Public Policy Associates

# Case Study Report

## EXPERIENCES OF INFANT/TODDLER QUALITY IMPROVEMENT PILOT PROVIDERS

Dirk Zuschlag, Ph.D., and Veronica Worthington

Public Policy Associates

# Contents




The research team conducted site visits to eight providers enrolled in the Infant/Toddler Quality Improvement (ITQI) Pilot to interview key staff and collect parent surveys. This pilot provided funding to providers to expand infant/toddler state-subsidized slots, in conjunction with Michigan's Child Development and Care (CDC) Scholarship program. The pilot, overseen by the Early Childhood Investment Corporation (ECIC) for the State, began in December 2023 and concluded in September 2024. A total of 196 providers were part of the pilot.

The case studies provide an understanding of the provider experiences with the pilot, beyond administrative data. However, the experiences shared in the case studies may not be representative of all the pilot providers' experiences. Providers are not named in this report for confidentiality reasons.[1]

## CASE STUDY PROVIDERS OVERVIEW[2]

### PROVIDER TYPE

**5** CENTERS | **3** GROUP HOMES

### STAFF SIZES

**4-43**

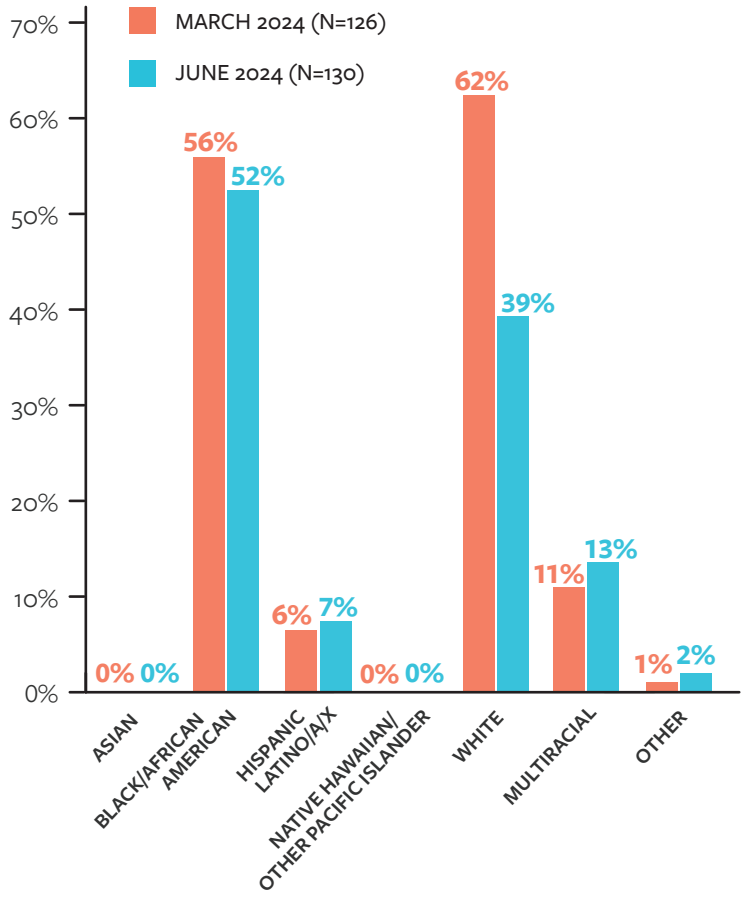
### CDC SCHOLARSHIP INFANT/TODDLER ENROLLMENT

**102** PRE-PILOT | **130** JUNE 2024

### FAMILIES ON INFANT/TODDLER WAITLIST

**23** ACROSS PROVIDERS, JUNE 2024

### RACE/ETHNICITY OF INFANTS AND TODDLERS WITH CDC SCHOLARSHIPS




1 Providers participating in the case studies received an individual report summarizing their interview results, parent survey results (as available), and journey through the pilot.

2 To protect child confidentiality, numbers less than 5 are not reported by category. Instead, they are grouped under "other," which includes individuals identifying as American Indian, Native American, or Alaska Native and Middle Eastern or North African. In some cases, providers reported that children fell into more than one category but did not select "multiracial."

