

Infant and Toddler Contracted Slots Pilot Program: Evaluation Report

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Overview of Infant Toddler Contracted Slots Pilot

The impact of investing in high-quality care and education for young children is well-documented.¹ Pennsylvania continues to strengthen their commitment to provide high-quality care to the Commonwealth's youngest children. The state-funded pre-kindergarten program, Pennsylvania Pre-K Counts (PA PKC), is recognized for the high-quality care it provides for low income three and four-year olds and in 2017 Pennsylvania also revised their quality rating and improvement system, Keystone STARS. Despite these gains, access to high-quality early care and education opportunities for infants and toddlers remains low. A recent review of quality care options for Pennsylvania infants and toddlers using child care subsidy found that only 34% are enrolled in high-quality STAR 3 or 4 programs.²

The Child Care Works (CCW) child care subsidy program is the primary source of funding for infant and toddler care in Pennsylvania. To be eligible, families must initially earn less than 200% of the Federal Poverty Level and meet the work requirements established by the program. Once enrolled in CCW, families are responsible for finding a care option for their child that best meets their needs. This can be at any licensed program regardless of their Keystone STARS quality level or with a relative. However, the waiting list for eligible families to receive CCW funding can vary considerably and the care options available for infants and toddlers are limited.

Early care and education programs are reimbursed directly for the care they provide for children participating in the subsidy program, depending on the number of days a child attends care. The program may be paid a part time rate for children who attend care for less than five hours of care per day, and a full-time rate for care beyond five hours. These reimbursement base rates differ by county, provider type, and care level, based on the maximum child care allowance designated by OCDEL. STAR 2, 3, and 4 programs receive a graduated add-on rate based on their STARS Designation. The challenging business model for child care is made tougher when serving infants and toddlers.

The cost to provide care for infants and toddlers is higher than care for preschool and school-age children. A primary driver of the increased cost is the lower child to adult ratios. Whereas the ratio for preschool classrooms is 1 adult for every 10 children, the ratio for infants in Pennsylvania is 1 adult for every 4 infants. The ratio for toddlers is 1 adult for every 5 young toddlers (1-2 years of age), and 1 adult for every 6 older toddlers (2-3 years of age).

Pennsylvania has made ensuring access to high-quality early care and education for infants and toddlers a priority. In 2018, Pennsylvania dedicated \$2 million of federal funding to pilot a program serving CCW eligible infants and toddlers via contracted slots. The program was expanded in the 2019-20 budget which included an additional \$15 million to serve more eligible children.

Contracted slots are an alternative to the traditional voucher system. With the voucher system, the funding follows the child. A parent selects a provider and the provider is paid based on attendance. With contracted slots, the funding for awarded slots remains with a provider. If a child leaves a provider, the provider continues to be paid for the slot and is responsible for filling the slot with a different CCW eligible child.

¹ Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. National Academy Press.

² Start Strong PA. Facts about child care. Retrieved from: <https://startstrongpa.org/research-tools>

A primary goal of the pilot is to establish and study this new fiscal model that promotes equal access and supply-building of high-quality care for infants and toddlers. The new model has the potential to provide fiscal stability for high-quality providers serving CCW eligible infants and toddlers and encourage providers to serve more infants and toddlers to meet market demand. Participating programs receive one-year contracts for a slot, which is guaranteed for the entire year. They also receive an increased reimbursement rate per slot. Unlike CCW vouchers that require families to pay a co-pay to the child care provider, no co-payments or fees of any kind are charged to families while the child is enrolled in the pilot.

The new model also strengthens a publicly funded continuum of care from birth to kindergarten in high-quality settings. The Infant Toddler Contracted Slots Pilot Program builds upon the already established infrastructure of the PA PKC model. Participating programs must already be a PA PKC grantee and serve infants and toddlers. Building an infant and toddler focused program with established PA PKC programs allows continued focus on quality programming while building strong transitions from infant and toddler to pre-kindergarten classrooms. In addition, the program assures continuity of care through two main policies. The first is that the duration of eligibility for children served lasts until the child reaches 36 months of age and is eligible to transition into a pre-kindergarten program.³ This differs from current subsidy policy that states that a child's eligibility is redetermined every 12 months. The second is that participating programs are asked to coordinate PA PKC prioritization to assure that a child who remains eligible for PA PKC at their third birthday transitions into the PA PKC program.

The pilot supports OCDEL's continued focus on quality early care and education in three ways. Since all participating programs are current PA PKC grantees, they have achieved a 3 or 4 STAR rating in the state quality rating and improvement system, Keystone STARS. In addition, all classroom teachers are encouraged to have at least a Child Development Associate (CDA) credential. Finally, there is a consistent ratio of 1 adult for every 4 children in all participating classrooms regardless of age.

OCDEL relies on regional partners to consolidate and coordinate early childhood services at the local level through Early Learning Resource Centers (ELRC). ELRCs provide a single point-of-contact for families, early learning service providers, and communities to gain information and access services that support high-quality child care and early learning programs. Pennsylvania's 19 ELRCs are responsible for meeting the needs of each region's families and offers connections to services. The pilot program uses the local ELRC to monitor and provide support to participating program and families with infants and toddlers.

The first contracts to serve 116 infants and toddler slots were awarded via a competitive Request for Application (RFA) process to 14 programs in the winter of 2019. A year later, in OCDEL expanded investment in the pilot the following year to contract a total of 90 programs and serve 886 children.

³ The CCDBG income threshold of 85% SMI is still followed by the pilot program.

The Evaluation

OCDEL partnered with Propulsion Squared to conduct an external evaluation of the first year of implementation of the pilot program. The evaluation used an Implementation Science (IS) framework to identify systemic issues that contribute to or hinder successful implementation, and to consider innovative ways to improve planning and implementation, and eventually take the project to scale. The evaluation team worked with OCDEL staff to develop the theory of change model for the pilot program (see Figure 1). The evaluation also examines the available evidence to assess the extent to which the pilot is achieving its short- and medium-term outcomes.

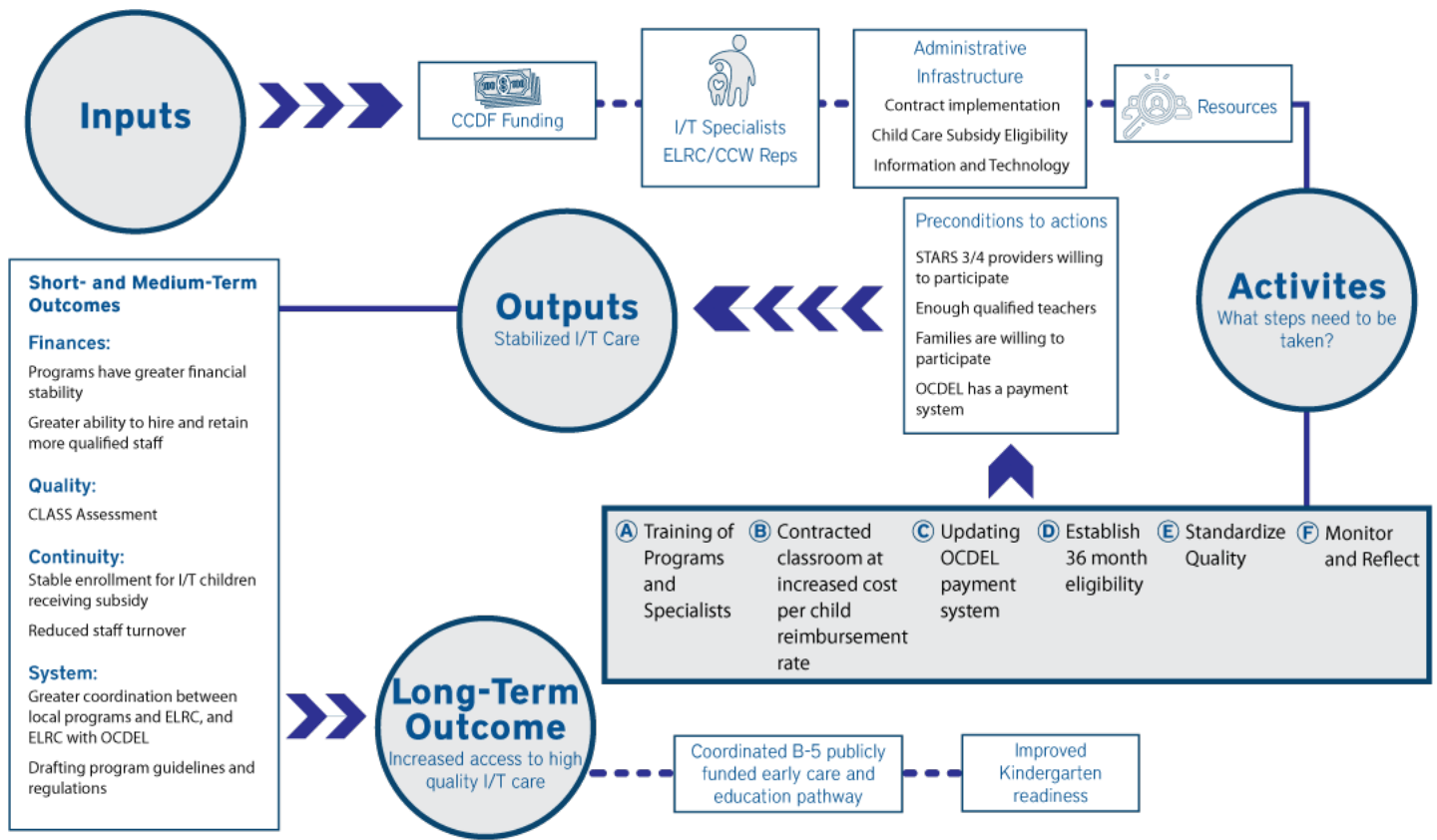


Figure 1. Theory of Change for the Infant and Toddler Contracted Slots Pilot Program

Implementation Science (IS) Framework

The IS framework monitors implementation using an integrated four-stage implementation design that provides continuous formative feedback to OCDEL and pilot stakeholders (see Figure 2). The four-stage design follows the implementation process from the initial stages of planning through later stages of service delivery and program outcome assessment. It gathers both formative and summative feedback and monitors core elements that are essential to successful implementation: 1) establishing implementation teams; 2) creating data-driven feedback loops; and, 3) developing the necessary infrastructure.

