

# CLASP

Center for Law and Social Policy

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# *Starting Off Right:*

Promoting Child Development from Birth  
in State Early Care and  
Education Initiatives

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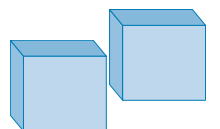
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# Executive Summary

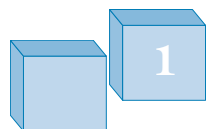
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**I**n the period from birth to age 3, early experiences shape the architecture of the brain—including cognitive, linguistic, social, and emotional capacities—at a phenomenal rate. Unfortunately, during this critical developmental period, children are most at-risk for poverty and most vulnerable to its effects, which include low birth weight, obesity, lead poisoning, and stunted growth. Most young children also spend some time in non-parental care, and the quality of child care settings for infants and toddlers is often much lower than those for older children. Infants and toddlers with employed mothers spend an average of 25 hours per week in child care, and 39 percent are in child care for 35 hours or more each week. Despite compelling evidence of the importance of child development from birth, a clear state early care and education policy agenda that addresses infants and toddlers is still emerging.

State early care and education policies that start at birth and address the full range of children’s development can potentially identify health and developmental issues, link families to necessary supports, and assure that those who care for infants and toddlers have the tools to stimulate early learning and development and ease transitions into the preschool and elementary years.

## *Examples of State Strategies*

Interviews with state policymakers and advocates suggest that there are two key components of state action that can better support policies from birth to 3: first, state leaders should focus specifically on policies that promote child development from birth to 3; and second, they should structure governance and finance systems that can assure ongoing support and attention to early care and education issues for very young children and their families.



## State Initiatives to Promote Child Development Birth to 3

*High standards to ensure healthy child development by promoting program standards and guidelines for early learning*

Program standards and learning guidelines are important and interrelated tools for state policymakers to help improve the quality of early care and education for very young children. In most states, child care licensing is not being used to establish high standards and guidelines that promote the healthy development of children, but instead to provide a basic foundation of health and safety for all children in regulated care settings.

State strategies to promote high standards and early learning guidelines include:

- implementing Early Head Start Program Performance Standards in child care settings;
- focusing on infants and toddlers within a quality rating system;
- requiring program standards of subsidized child care providers through direct contracts; and,
- using early learning guidelines to promote development for children from birth to 3.

*Qualified and well-compensated teachers and supported caregivers*

A sensitive and responsive caregiver is critical to the healthy development of children, particularly for infants and toddlers whose social and emotional development requires more one-on-one attention and continuity of care than older children. Well-trained caregivers are a key component of a quality early care and learning environment. Adequate compensation for these providers is also important, as research shows that highly-trained center-based teachers are more likely to leave their program or the early childhood field if they earn low wages.

State strategies to promote a qualified and well-compensated early childhood workforce include:

- using scholarship and wage enhancement strategies that include infant-toddler teachers;
- establishing a state infant-toddler credential and supports for participating teachers;
- creating a statewide network of infant-toddler specialists; and,
- reaching out to home-based, family, friend, and neighbor caregivers.

*Linkages to comprehensive services to support families and promote healthy child development*

Linkages to comprehensive services such as health, nutrition, family support, and any necessary social services are crucial to the success of early care and education policies, particularly for those children living in poverty. Poor children are at a great risk for a number of conditions that could impede healthy growth and development.

State strategies for providing comprehensive services to young children include:

- expanding access to comprehensive services using Early Head Start Program Standards; and,
- building a network of trained child mental health consultants available to providers and parents.

## State Governance and Funding Strategies to Support Birth to 3 Policies

### *Coordinated governance for birth to 5*

In order to deliver quality, comprehensive early care and education services, states need sound governance structures that assure that all the parts of a system are working in a coordinated way. Governance must account for both *horizontal* connections across systems serving the same age children—for example, child care, Head Start, state pre-kindergarten programs, and early intervention services—as well as *vertical* connections of services from birth to 5 to provide continuity and coordination for children as they grow. How governance is structured can help assure that infants and toddlers are considered whenever crucial early care and education policy decisions are made.

State strategies for coordinating governance include:

- combining agencies; and,
- governing jointly.

### *Funding across birth to 5*

Funding decisions drive policy, making it crucial that new and existing funding streams target and include services for infants and toddlers along with those for preschool-aged children.

