



REPORT OF THE BUILD INFANT- TODDLER TASK FORCE: RECOMMENDATIONS TO PROMOTE INFANT AND TODDLER DEVELOPMENT



**Establishing an Integrated and Coordinated System for
Infants, Toddlers, and Their Families in Pennsylvania**

February 2006

Pennsylvania BUILD Initiative
Pennsylvania Department of Public Welfare
Office of Child Development
521 Health & Welfare Building
Harrisburg, PA

About BUILD and Pennsylvania BUILD

The Build Initiative is designed to help states build a coordinated system of programs, policies, and services that: responds to the needs of families, carefully uses public and private resources, and effectively prepares young children for a successful future. To learn more about the national Build initiative, visit <http://www.buildinitiative.org>.

Pennsylvania is one of five states selected to participate in this national initiative. To learn more about Pennsylvania Build, contact Carla Thompson, carthomps@state.pa.us, or Cathy Carretti, ccarretti@state.pa.us, at the Pennsylvania Department of Education, Office of Policy, 333 Market Street, Harrisburg PA 17126, or visit http://www.pde.state.pa.us/early_childhood/cwp/view.asp?Q=104772&A=179. Examples of previous Pennsylvania BUILD reports have included:

- Cross-Sector Early Childhood Professional Development in Selected States;
- Building an Early Childhood Education & Care Professional Development System: Where Are We? What Are the Next Steps?;
- Report of the Build Subsidized Child Care Rate Policy Task Force; and
- The Cost Savings to Special Education from Pre-Schooling in Pennsylvania.

This BUILD report, “Report of the BUILD Infant-Toddler Task Force: Recommendations to Promote Infant and Toddler Development,” could not have been completed without the advice of the BUILD Infant-Toddler Task Force. Members include:

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EXECUTIVE SUMMARY

In the summer of 2005, Pennsylvania BUILD commenced a process to develop recommendations for a statewide strategy to promote infant and toddler development. A needs assessment was conducted using a variety of methodologies, which included:

- review of best practices in other states and research information,
- feedback from a group of infant-toddler experts in Pennsylvania,
- feedback from three regional focus groups, and
- a gap analysis based on evaluation of current programs serving infants, toddlers, and their families in Pennsylvania against needs.

Based on these analyses, the BUILD Infant-Toddler Task Force developed a total of ten priority recommendations to guide efforts over the next two years. The recommendations are as follows:

1. Focus Area 1: Improve Socioemotional Health Outcomes - There is increasing evidence that addressing infant mental health (e.g. socioemotional development) should be a priority when serving at-risk young children and their families.¹

Recommendations:

- 1.1 *Develop leadership within the Department of Public Welfare to spearhead socioemotional health needs.*
- 1.2 *Coordinate increased communication regarding the importance of socioemotional health in state programs that serve families with infants and toddlers.*
- 1.3 *Establish training programs for infant mental health, targeting adult-serving systems and state programs that serve families with infants and toddlers.*

2. Focus Area 2 – Improve Access to and Use of High Quality Early Learning Programs for Families with Infants and Toddlers – Scientific research demonstrates that early childhood interventions can improve the lives of participating children and families.²

Recommendations:

- 2.1 *Complete and distribute early learning standards for infants and toddlers.*

¹ Shonkoff J., and Phillips, D. (Eds.) (2000). National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.

² Karoly, L.A., Kilburn, M.R. & Cannon, J.S. (2005). Early Childhood Interventions: Proven Results, Future Promise. Pittsburgh, PA: RAND Corporation.

2.2 Increase professional preparation options and access to supports to specialize to work with all infants and toddlers.

2.3 Increase access to effective programs for families with infants and toddlers.

2.4 Assure efforts to identify infants and toddlers at risk for developmental delays.

3. Focus Area 3: Improve Support for Effective Parenting – Parents are the first and most important teachers of young children.

Recommendations:

3.1 Increase access to information that supports parenting and child development.

3.2 Increase use of family-friendly practices in business.

3.3 Increase awareness of family support programs to help at-risk families with infants and toddlers.

Table of Contents

About BUILD and Pennsylvania BUILD	2
EXECUTIVE SUMMARY	5
I. INTRODUCTION	8
A. Why Pennsylvania Needs a Statewide Infant-Toddler Strategic Plan	8
B. Summary of Goals of the Statewide Infant-Toddler Strategic Plan.....	10
1. Focus Area 1: Improve Socioemotional Health Outcomes.....	11
2. Focus Area 2 – Improve Access to and Use of High Quality Early Learning Programs for Families with Infants and Toddlers.....	11
3. Focus Area 3: Improve Support for Effective Parenting	12
II. THE PENNSYLVANIA STATEWIDE INFANT-TODDLER STRATEGIC PLAN: RECOMMENDED TWO-YEAR PRIORITIES	13
APPENDIX A	18
Public Services for Infants, Toddlers, and Their Families in Pennsylvania	18
Health and Mental Health Services.....	18
Early Learning Services.....	20
Family Support Services	21
APPENDIX B	23
The Methodology Used to Develop the Infant-Toddler Strategic Plan	23
APPENDIX C	24
Feedback from Regional Meetings	24

I. INTRODUCTION

In the summer of 2005, the Pennsylvania BUILD Initiative focused on its goal of creating a strategic plan to promote the development of infants and toddlers. These recommendations are based on a(n):

- Review of current programs supported by Departments across the Commonwealth (see Appendix (A) for a description of the programs);
- Infant-Toddler Task Force of experts from across the state to identify gaps in services and significant areas of need to best serve infants, toddlers, and their families;
- Series of regional meetings, in Philadelphia, Harrisburg, and Pittsburgh and involving over 300 participants, to further refine the understanding of the needs identified by the Infant-Toddler Task Force and discover any additional, relevant goals for policies and programs (see Appendix (B) for a full description of the information-gathering process); and
- Review best practices used by other states and research information to identify promising practices that could be implemented in Pennsylvania to address needs identified in the stakeholder meetings and by the Task Force.