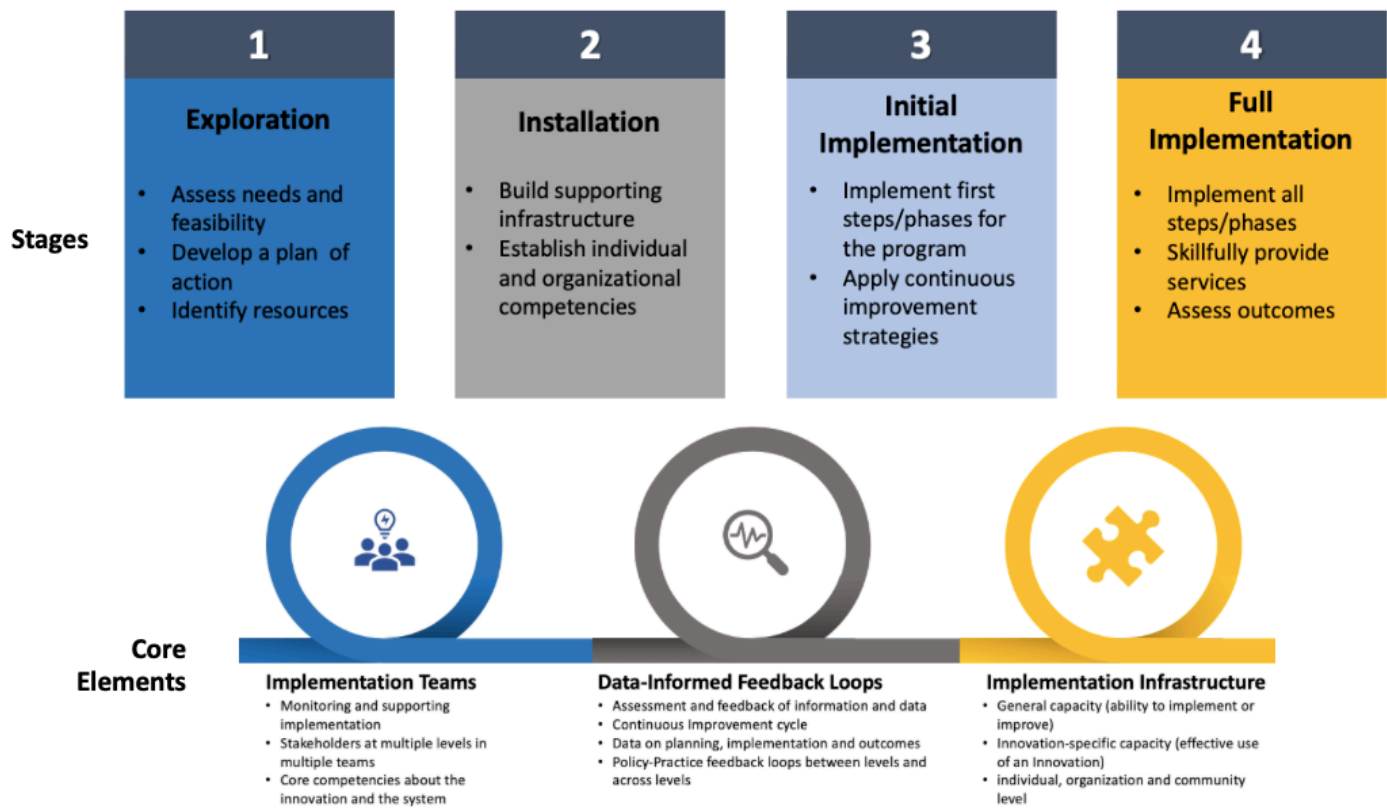


Figure 2. Implementation Stages and Core Elements

Within the IS framework, the focus of the evaluation shifts as the pilot program progresses through the implementation stages to match the primary emphasis of the stage. During the early stages, a greater focus of the evaluation is directed towards the formative aspects and the extent to which the necessary elements for successful implementation are apparent. During the middle stages the program model continues to be refined in response to feedback. The focus also shifts to include summative aspects and examines the extent to which the short-term outcomes are apparent. During later stages, the primary focus of the evaluation is to assess if the pilot is achieving its intended outcomes.

In February of 2020, OCDEL received the Infant and Toddler Contracted Slots Pilot Evaluation: Interim Report. The report presented a great deal of formative feedback on the pilot’s implementation during the early stages of implementation and highlighted the changes made in response to the feedback. This current report is a continuation of the [Interim Report](#) and looks back over the first year of the pilot providing services to infants and toddlers. In addition to examining the implementation of the pilot and highlighting areas of capacity that need to be built to ensure the pilot’s success as it moves to scale, it also assesses the extent to which the 14 programs that participated in the first year of the pilot are achieving the intended outcomes identified in the pilot’s Theory of Change (see Figure 1).

The pilot expanded in Spring 2020, and now includes 90 programs in 18 of the 19 ELRC regions. The increase in programs and children participating in the pilot signals the program’s transition to later stages and full implementation. Future efforts to evaluate the pilot program will also transition and place a more rigorous focus on assessing if the pilot is achieving its intended outcomes.

Building the Capacity to Effectively Implement

There are three core elements that drive the successful implementation of a program. In this section, we review the significant efforts OCDEL made to establish these core elements and actively lead implementation efforts, use data to make informed decisions about the pilot, and build the necessary capacity and sustainable infrastructure to support the implementation of the pilot.

Implementation Teams

Implementation teams are responsible for monitoring and supporting implementation of a program. During the early stages of implementation, OCDEL established an Implementation Team to deliberately oversee the implementation of the pilot program. The members of the team represented key areas of content and system knowledge needed to identify and address issues that impact implementation. The initial Implementation Team consisted of staff with expertise in child care subsidy, PA PKC, the ELRC structure, and Pennsylvania's quality rating and support system, Keystone STARS. Over the course of the past year the organization of the team was refined. A smaller group of core staff members who work directly on the pilot eventually replaced the larger team. This core group continued to report directly to OCDEL's leadership team of Bureau Directors who provided any additional knowledge and capacity that the team needed. The Implementation Team also met regularly with representatives from each of the participating ELRCs to share information and engage in improvement cycles that detected strengths and gaps of the implementation process and suggested solutions. ELRC representatives also acted as conduits for information to pass between OCDEL and the participating programs. For example, ELRC representatives reported to OCDEL concerns or questions expressed by participating programs. OCDEL worked to address the issue and communicated their response to ELRC representatives, who in turn communicated it to participating programs in their region.

Data-Informed Feedback Loops

Implementation teams use data to troubleshoot and to inform their decisions about the continuous quality improvement of the program being implemented. Collectively they identify the information they will need to monitor progress and the evidence to assess if the pilot is working as planned. During the first year of the pilot the Implementation Team used data to adjust the reimbursement rate and improve the RFA process. Despite the increased reimbursement rate, some program directors did not feel the cost was adequate. In addition, OCDEL desired to clarify the process for determining the rate and further refine the rate structure as part of larger initiatives with the Department of Human Services to regionalize rates. The Implementation Team gathered feedback from PA PKC grantees about the cost per child they would need to participate in the program and also reviewed administrative data on the rate structures at the time. The new adjustments set as the minimum a 30% increase over the previous rate for infants in a STAR 4.

When OCDEL expanded the pilot program to all ELRC regions, they also adjusted the RFA process. By consolidating the process in the PA Key, OCDEL was able to better allocate slots across the Commonwealth. To do this, the new process examined the number of children on the waitlist to receive subsidized child care and the local capacity to serve infants and toddlers. The result was a more targeted and equitable distribution of slots to areas of high need.

In addition to using the feedback generated by the evaluation and regular meetings with ELRC representatives, the Implementation Team identified areas where they needed data to effectively monitor the pilot. In particular, they needed accurate enrollment data and teacher qualification information. Members of the team worked with OCDEL's database administrators to develop standardized queries to monitor enrollment and verify that pilot program teachers have the

necessary credentials. After a couple of months of monitoring the queries the team noticed that the data in the queries was not always accurate. In response, they designed a series of webinars to build the capacity of pilot programs to effectively input their data in the online system.

As explained above, the Implementation Team established a feedback structure that channeled information from participating programs through ELRC representatives to the Implementation Team and OCDEL, and vice versa. The effectiveness of this structure was apparent when evaluation data was shared by the evaluators with the Implementation Team. In many cases, team members were well aware of the issues identified in the feedback, and had followed-up with the programs to address their concerns.

Implementation Infrastructure

Much of the sustainable implementation infrastructure for the pilot is contained in the [Policies, Guidance, and Clarification document](#) that guides the management of the pilot program. During the course of the first year, the Implementation Team collaborated with ELRC representatives to develop the document. The document has gone through multiple revisions in response to the issues that emerged during implementation.

One of the biggest changes to the implementation structure during the first year of the pilot was the revision made to the RFA process. First, OCDEL re-structured the pilot contracts to align with the fiscal year. Second, they consolidated the process by moving it from the individual ELRCs to the PA Key. The majority of programs and ELRC representatives were satisfied with the change. However, they did suggest that OCDEL further standardize the process and also consolidate the contracting process so it is similar to PA PKC which is familiar to participating programs. A continued shift towards a PA PKC model will highlight the need for future training and support to ELRCs since many are not familiar with PA PKC process.

OCDEL also added two additional staff dedicated to supporting the pilot. In 2019, the Infant and Toddler Contracted Slots Program Supervisor was hired to coordinate and monitor the program. An additional staff member, an infant and toddler specialist, was hired in the spring of 2020. Whereas the supervisor expanded the program's capacity to develop the necessary system level capacities and establish connections to other components of Pennsylvania's early childhood development system, the newly hired specialist will shift the future focus of capacity building to the needs of the participating programs. The individual will work directly with programs to create a better understanding of the supports they need to serve infants and toddlers and develop a system to monitor quality and compliance.

Data Collection and Timeline

The evaluation team worked with OCDEL over the course of two years (see Figure 3). The data in this report focuses on the last 12 months of the work, the period of time that the first group of participating programs provided services to infants and toddlers. During the final months of that 12-month period, the second group of programs were awarded slots as part of the pilot's expansion. When appropriate, the feedback from expansion program and ELRC representatives about the RFA and contract negotiation processes and the enrollment of children is included. Due to the temporary closures of programs in response to the spread of COVID-19, many expansion programs had to pause enrollment. The timeline below shows the major events over the last two years of implementation and highlights the major data collection activities.