### ■ KEY STEPS AND CONSIDERATIONS FOR STATE LEADERS ■

While each state might choose to address the needs of children under age 3 in a different way, the following steps might be useful in the planning process:

- Assemble all stakeholders, including state health, family support, and early intervention program representatives.
- Review state demographic data.
- Conduct a comprehensive review of state policy.
- Assess policy challenges.
- Develop a state blueprint for a birth to 3 agenda that builds on the existing birth to 5 system strategically.
- Develop state-based funding strategies.

Depending on current policies in a state, different approaches may work best to help assure support across the birth to 5 age span. For example, a state could create a set-aside in their preschool program, following the example of the federal Head Start program. Or, a state may create a funding stream available for local use for birth to 5 initiatives that can be tied to public-private community partnerships.

State strategies for funding across the birth to 5 spectrum include:

- setting aside infant-toddler funds within a preschool funding stream; and,
- creating a birth to 5 funding stream.

## *Emerging Themes*

- **Birth to 3 Needs More Policy Attention.** As governors and state legislatures focus on school readiness, new opportunities for creative ideas on how to support parents and ensure quality child care for the youngest children will emerge. Still, more resources are necessary to address the needs of infants and toddlers.
- **State Leadership is Crucial to Move Forward for Infants and Toddlers.** As federal funding for children's programs shrinks, states will have to take the lead on issues affecting young children.
- **All State Planning Needs to Address Building Capacity and Specific Knowledge of Child Development Birth to 3.** Building the supply of trainers, educators, technical assistance providers, and specialists with knowledge in infant and toddler development and programming is a necessary first step to improving services.
- **Some States are Developing Promising Initiatives, Following Different Paths to Strengthening Birth to 3 Policies.** States can improve early care and education for infants and toddlers no matter what structures and systems for early care and education they already have in place.
- **In Addition to Birth to 3 Policies, States Should Examine Their Governance and Financing Structures to Assure Ongoing Integrated Policy Development.** Intentional governance and financing policies help reinforce birth to 3 early care and education policies.
- **As Birth to 3 Initiatives Emerge, Ongoing Improvement and Evaluation are Critical.** States should assure that funding is available for ongoing data collection and monitoring and that such information is used to improve programs.

# Introduction and Background

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**S**tate policymakers concerned about the future quality of education in their communities are beginning to recognize the need for policy solutions that promote early learning from birth—and for good reason. From the first day of life, early experiences shape the architecture of the brain—including cognitive, linguistic, social, and emotional capacities—at a phenomenal rate.<sup>1</sup> The factors that best promote early childhood development for infants and toddlers are good health, strong families, and positive early learning experiences.<sup>2</sup>

Early care and education is a key strategy for promoting positive development. Warm, responsive, and stable relationships with caregivers promote healthy brain architecture. Unfortunately, during this crucial stage one out of every five infants and toddlers live in poverty.<sup>3</sup> Comprehensive approaches that reach at-risk children early in life and support the full range of their development may create a stronger foundation for later educational and life success.<sup>4</sup> And since a growing proportion of very young children spend extensive time in the care of someone other than a parent, state policies to promote the quality and continuity of those settings and relationships should be part of a strategy to assure children are ready for school.<sup>5</sup>

Despite compelling evidence of the importance of child development from birth, a clear state early care and education policy agenda that addresses infants and toddlers is still emerging. Highly publicized research on brain development from birth to age 3 released in the 1990s raised awareness about the importance of early experiences to future success. Now an increasing number of states are establishing or expanding access to pre-kindergarten programs to improve outcomes for low-income children.

However, to ensure these initiatives are as successful as possible, states need to focus more attention on early care and education policies for children *before* they reach preschool age.

By the time many low-income children enter preschool, far too many are already behind their middle-class peers on a range of developmental indices.<sup>6</sup> Researchers have found better impacts for poor children who participate in formal preschool programs when they also experienced comprehensive early care and family support from birth.<sup>7</sup>

It is critically important that states take a leading role in planning and funding policies that support families and promote infant and toddler development. State early care and education policies that start at birth and address the full range of children’s development can potentially identify health and developmental issues, link families to necessary supports, and assure that those who care for infants and toddlers have the tools to stimulate early learning and development and ease transitions into the preschool and elementary years.

