, etcetera. Provider information, with addresses, programs offered, certification, and Keystone Stars data and classroom data for all the teachers present in the classroom with their qualifications, ITERS scores, numbers of children in the class and so forth.

Our original evaluation approach was to recruit providers and implement an evaluation. As I said before, by targeting service to high-risk counties, and then using a lottery to select grantees. The purpose of the random lottery was to establish a treatment and control group at the provider and child level that would support an experimental design for the advocacy study.

Well we had a problem with the original approach. We did not have as many applicants as we needed in order to employ that approach.. So as a result, those who were eligible were given a grant, so this kind of shot our original design.

So our revised approach to evaluation became to leverage the data set on Pennsylvania children in the early learning network to conduct a quasi-experimental evaluation study. With the control group, there's use of the child care and provider details that I discussed before, to produce a matched comparison group using propensity score analysis that will then serve as the counter factual in the study.

So the control group is defined as subsidy children in Star settings who do not receive the Keystone Baby Program. So this is different from a child who receives no service at all.

The Keystone Stars Program already elevated the quality of the facility, so we're looking at children in Star settings who don't receive the program, but the third component would be looking at another classroom at a selected grantee that's not receiving the funding for the Keystone Babies.

We could find that there is an effect within a location of receiving the funding and we might find that non-Keystone Baby children benefit from a grant at the location, which will be interesting to see as that develops.

We are setting a high bar for the evaluation in looking at the impact above and beyond the existing quality service. So we're also looking at the ERS scores of the classrooms we're working with, and we've already done. Of course, all of this is in the context of being based on the research that we're doing on the Keystone Stars program and the ERS scoring of different levels of centers. We'll further look at the ERS scores of these unique individual classrooms, the staff qualifications, the class size and other measures of quality.

We're going to look for fidelity of implementation of the Keystone Babies standards and program requirements at baseline for the grantees. We'll also use this quasi-experimental framework to examine the impact of the grant at the classroom level. As I said, with the measures of quality about ERS and compliance with the guidance for the program.

In terms of evaluation details, we're hiring a statistician consultant to assist in producing the propensity for us that will be used to create the equivalent groups inside the facilities and outside the facilities. We'll conduct sensitivity analysis to ensure that the groups have baseline equivalency.

Due to the small number of classrooms, the implementation study will have a very low statistical power. We might not find some significant differences; however, in spite of this limitation, we're going to still conduct a study and report. We'll also examine the change and child outcomes over the year by the treatment group.

We're cognizant of the small sample size. There's about 208 children in the program and this will have an effect on the minimum detectible affect size. So we're committed to this study in spite of this.

I think our lessons learned here on the evaluation side were around not having enough applicants to support this randomized design we'd originally intended and then following up with that, that the statistical number of grantees limits the power of the studies. So that's our initial thinking about how we're going to go about looking at this, the Keystone Babies product.

In tandem with Keystone Babies, Pennsylvania is planning some large group professional development and conferences bringing in outside national speakers , and I think I was hearing some interesting ideas about looking at how to evaluate the success of those types of events and the support around them that I'm interested to hear about. [00:45:49]

HELEN BLANK: Thanks, Debi. Evelyn.

EVELYN EFINGER: In New York State, we originally had thought about evaluating all of these projects and it was our thought to hire kind of a research

associate and put them on staff with us at the Early Care and Learning Council, and then through a contractual relationship, develop a relationship with a university partner who might guide the design of the evaluation products and help us develop a relationship there.

When we went out to do the interviewing, we found such a great candidate who was looking for the work, that we decided to hire two evaluation people and put them on staff with us, so we have one at a PhD level and research background, and an associate who will be designing all of the evaluation systems for these various projects.

And I'll just talk quickly about two of them. One is that we really wanted to bring someone to just answer the question, is our network of infant toddler specialists actually improving the quality of infant toddler care out there across New York State? And we've been wrestling with this kind of question since the beginning of our network, but never really had a full evaluation design for it.

So we're now, with some national partners at Florida State University and national experts such as the authors of the ITERS instrument looking to develop—Florida State University is developing—an onsite evaluation tool designed around ten components of high-quality care for infants and toddlers. And so we will be the pilot field test for that instrument in New York State, and so we'll be using that to develop our own results and to help Florida State University do the reliability and validity testing on this instrument. So that's been an exciting project.

And we'll be looking at whether we are improving the quality of infant toddler care out there using these standardized measures. So we're looking at four main things. Are we changing people's awareness about the importance of the first three years? Is there more understanding on the part of parents and others about the importance of the infancy period and the importance of high-quality care for babies during this time period?

Then when it comes to the child care community, we're looking at whether we have created changes in their knowledge as a result of our training efforts. And can we document a change in their practice when we're able to be onsite and actually observe programs and work onsite as consultants?

And then the last change we're looking to measure is a change in the capacity of our state system, such as the child care resource and referral system and our licensing system and the knowledge of other professionals to support child care for infants and toddlers.

So those are the four main categories that we are currently designing questions and instruments and tools that can be then applied statewide. Those efforts will really begin in October, so we're really only going to have six months of results by the end of the ARRA period, but we expect that those systems will be ongoing.

And then just I want to talk briefly about the kinds of designs, evaluation questions that will be wrapped around the social and emotional consultation project. Here we want to look at benefits for children, such as: Are we able to reduce the expulsion rate for young children in child care programs? Are children better able to manage their behavior and have healthier social and emotional development? For staff and families, are they better able to manage children and feel more in control of their day?

So those are some of the questions that we're looking at and those systems will be in place soon and we hope to have some results soon. [00:50:10]

HELEN BLANK: Thanks Evelyn. Wenda, can you wrap up?