This report presents the culmination of those efforts and provides the overall objectives of the Strategic Plan as well as background information and data gathering efforts that led to the development of a two-year work plan for implementation starting January 2006.

A. Why Pennsylvania Needs a Statewide Infant-Toddler Strategic Plan

Infants and toddlers are children ages birth to three years, and there are 428,274 children under 3 years living in Pennsylvania. In building a comprehensive early learning system for young children and their families, it is crucial to address the development of these youngest children. Research has shown that 85% of core brain development has occurred by the time children are three years.³ During this time, children learn the basics of human interaction, including how to regulate their emotions, communicate with others, and generally make sense of the world and their experiences in the world. Babies are born ready to learn. Yet, it is clear that all infants and toddlers in Pennsylvania do not get the same kind of early learning experiences that promote optimal development.

A number of information sources and needs assessment techniques have been used to understand the needs of infants and toddlers in Pennsylvania and thus develop recommendations to address those needs. Data include demographic information, an analysis of services provided via current programs in Pennsylvania, and reviews of strategies used in other states. Additionally, focus groups were held in three regions across the state to identify gaps and needs throughout Pennsylvania. A brief summary of

³ Bruner, C., Goldberg, J., and Kot. V. (1999). *The ABC's of Early Childhood: Trends Information and Evidence for Use in Developing an Early Childhood System of Care and Education*. A joint publication of Iowa Kids Count and the Iowa Forum for Children and Families.

the information gathered during the needs assessment is presented in the following sections.

Infant and Toddler Demographics

Pennsylvania ranks 27th in the country on key indicators of child health and well-being. 2005 Kids Count Data Book.

Infants and toddlers in Pennsylvania reside in increasingly diverse families that have varied needs. Several of the key demographic statistics about infants and toddlers that relate to poorer developmental outcomes include:

- Infants and toddlers tend to be the poorest citizens compared to other populations. Approximately 14% of related children under 18 years live in poverty. For children under the age of 5, the rate is 37%, and the rate climbs to just over 50% for infants and toddlers.
- There are significant racial disparities in birth outcomes. In averages for 2000-2002, Black infants (13.8%) were two times more likely as White infants (6.8%) to be born low birth weight, and Black infants (17.3%) were two times more likely than Asian American infants (9.1%) to be born premature.
- The majority of infants and toddlers are in non-parental care for significant portions of the day. In 2002, 61% of children under three years were in some kind of non-parental care setting, and the Child Care Subsidy program, which provides financial resources to help low-income families afford child care, serves about 10% of the infants and toddlers in non-parental care. Thus, many parents are paying for care for their infants and toddlers on their own.
- While the majority of infants and toddlers are in some kind of non-parental care setting, high quality settings are few and far between. Only 3.9% of child care programs in the Pennsylvania are meeting the highest quality standards. Additionally, Early Head Start provides enriched, educational experiences to a mere fraction of the eligible infants and toddlers – only 2,206 served.

Current Programs in Pennsylvania

The Commonwealth of Pennsylvania has a number of programs and services designed to address many of the demographic statistics associated with poor infant and toddler developmental outcomes as well as the recommendations suggested by the Task Force and participants in the regional meetings (see Appendix A for a brief description of each program). These programs primarily are scattered across the Departments of Public Welfare, Education, and Health, and Pennsylvania; however, there has been little focused attention on integrating and coordinating efforts to ensure that public assets are used effectively. Thus, a statewide infant-toddler strategic plan is needed to ensure that the network of services promotes all aspects of young children's development in a collaborative and coordinated manner that addresses significant gaps in services, maximizes outcomes, and yet minimizes duplication of services.

Review of Strategies Used in Other States

Other states have used a variety of strategies to improve infant and toddler developmental outcomes. Some of these strategies that have not been used in Pennsylvania include:

- Florida created a strategic plan to address infant mental health needs.
- Vermont used Medicaid funding to provide mental health consultation services to early care and education programs.
- Illinois provided earmarks to specifically support quality infant and toddler programs within its early childhood program funding stream.
- Michigan administered programs to prevent expulsions in pre-kindergarten.
- Montana provided wage stipends to providers who completed infant-toddler certification.
- Ohio developed infant-toddler specialists to help early care and education programs better support infants and toddlers in care.

Focus Groups – Gaps Analysis and Needs Assessment

The Infant-Toddler Task Force and participants in the regional meetings identified several areas that could be improved to promote infant and toddler development (see Appendix (C) for summary of participant feedback). Gap areas that were mentioned consistently included:

- Address social and emotional development;
- Promote positive parent-infant relationships, particularly for at-risk populations, including teen parents, parents with mental health or drug abuse issues, and parents in poverty;
- Track outcomes and collect data to gain a better understanding of child outcomes and how infants and toddlers are using services across systems;
- Increase information provided to parents about child development by linking with health professionals both pre- and post-natally and offering parent education;
- Simplify access to services for families by creating “one-stop-shopping” locations for services;
- Promote inclusion of children with special needs in all early care and education settings and provide access to appropriate services;
- Create standards for professional development for staff and for early care and education programs (e.g., child care, family centers, etc.); and
- Increase coordination, collaboration, and communication across systems that serve infants, toddlers, and their families.