This paper seeks to support state leaders who endeavor to develop early care and education policies that promote child development from birth. Specifically, this paper:

- Provides background data on infants and toddlers and their participation in early care and education;
- Outlines a framework and highlights state examples of both policy initiatives to promote child development from birth to age 3 and state governance and funding strategies to support birth to 3 policies;
- Suggests key steps and considerations for state leaders; and,
- Discusses emerging themes that cut across birth to 3 early care and education policy issues.

The examples in this report are illustrative and based on recommendations from national and state experts.<sup>8</sup> Some of the strategies are already in place and some have the potential to be implemented. States necessarily differ in their approaches, and no one state has all the answers. Many of the initiatives highlighted are in early stages, are not yet fully funded, or rely on federal or state funding sources that are not keeping up with needs. Yet, there is much to learn from those states that have started down a path to promote child development from birth.

#### ■ A NOTE ABOUT METHODOLOGY ■

Our methodology for this paper was to contact additional national experts in the five focus areas—high standards; teacher education, support and compensation; comprehensive services; governance; and funding—and solicit their opinions about which state initiatives warrant more in-depth study. We then contacted the state administrator of the program and conducted an hour-long interview following a specific protocol. Interviewees reviewed a draft of this paper to confirm the facts we report.

These state policy examples are meant to be illustrative and do not reflect in-depth case studies or an exhaustive survey of all relevant activities in all states.

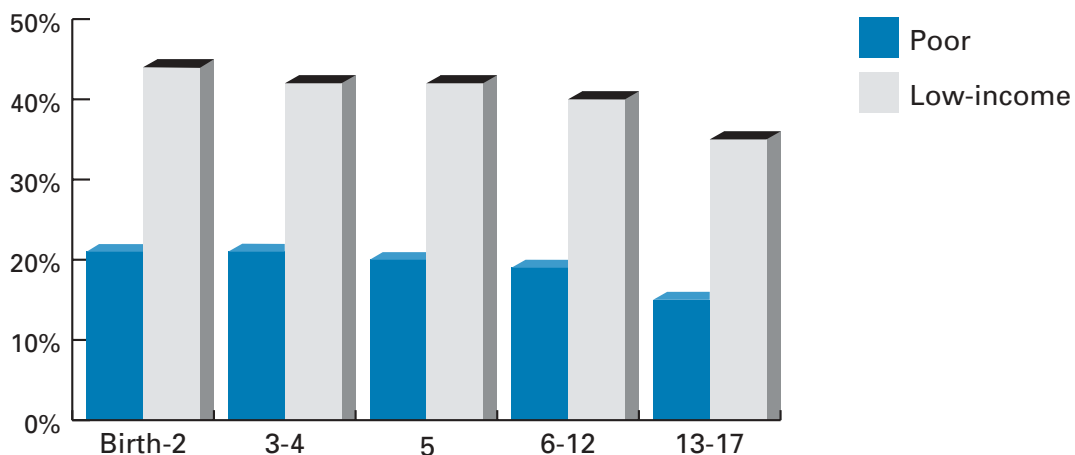
## Background on Infants and Toddlers

In shaping early care and education policies that start from birth, it is important to recognize the changing demographics and day-to-day lives of today's infants and toddlers. In particular, policymakers must recognize that poverty is more common during the very early years than any other point in childhood (see Figure 1). Poverty increases the likelihood that children will be exposed to inadequate nutrition, substance abuse, maternal depression, unsafe environments, abuse, or poor quality of daily care—all of which have a negative impact on healthy brain development.<sup>9</sup>

Policies geared toward infants, toddlers, and their families must also address the needs of a diverse group of young children. Approximately 12 million children are under age 3 in the United States,<sup>10</sup> and 12 percent of U.S. families have a child under age 3. According to Census data, nearly one in five Hispanic households (19 percent) includes a child under age 3.<sup>11</sup> Fourteen percent of Asian households also have an infant or toddler, in addition to 12 percent of Black households, and 11 percent of White households.<sup>12</sup> Approximately 235,000 children under age 3 (2 percent) have a disability, and the vast majority of disabilities in these children (96 percent) is related to developmental delays.<sup>13</sup>

Many very young children are also in non-parental care while their parents work. As of 2005, 58 percent of women with children under age 3 were in the labor force.<sup>14</sup> According to 2005 data, 42 percent of one-year-olds and 53 percent of one- to two-year-olds have at least one regular non-parental care arrangement.<sup>15</sup> Infants and toddlers with employed mothers spend

■ FIGURE 1: CHILDREN LIVING IN POOR AND LOW-INCOME FAMILIES, BY AGE GROUP, 2004 ■



Source: National Center for Children in Poverty. *Basic Facts About Low-Income Children in the United States*. 2006. <http://www.nccp.org/media/lic06-text.pdf>.