# APPLICATION EXPERIENCE

## Provider motivations to apply

By applying for the pilot, the case study providers sought to expand and improve the quality and continuity of their infant/toddler care, often to meet a perceived need in the community. Achieving this goal required the retention or hiring of dedicated, qualified staff and the enhancement of facilities and working conditions. In every case except one, which depended on a leadership team, the individual in the owner or director position personally led each provider's pilot application.

## Perceptions of the application process

Each provider found the application process took a reasonable amount of effort (roughly one to two hours by those giving estimates), describing it as easy and straightforward. Providers were commonly concerned with understanding the application requirements and ensuring complete and accurate submissions. Although a few found certain items unclear or had specific questions, timely, helpful guidance was available from the ECIC.

## Infant/toddler quality and expansion slot preparations

Providers' preparations included learning more about grant obligations and allowable funding uses. Most attended or accessed ECIC webinars, "office hours," and other information, which were seen as informative. Several noted ECIC staff's responsiveness to email and telephone inquiries. Providers also focused in the startup stage on forming detailed plans for infant/toddler staffing and compensation; changes to facility space utilization; and needed materials, equipment, and supply purchases. Providers varied in which leaders participated in staff and facilities decisions, but they consistently obtained input from staff — typically their infant/toddler lead teachers — on tangible purchases. Two providers' preparations began late since they were added to the pilot after the initial grant awards. Several providers could not get facilities improvements done as quickly as hoped.

# IMPLEMENTATION EXPERIENCE

## Funding Uses

### Most popular uses

Providers could, and often did, use funds for multiple allowable costs. Provider staff stated in the interviews how funds were used, and the research team also consulted monthly reports to ECIC. The most common uses among these providers were infant/toddler materials, infant/toddler staff, wage increases, and staff bonuses.

### Decisions about funding use

Providers in the case studies uniformly prioritized three main funding uses essential to plans for successful, sustainable expansion: staffing, compensation, and upgraded age-appropriate materials. All shared the primary goal — and challenge — of achieving adequate and stable staffing levels. Teachers benefited from improved working conditions, including changes to facilities and new materials. Providers saw these environmental changes as allowing them to better provide quality infant/toddler care.

The approaches to funding use varied due to differences in providers' existing resources, contexts, and leadership knowledge and practice. For example, providers emphasized new hiring and staff retention as necessary for meeting staff-to-children ratios. Bonuses and wage increases were used to make positions more attractive as well as support commitment, morale, and job satisfaction. They also

saw enhancement of staff performance and increased qualifications as crucial to maximizing quality. Similarly, having spaces for new infants and toddlers meant investments in upgrading facilities. While all providers invested in new materials, equipment, and supplies, expenditures varied by the level and condition of existing items, teacher input, and expected expansion.

> ***"... because I know that it's [funding] only going to be here for a certain length of time, I didn't want to open up doors that I couldn't keep open ... I was ... very intentional how I spent these dollars, ... but I wanted to benefit them [staff]."***
>
> –Owner-Director

## Providers' Experiences with Pilot Processes

Providers did not have significant difficulties with the pilot payment and reporting processes. Monthly reporting usually occurred smoothly with reasonable time and effort, according to the providers. However, providers found the required quarterly reporting substantially more onerous, time-consuming, and even stressful (it had many more questions). There were some instances of delayed or inconsistently timed grant payments, and some providers experienced confusion or uncertainty around the reporting (e.g., multiple text numbers requesting monthly reports, text-based versus online reporting). Providers exercised caution when it came to spending and complying with pilot requirements. Overall, the administrative burden of the pilot processes was seen as fair by the providers, especially compared to the benefits of pilot participation, and to some providers' experience with other state programs, such as the CDC Scholarship and food assistance programs.