B. Summary of Goals of the Statewide Infant-Toddler Strategic Plan

Based on an analysis of the demographic statistics, a review of current programs offered in Pennsylvania, a review of strategies used by other states, and the feedback from the regional meetings, the Infant-Toddler Task Force developed a total of ten priority recommendations to guide efforts over the next two years. The recommendations were categorized in the following focus areas:

- Improve socioemotional health outcomes,
- Improve access to and use of high quality early learning programs for families with infants and toddlers, and
- Improve supports for effective parenting.

1. Focus Area 1: Improve Socioemotional Health Outcomes

Recommendations:

- 1.1 *Develop leadership within the Department of Public Welfare to spearhead socioemotional health needs.* The objectives and strategies will focus on increasing cross-departmental recognition of the importance of supporting the socioemotional health of infants and toddlers. Efforts will be made to help socioemotional health in infants and toddlers to be viewed as a public health priority.
- 1.2 *Coordinate increased communication regarding the importance of socioemotional health in state programs that serve families with infants and toddlers.* The objectives and strategies will focus on ensuring that all programs share similar methods and/or communication strategies when addressing infant socioemotional health. For instance, programs, such as the Women, Infants, and Children (WIC) and family centers, would both have access to information about Early Intervention and how to refer families with concerns for developmental screenings.
- 1.3 *Establish training programs for infant mental health, targeting adult-serving systems and state programs that serve families with infants and toddlers.* Objectives and strategies will help staff understand the importance of promoting socioemotional development in infants and toddlers who are at increased risk for exhibiting challenges and/or delays. Primary programs that serve infants and toddlers, such as early care and education and family literacy, will train staff to promote socioemotional health. Programs that serve adults, such as Mental Health and Child Welfare, will train caseworkers to address the socioemotional health needs of young children living with the adults within the context of adult services.

2. Focus Area 2 – Improve Access to and Use of High Quality Early Learning Programs for Families with Infants and Toddlers.

Recommendations:

- 2.1 *Complete and distribute early learning standards for infants and toddlers.* Infant-toddler standards regarding what children are able to do from birth to three years and how adults can help children achieve those competencies will be developed and disseminated. Additionally, recommendations for assessments and curricula that align with the infant/toddler standards will be provided to help all programs

that work with infants and toddlers become knowledgeable of how to support optimal development.

2.2 *Increase professional preparation options and access to supports to specialize to work with all infants and toddlers.* Currently, many staff in early care and education programs are not required to have significant background in working with infants and toddlers. Efforts will be made to develop standardized curricula to promote professionalism across multiple disciplines, such as early care and education and family support. Further, program standards will be strengthened to require greater professional development among staff and use of practices that support infant and toddler development.

2.3 *Increase access to effective programs for families with infants and toddlers.* Research has demonstrated that particular types of programs are effective in promoting positive infant and toddler developmental outcomes. While Pennsylvania already invests in some of these types of programs, only a fraction of the eligible children receive these services. Efforts will focus on expanding access to proven, effective programs.

2.4 *Assure efforts to identify infants and toddlers at risk for developmental delays.* Undiagnosed, early developmental delays substantially impede optimal development among infants and toddlers. Efforts can be enhanced to identify children who are at increased risk for delays.

3. Focus Area 3: Improve Support for Effective Parenting

Recommendations:

3.1 *Increase access to information that supports parenting and child development.* The objectives and strategies will focus on creating easy access to information, including use of the state's internet capacity and establishing partnerships with community libraries to increase parent awareness of infant/toddler needs. These efforts represent a first step in helping increase access to parent education opportunities to enhance parenting skills.

3.2 *Increase use of family-friendly practices in business.* Objectives and strategies will help raise awareness of employers that already are using exemplary family-friendly practices. In this way, employees will learn which programs can support parenting efforts with infants and toddlers.

3.3 *Increase awareness of family support programs to help at-risk families with infants and toddlers.* Objectives and strategies will work with places of contact for families with infants and toddlers to assure that families know about local family support programs, such as the Nurse-Family Partnership, the Parent-Child Home Literacy program, family centers, and local parenting support programs.

II. THE PENNSYLVANIA STATEWIDE INFANT-TODDLER STRATEGIC PLAN: RECOMMENDED TWO-YEAR PRIORITIES

(January 2006 – December 2007)

Focus Area 1: Improve Socioemotional Health Outcomes

Recommendation 1.1: Develop leadership within the Department of Public Welfare to spearhead socioemotional health needs.

Implementation Tasks:

- Meet with key leadership in major Department of Public Welfare agencies (e.g., Office of Child Development, Office of Mental Health and Substance Abuse Services, Office of Medical Assistance Programs, Office of Children, Youth, and Families), the Department of Health (e.g., Bureau of Drug and Alcohol Program, Maternal and Child Health), and the Department of Education to introduce the concept of promoting socioemotional health.
- Identify socioemotional health as a focus point for Department of Public Welfare Policy Staff meetings to initiate discussions and spearhead the development of a cross-Office work plan.
- Coordinate work with the Socioemotional Health Committee of the Department of Health State Early Childhood Comprehensive Services (SECCS) program.
- Hold a jointly-sponsored conference addressing infant and toddler socioemotional health issues and work to ensure multiple agency participation in locally sponsored events.

Recommendation 1.2: Coordinate increased communication regarding the importance of social and emotional health in state programs that serve families with infants and toddlers.

Implementation Tasks:

- Obtain agreement to implement a communications plan regarding infant and toddler socioemotional health in programs that serve infants, toddlers, and their families in the Department of Public Welfare, Department of Health, and Department of Education.
- Design methods to communicate importance of socioemotional health to families (e.g., web-based information, brochures, common language to be used by service providers, etc.).
- Pilot materials with consumer groups.
- Disseminate information regularly as part of services.

Recommendation 1.3: Establish staff training programs for socioemotional health, targeting staff in adult-serving systems and state programs that serve families with infants and toddlers.