Note: Low-income families are defined as those earning at or below 200 percent of the federal poverty level.

## ■ INFANTS AND TODDLERS IN LOW-INCOME HOUSEHOLDS ■

- More than 12 million infants and toddlers live in the United States.
  - 44 percent live in low-income families.
  - 21 percent live in families with earnings below the poverty level.
- Among infants in low-income families, 50 percent live with a single parent and 50 percent with two parents.
- Sixty-three percent of infants and toddlers with immigrant parents live in low-income families.
- Sixty-eight percent of Latino infants and toddlers and 65 percent of African American infants and toddlers live in low-income households, compared to 30 percent of Caucasian and 24 percent of Asian children under 3.

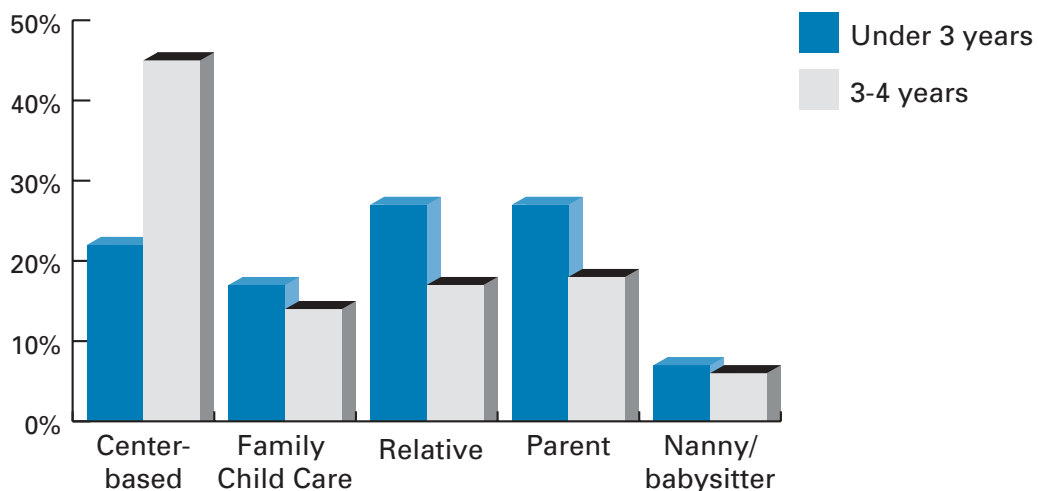
Note: Low-income families are defined as those earning at or below 200 percent of the federal poverty level.

(National Center for Children in Poverty, 2006. [http://www.nccp.org/media/itf06\\_text.pdf](http://www.nccp.org/media/itf06_text.pdf)).

an average of 25 hours per week in child care, and 39 percent are in child care for 35 hours or more each week.<sup>16</sup>

Younger children are more likely to be in informal settings of care by a relative, as compared to older children (see Figure 2). Where infants and toddlers are cared for also varies by income level (see Figure 3), with children in families earning above 200 percent of poverty

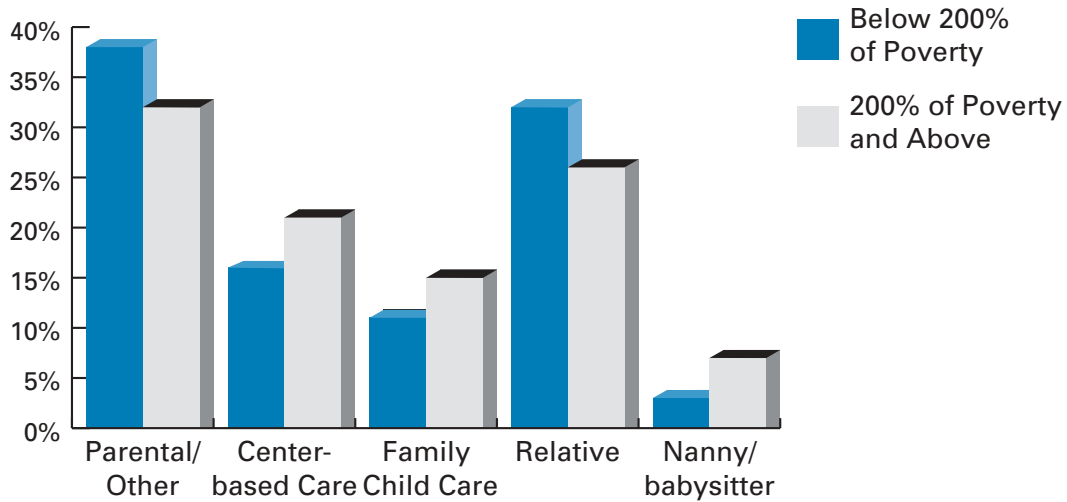
■ **FIGURE 2: PRIMARY CHILD CARE ARRANGEMENTS FOR CHILDREN UNDER 5 WITH EMPLOYED MOTHERS** ■