## Slot Expansion and Enrollment

### Strategies used to fill new slots

Providers used a variety of methods to fill infant/toddler slots. Those who had waitlists had an advantage in finding families. As is typical, all the providers also relied heavily on word of mouth for referrals, usually initiated by staff and enrolled families, as well as social media (Facebook) posts. Several added other new forms of promotion; for example, one ran radio ads, another relied in part on being top-listed in search engines when parents looked for nontraditional-hours care, and a third moved to a new location in a neighborhood with young families with more traffic and better signage. One provider was able to receive ECIC-arranged professional marketing assistance.

### Challenges with filling slots

Without changing their normal processes for filling infant/toddler slots, providers did not initially experience difficulties in filling slots. However, this required providers to have appropriate facility space and materials, as well as adequate staffing. Most of the providers in the case studies drew on their waitlists and usual recruitment strategies. Several of these providers encountered difficulties later in the pilot, including staffing challenges, seasonal fluctuations in family need, matching slot availability with family needs, and community unawareness of new or expanded provider availability.

### Assistance needed and received to help fill slots

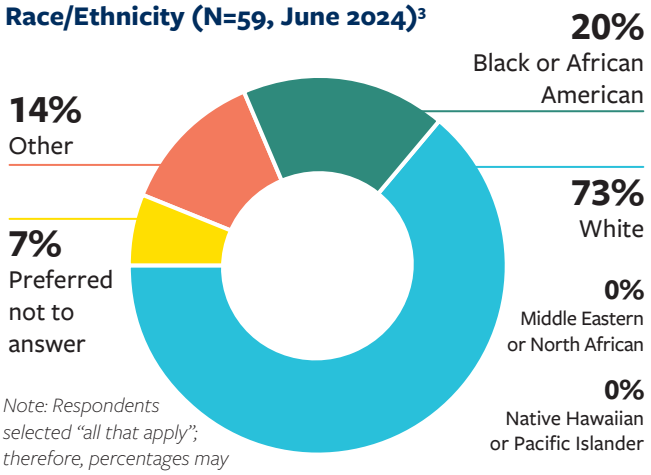
Overall, the providers felt no need for assistance with filling slots, although some of them struggled to meet their slot commitment. For those with challenges, as noted above, they contended with mainly staffing instability, facility-related issues, and external factors. Providers did appreciate the timely and helpful responses from ECIC, such as individualized assistance with pilot processes. The Great Start to Quality (GSQ) Resource Centers were not a source that the providers turned to for help with the expansion slots.

# PARENT EXPERIENCES WITH INFANT/TODDLER CARE

Parents who had an infant or toddler enrolled with the providers were asked to complete a brief survey in the week leading up to the case study site visit. Parents with and without a CDC Scholarship were eligible to complete the survey. The number of responses varied across providers, in part based on the number of families enrolled. For two of the providers, the research team did not receive parent surveys.

Sixty-one parents with infants or toddlers responded to the survey. A response rate could not be calculated because the total number of infant/toddler parents at each site was unknown to the research team. Most parents (64%) took the survey on paper rather than online.

**Figure 1. Parent Respondent Race/Ethnicity (N=59, June 2024)[3]**




*Note: Respondents selected "all that apply"; therefore, percentages may total more than 100%.*