Implementation Tasks:

- Use the Governor’s Early Learning Team to explore creating core competencies that would be included in staff training to support socioemotional health.
- Designate the SECCS Social and Emotional Committee to refine the scope of core competencies to be included in staff training.
- Review current training requirements and programs for staff serving infants, toddler, and their families to identify ways to integrate support for socioemotional health. Staff to be trained would include early care and education, family support, early intervention, adult mental health and substance abuse, family literacy, and child welfare.
- Create methods to integrate core competencies to support socioemotional health within staff training requirements.
- Apply for a SECCS Implementation grant to pilot the training and evaluate results.
- Implement training throughout programs serving infants, toddlers, and their families.

Focus Area 2: Improve Access to and Use of High Quality Early Learning Programs for Families with Infants and Toddlers

Recommendation 2.1: Complete and distribute early learning standards for infants and toddlers.

Implementation Tasks:

- Review current standards adopted by other states.
- Convene experts to develop and write standards.
- Review measurements and tools that could be used to assess infant and toddler progress in achieving standards and curricula that support development.
- Formulate a list of recommendations for assessments and curricula that align with the infant-toddler standards.
- Develop a dissemination plan targeted to staff working with infants and toddlers and to parents/caregivers.
- Design training to support effective implementation of the infant-toddler standards.
- Implement training in infant-toddler standards, assessment, and use of curricula to support development.

Recommendation 2.2: Increase professional preparation options and access to supports to specialize to work with all infants and toddlers.

Implementation Tasks:

- Review professional preparation requirements for staff working with infants, toddlers, and their families in early care and education, family support, and early intervention.
- Create an Infant/Toddler Child Development Associate (I/T CDA) as part of the work in developing a Career Lattice for early care and education programs.
- Develop incentives for staff to obtain I/T CDA's.
- Develop program standards for early care and education programs and family support that support increased professional preparation to work with infants, toddlers, and their families.
- Ensure that infant and toddler development is included in PDE Early Childhood Education certification programs. Encourage institutions of higher education to align Early Childhood Education teacher preparation programs with gaining the I/T CDA.
- Review states that are implementing mental health consultation for early care and education programs.
- Identify funding strategies for Pennsylvania to use to support mental health consultation.
- Increase support services for effective inclusion of children with special needs in early learning programs by establishing partnerships between early intervention, mental health, and early care and education.
- Conduct pilot programs using Infant-Toddler Systems Specialists to develop local initiatives to support mental health consultation, effective inclusion of children with special needs, and to increase awareness of potential staff preparation needs in adult-serving systems, such as mental health and substance abuse programs.
- Develop a strategy to support relative/neighbor care.

Recommendation 2.3: Increase access to effective programs for families with infants and toddlers.

Implementation Tasks:

- Analyze location of services to identify at-risk communities that are lacking access to effective programs.
- Explore use of Medicaid to pay for health-focused portions of services in effective programs, such as Nurse-Family Partnership.
- Work to ensure an earmark for Early Head Start as part of expanded funding opportunities for Head Start services.
- Evaluate potential for establishing earmarks for infant and toddler services within any OCD early learning initiative (e.g., Quality Pre-K Partnership grants would include that a portion goes to support infant and toddler issues).
- Create and disseminate briefs regarding the benefits of investing in effective infant-toddler programs.

Recommendation 2.4: Increase efforts to identify infants and toddlers at risk for developmental delays.

Implementation Tasks:

- Provide recommendations that infants and toddlers obtain developmental screenings that include an assessment of socioemotional skills to families participating in state-supported programs as part of the communication strategy described in Focus Area 1: Recommendation 1.2.
- Identify best practices for implementing developmental screenings and develop recommendations for timing of assessments.
- Ensure that at least one developmental screening that includes an assessment of socioemotional skills is included as part of services to infants, toddlers, and their families in all state-supported programs that provide direct services to infants and toddlers. Explore target programs, such as Early Periodic Screening, Diagnosis and Testing (EPSDT); Children’s Health Insurance Program (CHIP); Healthy Start; Women, Infant, and Children (WIC); family literacy; family centers; early care and education programs; Children, Youth, and Families; and Pregnant and Parenting Teen programs.
 - Ensure that all infants and toddlers who are in Child Welfare placements receive regular developmental screenings that include a socioemotional assessment and access to quality early learning supports as part of services.
- Develop mechanisms to track the completion of developmental screenings in state-supported programs and provide regular reports on findings.

Focus Area 3: Improved Supports for Effective Parenting

Recommendation 3.1: Increase access to information that supports parenting and child development.

Implementation Tasks:

- Create easily accessible information for families with infants and toddlers via the Internet.
- Work with state-supported libraries to create consistent information on parenting and child development that is easily accessible and identifiable at the libraries. Solicit funders or identify funding streams to make materials available at all state-supported library outlets including bookmobiles.
- Establish training plans for library staff to help families access and use the information.
- Develop brochures to be disseminated during prenatal visits to inform parents of information available at the libraries.
- Create dissemination plan to distribute brochures.
- Update information on a semi-annual basis.

Recommendation 3.2: Increase use of family-friendly practices in business.

Implementation Tasks:

- Identify relevant family-friendly standards for businesses.
- Work with Labor and Industry to develop process to identify the top family-friendly businesses.
- Develop and disseminate reports highlighting the most family-friendly businesses in Pennsylvania to raise public awareness and reward businesses for their investments in supporting families.
- Plan for annual updates.

Recommendation 3.3: Increase awareness of family support programs to help at-risk families with infants and toddlers.

Implementation Tasks:

- Identify at-risk communities.
- Distribute information regarding availability of Nurse-Family Partnership, Parent-Child Home Literacy Program, family centers, and local parenting support programs to places of contacts for families with infants and toddlers (e.g., early care and education) to be shared with families.