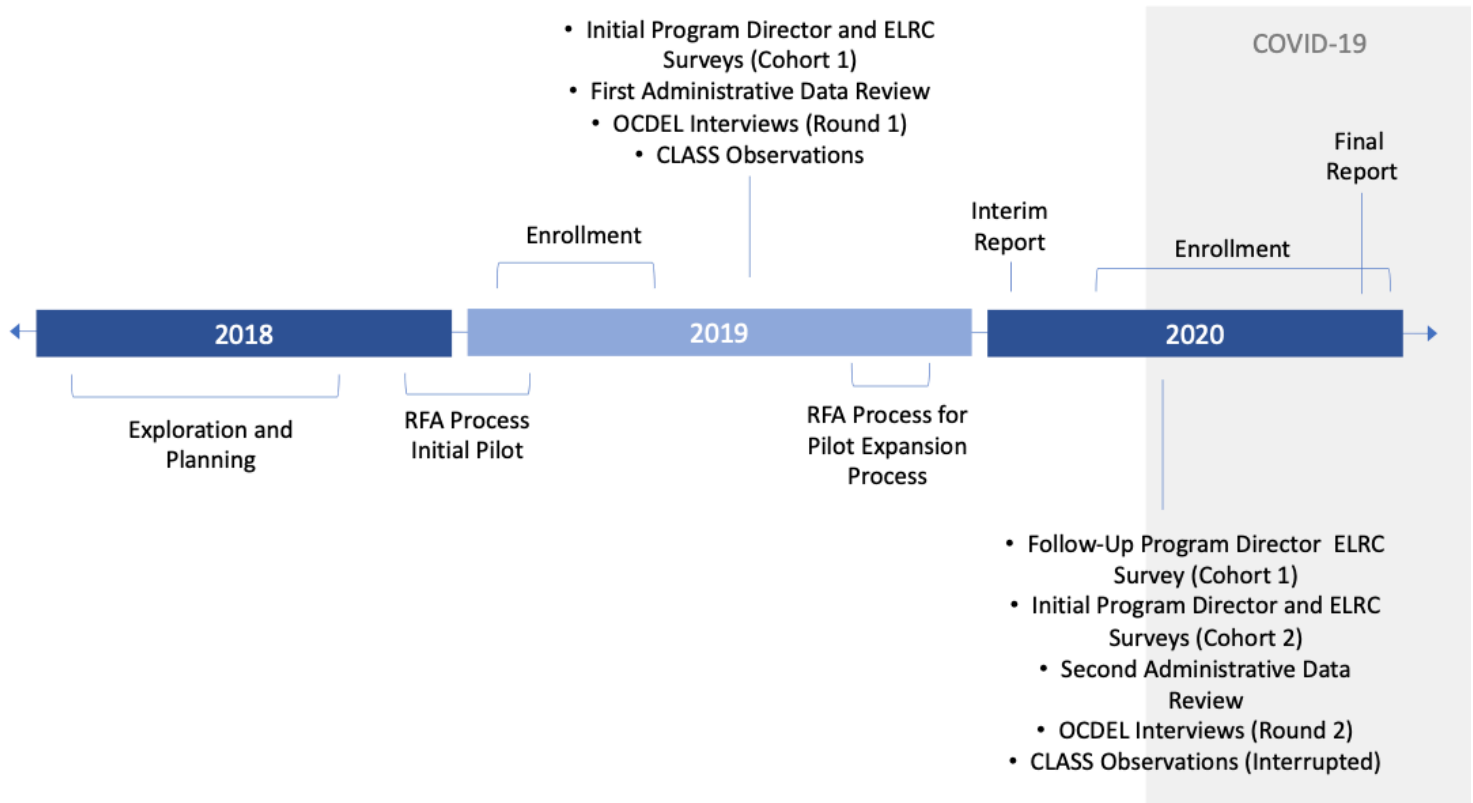


Figure 3. Evaluation Timeline

Data Sources and Collection

The evaluation collected multiple types of data from the key stakeholders of the pilot. Because of time and budget constraints, input from participating families was not included. Future evaluation efforts would do well to gather direct feedback from families about their experiences. Five types of data were collected to provide formative, and to the extent possible, summative feedback to the implementation team during the initial pilot year (see Figure 4).

Administrative Data

To describe participating programs, teachers, and children, OCDEL provided administrative data to the evaluation team twice during the evaluation. Administrative data from OCDEL data systems was extracted in the spring of 2019 once all children were enrolled in the program and a second time during the spring of 2020.

During the first year of the pilot, all classrooms participating in the Infant and Toddler Contracted Slots Pilot Program were observed over a two-month period using the Classroom Assessment Scoring System (CLASS) observation tool. During the second year, a strategic sampling was selected to be observed. However, because of the temporary closure of child care centers in response to the spread of Covid-19 a significant amount of observations could not be completed. Moving forward, OCDEL plans to resume conducting the observations.

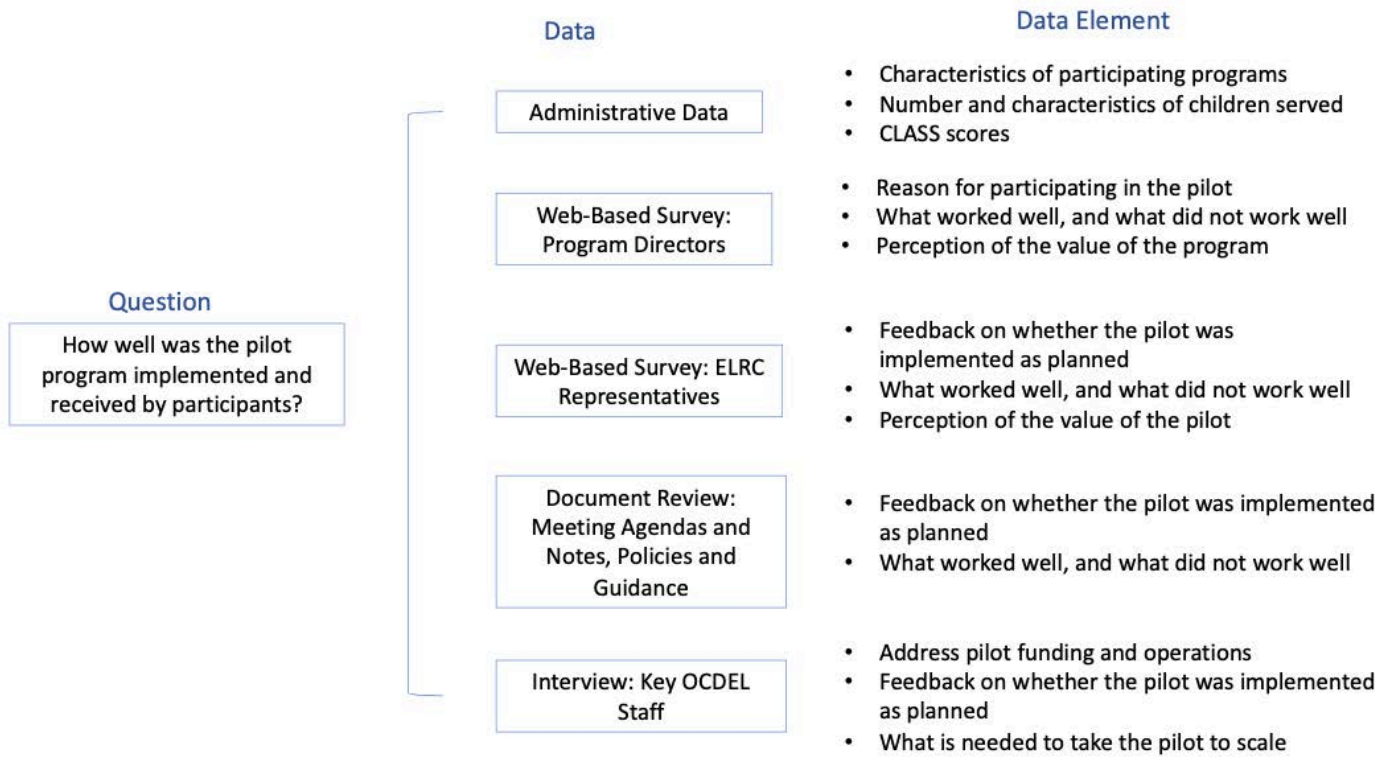


Figure 4. Evaluation Data Sources and Elements

Program Director Survey – Pre and Post

Direct feedback from directors of participating programs was gathered via web-based surveys. The pre-survey was sent electronically to program directors and gathered input on director’s reasons for participating in the pilot, their perception of the benefits of participating in the pilot for the program and the children and families they serve, and their experience with the RFA and contract negotiation process and enrolling children. During the first year, 100% of the directors from the 14 programs responded to the survey. During the second year, 85% percent, or 40 out of 47, of the directors of the expansion program responded.

The post-survey was only sent to the directors of the 14 programs from the first year of the pilot. The survey was sent electronically after one year of participation. It gathered director feedback on the extent to which the pilot achieved its intended outcomes, the perceived benefits of participating in the pilot for programs and the children and families they serve, additional input on their experiences with key processes and policies, and the supports and services they accessed during the previous year of the pilot. The response rate for the post-survey as 71% with 10 out of the 14 programs providing feedback.

ELRC Representative Survey – Pre and Post

In addition to the feedback gathered during the regular ELRC Implementation Team virtual meetings, electronic pre- and post-surveys were sent to each participating ELRC. The pre-survey gathered feedback on the extent to which the design of the pilot addressed the intended goals, the perceived benefits of participating in the pilot for programs and the

children and families they serve, the readiness of the ELRC to implement the pilot, and their experience with the RFA and contract negotiation processes and supporting providers to enroll eligible children. One hundred percent of the ELRC's responded during the first year and second year of the pilot.

Only the ELRC representatives who participated in the first year of the pilot were sent the post-survey. Again, 100% of the 3 representatives responded. The post-survey gathered feedback on their experiences during the past year. It focused on the extent to which the pilot achieved its intended outcomes, their readiness to implement the pilot and any additional support they feel would have been helpful, additional input on their experiences with key processes and policies, and the supports programs accessed during the previous year.

Document Review

The Implementation Team routinely met with representatives from the participating ELRC regions via virtual meetings to discuss key issues that arose during the implementation process. ELRC representatives gave their input on what was working well and the obstacles they faced. They also shared any feedback they received from the participating programs in their region. In addition, the evaluators met directly with members of the Implementation Team each month to review the overall functioning of the implementation process and clarify any issues that arose. Agendas and notes from those meetings were reviewed to highlight and track major themes over the course of the first year.

A short-term outcome of the pilot program is to draft program guidelines that will govern the administration of the pilot in future years. Over the course of the first year, OCDEL developed and refined a [Policies, Guidance, and Clarifications document](#) for the pilot. It outlines the policy statements and subsequent clarifications for general program operation, child eligibility, enrollment and attendance, staffing, class ratios and size, collaboration with agencies that provide services to young children, communicating with families, and transitions for children aging out of the pilot. The multiple iterations of the document were archived and used by the evaluation team to identify policy changes that occurred during the first year of the pilot.

Interviews with Key OCDEL Staff

OCDEL staff in charge of implementing the pilot program were interviewed twice during the evaluation of the pilot. Five staff members participated in the semi-structured interviews during the first round and three participated in the second round. Staff members represented key areas within OCDEL and components of the program. Due to personnel changes, only one staff member participated in both rounds of the interviews. The purpose of the interviews was to gather staff input on how well the program functioned, the barriers they confronted during implementation and how they addressed them, and the issues that should be addressed moving forward as the program expands.