**Figure 2. Youngest Child Age (N=61)**

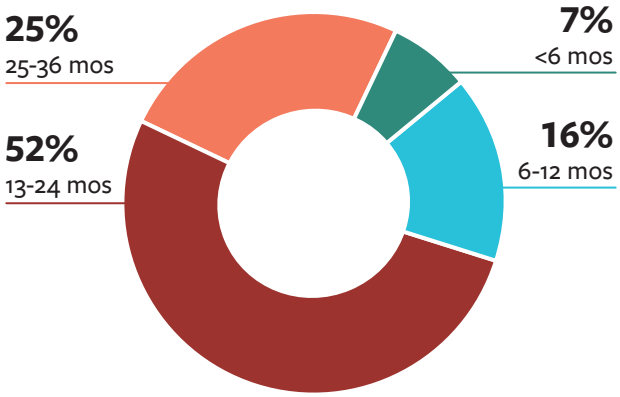



**Figure 3. Length of Time Youngest Child with Provider (N = 61)**

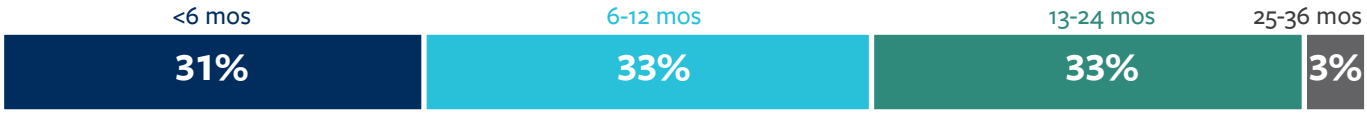



**Figure 4. How Found infant/toddler Opening (N = 61)**

- Another provider: 3%
- Online search[4]: 28%
- Friend/family: 37%
- GSQ Resource Center: 0%
- Advertisement: 4%
- Other: 28%

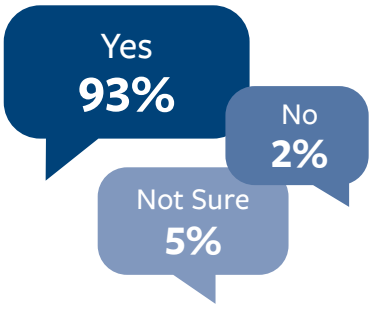
**Figure 5. Child Care Decision (N = 61)**

**84%** I absolutely made the right choice of infant/toddler child care.

**15%** I made a good choice of infant/toddler child care with the options I had.

**1%** I made a good choice of infant/toddler child care, but now my situation has changed.

**Figure 6. Plan to Stay with Current Provider (N = 60)**




3 To protect parent confidentiality, numbers less than 5 are not reported by category. Instead, they are grouped under "Other," which includes individuals identifying as American Indian, Native American, or Alaska Native, Asian or Asian American, Hispanic or Latino/a/x, and Multiracial or biracial.

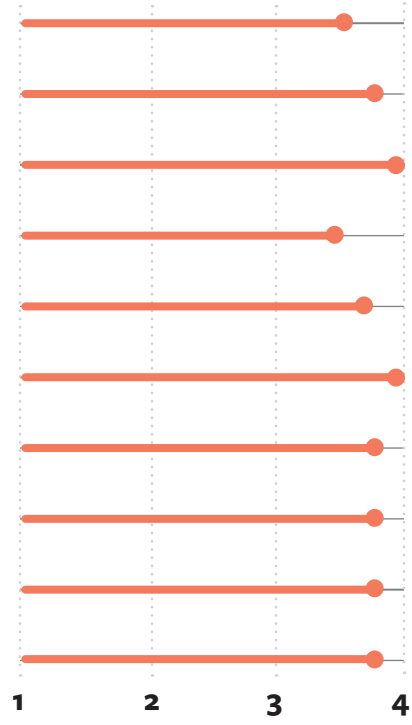
4 Online sources include websites and social media. Specific sites or platforms were not requested.

For the survey items in Table 1, parents assigned a rating from 1 to 4, with 4 being "strongly agree." The table gives the average rating by item. Two providers did not have parent responses, and not all infant/toddler parents responded to the survey at a provider. Given the small sample, these results are not representative of all parents' experiences.

Overall, parents were very satisfied with their infant/toddler care experiences, with scores averaging 3.5 to 3.9 for all statements — a positive result across the providers with responding parents. However, parents indicated that they had some difficulty with finding an infant/toddler opening and affording child care (average scores of 3.5 each). These are systemic issues for Michigan's child care market.