APPENDIX A

Public Services for Infants, Toddlers, and Their Families in Pennsylvania

Pennsylvania provides a number of services for infants, toddlers, and their families primarily by the Departments of Public Welfare, Education, and Health. Although most services are focused on providing intervention services for at-risk children and their families, several of the programs also focus on providing prevention services. The next section provides general descriptive information; outcomes for infants, toddlers, and their families if available; and funding levels for FY 05-06. The presentation of programs is organized by whether it primarily addresses health and mental health, early learning, or family support.

Health and Mental Health Services

Children's Health Insurance Program (CHIP) – Department of Health. The CHIP program provides health care coverage for children under 19 years whose families meet income-based eligibility requirements. Currently, there are over 136,000 children enrolled in CHIP who can receive comprehensive health care services, including immunizations; routine check-ups; diagnostic testing; prescription drugs; dental, vision, and hearing services; emergency care; maternity care; mental health benefits; up to 90 days hospitalization in any year; durable medical equipment; substance abuse treatment; partial hospitalization for mental health services; rehabilitation therapies; and home health care.

Early Childhood Education Linkage System (ECELS). ECELS is a collaborative program of the Department of Health and the Department of Public Welfare administered through a service contract with the Pennsylvania Chapter of the American Academy of Pediatrics. It is designed to improve the health and safety of children served in child care programs and serves an estimated 418,000 children.

Genetic Screening Services Pilot Program. The Division of Newborn Disease Prevention and Identification's Genetic Services program provides services to low-income individuals and families across the state that are seeking information about the occurrence, or risk of recurrence, of a genetic condition or birth defect. The program enables these individuals to make informed health decisions, and ensures that they are provided access to comprehensive genetic services.

Health and Human Services Call Center. Department of Health has combined information available for several toll-free help-lines into one central number and access point. Phone staff receive training to be able to field a number of health-related calls.

Love'em with a Check-up. The Health Department's Love'em with a Check-up Program is a statewide outreach initiative encouraging pregnant women and women that might be pregnant to get medical care. Women and families can call a toll-free helpline to get information and referrals to medical providers and health care coverage programs.

Medical Assistance Programs (Health Care Insurance and Coverage). Young infants are eligible for Medicaid based on their family's income and size. As part of the services, young infants and toddlers participate in **Pennsylvania's Children's Checkup** (Early Periodic Screening, Diagnosis, and Testing) program, which recommends a series of tests and shots at particular ages.

Additionally, the **Healthy Beginnings Plus** Program (HBP) provides additional medical coverage for low-income pregnant women and their children. A strong focus for HBP is to provide services to meet pregnant women's psychosocial needs in addition to their traditional medical needs so that they have positive prenatal care experiences. HBP has 164 provider sites in 54 counties.

Mini Grants (Department of Health)

Barrier Elimination. The Bureau of Family Health is providing mini-grants up to \$3,000 related to eliminating barriers to inclusion of children and youth with special health care needs in Pennsylvania communities. Mini-grants are available to support activities that directly address physical, environmental, and informational barriers allowing community organizations, businesses, places of worship, schools and others to be more inclusive of children with special health care needs.

Breastfeeding Awareness Mini Grants. These mini-grants for up to \$3,000 per twelve month period support activities, events, or services with the direct objective of: increasing the number of women who breastfeed for up to one year; increasing the number of people who consider breastfeeding acceptable and desirable; and/or increasing the number of pregnant women who select breastfeeding as their long-term infant feeding practice; and/or, decreasing the negative stereotypes associated with breastfeeding among the general public.

Building Inclusive Communities Mini Grants. These mini grants support innovative, interactive educational events that enhance community resources to promote inclusion of children and youth with special health care needs into every day activities. "Children and youth with special health care needs" are defined as those aged birth to 21 years who have or are at risk of developing a chronic physical, developmental, behavioral, or emotional condition requiring services of a type or amount beyond that required by children generally.

Newborn Hearing Screening. The Newborn Hearing Screening program aims to provide hearing screenings to infants by 1 month of age, diagnose by 3 months, and enroll identified infants into Early Intervention programs by 6 months. In 2003, 98.4% of hospital births received newborn hearing screens, and 2,746 infants were referred to the state newborn hearing program.

Newborn Screening Program (NBS). Pennsylvania law mandates that all infants are screened for six genetic conditions (e.g., Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism (CH), Galactosemia, Maple Sugar Urine Disease (MSUD), Phenylketonuria (PKU), and Sickle Cell Hemoglobinopathies). In 2004, there were 143,414 screenings, and 179 cases were diagnosed.

Safe Haven of Pennsylvania. Safe Haven, also known as the Newborn Protection Act, permits parents of newborns less than 38 days of age to leave the infants in the care of a hospital without any criminal liability as long as the newborn is not a victim of child abuse. Information about Safe Haven is shared via brochures and crisis cards (over 8,000 locations participating) primarily with women between the ages of 14 and 24 who are at risk for unsafely abandoning their newborns, and all hospitals are required to accept newborns relinquished and meeting Safe Haven requirements.

Shaken Baby Syndrome. All hospitals with obstetric/delivery capability in the state are required to educate new parents to prevent the shaking of newborns and young children. Thus, the program serves approximately 145,000 – 150,000 newborn parents annually.

Special Kids Network. The Special Kids Network provides a helpline for families with children with special needs and has six regional offices with staff who work to create or improve services for children with special needs. Callers to the helpline are guided to services that can meet their families' needs.