Program Participation

The group of programs and ELRCs participating in the first year of the pilot was intentionally kept small to ensure that OCDEL could quickly and effectively respond to feedback from stakeholders and adjust the pilot program accordingly. The initial cohort of 14 participating programs were concentrated in four ELRC regions. For the second year, the program was expanded to all the ELRC regions. Only one ELRC choose not to participate citing a lack of interest from the providers in the region. Table 1 shows the breakdown of enrolled slots in each ELRC region for both years of implementation.

Table 1. Allocation and Enrollment of Slots for Years 1 and 2

ELRC Region	Pilot Year 1		Pilot Year 2		
	Number of Participating Programs	Number of slots awarded	Number of Participating Programs	Number of slots awarded	Number Enrolled as of 6/2020
1			12	132	97
2			1	8	8
3			4	40	35
4	3	20	8	52	48
5	4*	20*	8	40	23
6			4	44	43
7			1	16	15
8					
9			2	36	25
10	3	36	5	84	68
11			6	56	52
12			4	24	21
13			2	24	18
14			10	108	69
15			7	84	42
16			1	8	8
17	4	40	5	56	50
18			9	105	43
19			1	12	5
Total	14	116	90	929	670

*During the first year of the pilot, the slots awarded in ELRC 5 were managed by the representative from ELRC 4.

By design, participating programs had already achieved a STAR 3 or 4 Keystone STARS quality rating and had experience providing care to infants and toddlers. Because they were currently PA PKC grantees, they also had experience managing the responsibilities of a contract program similar to the contracted slots pilot program. Compared to the initial cohort, more of the expansion programs had additional experience with Head Start, and Early Head Start, but the number was still relatively small. The programs in both cohorts were also well-established, having been in business for decades in some case, and the majority had been serving infants and toddlers for a similar amount of time.

Overall, the ages of the infants and toddlers enrolled in the pilot program did not substantially change from the first year to the second year (see Figure 5). The majority of children enrolled are toddlers, with smaller numbers of infants and preschool-age children. There was a slight shift in the second year with a greater percentage of older toddlers being enrolled in the pilot. This could be a result of the increasing age of the children who have been participating in the program since its inception. It could also reflect a program’s choice to enroll older children based on cost or their capacity to provide care to infants.

Enrollment by Age Group

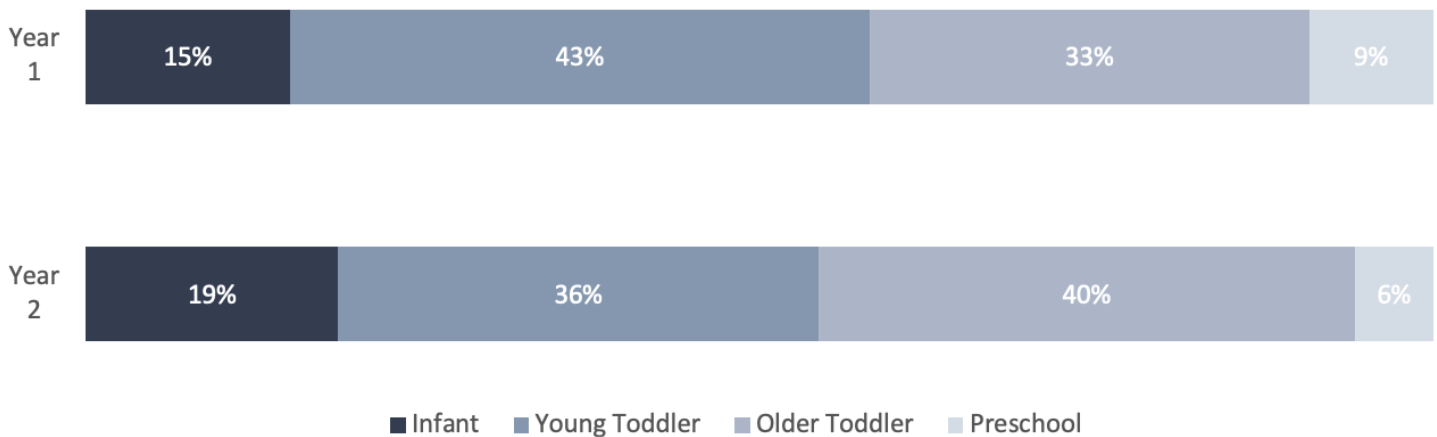


Figure 5. Enrollment in Pilot by Age Group

Evidence of Short- and Medium-Term Outcomes

The theory of change for the pilot program (see Figure 1) identified seven short- and medium-term outcomes of the pilot. The following section presents the evidence collected by the evaluation to examine the extent to which the pilot program achieved its intended outcomes during the first year of implementation. The evidence shines a positive light on the effectiveness of the pilot (see Figure 6). In four of the seven outcomes, the evaluation shows a high amount of evidence indicating that the pilot is succeeding in achieving that outcome. In two other areas, there was less supportive evidence, but still a sufficient amount to conclude the pilot is effective. Finally, there was a low to medium amount of evidence to indicate the pilot’s success in just one area. Further description of the progress towards achieving each outcome follows.

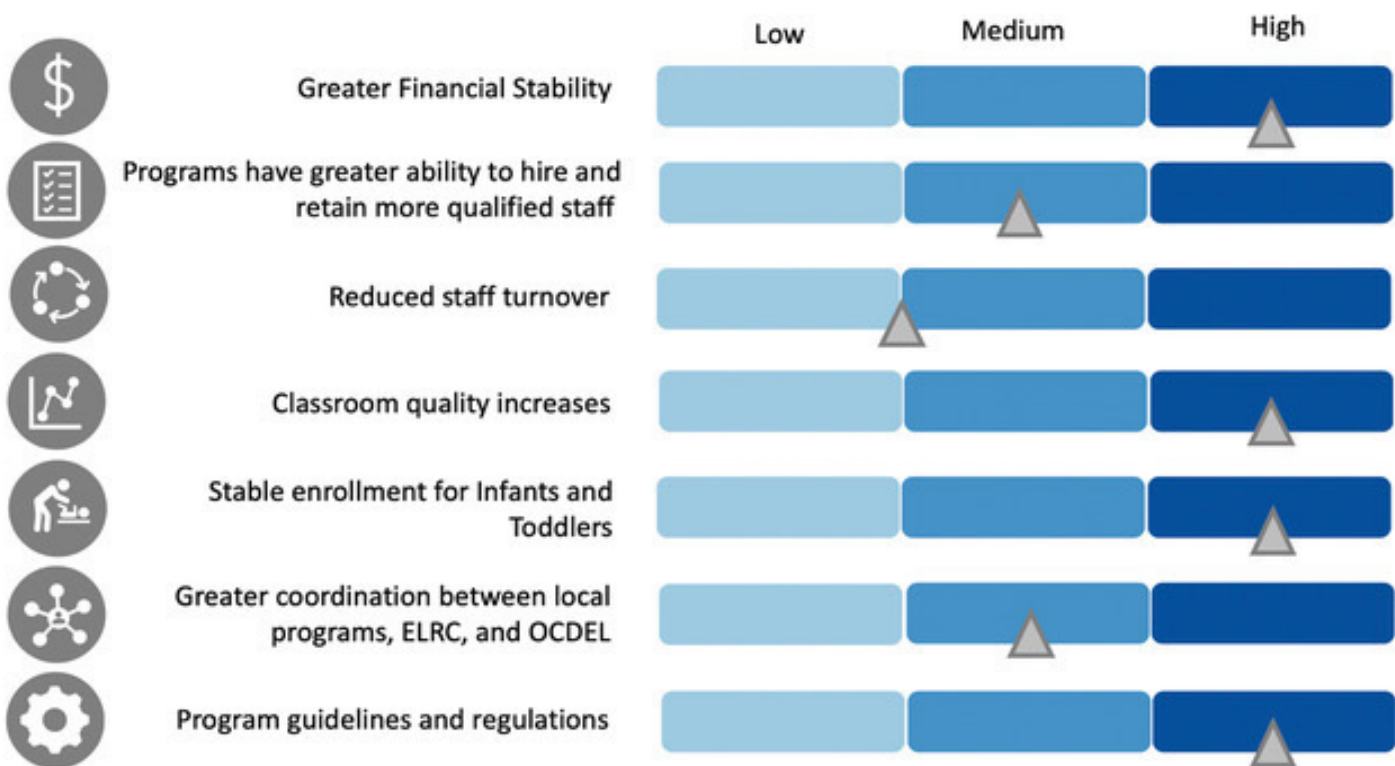


Figure 6. Level of Evidence Indicating Pilot is Achieving Intended Outcome

The program outcomes serve as indicators to monitor the pilot’s progress toward achieving its goals. In addition to input on the outcomes, the evaluation gathered feedback from stakeholders on the design of the pilot and whether they believe it is capable of achieving its intended goals. Overall, the directors of participating programs and ELRC representatives expressed a high level of satisfaction with the program and its ability to achieve its intended goals (see Figure 7). One director went as far as to say, “[t]his program has revolutionized our center.” Most directors were equally appreciative of the pilot highlighting that they feel “proud” to be a part of it and that it is “an excellent program and we are very happy participants! We hope it continues through the coming years.”

The extent to which the design of the pilot program achieves its intended goals

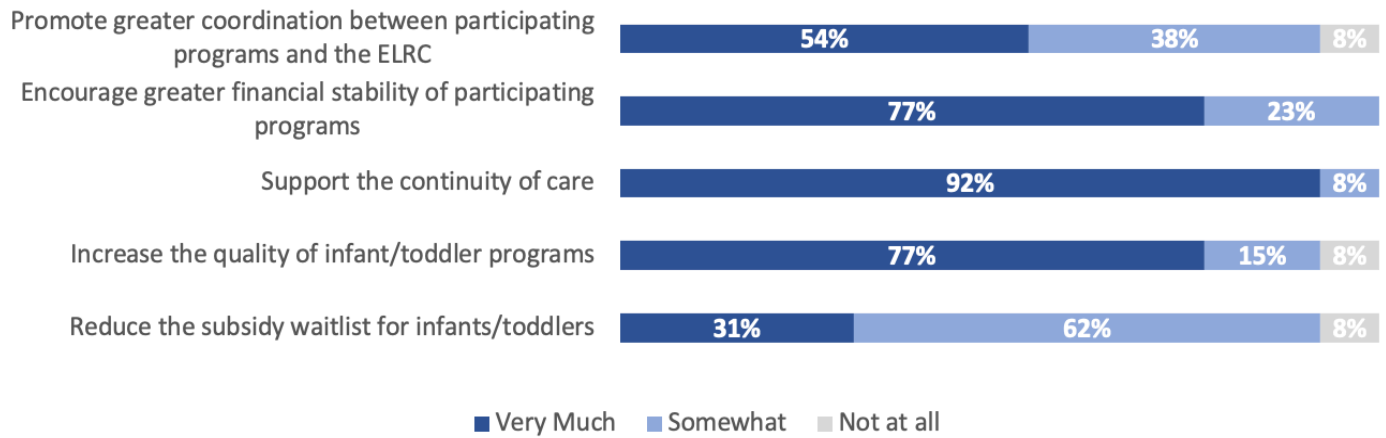


Figure 7. Stakeholder Perception of the Extent to which the Design of the Pilot Program Achieves its Intended Goals

Programs Have Greater Financial Stability

A primary intention of the pilot program is to test a new financial model for serving infants and toddlers. The already challenging business model of early care and education is even more difficult when serving infants and toddlers because of increased cost and reduced child to adult ratios. The pilot attempts to strengthen the business model by investing additional money into programs via an increased reimbursement rate, and stabilizing program revenue from month to month with a guaranteed number of contracted spaces over the course of a year. A core question for the evaluation was whether participating programs feel that they have greater financial stability as a result of participating in the program. Overall, program directors felt the pilot was successful in this respect, with 80% reporting that it very much encouraged financial stability. They also agreed the pilot helped to stabilize their budget from month to the month (see Figure 8).