Source: Capizzano, Jeffrey, Adams, Gina, and Sonenstein, Freya. Child Care Arrangements for Children Under 5. 2000. <http://www.urban.org/url.cfm?ID=309438>.

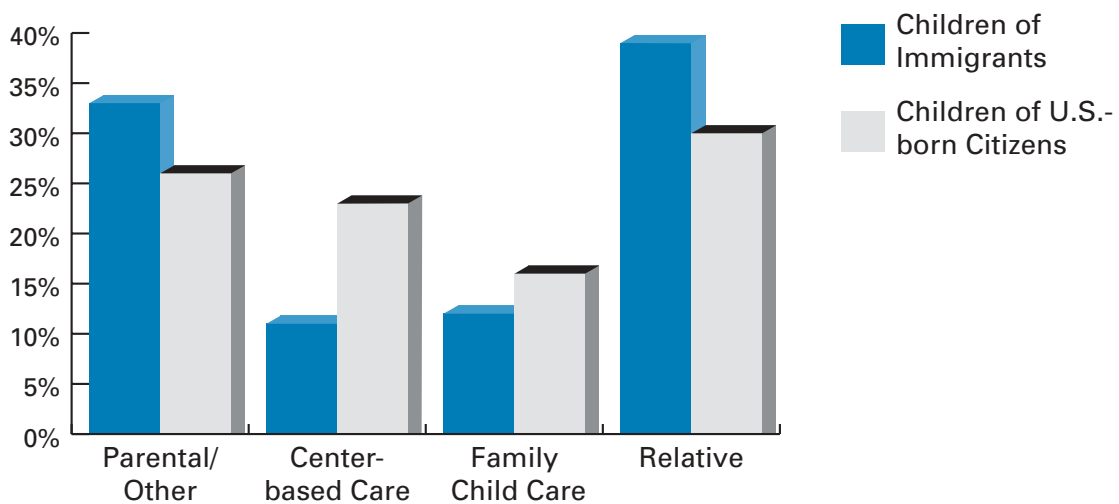
more likely to experience center-based care. Some data suggest that, among young children with working parents, children with immigrant parents are more likely to be cared for by a relative or parents as their primary arrangement in comparison to children with U.S.-born parents (see Figure 4). Black children are more likely to be in center-based settings than White or Hispanic children (see Figure 5).

■ FIGURE 3: PRIMARY CHILD CARE ARRANGEMENTS OF CHILDREN UNDER AGE 3 AND BELOW AND ABOVE 200% OF POVERTY, WITH EMPLOYED MOTHERS ■



Source: Capizzano, Jeffrey and Adams, Gina. *Children in Low-Income Families Are Less Likely to be in Center-Based Child Care*. 2003.

