

Contract #33321

Agency Name: Child Care Services Association

RTT/ELC Activity Name: Part-Day I/T Program in Transformation Zone

RTT/ELC Project #: 6.3.4

For GRADS reporting:

Goal – 110 part-day slots for IT in 4-5 star ELD programs in the Transformation Zone will be available by January 2015

Actual –74 part-day slots for IT were available in 4-5 star ELD programs in the Transformation Zone in January 2015; 22 additional part-day slots for IT were available in 4-5 star ELD programs in the Transformation Zone in March 2015 for a total of 96 part-day slots. During 2016, **Beaufort County continued NCB1 with 76 part-day slots in five sites.**

Project Description

NC Babies First was a new part-day infant-toddler program designed to offer high quality early learning experiences to positively impact the developmental trajectory for 110 infants and one-year-olds at risk for developmental delays as a result of environmental and/or biological factors including poverty, family stress, health care or other special needs related to disability. Part-day services were offered so that more children would benefit from high quality early learning experiences. In response to the needs of eligible families, a double-slot option was approved. Also in response to the needs of families, limited support for transportation was approved. NC Babies First was offered in 4 and 5 star programs in the Transformation Zone Counties (Beaufort, Bertie, Chowan, and Hyde) approved through an application process as meeting NC Babies First Program Requirements, including:

- Lead teacher with at least a two-year degree in ECE/Child Development OR a related degree plus a NC Infant Toddler Care Certificate (or equivalent)
- Small groups with consistent staffing, one teacher per 4 children
- Approved infant-toddler curriculum
- Developmental screening and assessment
- Family engagement

An Infant Toddler Program Specialist provided on-site technical assistance support for start-up and continuous quality improvement activities and conducted ongoing quality assurance monitoring of each NC Babies First site. NCB1 services were approved to continue in Beaufort County through November 2016.

Successes

- Administrators and teachers at sites that were “ready” to engage with the specialist worked very hard to meet NCB1 standards and requirements by increasing their knowledge and implementing new practices to support infant and toddler early learning.
- From August 2013 through December 2015, NCB1 provided high quality early infant and toddler care for 109 individual children in 13 NCB1 classrooms in the Transformation Zone. Average age at enrollment was 8.14 months. When surveyed, 60% of families responding reported that NCB1 services had allowed them to work or attend school.
- NCB1 Start-up grants were often used to improve many outdoor learning environments (OLE) for infants and toddlers. Notably, two sites used a portion of the start-up funds to improve the OLE in conjunction with

plans created with support of the Natural Learning Initiative (NLI) at NC State University. Another site was able to add an OLE adjacent to the classroom eliminating the need to transport infants and toddlers across the parking lot for outdoor play.

- All NCB1 sites are implementing the Creative Curriculum (CC) for Infants, Toddlers, and Twos and Creative Curriculum GOLD (CCGOLD) in their NCB1 classrooms as a result of the TA support and funds received. Three sites are implementing CC and CCGOLD with all infants and toddlers enrolled impacting an additional 39 infant and toddler slots.
- Two NCB1 sites participated in the RtT-ELC Infant Toddler Expansion Activity in order to achieve 4- or 5-Star licensing status and then applied for participation in NCB1. The administration and teachers of these programs showed both a willingness and ability to provide higher quality care throughout the expansion grant process which made the transition to NCB1 seamless.
- Families at NCB1 sites benefitted from increased opportunities for family engagement and were supported in multiple ways to become involved in their child's early learning. For example, one mother stated that she could not come out to the site to visit due to transportation and other child care issues. Once the program learned of this dilemma, the teacher began sending home Creative Curriculum Learning Games that the mother could try with all of her young children. The parent began sending letters back to the teachers stating how much she enjoyed 'playing with' her children.
- **Throughout NCB1 each classroom received technical support from the ITS. The classrooms were evaluated using ITERS-r every six months and in November 2016. The average score for classrooms that had been in the project for more than one year at the November assessment was 5.45. The average for the two classrooms that had been in NCB1 for only a year was lower but still higher than the pre-project average of 4.41.**
- **At all sites almost 50% of the NCB1 funded children were able to remain in care after the project ended. Payment for care ranged from new subsidy money that was available, grandparents paying the costs, to parents, now having completed their education, able to pay for care. In one site, families collaborated and worked out a way for two children to share one space so the cost was not so great on each family. While the two children are not able to attend full time, they are benefiting from some access to quality.**