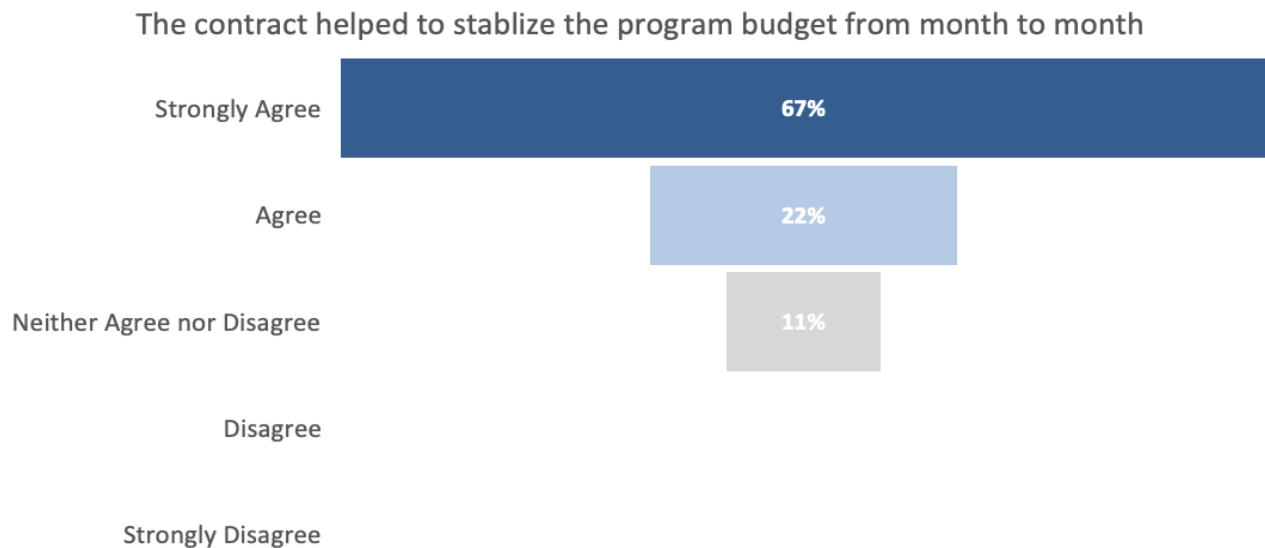


Figure 8. Pilot's Ability to Stabilize their Budget from Month to Month

Increased Reimbursement Rate

In their written feedback, directors shared that the increased reimbursement rate strengthened their budget. One director noted that they had always enrolled children receiving subsidy, however, the amount they had received in the past was insufficient to cover the true cost of their program. As a result, the program needed to find *“some way to subsidize the gap between the full cost and the reimbursement rate.”* However, the increased reimburse rate of the pilot covers full cost and they no longer need to subsidize that gap. Another director was more direct in their assessment stating, *“[w]e received a higher amount for the children than subsidy reimburses so of course that supported our program better financially!”* Other program directors shared that it provided them with more *“reliable income”* and *“more funds to use, especially for salaries, program materials, equipment, and building maintenance.”*

Although programs received more money per child, they also reported assuming additional costs as a result of participating in the program. In particular, programs reported having *“to assume more staff in order to meet the lower ratio”* required by the pilot. In addition, they shared that *“[r]atio changes increased our staff hours, assistant teachers were encouraged to pursue higher education... some completed CDA’s and some are continuing with their Associates’ degree.”* Whereas the majority of programs reported a positive impact, one program director highlighted the complexity of the pilot’s impact on the program’s budget. The director noted that the pilot *“simply changed our budget. There were winners and losers. The program loses income because if we did not participate, our ratio in toddler room 2 would be higher. We would enroll three more students than we can with the ITCS program (8 students ages 1-2 versus 11 students with the same two staff). The cost per slot is not enough to make up the difference for losing those three students from the classroom. Even though we are losing money, we are paying staff more than we used to and they have fewer students to care for.”*

Another program director also shared that the increased reimbursement rate support the budget specifically allocated to providing care to infants and toddlers, but added that *“[t]he reimbursement rate would have to increase to make it program-strengthening.”* While in normal times the change in the reimbursement may not be big enough to address larger budget concerns of a programs, some experienced a positive impact on their budget and their ability to support their staff during the closures brought on by the spread of Covid-19. Directors shared that the pilot *“is continuing to pay out it’s contracted rate to us even though our program has been shut down by the Commonwealth. This has allowed us (in conjunction with our other funding sources which are continuing to pay us) to keep our ENTIRE staff employed throughout the shutdown.”*

Multiple Funding Streams

Programs acknowledged that stable funding has to be *“a mix of many types of funding streams to make it most affordable for families and equitable for organizations.”* It is common for programs to mix children together in a classroom, regardless of funding stream and to share the value. *“All students in our Infant and Toddler program are in economically mixed classrooms no matter their funding source. We believe that all students have the right to the same high-quality care no matter their economic circumstances,”* noted a director. Combining children from multiple funding streams together means *“that all families can take advantage of the benefits of the various funding sources including small class sizes, qualified teachers, funding for great equipment, etc.”*

The evaluation asked participating programs to identify what they believe to be an ideal mix of contracted slots to slots funded by other sources (e.g. child care subsidy vouchers, private pay by families). Responses were mixed, which highlights the unique financial situation of each program. However, a majority of them identified an even 50/50 split to be ideal, with one saying the contracted slots should account for 25% and another saying 75%. One director did point

out that her reality is quite different than then ideal mix. “I think a 50/50 mix is good but ours will more realistically be 90 percent children subsidy funded and 10 percent staff or private pay.”

Hire and Retain More Qualified Staff

The design of the pilot assumed that participating programs would be able to hire and retain qualified staff as a result of the increased reimbursement rate. The evidence to support hiring qualified staff for the programs who participated in the first year of the pilot is quite strong. However, interpreting the evidence from the expansion year is a little bit more complicated.

Teacher Salary

Sixty-seven percent of directors who participated in the first year of the program reported paying teachers in pilot classrooms more as a result of receiving the increased reimbursement rate (see Figure 9). One director reported, “financially, we are able to pay a living wage with benefits to the teacher of the pilot program because of the rate we receive.” However, survey responses also demonstrate that the majority of programs were not able to provide additional benefits to their staff.

The increased reimbursement rate allowed me to...

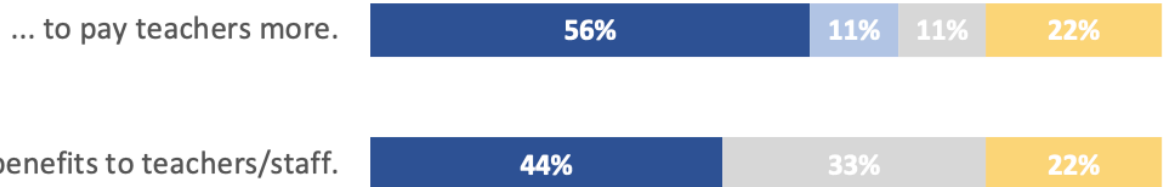


Figure 9. Use of Reimbursement Rate to Hire and Retain Staff

A review of budgets submitted as part of the RFA process showed that during the first year of the pilot, the average salary budgeted for lead teachers was just below \$30,000 a year. While this is higher than the average salary for infants and toddler teachers, directors did point out that a “major sticking point is compensation parity. Although the program is modeled somewhat on the Pre-K Counts model, there is insufficient funding to adequately compensate highly educated staff in the same way we would with our Pre-K Counts staff due to the extended program day and extended program year and the vast difference in teacher to student ratio.” Directors also acknowledged the potential push-back by policy-makers in paying higher reimbursement rate. “We know it’s expensive and could be a hard sell to lawmakers, but the payment per slot does not adequately support a high-quality program if you want staff to make a living wage and certainly not if you want them to be compensated like educators at other age levels with similar levels of education -- not for the longer program day, longer program year, and lower ratio.”

Teacher Credentials

A core component of quality early care and education is high-quality teachers. The pilot model operationalizes the need for high-quality teachers by requiring that at least one lead teacher is assigned to each pilot program classroom, and that the lead teacher will hold a Child Development Associate (CDA) credential, at minimum. During the first year of the year of the pilot, that requirement was mostly met. Of the 27 teachers working in pilot classrooms, only 3 had less than a CDA. In each case, the individual was working towards earning their CDA.

The situation for expansion is different. Of the 143 teachers currently assigned to pilot classrooms, 62 (43%) do not possess the required teaching credentials for the program. At the program level, the lack of teachers with the required qualification translates into 43% of programs with at least one teacher who does not meet the criteria.¹ OCDEL staff reported that the high number could be influenced by programs struggling to correctly input information into the online data collection system and the program closures caused the spread of Covid-19. They anticipate the number of teachers with appropriate qualification will increase as more programs update their information in OCDEL's data collection system.

Reduce Staff Turnover

A high level of teacher turnover is a persistent obstacle faced by early care and education programs in general. Sixty-seven percent of programs from the first year agreed that their participation in the pilot increased the ability to retain teachers (see Figure 10). Directors attribute much of that to the increased reimbursement rate, which one director explained “*supported a lower ratio, better equipment and supplies and more resources to provide for our children and families and in turn encouraged the likelihood that our staff will be retained. We had 2% turnover of infant and toddler teachers since last fall. That is awesome!*”

Participating in the pilot increased our ability to retain teachers.