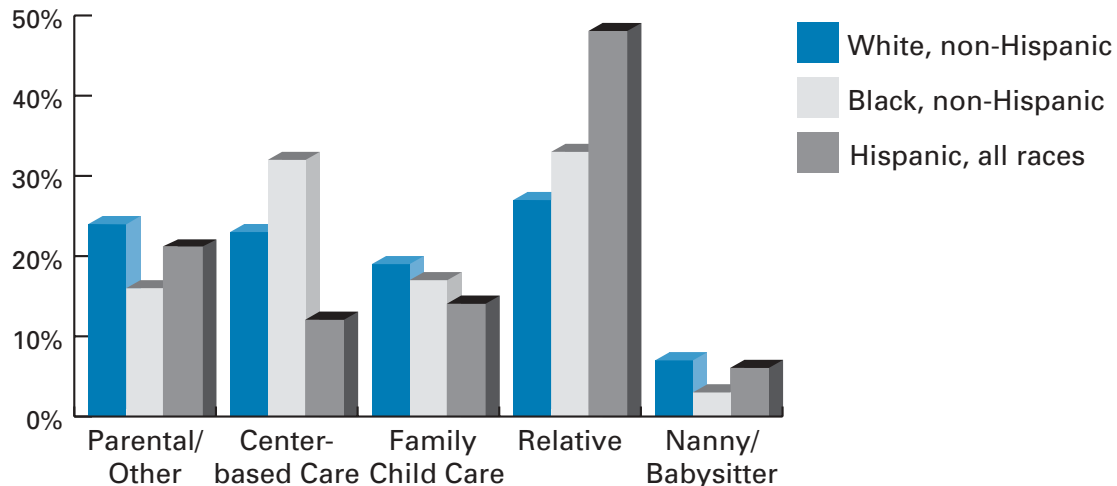
■ FIGURE 4: PRIMARY CHILD CARE ARRANGEMENTS FOR CHILDREN UNDER AGE 3 WITH WORKING PARENTS BY PARENTAL NATIVITY ■



*Children of Immigrants* refers to children with at least one foreign-born parent.

Source: Urban Institute unpublished analysis of data from the 2002 National Survey of America's Families.

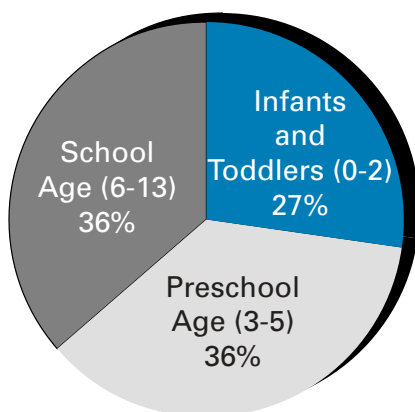
■ FIGURE 5: CHILD CARE PATTERNS OF WHITE, BLACK AND HISPANIC CHILDREN UNDER AGE 3, WITH WORKING PARENTS ■



Source: Capizzano, Jeffrey, Adams, Gina, and Ost, Jason. *Caring for Children of Color: The Child Care Patterns of White, Black and Hispanic Children*. 2006.

Two key federal sources of support for early care and education programs for infants and toddlers are the Child Care and Development Block Grant (CCDBG) and the federal Early Head Start program. CCDBG provides funds to states to use to provide child care assistance for low-income families birth to 13. In 2004, the federal Child Care Bureau estimated that an

■ FIGURE 6: AGES OF CHILDREN SERVED IN CCDBG, FY 2004 ■



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau. *FFY 2004 CCDF Data Tables (Final, May 2006)*, <http://www.acf.hhs.gov/programs/ccb/research/04acf800/table6.htm>.

average of 1.7 million children received CCDBG-funded assistance per month, with 27 percent of those children under the age of 3 (see Figure 6). The Early Head Start program provided comprehensive early education and comprehensive services to over 80,000 infants and toddlers in 2005.<sup>17</sup>

Despite large numbers of young children in child care, some research indicates that infant care in centers is more likely to be of poor quality than center-based care for older children.<sup>18</sup> Therefore, to seriously address early learning from birth, state policies must identify and improve children’s early learning environments and support the array of caregivers they may have, from parents, family, friends, and neighbors to professional family child care and center care teachers.

his section provides examples of state policies based on interviews with state administrators. State leaders interested in promoting child development birth to 3 should focus both on the specific early care and education policies, and the means of structuring governance and finance systems to assure ongoing support and attention to birth to 3 early care and education issues. First, this section addresses the specific policy components necessary for promoting child development birth to 3:

- High standards to ensure healthy child development by promoting program standards and guidelines for early learning that move beyond basic health and safety requirements;
- Qualified and well-compensated teachers and supported caregivers to increase the likelihood that infants and toddlers form positive and stable relationships with those who care for them; and,
- Linkages to comprehensive services to support families and promote healthy child development, particularly for those children growing up in poverty.