Challenges

- The pace at which various county teams (leadership, implementation) progressed in their work was a challenge and impacted support for implementation of this activity.
- Recruitment of families was not supported by other T-Zone activities and left primarily to the NCB1 approved sites and the Infant Toddler Specialist.
- Many interested and eligible families required transportation support to participate. Once funding was approved for this purpose, only a few sites took this on. In one county, the only approved NCB1 site (and in a remote location) was not willing to consider being a transportation provider. This NCB1 classroom was ultimately closed due to lack of enrollment.
- Lack of highly qualified infant toddler teachers in some areas created challenges for sites to meet and maintain NCB1 requirements for staff.
- **Sites that had more time with intensive TA provided higher quality care. With the end of the project and withdrawal of intensive TA to continue to support programs, their capacity to maintain quality is uncertain.**

- **While parents and site administrators desired NCB1 or a similar high quality project to continue, there was not community or funding support for that to happen.**

Lessons Learned

- Families with high needs need full-day support for their infants and toddlers. Part-day was too challenging to manage for most families in these rural counties. This approach was also challenging for sites that were required to meet very high program standards without any guarantee that all NCB1 slots would be filled.
- Families that do not qualify for subsidy have few, if any, choices for quality programs for their infants and toddlers in these rural counties. Families in rural poor communities need transportation to be able to access resources and services.
- Sites that demonstrate support for continuous improvement and high quality infant toddler care will struggle when enrollment is down and their community is economically challenged. A program's financial stability is essential for maintaining high quality slots for infants and toddlers.
- Regular monitoring (both formal and informal) of classroom quality may be key to moving beyond "quality for a day" to create a culture of continuous improvement.
- Even when teachers' level of experience, education and dedication is high ongoing TA support is required to support implementation of a comprehensive developmental assessment system and aligned infant-toddler curriculum. Teachers reported that getting to know the TA provider over time made it easier to ask questions and implement new strategies.
- Other important variables key to infant-toddler teacher effectiveness are administrator support, low ratios, continuity of care policies and paid teacher planning time. Administrators that understand infant-toddler development and essential policies and practices related to high quality infant-toddler group care are better able to support their teachers.
- **Programs want to provide higher quality care. Two site administrators worked hard to continue NCB1 or a like program in the community. Families also asked for the project to continue and expand to include two year olds.**

Recommendations

- Implement subsidy contracts (as recommended in the CCDF plan) for sites meeting higher quality standards, such as those for NCB1, to ensure that high quality slots are available for infants and toddlers with high needs in rural counties. Include funding to support transportation costs.
- Support the financial stability of sites achieving and maintaining high quality infant and toddler care such as additional increases to subsidy rates for 5-star infant and one year old care and increased funding support for compensation supplements specifically targeting infant and toddler lead teachers with degrees.
- Support TA models that provide ongoing coaching to both teachers and administrators in sites that demonstrate a commitment to continuous quality improvement.
- Provide financial incentives to site administrators for completion of CEUs conducted by the Infant Toddler Quality Enhancement Project on infant-toddler content and for supporting their teachers to attend.
- Consider strategies at the state level to support expansion of EHS-Child Care Partnerships in rural counties where these opportunities do not currently exist for families with high needs. Strategies may include applying to become a federal grantee or using state funds to implement and support a North Carolina program (such as NCB1).

NCB1 Stories

The first story is about the power of early intervention and a mother's determination to give her infant and toddler a great start in NCB1. The second story is about the possibilities for impacting families through engagement in their child's program.

- One mother of 4 children sought out the NCB1 program for her two youngest children. She was not able to work due to her mental health. Her oldest child was attending school and receiving SSI benefits. Another was enrolled in a local Title 1 pre-k program, and she had two children under the age of 18 months. The parent chose to pay the site for transportation from the very limited funds that she had to send her two youngest to NCB1. (NCB1 added transportation for families soon after their enrollment and the family did not have to continue to pay.) At enrollment, both children had very low ASQ-3 scores, and the older toddler had an IFSP. After 6 months in NCB1, both children's ASQ-3 scores had improved. The youngest child did not qualify for EI services when assessed after being in the NCB1 program for about 7 months.
- Two mothers began spending more and more time in their NCB1 child's classrooms volunteering. Upon seeing this interest, the mothers were encouraged to apply to work at the site and became employed. One parent had been laid off from her position at a gas station and the other was seeking employment. As of December 2015 one of these mothers is enrolled at the local community college seeking an early childhood associate degree and is still employed at the NCB1 site. Her child has just turned 3 years old and is still enrolled at the center.