Figure 10. Pilot Impact on Ability to Retain Teachers

It is important to note that program directors still encountered teacher turnover, albeit sometimes at lower rate. Seventy percent of programs reported that a teacher in a pilot program classroom left the program during the past year. In some cases, directors shared the reason why a staff member left their position. For example, staff left to pursue better career options. In some cases, it was outside of the early care and education field and offered better pay and benefits. In another cases, the staff member moved to the program's PA PKC classroom, which also has higher pay and benefits. Staff also left their programs for family and personal reasons. For example, one staff left for health reasons, another for reasons associated with their family and COVID-19, and another to stay at home with their own newborn. These examples demonstrate that the pilot program is not immune to the issues that confront the early care and education

¹ Programs are required to assign teachers to a participating classroom and update their credentials in both PELICAN and the PD Registry. The data used to conduct the review of teacher credentials was taken from those databases and presented in the March 2020 monthly monitoring report of the contracted slots pilot program.

field in general. As one director put it, “it’s very hard to recruit staff who want to make this field their long-term career and who are a good fit for the classroom.”

Support Classroom Quality

An overarching goal of the pilot program is to support the development of the overall quality of available child care in Pennsylvania. By all indications, the programs participating in the pilot are high-quality programs. To participate, each program must have a high-quality STAR 3 or 4 rating in Pennsylvania’s quality rating and improvement system, Keystone STARS. Also, programs have decades of experience providing care to all children, and to infants and toddlers. In addition, the pilot builds on the infrastructure programs have developed to participate in PA PKC. One director shared, “[w]e feel proud to be part of the [pilot] program. We feel that our inclusion as a program participant validates our high-quality as a program. That recognition and the benefits to our families and staff make it worth participating in the [pilot], despite the challenges.”

Taking into consideration the existing high level of quality, 90% of programs reported that being involved in the program increased the quality of their infant/toddler program. In addition to being able to increase quality by paying higher wages, directors reported that because of the increased reimbursement rate they were also able to make additional investments, like purchase quality learning materials for use in the classroom (see Table 2).

Table 2. Investments to Support Program Quality

Invest in Staff Training

“We have been able to provide additional training for staff.”

“Our assistant teachers are all pursuing their CDAs now.”

Invest in Materials and Make Repairs

“We’ve been able to fix crumbling classrooms and make essential repairs.”

“We were able to purchase new toys that are safe, as well as new rugs and furnishings that are easy to clean daily and disinfect.”

“We’ve been able to replace ripped books and buy quality toys and furniture.”

“Their child’s classroom has more budgeted funding for equipment upgrades, maintenance, learning materials, professional development, etc.”

Offer More Diverse Programming

“We’ve been able to provide music classes for the children which has been wonderful - they love it!”

Invest in Family Engagement and Support Programs

“With the extra funding we are able to provide more benefits to the parents. We’ve invested in a parent training program for our families. We also started a lending library for our families because many do not have any books at home.”

“Additional resources to provide family engagement and education opportunities for families. Program enhancements and special activities, more equipment and supplies, and lower ratios.”

The reduced child to adult ratio came with an increased cost, which in some cases offset the financial gains from the increased reimbursement rates. However, directors noted that reduced ratio had a positive impact on the quality of their programming by encouraging high-quality interactions between children and their caregivers. Because of the low ratio, “*children are constantly in small group settings so they receive personal attention from the same caregivers - they have bonded extremely well.*” The ratio also benefits staff because “*staff stress and burnout are decreased by lowering their ratios.*”

Participating in the pilot program also had unintended, yet positive, impacts on the overall environment of their program. One director reported that because of their participation in the pilot they “*hired an additional teacher to provide paperwork time to ensure plenty of planning for lesson plans to meet each child’s individual needs.*” Participation also reduced staff stress in other ways. For example, staff no longer “*have to chase participants for co-pays*” which requires substantial time and can result in uncomfortable conversation with families. One director shared that having the contract meant they felt less stress because of a student absence. “[*W*]*e aren’t worried about a child’s funding being withdrawn if they have a legitimate excused absence of greater than five days.*”

CLASS Scores

During the first year of the pilot program, all participating classrooms were observed using the CLASS assessment tool.² The primary purpose of the CLASS observation was to provide feedback to participating programs for their internal continuous quality improvement, and to identify factors that contribute to or inhibit the successful implementation of the pilot. In general, observed classrooms demonstrated a high level of quality in interactions between teachers and children and managing children and achieved an average score higher than the STAR 3 threshold score set by the Keystone STARS Standards. The one area identified by the observation tool for additional support is how teachers promote cognitive and language development.³ The CLASS assessor met with the programs after the observation to share with them feedback from the assessment. The majority of program directors agreed that the assessment accurately reflected their program, and the feedback it provided was useful in helping them to strengthen their infant and toddler program (see Figure 11).

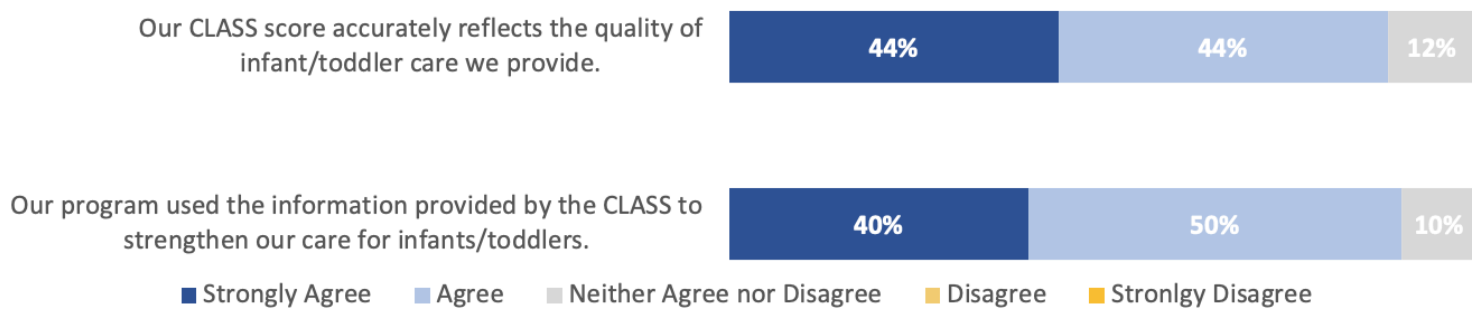


Figure 11. Usefulness of CLASS Assessment

² A second round of CLASS assessments for programs participating in the expansion of the pilot could not be administered because of the COVID-19.

³ Additional information on the first round of CLASS assessment is found in the [Infant and Toddler Contracted Slots Pilot Evaluation: Interim Report](#).

Connections to Services

The second year of the program will focus on better connecting programs to services that benefit them. However, the evaluation did ask what types of infant/toddler resources program used. While different types of resources were accessed (see Table 3), those resources were utilized by only a few of programs (see Figure 12).

Table 3. Resources Accessed by Participating Programs

Program Support	Number of Programs
Infant/Toddler Mental Health	3
Support for infants/toddlers with special needs	3
Infant/toddler specific professional development and/or coaching	4
Network of infant toddler specialists to provide technical assistance	1
We did not access any of these support	3

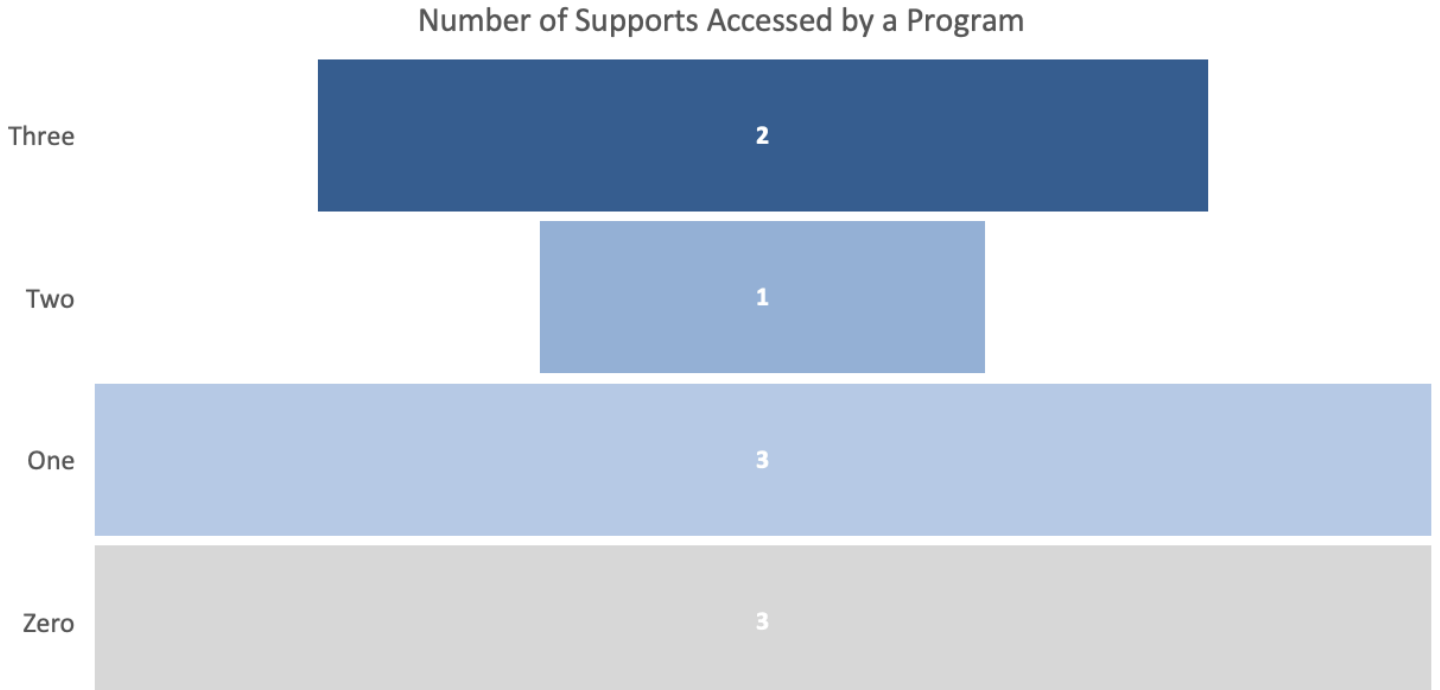


Figure 12. Number of Supports Accessed by Participating Programs

Stable Enrollment of Infants and Toddlers

Programs participating in the first year of the pilot enrolled 110 children. In many cases children who enrolled in the pilot were already accessing child care subsidy at the program and the funding stream associated with their subsidy was switched to the pilot. A year after the original enrollment, 67 of those children remain in the program. In cases when a child continues to attend publicly funded early care and education programs, OCDEL is able to track their transition. A review of OCDEL records found that 3 children transitioned into a PA PKC classroom and 17 left the pilot but continued to access child care subsidy. The evaluation was not able to identify why children left the pilot.