WENDA SINGER: Sure can. As you could tell from what I said already, this initiative is not a formal research study, but each of the six pilot communities has an evaluation plan that they developed around some characteristics that we required and we are specifically interested in finding out what each community learned about the approach they chose to use.

At the state level, we use a quarterly report process to monitor not just the use of funds, but how well the pilot communities are adhering to their proposed activities and outcomes because that was a major reason for them getting an award.

We're also interested in what is and isn't working well and the kinds of adjustments that are made as the partners in each community analyze their plan

components, what they were planning on doing, as well as the process by which they thought they were going to be able to carry them out.

I would also mention that each local partnership is keeping a log to track the activities of the various community partners because the system part of this is very important to all of us.

And then finally I'll say that child care provider surveys are required from each pilot community and also some pilot communities are implementing family surveys.

These aren't something that will happen at the end of the contract period, they occur as workshops or coaching or other interventions occur. Okay, Helen, there you go. [00:52:03]

HELEN BLANK: Thank you, Wenda. We have several questions. One is tfrom a person operating a family support center in Buffalo that has a child care center. She wants to know a New York State Representative to talk to further about New York's initiatives and how to get involved. Evelyn, would that be Carol? Would it be yourself?

EVELYN EFINGER: Well probably they should just, they should start with me. Are we putting up contact information today?

HELEN BLANK: Yes, we'll have all that contact information on our website.

EVELYN EFINGER: I'd be happy to steer that Buffalo person in the right direction. You know, they could try, they could go on our website ***(do we have her website? can we put it here yes lets add it.)*** and learn who the infant/toddler resource center is for the Buffalo region, or they can contact me directly and I'll point them in the right direction.

HELEN BLANK: Fabulous. I have two questions that sem to relate to Pennsylvania Our caller notes that Pennsylvania has limited participation to children who are already funded by subsidized child care, which creates issues because of the very tight subsidy eligibility regulations.

Keystone Babies must attend five days, full time. Subsidy will only pay for hours and days parents need to work. Subsidy will terminate children for a variety of reasons.

Since May, First Start, the one classroom in our area has lost three of the original eight children. By limiting to subsidy children, we see some real problems in keeping rooms at capacity, and we're not getting any data on differences related to demographics.

The second issue relates to whether the classrooms in Pennsylvania are mixed age groups, infants and toddlers, while in most programs classrooms are broken down by age mostly because of the staff-to-child ratio. Is the goal to encourage programs to move to a mixed age model?

EVELYN EFINGER: To start with the last part first, I think that that is going to be a consequence of the way that we had to structure the funding, that it will encourage a mixed group model, and it will therefore encourage a smaller group size for young toddlers and older toddlers. And I think that that's an interesting question that should be part of our pilots discussion is about what does that mean and how did that work.

And I think that certainly when you have mobile and non-mobile children, that that could cause some interesting dialogue or issue. We did ask, providers prefer children under the age of two so that we could get a good dosage of a year at least in the program. But based on what that provider brought forward in terms of the turnover and the subsidized population, you have a question there about in the end will we be able to tell how this impacts the quality of the service and the outcomes for the children involved.

DEBI MATHIAS: We did layer our new program up on top of subsidized child care because the funds came from the Child Care and Development Block Grant ARRA funding, and so it was targeted to children whose parents were working.

The initial model of the systems committee was more aligned with the prekindergarten program we have in Pennsylvania. Let's build a model of service for infants and toddlers, whether parents were working or not, for children under three with income, for example, under 300 percent of the poverty level.

But in the end, because of the funding stream that became available, we did leverage off the subsidized market because that's what we were able to get approved in the timelines given.

So I think that the person that sent that question up has great questions that will impact the analysis of the pilot and if you've got money to keep going, would you do the same type of pilot in terms of the direct services. Those will be good conversations to have down the road. [00:56:18]

HELEN BLANK: It's interesting, they don't fund it anymore, but Ohio had a program called the Early Learning Initiative (ELI) which supported higher-quality subsidized care. And I think it was mostly for three's and four's. But Ohio defunded it in their last round of budget cuts. There might be, Debi, some parallels there?

DEBI MATHIAS: That would be great. Maybe you can email me some contact or follow up information.

HELEN BLANK: Yes, we can find someone who can talk about that in Ohio.

DEBI MATHIAS: That would be great.

HELEN BLANK: Another question for Debi. Did I hear Pennsylvania say they have a network of infant/toddler specialists through Keystone Babies to provide consultations? If so, how many and are they regionally based?

DEB MATHIAS: We have four, they are regionally based, and that is for the 26 classrooms that we have in Keystone Babies. And actually we became an early Head Start grantee as a state, so they also support our 128 Early Head Start Programs. So they're doing both of those functions, so there are four of them and they are regionally based, yes.

HELEN BLANK: Now we had a question about whether this program was in Ohio too, but it's not clear which program that our questioner is referring to.

This has been a very helpful dialogue. It is important to hear what ARRA has accomplished. In each one of these three states, you're doing really creative

work for infants and toddlers. It's helpful to also understand the limitations of ARRA funding if it's not continued.

So we hope everyone on the call works with us to make sure that we see the ARRA child care funding extended, given the kind of great work it is supporting , especially for infants and toddlers who we know get the least attention.

This call will be available, both as a written transcript and audio on the National Woman's Law Center website, www.NWLC.org. It'll also be available on the CLASP website, www.clasp.org. CLASP has worked on the call with us but Danielle Ewen unfortunately could not join us. So please check our website where we will also post the contact information for all of the participants. We will also email this information out to all the people who were registered for the call as well.

So thank you all for participating. Thank you Debi and Wenda and Evelyn for your creative efforts and for sharing with our audience.

EVELYN EFINGER: You're welcome. Thank you.