**D3:** *Capitalizing on CCDBG Reauthorization to Understand How CCDF Policies and Implementation Decisions Affect Children, Families, and Providers*
Thursday, February 8, 2018
10:15 a.m. – 11:30 a.m. | *Richmond*

## 1. Descriptive Information

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| **D3:** *Capitalizing on CCDBG Reauthorization to Understand How CCDF Policies and Implementation Decisions Affect Children, Families, and Providers*<br><br>The CCDBG Act of 2014 requires states to make numerous changes that impact children, families, and providers in a variety of ways. This session highlights approaches three states have taken to understand impacts of certain changes in the CCDBG Act. First, Georgia will discuss research the state is conducting to better understand changes in supply and demand of family childcare and differences between providers who are licensed and those with a licensing exemption. Second, Massachusetts will present a conceptual model addressing how the CCDBG Act may impact access to high-quality subsidized care. Finally, Oregon will offer a model of support to increase the number of licensed exempt, home-based providers. Discussion will include reflections on policy alignment, additional research questions, and appropriate methods so that states can make the most of this opportunity to generate new evidence on the effectiveness of subsidy policies. | **Facilitator**<br>　**Bridget Hatfield**, Oregon State University and **Bentley Ponder**, Georgia Department of Early Care and Learning<br><br>**Panelists**<br>　**Bentley Ponder** and **Randy Hudgins**, Georgia Department of Early Care and Learning \| *Understanding Different Components of Access: New Research Focused on Family Child Care and Exemptions.*<br>　**Kate Giapponi Schneider**, Brandeis University \| *Promoting Stability for Families and Providers: Evaluating the New 12-Month Minimum Authorization Requirement under the CCDBG Act of 2014*<br>　**Bridget E. Hatfield**, Oregon State University \| *Identifying Ways to Increase Success for Regulated Subsidy Providers: The Role of a Navigator*<br><br>**Discussant**<br>　**Monica Rohacek**, Urban Institute<br><br>**Scribe**<br>　**Chandra Curtis**, ICF |

## 2. Documents Available on Website (Please list any electronic documents or web links used during the session.)

- Understanding Different Components of Access: New Georgia Research Focused on Family Child Care Learning Homes and Exemptions
- Promoting Stability for Families and Providers: Evaluating the New 12-Month Minimum Authorization Requirement Under the CCDBG Act of 2014
- [Identifying Ways to Increase Success for Regulated Subsidy Providers: The Role of the Navigator](#)

## 3. Brief Summary of Presentations

- **Summary of Presentation/Panelist #1: Bently Ponder**.  He pointed out that three colleagues from Georgia were present and that participants can ask them questions.
  - A summary of DECAL, its responsibilities and affiliated departments.
  - We have strong administrative support because of all of these programs.
  - Economic impact chart—shows percentage of children served by age. We have a lot of research from Pre-K and we've been able to take that research and apply it to other aspects.

- o   Measuring access—two pieces; one related to child care, the other related to licensing exempt.

- **Summary of Presentation/Panelist #2: Randy Hudgins**: Georgia Child Care Closure Analysis—access and closures in state.
  - o   Looking at where closures are happening. Initial process—strong admin capacity—lots of programs within the agency which gives us strong licensing data.
  - o   Internal review of licensing supply—they haven't looked at demand. How are we losing access to quality care?
  - o   Our analysis—licensed child care is decreasing.  Approximately 22%, mostly in Family Child Care (FCC). Net loss child care centers seem to be gaining facilities—but it's misleading.
  - o   Just a huge increase in providers applying, but misleading.
  - o   Exemption analysis, partnered with Child Trends—gather data about basic health and safety standards compared to our licensed programs. 9-10 percent of licensed-exempt programs in this study. 38 basic health and safety practices. 12 of 38 practices on criminal back ground checks and transportation policies/procedures.
  - o   Limitations—doesn't describe all exemptions—just gives us a good baseline of a small sample of programs. Gives us a strong foundation to work from and we were able to develop a tool from this exploratory research.
  - o   We only looked at center-based exempt programs (camps, etc.).

- **Summary of Presentation/Panelist #3: Kate Giapponi Schneider**; Massachusetts implementing the CCDBG authorization policy.
  - o   We identified a policy change to construct to evaluate and constructed and tested pre-measures for our future evaluation study. Change around subsidy stability policy. Also looking at reducing administrative burden on families—only reporting the 85% threshold. . Under this grant, we'll only be studying the effects of this policy change on family subsidy stability, provider subsidized enrollment stability and child care arrangement stability.
  - o   Data sample, January 2012-June 2015 (excluded homeless children—small representation in state).
  - o   Massachusetts is one of the top five states with the most expensive child care in the country—it's important to maintain subsidy stability in Massachusetts. Turnover rate vs. return rate (number of children returning to the same provider year after year). Turnover mostly happened in June. Return mostly happened in August and September
  - o   Key design components.
  - o   Mixed Methods Evaluation Implementation study.
    - ▪   Question: You said the child welfare population is transient. What did you mean by that?
    - ▪   Response: It's transient—they move throughout the year to different homes and placement.
    - ▪   Question: Contracts and vouchers for income eligible families?
    - ▪   Response: In Massachusetts, different caseloads are served through different subsidy mechanisms. Our income eligible families are served through vouchers and contracted slots.  The policy changes would affect all subsidy families regardless of subsidy mechanism.