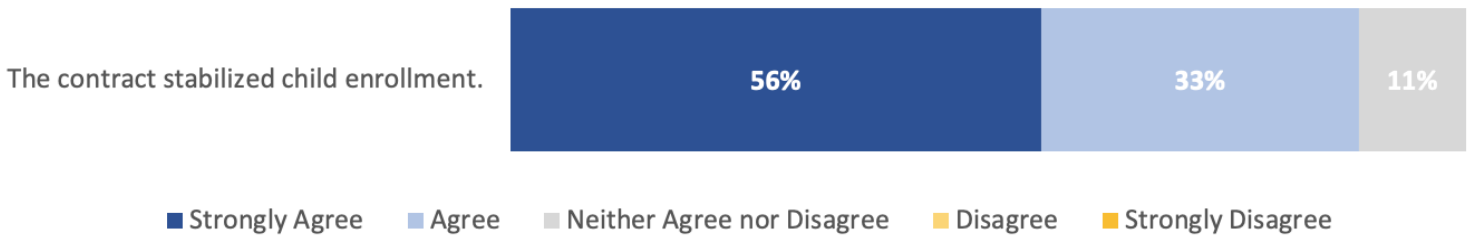


Figure 13. Pilot Impact on Children Enrollment

Eighty-nine percent of program directors agreed that the contract stabilized child enrollment in their pilot classrooms (see Figure 13). Although a third of children left the pilot program during the first year, programs did not report difficulty in finding a new child to enroll.

While the process of enrolling children during the first year of the pilot was easy, program directors and ELRC representatives reported the process to be more difficult when enrolling children at the start of the expansion year (see Figure 14).

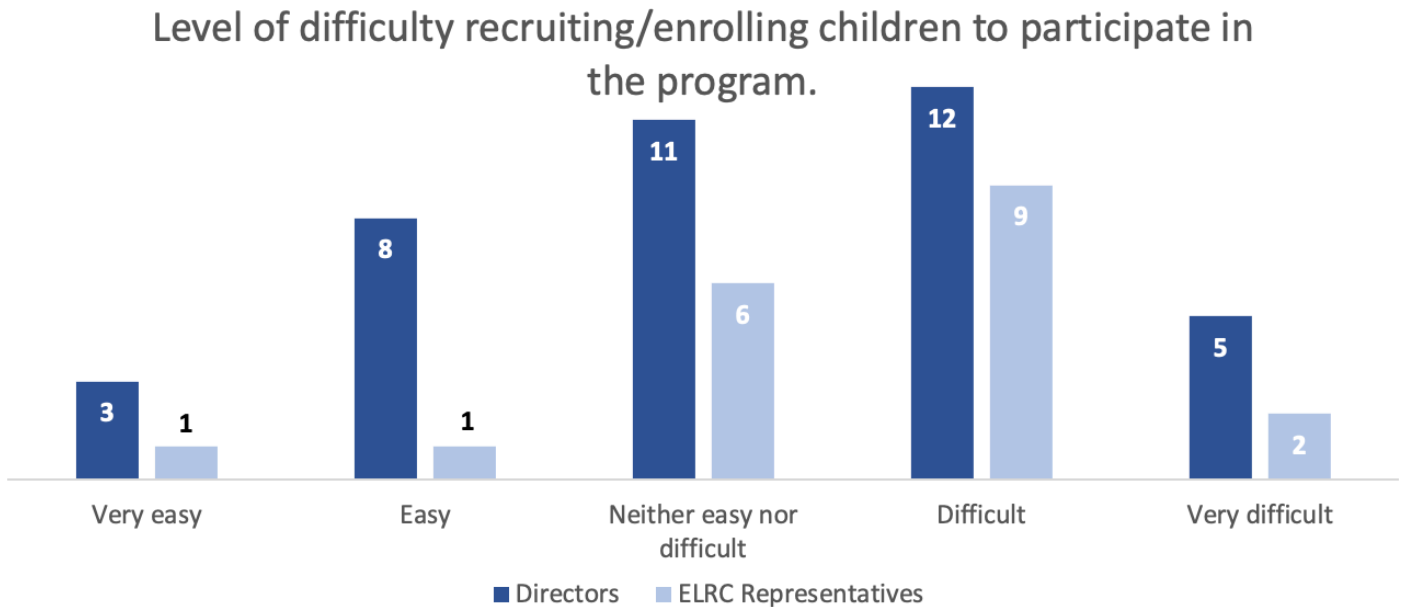


Figure 14. Level of Difficulty Recruiting/Enrolling Children for Expansion

Obstacles to Enrollment

As of March 2020, 72% of the 929 funded slots for the expansion year of the pilot were enrolled. Expansion programs identified a number of obstacles to enrolling children. Most notably was the mandated closures brought on by the spread of Covid-19. Programs began to enroll children in February of 2020 and most of them had not completed enrollment prior to the closures that occurred in late March 2020. While 70% of programs were able to enroll at least two-thirds of their awarded slots by March, 17% of programs reported enrolling less than 30% of their awarded slots.

Expansion programs also identified similar obstacles to enrolling children as the programs who participated in the first year of the pilot. In addition to family apprehension to enroll their children in a new program, program directors reported turning away children who did not meet the eligibility criteria. For example, director reported not enrolling a child if they would turn three shortly after enrolling in the program or “*met PreK Counts guidelines, however, were over income for the ELRC requirements.*”

The most substantial area of confusion expressed by program directors was that families accessing child care subsidy through the Temporary Assistance for Needy Families (TANF) program are not eligible to use Infant-Toddler Contracted Slots funding. Pennsylvanian families can access child care subsidy by meeting any of the criteria highlighted in Table 4. The funding streams for each of these is separate. While children who access subsidy via TANF could not participate in the pilot because they would be accessing two separate funding streams, programs could submit a policy exception request to OCDEL to waive the rule for Former TANF. OCDEL reviewed each policy exception and did allow Former TANF children to be enrolled into ITCS in some cases.

Table 4. Child Care Works Eligibility Criteria

Low-income	Gross annual income falls within the eligibility guidelines for entry into the program. Entry is currently limited to working families earning up to 200 percent of FPL. Once qualified, a family remains eligible until annual income exceeds 235 percent of FPL.
TANF	Parents receive Temporary Assistance for Needy Families (TANF) and participate in approved employment and training programs.
Former TANF	Working parents transitioned from TANF during the past 183 days.

Program directors noted that they “*were unaware TANF and former TANF families would not be eligible, which impacted our enrollment.*” They also shared that families were “*interested in the program and we had ‘sold’ them on the many benefits it would offer their children only to have to tell them they weren’t going to be accepted.*” Director feedback highlights that they do not know how a family accesses child care subsidy. That information is private to the family. Although ELRC representatives have access to that information, program directors do not. Consequently, families they believed were eligible to enroll did not qualify.

It is clear that the rule caused quite a bit of confusion and frustration among director and ELRC representatives. In response to that confusion and frustration the evaluation asked, what is the potential impact of the rule on centers’

ability to enroll children? To answer that question the evaluation looked at subsidy enrollment by the subsidy funding type for all children enrolled at participating in March 2020. Children participating in the pilot were not included in the analysis since they would be receiving subsidy through the low-income funding stream. Slightly under half of participating programs, 44%, served children accessing subsidy via TANF or Former TANF. Of the 65 programs who report serving infants and toddlers outside of the pilot program, 43% did not have any children enrolled who are accessing subsidy through the TANF or Former TANF funding streams. This suggests that the majority of participating programs are not greatly impacted by the rule because most of their enrolled children access subsidy via the low-income funding stream.

Although the issue of TANF and Former TANF children being ineligible does not appear to impact many of the programs, the impact is significant for those who are impacted. Programs that serve TANF and Former TANF infants and toddlers tend to serve more than one. For example, for 71% of programs who serve TANF and former TANF children, those children make-up at least a third of their children accessing subsidy. In a program with many children accessing TANF and Former TANF, participating programs returned some of their awarded slots because they assumed children to be eligible, but then realized they were not eligible, which limited the number of eligible children to enroll.

Continuity of Care

The intention of the pilot program was to encourage the development of a publicly funded system of care that extends from infant and toddlers to pre-kindergarten, and eventually to kindergarten. Policy guidelines for the pilot stipulate that providers must develop a transition plan for children aging out of the pilot. Both the ELRC and the provider must coordinate with families no later than 6 months prior to the child's third birthday to inform families of prekindergarten options, eligibility procedures, and the process for transitioning from this program to those programs, subsidy, or private pay options in cases where family is longer income eligible for state funding.

There is little data to help understand the extent to which the programs are supporting children and families to transition since only one year has gone by and a limited of number children have been the appropriate age to enter pre-kindergarten. In addition, expansion programs have not yet put transition plans in place since they are predominantly focused on enrollment. Of the first cohort of program who reported that child transition into a PA PKC program, most shared that the transition process was smooth and they were able to effectively support families. One director noted that *"the biggest challenge is when the child will not make the pre-kindergarten cut off but needs to move out."* That is to say, the child turns three prior to the time they are able to enroll in PA PKC classrooms. Is that child able to stay in the pilot program even though they have technically aged-out and would their CCW eligibility be redetermined and when? Ultimately, the decision was made to allow those children remain in the pilot until they could transition into PA PKC. OCDEL staff noted that they faced many *"what-if scenarios,"* but tried to focus on concrete examples when they arrived. Policy statements in response to those concrete examples were updated in the Policy, Guidance, and Clarifications document. As the program matures and more children are at the age to transition, there will be more information available about how the pilot program connects to PA PKC and establishes the continuum of care.

Greater Coordination Between Local Programs and ELRC; and ELRC and OCDEL

To support implementation, the Implementation Team established a communication protocol that helped support coordination of the pilot. A more thorough explanation of the process is found in the capacity building section of this

report. An outcome of that process is that many program directors from the first and second cohort expressed that they “*always were able to get help and support*” from OCDEL or their contact person at the ELRC. For example, directors and ELRC representatives reported that they were consistently communicating and troubleshooting with each other to address the concerns and questions about the contracting process. Both groups also reported a similar dynamic while recruiting children and determining their eligibility. Most directors reported that they were thankful for the support of the ELRC and that they had strengthened their communication and rapport with them, and developed solid relationships with them.

Participating programs are required to input child enrollment information into OCDEL’s database, the Early Learning Network (ELN). During the first months of participating in the program, this information is used to monitor program enrollment. While OCDEL staff are able to access the information in the ELN, ELRC representatives do not have access to the same information. In their feedback, ELRC representatives requested access to ELN so that their staff could “*look in ELN with the providers to see what they see*” and better monitor enrollment and more easily coordinate with OCDEL. Currently, OCDEL is not able to address their concern and grant them access. ELRC representatives must request enrollment information from providers, and then verify it with the report generated by OCDEL and then shared with the participating ELRCs.