Second, this section provides examples of state governance and financing strategies that can support these birth to 3 policies:

- Coordinated governance to assure that all the parts of a birth to 5 system are working together; and,
- Funding across birth to 5 to expand funding across the age span, recognizing that the development of children occurs on a continuum, not in any one year of life.







state-level coordinator was assigned to assure that infant and toddler concerns are raised in state early care and education policy-making processes.

### ***Requiring Program Standards of Subsidized Child Care Providers Through Direct Contracts***

The majority of states use the CCDBG to provide child care assistance mostly via vouchers that parents can use at a child care program, but states may also contract directly with providers (both in centers and in family child care networks) to assure slots for low-income children birth to 13. A contract is a legal agreement between the state and the child care provider prior to service delivery in which the provider agrees to make available a certain number of child care slots, which will be paid for by the state. Ever since 1990, when federal requirements were instituted to ensure that states assure parental choice in their child care assistance systems, most states have moved to an all- or majority-voucher system. However, vouchers provide access only to child care *already available* in the community, which may be costly, low-quality, or not meet certain child or family needs.

A 2002 study of the 24 states that reported using contracts as part of their state child care assistance system found at the time that 9 states—California, Connecticut, Colorado, Illinois, Massachusetts, Maine, Montana, Oklahoma, and Vermont—and the District of Columbia used contracts to shore up the supply of infant and toddler child care. This strategy could encourage providers to take on the added expense of serving infants and toddlers, since state staff-to-child ratios are usually more stringent for younger children, and therefore personnel and program costs are higher than for care for older children. State child care administrators also reported that contracts were useful to assure supply of care in certain regions of the state, to partner with Head Start and Early Head Start programs to extend the day and year of services for poor children, to increase supply of care for other special populations, and to stipulate higher quality standards and additional services for low-income children. Some of the states that used contracts for infant and toddler care attached additional requirements to those contracts, such as requiring programs to become accredited (Connecticut and Vermont), or to provide additional family support services (California, District of Columbia, and Oklahoma). States using contracts may pay different, higher rates for those contracts than in the voucher program, and may pay prospectively, rather than on a reimbursement basis, as is the norm for vouchers. State administrators reported that these techniques helped attract high-quality providers to contracts.<sup>26</sup>

### ***Using Early Learning Guidelines to Promote Development for Children from Birth to 3***

At least 18 states (Arkansas, California, Connecticut, Delaware, Florida, Georgia, Iowa, Kentucky, Louisiana, Maine, Maryland, Minnesota, Nebraska, New Hampshire, Ohio, Oregon, Tennessee, and Washington) have developed early learning guidelines that address child development from birth to 3, and more are in the planning process.<sup>27</sup> This policy strategy is just emerging in states, and more research and guidance are needed to assess how appropriate these guidelines are for children and how to best use them with adult caregivers.

The **Arkansas** Framework for Infant and Toddler Care is a set of program standards and early-learning guidelines that include benchmarks of development and strategies for parents and caregivers to use with young children. The Framework is linked to early learning developmental guidelines for preschoolers and to content standards in the K-12 system. Arkansas contracts with the state university to provide training on the standards to all providers (center, family child care, Early Head Start) and offers the option to earn an infant-toddler certificate. The state also disseminates materials that translate the Framework into ideas for activities for parents and their children. The Framework was developed jointly through a specially convened committee in 1997. This and other infant-toddler child care initiatives are administered in the Department of Health and Human Services, which also administers the state professional development system, child care licensing program, child care subsidy program, and the state's Arkansas Better Chance (ABC) pre-kindergarten program. The development and implementation of the Framework is funded through the CCDBG infant and toddler earmark.

## A Strong Workforce and Supported Caregivers

Research on early brain development indicates that a warm, responsive adult-child relationship is critical to the healthy social, emotional, and cognitive development of young children.<sup>28</sup> This is especially important for infants and toddlers, whose social and emotional development is so influenced by their caregivers; they need even more one-on-one attention

### ■ PRINCIPLES FOR STATES TO CONSIDER IN DEVELOPING EARLY LEARNING GUIDELINES FOR BIRTH TO 3 ■

Many states are developing early learning guidelines—voluntary expectations for what children should be able to understand and do according to their development stage—for children birth to 3. As they do so, states should bear in mind the following to help assure these guidelines are tailored to the needs of very young children and their caregivers:

- **Infants and toddlers learn within the context of the relationships and environments provided by the adults in their lives.** Early learning guidelines for infants and toddlers assist caregivers in understanding the effects of reciprocal interactions, observations, and provision of a stimulating and engaging environment on the development of children's learning.
- **Opportunities and incentives for caregivers to gain skills and knowledge about infants and toddlers are part of an early care and education system.** State system planning should provide opportunities for caregivers to learn how to implement guidelines as part of a system that leads to infant and toddler credentials. Programs should be supported on-site by infant-toddler specialists, and knowledge of the guidelines should be recognized within the state's career lattice or quality rating system.