Women, Infants, and Children (WIC). WIC is a federally-funded program that provides healthy supplemental foods and a range of nutrition services for pregnant women and families with children under five years. Almost 250,000 women, infants, and children are being served through the WIC program, and Pennsylvania ranks 8th in WIC participation in the nation.

Early Learning Services

Bureau of Certification Services. Located in the Department of Public Welfare Office of Child Development, the Bureau of Certification Services is responsible for the regulation of all child care centers, group day care homes and family day care homes in Pennsylvania. As of December 2005, the Bureau is serving almost 9,000 facilities that have a capacity to serve over 335,000 children.

Early Head Start (EHS). Early Head Start provides early intervention through high quality programs to enhance children's physical, social, emotional, and cognitive development; enable parents to be better caregivers and teachers to their children; and help parents meet their own goals, including economic independence. Pennsylvania supplements federal funding for EHS through the Office of Child Development, and about 2,200 families participate in the program.

Early Intervention - Birth to 3. Early Intervention in Pennsylvania is services and supports designed to help families with children with developmental delays. Services for children 0 – 3 years are administered by DPW, and services for children over 3 years are administered by the Department of Education. Currently, over 15,000 children are served in Early Intervention 0 – 3 years.

Family Literacy. Family Literacy programs target families with children 0 – 18 in which the parent is a nonreader, reads below the 5th grade level, or lacks basic English language proficiency. The programs (e.g., 33 state-funded Act 143 programs and 24 federally funded Even Start programs) integrate early childhood education and adult education to ultimately help break the cycle of poverty and illiteracy through an intergenerational instructional program. For FY 05-06, there are 65 family literacy programs serving 2,876 families, consisting of 3,042 adults and 4,013 children.

Pennsylvania Early Learning Keys to Quality. The Pennsylvania Early Learning Keys to Quality (PA Keys to Quality) is a quality improvement system in which all early learning programs and practitioners are encouraged and supported to improve child outcomes. The improvements in programming are designed to increase the capacity to support children's learning and development; increase educational attainment among practitioners stressing credential based professional development; and enhance professional skills and competencies in support of children's learning and development. The Keystone STARS quality improvement program for early care and education programs is one component of the PA Keys to Quality system. As of December 2005, over 62% of child care centers are voluntarily participating in the STARS program, serving over 140,000 children.

Family Support Services

Child Care Works Subsidy Program. The Bureau of Subsidized Child Care Services administers the Child Care Works Subsidy Program. Child Care Works oversees the bulk of funding for child care services in the Department of Public Welfare Office of Child Development by managing the policy, program operation, and management information system to provide financial supports to low-income families to increase access to child care. Currently, over 100,000 children are served in the subsidy system on a daily basis, and over a quarter (26,393 in April 2005) are infants and toddlers.

Children's Trust Fund. The Fund supports varied types of locally-designed initiatives that address child abuse and neglect. There have been 15 rounds of 3-year funding cycles provided since 1990 that are estimated to have served over 50,000 families.

Family Centers. Department of Public Welfare-funded Family Centers provide services under the premise that the most effective way to insure optimal development for young children is to support their families and the communities in which they live. A combination of home visiting and center-based services are available for any family in need (i.e., no eligibility requirements), but some Family Centers place a priority on providing more intensive services for families with children birth to five years. Currently, 47 state-contracted Family Centers serve over 25,000 families and over 27,000 children.

Fatherhood Initiatives. Fatherhood Initiatives, in Pennsylvania and nationally, are designed to motivate and challenge fathers to become involved in their children's lives by focusing on services that promote strong families through personal and parental

responsibility. Although the programs are not limited to only fathers of infants and toddlers, many of the programs address fatherhood issues for young children. In 2004-2005, 20 state-contracted Family Centers in 17 counties implemented and provided expanded supports to approximately 300 fathers.

Nurse Family Partnership (NFP). NFP is a voluntary, home visiting program that serves low-income, first-time parents, during pregnancy and through their child's second birthday. The home visits focus primarily on health needs, broadly-defined child development issues, and parenting skills and support. In 2004 – 2005, 3,000 families were served through 23 Nurse Family Partnership sites.

Parent-Child Home Program (PCH). PCH is an intensive home visiting program that serves families with children 2 – 3 years and focuses on supporting early literacy skills development. Approximately 1,400 children have been enrolled in this program since 2003-2004.

Parents As Teachers (PAT). PAT training is designed to enhance child development and school achievement through parent education targeted to families with children birth to five years. There have been over 6,000 families and 8,000 children served in this universal program.

Pennsylvania Family Support Alliance (formerly Parents Anonymous of Pennsylvania). Administered by the Department of Public Welfare Office of Children, Youth, and Families, the principal goal of Pennsylvania Family Support Alliance is to prevent and treat child abuse and neglect. Primary services include parent support groups, statewide training for mandated reporters, dissemination of educational materials, a statewide toll-free information phone line, and an annual state conference. Although not specific to only parents of infants and toddlers, the services are targeted to socially isolated parents at risk for abuse and neglect. Approximately 6,000 families receive service (including directly and indirectly), and approximately 1,300 children birth to age 3 are served each quarter through child care or structured children's programs that meet concurrently with parent support groups.

Pregnant/Parenting Teen (PPT). Administered within the Education Leading to Employment and Career Training (ELECT) program in the Department of Education, PPT targets pregnant or parenting teens 11 to 18 years to help them stay in school, obtain a high school diploma or GED, have healthy babies, become capable parents, and prepare to become self-sufficient adults. Teens are provided with pregnancy prevention information, child care and transportation help to enable them to attend classes, nutrition instruction, and parent and child development education. There are 47 PPT sites, serving over 5,000 expectant and parenting teen mothers and fathers across the state.