**Table 1. Parent Ratings of Infant/Toddler Care Experiences (N=61, 6 providers)**

| Survey Statement | Average Level of Agreement |
|---|---|
| *4.0 is the highest rating:* | 1 2 3 4 |
| It was easy for me to find an opening for my infant/toddler. (N= 59) | |
| I easily decided that this provider could satisfy my need for infant/toddler child care. | |
| I can easily follow this provider's rules about drop-off and pick-up, payment, care schedule, and sick children. | |
| I can afford this provider without stressing about making payments. (N=60) | |
| This provider's treatment of all families is fair. | |
| It is easy to communicate with this provider, and I can easily understand this provider's communications to me. | |
| The caregivers for my infant/toddler seem well trained, educated, and experienced. | |
| This provider meets my expectations for quality infant/toddler child care. | |
| My interactions with this provider's staff have been positive and helpful to me. | |
| At this provider, the staff's interactions with my child have been positive and nurturing. | |
| | 1 2 3 4 |



## Provider Plans for After the Pilot

> ***"You're benefiting the employees and staff … the building and the quality and the atmosphere … [with the pilot] … It's all positive and it's encouraging … When you have a positive atmosphere, then you have positive employees, and … it has a ripple effect …"***
>
> –Lead Infant Teacher

At the time of the site visits, there were several more months to go before the end of the pilot. However, providers were thinking ahead and aspired to continue filling (and keep filled) existing open and new infant/toddler slots. Although several providers had or intended to more formally plan for the end of the pilot, all foresaw a downward adjustment to staff compensation, even as they sought to maintain staffing, with limited wage increases or other benefits being continued like professional development over pre-pilot levels whenever possible. Providers expected to continue to reap benefits from the pilot-funded material purchases and facility improvements, and some saw potential opportunities for self-sustaining or increased revenue (e.g., strong local demand, available space, and staff capacity). All of the providers intended to be on the lookout for other funding opportunities, such as state or local grants.

## Learning and Recommendations

The case studies point to several considerations for future efforts to expand slots for infants and toddlers and other children:

- ECIC's systematic planning and monitoring during the pilot prevented undue administrative burden on the providers (e.g., targeted monthly reporting using text messages, prompt answers to questions).
- Providers best positioned to most quickly add slots were those with staff stability and engagement, particularly in leadership and teaching positions; flexible facility space; and ready family contacts (e.g., waitlists). However, others could expand slots with supports like technical assistance (e.g., marketing), staff compensation boosts, and improved working conditions.
- Prioritizing investments in staff-supported retention and incentivized performance is important. Even with other resources, successful slot expansion and accessibility cannot occur without sufficient staffing.
- Qualified staff, along with facility and material investments, have immediate and longer-term value for increasing quality infant/toddler care.

A separate evaluation, conducted for ECIC, provides additional insights into the strategies and outcomes of the ITQI Pilot.

*This project is supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award (Award #: 90YE0300) totaling $370,381 with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACF/HHS, or the U.S. Government. For more information, please visit the ACF website, Administrative and National Policy Requirements.*

# APPENDIX: METHODOLOGY

## PROVIDER SELECTION

### Criteria

Public Policy Associates (PPA) identified a purposive sample of providers by license type, infant/toddler enrollment, expected increase in slots, geographic region, and urbanicity. The geographic range was limited to a two-hour drive from PPA's Lansing office.

### Role of ECIC in provider selection

ECIC collaboratively identified providers from PPA's sample for initial and follow-up outreach that fell into two groups: struggling with implementation and succeeding with implementation. When some of the initial sample of providers did not agree to participate, PPA and ECIC identified additional providers that fit the criteria.

### Outreach to providers

Providers were initially invited to participate by ECIC using an email prepared by PPA. Providers opted into the case studies. PPA directly arranged site visits with providers by email and telephone. PPA confirmed the site visits, providing materials (informed consent form, family survey flyer and paper copy) and other case study information. Providers identified the appropriate staff to speak to about the pilot.

## SITE VISITS

Provider staff members and leaders participated in interviews exploring their pilot program experiences and perceptions surrounding application and implementation processes, available supports, and the value of infant/toddler subsidized slots. Staff interviews included the provider owner or director/assistant director, infant/toddler lead or assistant teachers, and administrative staff responsible for reporting.

Two researchers conducted interviews in person at the provider locations between June and July 2024. Depending on availability and engagement with the pilot program, two to five staff members were interviewed at each site, totaling 28 interviews. Each visit lasted around three hours. (One interview was conducted over the phone after the site visit.) Participating provider organizations received a $250 gift card, and individual interviewees received a $50 gift card, in appreciation of their time and insights.