As with many new programs, participants are eager to learn about program details and communicating the many nuances of the programs can be difficult. This was particularly true with the RFA and contracting processes. In response to feedback from the initial RFA process, OCDEL offered a series of webinars to prospective programs explaining the program processes and guidelines. Feedback from program directors demonstrates that a high percentage felt that the webinars were helpful but may not have addressed all of their specific questions (see Figure 15).

Because the pilot program combines different systems (e.g. PA PKC, CCW, ELRC) it must build the necessary capacity of stakeholders to effectively coordinate between the two systems. Administering the RFA process demonstrated that OCDEL, the PA Key, and the ELRCs are coordinating effectively. At times during these processes, individuals needed to interact with systems that are unfamiliar to them. For example, funding for the pilot comes from the federal Child Care Development Fund (CCDF), which establishes specific guidelines for how the funds can and cannot be used. Since

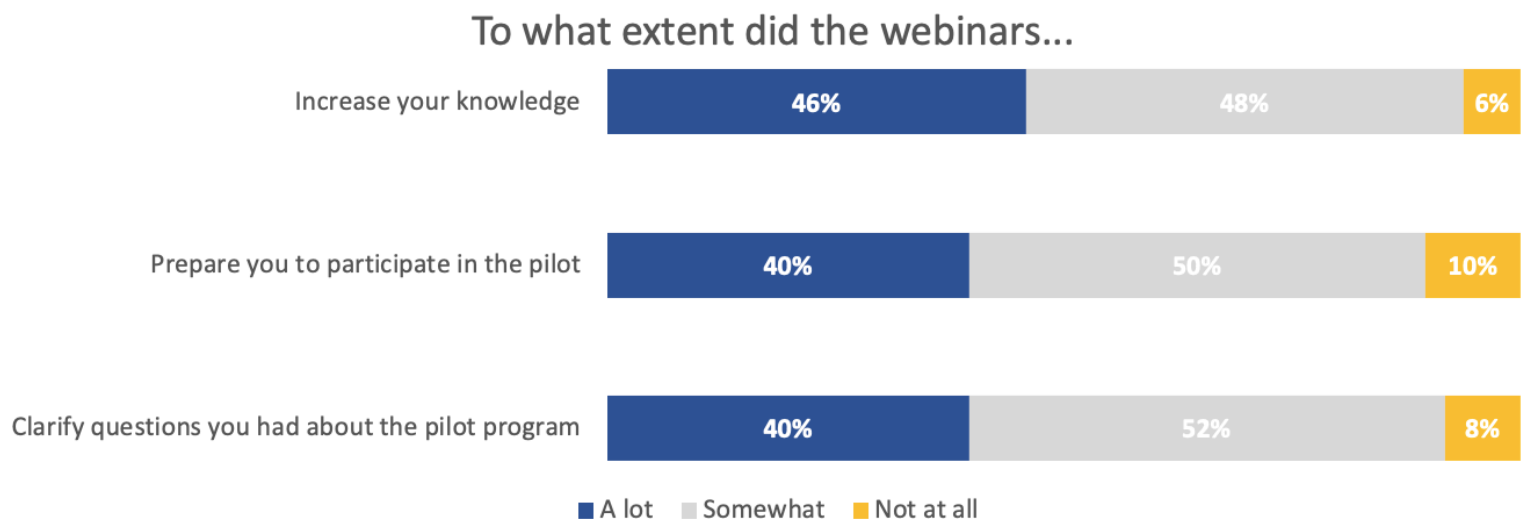


Figure 15. Program Director Satisfaction with Webinars

the pilot builds on the PA PKC foundation, meshing the two systems together was at times difficult. Individuals and organizations with PA PKC experience did not always have sufficient knowledge of the CCDF budget requirements, which differ from the budget requirements of PA PKC. In addition, CCDF funds cannot address all capacity building needs of participating programs. These needs are best addressed by Keystone STARS and other technical assistance programs.

Knowledge of specific implementation infrastructure varies at the local level. The ELRC structure is new in that it combines the administration of child care subsidy and early care and education supports. In most cases, the business partners that currently manage the ELRC previously managed one aspect of the new combined system, but not both. Consequently, OCDEL staff reported that each ELRC has a different level of experience with the different systems of the program. As the program expands and a greater focus is given to connecting programs to infant and toddler supports, OCDEL will need to identify ways to quickly build each ELRC’s capacity to work with multiple systems. For example, *“If providers request assistance with children who have special needs or behavior issues, [infant and early childhood mental health] assistance may be needed through the PA Key.”*

Program Guidelines and Regulations

Over the course of the first two years of the pilot, OCDEL developed and refined a [Policies, Guidance, and Clarifications](#) document for the pilot. It outlines the policy statements and subsequent clarifications for general program operation, child eligibility, enrollment and attendance, staffing, class ratios and size, collaboration with agencies that provide services to young children, communicating with families, and transitions for children aging out of the pilot. The multiple iterations of the document were archived and used by the evaluation team to track policy changes that occurred during the first year of the pilot. In general, Directors viewed the document to be helpful and easy to use (see Figure 16). During the development of the document OCDEL noted that many policy concerns are unique to a program’s situation. OCDEL is not able to provide pre-emptive guidance for all foreseeable situations. Instead, the document outlines a process for programs to request policy exceptions, or waivers to specific policies, that conflict with their specific situation.

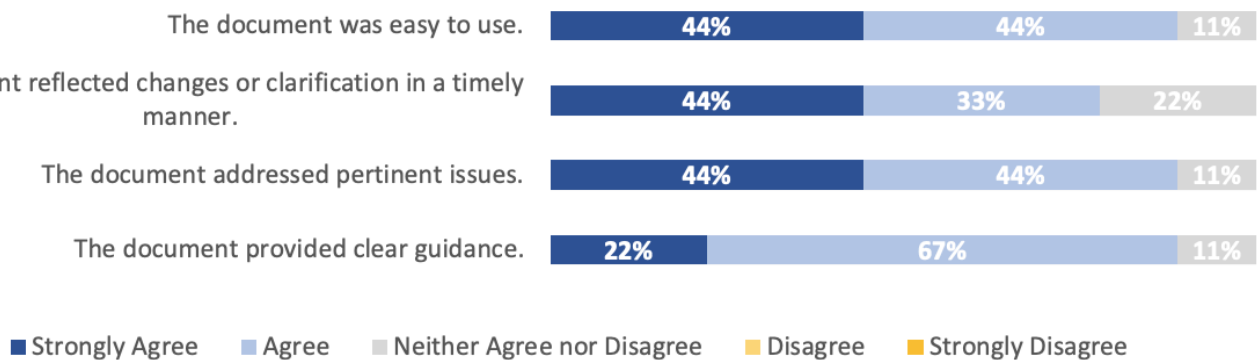


Figure 16. Usefulness of Policies, Guidance, and Clarifications Document

Conclusion

There is ample evidence to indicate that the pilot will continue to achieve its intended outcomes. From its initial inception in 2018 to the state-wide scale up in 2020, OCDEL has built the necessary infrastructure for effective implementation. An important element of that infrastructure is OCDEL's willingness to work with its stakeholders, and solicit their feedback to adapt the pilot when needed. More important to the success of the pilot are the changes made to the pilot based on the feedback they received. The changes are indicators of the pilot's ability to rapidly adjust essential components and infrastructure to support implementation.

Much of the infrastructure that was developed to support implementation during the first year supported the capacity of the OCDEL and the ELRCs to implement the pilot. Mechanisms to deliver and monitor funds and enroll children were developed, and key policies and guidelines were clarified. Less priority was given to the installation of capacities at the participating program level to implement the pilot. An assumption of the pilot was that programs would have a sufficient amount of capacity to start serving children because of their participation in PA PKC. To a large extent the assumption held true. However, OCDEL did identify cases when it did not. In those cases, the Implementation Team developed additional training webinars for programs. During the upcoming year, OCDEL will need to continue to devote additional resources to support the monitoring of programs and directly respond to their needs, and the addition of the infant and toddler specialist will be a corner stone of the strategy. Although the specialist will be able to develop program specific knowledge, many supportive services for programs and families are local. The specialist will need to connect programs to those services. In doing so, they will also play an important role in identifying how the multiple systems and support can be further coordinated to support implementation.

The recommendations that follow offer concrete steps OCDEL can take to further strengthen the implementation of the pilot at all levels and its ability to achieve the intended outcomes.

Program Needs and Scope of Services:

- Examine the needs of participating programs, what supports currently exist in the program, and further connect pilot programs to components of the quality improvement system and initiatives designed to focus specifically on supporting high quality infant and toddler care.
- Ensure that the infant and toddler specialist is strongly connected to and in consistent communication with the supports offered through state-level partners and the local ELRC.

Contracting Process:

Further standardize the contracting process to make it universal across the commonwealth with shared language and payment schedules.

Further Stabilize Program Budget:

Consider expanding the length of the contract to further stabilize program budget (e.g. 3-5 years). The contracting process could be combined with provision to modify contractual terms annually based on assessments of needs of families, the supply of child care, and the cost of providing care.

Standardize the Monitoring Enrollment Process:

Consider establishing a protocol for consistently reporting to ELRC representatives child enrollments to support their capacity to monitor and support programs.

Target Slots Based on Need:

- Currently, if a program cannot use all of the slots awarded in the contract, they are not re-allocated to other programs participating in the pilot. Instead, the funding is removed from the pilot and returned and used as vouchers. Over time, this may consistently reduce the number of children served by the pilot. Instead, it would benefit the pilot to develop a mechanism to redistribute slots throughout the region and continue to target them to areas with most the demand and need.
- Continue to develop policies, procedures and guidelines that ensure pilot slots stay focused on infants and toddlers in the areas of greatest need.

Birth to Pre-K Continuum:

Track the transition of students to monitor if they successfully transition into PA PKC or other high-quality pre-kindergarten programs.

Qualified Staff:

Continue to monitor staffing credentials and assess if there is sufficient capacity of qualified teachers throughout the commonwealth to staff the pilot program.

Monitoring:

- Programs interact with multiple monitoring and support systems (e.g. PA PKC, Keystone STARS, ERLC). The addition of the infant and toddler specialists to work directly with participating programs is a crucial addition to the pilot's infrastructure. It adds an additional monitoring and support system for programs. Strategize way to clarify monitoring roles and streamline the process to reduce burden on programs.
- Ensure a coordinated approach to monitoring that includes quality coaches, certification representatives, and others.
- Explore other models of monitoring and support, including virtual, to best meet the needs of programs.

Layering Funding:

Programs identified a need to have diverse and layered funding. Use cost modeling to explore the appropriate mix of funding streams for a program, including contracted slots.

Program Impact on Families:

Incorporate the perspectives of participating families into the continuous improvement of the pilot by directly gathering input on their experiences and satisfaction with the program.

Support the Capacity of Programs to respond to the Pandemic:

Anticipate additional health and safety supports needed in response to spread of Covid-19.