APPENDIX B

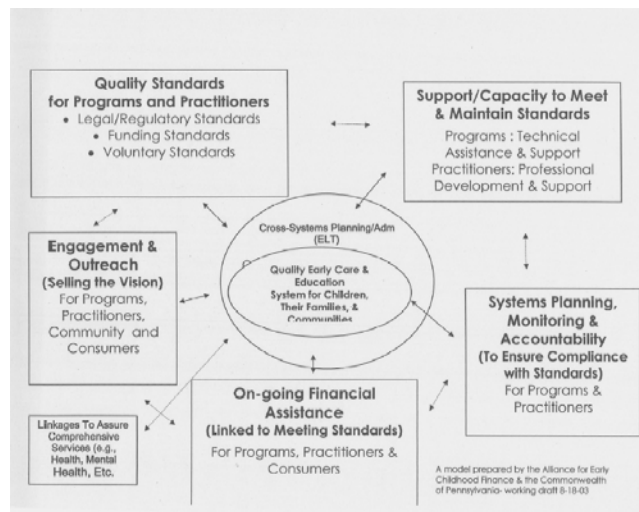
The Methodology Used to Develop the Infant-Toddler Strategic Plan

The recommendations were developed using a combination of reviewing best practices and research information, evaluating current state-funded programs in Pennsylvania for gaps in services, studying strategies used by other states, and incorporating the feedback from selected experts and all participants interested in helping to develop the statewide infant-toddler strategy. After reviewing the research, experts from across the state were chosen to serve in a central think-tank and participated in two initial meetings to develop the overall framework and recommended goals for the strategy. The group adopted the Zero to Three framework focusing on services to ensure good health, strong families, and positive early learning experiences. Each meeting lasted three hours.

This work was shared in focus groups held at three regional meetings for additional feedback and to ensure that all communities would be reached by the strategy goals. An open invitation was distributed via the Pennsylvania BUILD list serve. Interest was strong for each of the 5-hour long, intense meetings. Over 370 individuals participated in the three regional meetings held in King of Prussia, Harrisburg, and Pittsburgh. Appendix C provides a summary of issues discussed during the regional meetings.

Lastly, the feedback from these meetings was analyzed, combined with ideas expressed by the think-tank experts, compared with research evidence, and used to develop the Pennsylvania Infant-Toddler Recommendations. At a third meeting of the think-tank experts, the recommendations were reviewed, and guidance was provided to create the actual work plan that would steer efforts over the next couple of years. To ensure that the strategy would be comprehensive, the Pennsylvania BUILD cross-systems planning model was used to ensure that there were activities designed to meet all aspects of system development (see Figure 1).

Figure 1: Pennsylvania BUILD Cross System Planning Model



APPENDIX C
Feedback from Regional Meetings

1. Based on the overview of issues, framework, and goals presented earlier today, is there additional areas that need to be a priority in the statewide strategy?

- Support early literacy development
- Address socioemotional health and importance of relationships, including impact of trauma, impact of parent drug abuse and mental health issues
- Provide parent education programs, including supports for adult literacy
- Raise public awareness and engagement regarding infant and toddler needs
- Link to physicians (e.g., pediatricians, obstetricians, gynecologists) to increase access to families and engage as leaders for efforts
- Track outcomes and access to programs across all systems; monitor results to better understand what is happening by looking at the data
- Provide Health Care Consultants
- Address physical health needs, such as access to medication, dental health, providers that accept medical assistance, and additional screens for genetic and/or metabolic disorders at birth
- Create services that are easily accessible, e.g., as one-stop-shopping, and that reduce stigma associated with accessing services, e.g., reduce use of mental health labels for young children
- Focus on educating caregivers and addressing qualifications
- Address children with special needs through items, such as promoting medical homes
- Developmental screenings offered at as many places as possible
- Promote maternal child health, such as breastfeeding, SIDS education, post-partum depression education, pre- and post-natal health issues
- Address infant mortality and particularly ethnic and racial disparities
- Provide health care for child care professionals
- More focus on helping infants and toddlers involved in Child Welfare
- Greater collaboration across systems
- Focus more on prevention efforts
- Provide family support for all
- Address environmental health, including lead prevention
- Target services to most at-risk populations
- Provide culturally-appropriate supports as well as language supports
- Tackle poverty issues
- Protect confidentiality
- Reduce environmental health hazards
- Use WIC program to inform families
- Increase support to and quality of unregulated providers

2. Are there different ways of approaching service delivery in rural, urban, and suburban areas? If so, what are those differences to consider as we develop an implementation plan for a statewide infant/toddler strategy?

- Be sensitive to cultural diversity issues
- Communicate issues as being common to all families
- Rural concerns included:
 - Distance
 - Lack of awareness of resources
 - Only 1 or 2 agencies usually provide all services
 - Educational levels of families and providers less advanced
 - Phone access limitations due to long distance costs
 - Many services not able to bill for long travel time associated with serving in rural locations
 - Focus on using mobile units
 - Reduced trust of service providers among rural families
 - Difficult to maintain confidentiality (i.e., everybody knows everyone's business)
- Urban concerns included:
 - Fractured system due to multiple service agencies offering similar services
 - Safety concerns
- Low literacy levels limit usefulness of print materials
- Increase collaboration
- Use media campaigns, including working with famous people
- Use schools for outreach and other places where people commonly go in communities
- Target high risk populations, e.g., grandparents raising grandchildren, etc.
- Address transportation needs
- Need funding
- Use DOH programs, such as MCH Consultants, PA for Families referral project, health hotline
- Special services needed for children with special needs, especially medically fragile children
- Survey communities regarding need for services; identify gatekeepers
- Emphasize providing preventative health services
- Develop clear pathways to pay for social and emotional health issues
- Use home visitation strategies, especially with rural populations, and services that provide one-on-one contact to promote relationships
- Work with faith-based organizations
- Create printed materials and resources to disseminate