- **Summary of Presentation/Panelist #4: Bridget Hatfield:**
  - o   Oregon—RS providers licensed exempt. This year is Oregon's implementation year for new CCDBG requirements. Want to understand home-based providers more.
  - o   Prior to implementation 2016, 70% of subsidized children were served by home-based providers (HBCC).
  - o   Two different licensed exempt providers in Oregon—licensed exempt relative and regulated subsidy. The family has to choose the non-relative care in order to be included in the licensing process.
  - o   DHS goes through the approval process—provider receives notice and moves forward in process.
  - o   Two sources of data; CCR&R survey and Workgroup.
  - o   There are thirteen hubs/CCR&R office throughout the state. They are receiving a lot of e-mails and office drop-ins from providers. Most common topics were noted. CCR&R experiences were also captured—understanding the steps, rules and regulations to become RS providers.
  - o   They identified five barriers preventing providers from becoming RS—for example cost and home inspection.

- o FCC Breakthrough Group meets once a month. Used this group to develop four professional development models.
- o These data let to a Navigator model—hope to implement it to formalize (like a job application). Developing an online resource for providers.
- o CCR&R support model.
    - Question: At what point does a provider become certified?
    - Response: can serve up to 16 children and be a certified family child care home. We also have a registered family child care home that serves up to 10 children. Requirements for licensing vary between these two groups. But the population for this study are licensed exempt providers caring for children how are not related to them—what we can regulated subsidy providers.
    - Question: What is the exemption for providers?
    - Response: They were caring for children related to them. They have to be monitored if they are an RS provider.
    - Question: You mentioned a job quest (application), can you speak more about it?
    - Response: It's still under construction—finding the best track for the provider.

## 4. Brief Summary of Discussion

- Monica's Reflections:
    - o All intentional research/evidence is happening across states. I enjoyed hearing about these three projects and found it interesting.
    - o Implementing CCDBG—becoming subsidy and provider friendly. States building evidence based of what works and doesn't work for children and families.
    - o Reporting on changes the state is making—all illustrate different levels of constraints when implementing this system.
    - o Coming up with innovative ways to bridge that knowledge gap. Unpacking complex constructs.

- Questions and Answers:
    - o Question: What are the policies we want to address and how can evidence based research help in addressing that?
    - o Response: In terms of understanding providers receiving CCDBG funds, how to implement that—process standpoint—good policy piece. The exemption piece in Georgia has been a political piece. This gives us concrete data to discuss how to answer that question. Our licensed exempt providers had a better than expected percentage of meeting standards, but we can improve. We used this opportunity as a "clean up" of our strategies for our licensing. Many did not decline to participate—we were allowed to review multipole exemptions. The data collectors for that project were former licensing professionals.
    - o Question: Talk a little more in working with CCDDF lead agent in state to address.
    - o Response: Child level subsidy levels—how to construct subsidy stability measures. Still grappling with decisions—wanting to have measure within our state. Data—come in on a monthly basis—only a one month break. Debate over Child level vs family level outcomes—ongoing work. Provider case load stability levels—unchartered waters, went through a couple iterations of it. Looked at children returning to providers. Other decision—provider characteristics; discreet, designed statistics for children--state level decision. Having meaningful connection with staff.
    - o Question: Tell us about methods you used to implement the survey with R&R's.
    - o Response: The way we went about it was a set of questions for our team (working with DHS), we made sure that the survey (anonymous) was in a Friday letter, on December 7th (no end date), in 4 days, we had 12 people complete it and they gave a richness of answers.
    - o Response: That means the survey was easy to fill out and of interest to providers.
    - o Question: I love what you did for LE programs. Have you thought about it from the FCC perspective?
    - o Response: Great question. How do we track it if they're not filling out the application?
    - o Question: Have any of you collected data to describe who these providers are (education, demographically)?

- Response: In Oregon, our RS's mostly speak the language. Most of OR is very rural—deal with multi-language. For GA we had a sufficient response rate. Mostly focused on infant/toddlers. Faith based programs can apply for multiple exemptions, private schools use other exemptions. It's hard to know what the % of exemptions are in Georgia. There's a special exemption online program and e-mail blast to exempt programs to get additional information. Most programs were happy for us to see what they were doing. In Massachusetts— very small population of exempt programs in the state—high bar—a lot to go through for small subsidy rate. In Georgia, exemptions comes up every year; exempt population says we're fine; licensed population says it's not fair. You hear people are warehousing children—gives us a starting point for discussing. We're adding five positions in licensing—role is visiting 100% of exempt programs to make sure that what they say on paper is matching up, visually. Health & safety piece—receiving CCDBG vs just monitoring piece around exemptions. Do we want to look at exemption details now that we have this information (i.e. day camp)? Our staff do not know how to access this (i.e. is the child in the batting cage safe?)—very complex question.

5. **Summary of Key issues raised** (facilitators are encouraged to spend the last 3-5 minutes of sessions summarizing the key issues raised during the session; bullets below are prompts for capturing the kinds of issues we're looking for)
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