**Table 2. Provider Characteristics and Interviewee Roles**

| | | | | Number Interviewed | | | |
|---|---|---|---|---|---|---|---|
| Provider ID | Licensed Capacity Range | Grant Amount Range | Location Type | Director/ Assistant Director | Lead Teacher | Teacher/ Assistant Teacher | Administrative Support |
| A | 100+ | $300,000-$400,000 | Urban | 2 | 1 | 1 | 1 |
| B | 51-100 | $100,000-$200,000 | Rural | 2 | 2 | 0 | 0 |
| C | 100+ | $300,000-$400,000 | Urban | 2 | 1 | 1 | 0 |
| D | 1-50 | <$100,000 | Rural | 2 | 1 | 0 | 0 |
| E | 1-50 | <$100,000 | Urban | 1 | 1 | 1 | 0 |
| F | 1-50 | $100,000-$200,000 | Urban | 1 | 2 | 0 | 0 |
| G | 1-50 | $100,000-$200,000 | Urban | 1 | 0 | 1 | 0 |
| H | 51-100 | $300,000-$400,000 | Urban | 1 | 2 | 0 | 1 |
| | | | | **12** | **10** | **4** | **2** |

There were some differences between the data sources for funding uses. This could be due to staff understanding of spending categories or memory errors during interviews, or data-entry errors at reporting. In Table 3, the use counts from both sources are shown.

**Table 3. Use of ITQI Funding Among Providers**

| | Providers in Case Studies | | Pilot Overall (N = 196) |
|---|---|---|---|
| **Source** | **Interview** | **Report** | **Report** |
| Allowable Uses | | | |
| Infant/toddler materials | 8 | 7 | 183 |
| Infant/toddler staffing | 7 | - | - |
| Wage increases | 6 | 8 | 94 |
| Staff bonuses | 6 | 6 | 130 |
| Professional development | 4 | - | - |
| Staff benefits | 3 | 4 | 156 |
| Facility improvements | 2 | 7 | 153 |
| Copays for families | 2 | 4 | 129 |

### Analytical approach

The research team cleaned interview transcripts and created a common labeling structure. Transcripts were loaded into Dedoose (a qualitative data analysis software). To ensure reliability, the researchers "normed" the coding structure by assigning codes to the same interview transcript, analyzing the consistency between coders, and adjusting codes until the coding matched. The team also created and normed a separate coding scheme for individual provider journey maps. Coding was reviewed to identify themes.

## PARENT SURVEY

### Outreach process

Each provider was asked to share a short survey with all their enrolled infant/toddler families. PPA supplied a flyer with a QR code link to the survey online, printable version of the survey and text and email messages. Most providers shared the online version (administered through Survey Monkey) via newsletters and flyers, but only parents from three providers gave responses online. Most families completed the survey on paper, typically during drop-off or pick-up times; providers collected these. Providers experienced varying degrees of difficulty in obtaining responses from families. Paper surveys were collected on-site or mailed to PPA's office by the providers.

## Purpose and topics of survey

The brief survey asked parents to rate their experiences finding infant/toddler care, child care cost, satisfaction with their provider, and other related items. The survey took five minutes or less to complete.

The total number of infant/toddler families at each provider was unknown to the research team, so response rates were not calculated. However, using the total number of enrolled infant/toddler families with a CDC Scholarship and the total number of surveys received, the response was 62%. Respondents from each provider were entered in a random drawing among all survey respondents for one of 20 $50 gift cards from PPA.

## Analytical approach

PPA obtained 61 total responses from across six providers.

The research team ran descriptive analyses for each survey question using Excel. The survey results, due to the relatively small number, may not be generalizable. Additionally, the survey did not explore differences between families with and without a CDC scholarship.

**Table 4. Parent Survey Response by Provider**

| Provider ID | Responses |
|---|---|
| A | 18 |
| B | 5 |
| C | 26 |
| D | 8 |
| E | 2 |
| F | 0 |
| G | 2 |
| H | 0 |
| **Total** | **61** |