3. Please identify methods that work best for staff serving infants, toddlers, and their families in your region in the areas of:

- Outreach and engagement of families
- Professional development for staff
- Communication and public awareness

For families:

- Build on relationships, such as using nurses, family support specialists, linking with other families, physicians
- Provide incentives for participation (e.g., child care, food, etc.)
- Make services accessible and convenient for families (e.g., “one-stop-shopping”)
- Conduct media campaigns, such as using billboards
- Create videos to share with families on important topics
- Provide resource and referral access to families
- Do home visits
- Create networks between professionals serving families
- Provide parent education opportunities, including parent-to-parent interaction

For professionals:

- On-going education, professional development, and consultation that is easily accessible; include mentoring where possible
- Create standards for supporting infants and toddlers
- Provide incentives for participation
- Involve the business community
- Create “looping” in which the teachers move with the children
- Improve TSS services
- Provide employee assistance to deal with issues, such as mental health
- Specific training issues might include:
 - Working with families
 - Public Health Departments can provide information on health and safety
 - EITA works well
 - MH/MR staff can provide training
 - Orientation to the profession
 - ECELS offers good learning modules
- Provide networking opportunities that include multiple types of professionals

Communication:

- Conduct media campaign (e.g., public service announcements, billboards, radio ads, television ads, bus ads, etc.)
- CPR training for everyone
- Promote collaboration across agencies
- Designate a publicity person for early learning
- Reach people before they become parents (e.g., in high school, middle school)
- Use positive language
- Hold agency screening events
- Promote one-stop-shopping
- Engage new partners, such as schools and business

4. What messages regarding infants, toddlers, and their families currently are expressed in your community? What messages should be evident?

Hearing Now:

- Immunizations
- Autism
- Good nutrition
- Parent-child relationship; parents as the first teachers
- Items that people believe can “fix” behavior problems – medications; use of TSS in programs
- Effects of Lead poisoning
- Knowledge of developmental milestones and what impacts development
- Services for children with special needs (e.g., medical homes, communication with EI)
- Literacy and reading to child important
- Society and parents largely do not understand the importance of socioemotional development
- Child care issues, such as not enough slots for infants and toddlers, not enough options for care, lack of non-traditional hours care, lack of comfort enrolling infants in care, children expelled from child care
- Public awareness of importance of early education
- Cultural differences
- Physician attitude (e.g., “they’ll grow out of it”); prevents referral for services
- Smoking / second-hand smoke
- CHIP

Should Hear:

- Parents care deeply about their kids
- Business Invest in Babies – “B.I.B.”
- Embed in K-12 structure
- Health and consequences
- More one-on-one contact to make impact
- Nutrition education – obesity
- “Family” responsibility for well-being of child is the message
- Social, emotional, and intellectual happen together
- Learning starts at birth

5. What are the systems that need to be included in developing standards for infants and toddlers that bridge multiple types of service delivery?

- Regional Keys
- PA Chapter of the American Association of Pediatricians
- OB / GYN associations
- EHS (Early Head Start)
- Libraries
- Family Centers
- Early Intervention and Special Education - Intermediate Units
- School Districts
- Institutions of Higher Education and Community Colleges
- Parent Groups – SPIN, PEN, PIN
- Child Welfare organizations
- Depts. of Health, Education, Welfare
- Mental Health/Mental Retardation provicers
- Early care and education educators, including family day care providers
- Cooperative Extensions
- Business community – Chamber of Commerce
- Service organizations – Kiwanis, Rotary
- Legislators
- Insurance – ALL public and private
- Transportation
- Faith-based organizations
- Local Interagency Coordinating Councils – use existing state organizations and systems rather than creating new groups
- Professional organizations – AEYC's, NASW
- Labor and Industry – policies that support family leave

6. What type of professional staff support do you think is needed at each Regional Key?

- Nurses
- Social Workers – family support staff
- Staff who reflect culture of clients
- Health care consultants
- Mental health consultants
- Safety specialist
- Infant/Toddler specialist
- Developmental specialist for children with special needs
- Individuals to help with assessment skill development
- Vision/hearing screening
- Fiscal person who understands all funding streams; grant writers
- Liaison person to coordinate resources in health, mental health, Early Intervention
- Use distance learning techniques (e.g., videos, on-line courses, etc.)

7. How can systems (e.g., government, human services, etc.) work together better to improve outcomes for infants, toddlers, and their families?

- Have OCD continue its strong leadership and continue to break down silos
- Spend the \$18 for health screenings
- Communication
- Collaboration
- Coordination
- Cooperation
- Listen to families; have parent representation on all committees
- Address accessibility issues
- Develop state policy (i.e., MH / MR services same across the state)
- Focus on infant/toddler health statewide
- Better early identification of problems
- Communication/public awareness efforts
- Single release form
- Child Welfare services needs to be included
- Work on speech therapist shortage in PA
- General directory to area services
- Reduce funding silos
- Measure outcomes and track progress
- Core support for child care providers
- Mentoring/coaching available to early care and education staff

Extra Question – What should be the focus for 2006 – 2007?

- Be proactive; infant/toddler programs rather than just put band-aid on it later
- Look at improving quality of care in unregulated settings
- More unannounced visits in regulated sites
- More consumer education around selecting quality childcare
- Support for grandparents raising infants and toddlers
- Increase immunization rates to 100% of all willing families
- Promote inclusion efforts by supporting child care providers
- Mental health support and access for infants and toddlers
- Support siblings of children with special needs
- Links for families – support networks, chat rooms, Parent to Parent
- Engage businesses
- Start with family support
- Listen to the people who actually work with the public and those who receive the services