Excerpts from: *Considerations for Developing Early Learning Guidelines for Infants and Toddlers* (updated June 2005), National Infant and Toddler Child Care Initiative and National Child Care Information Center, a project of the U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau.

and continuity of care than older children. *From Neurons to Neighborhoods*, a review of research on early childhood development by the National Research Council and the Institute of Medicine, finds that “both formal education levels and recent, specialized training in child development have been found quite consistently to be associated with high-quality interactions and children’s development in center-based, family day care and even in in-home sitter arrangements.”<sup>29</sup>

There is a significant need to focus on the specific needs of infant and toddler caregivers; a 2002 study found that 78 percent of paid caregivers, including family child care and family, friend, and neighbor caregivers, reported that they served infants and toddlers.<sup>30</sup> *Neurons* also notes that, “Some intriguing recent evidence suggests that the staff-child ratio may be relatively more important for infants and toddlers and that the educational level of the provider may become more important as children move beyond the infant years into toddlerhood and beyond.”<sup>31</sup>

Moreover, research shows that highly-trained center-based teachers are more likely to leave their program or the early childhood field if they earn low wages.<sup>32</sup> Therefore, adequate compensation is also crucial to assuring the stability of a qualified workforce.

#### *Using Scholarship and Wage Enhancement Strategies that Include Infant-Toddler Teachers*

Both higher wages and professional development opportunities have been linked to lower turnover rates.<sup>33</sup> Currently, 16 states have some type of wage incentive program for child care providers and 22 states have implemented some variation of the T.E.A.C.H. Early Childhood® program,<sup>34</sup> although they vary in their state funding levels and their specific approaches. Each state adapts the model to state priorities, such as addressing the needs of infant and toddler teachers.

**North Carolina** developed the T.E.A.C.H. Early Childhood® and the Child Care WAGES® projects—now used as models for many other states’ programs—to increase the education and compensation of professional early care and education teachers. T.E.A.C.H. provides scholarships to child care providers to partially cover the cost of tuition, books, release time, and travel expenses. Both T.E.A.C.H. and WAGES began as initiatives administered by Child Care Services Association, a private, nonprofit state-wide organization. North Carolina now provides funding for both programs, which have expanded throughout the state. In North Carolina, T.E.A.C.H. provides infant and toddler caregivers with reimbursement for the full cost of release time, in order to assure that high-quality substitute teachers can be hired. Infant and toddler teachers can also use a T.E.A.C.H. scholarship to pursue an Infant-Toddler Certificate, available through the state’s community college system. During the 2004-2005 program year, 1,678 infant and toddler caregivers received scholarships through T.E.A.C.H. Each participant must complete a specified number of college course credits and agree to stay in the early childhood field for six months to a year. After completing the coursework, participants receive a bonus (ranging from \$100 to \$700) or a raise of 4 to 5 percent.

The Child Care WAGE\$ Project in North Carolina provides salary supplements to low-wage teachers, directors, and family child care providers working with children from birth to age 5 in participating counties who have worked in the same program for at least six months. Salary supplements to providers are graduated based on the provider's education level, with different tiers for directors, teachers, and family child care providers. In order to remain eligible for WAGE\$, participants must pursue higher education within a specified time.

States can tailor T.E.A.C.H. and WAGE\$ to provide specific supports for infant and toddler teachers, such as conducting additional outreach to infant and toddler teachers, providing counselors and mentors to help support infant and toddler teachers in the program, and linking the T.E.A.C.H. and WAGE\$ initiatives to efforts to improve infant and toddler-specific coursework in the higher education community. The T.E.A.C.H. Early Childhood® Technical Assistance and Quality Assurance Center is available to help states explore both T.E.A.C.H. and WAGE\$ options.

### *Establishing a State Infant-Toddler Credential and Supports for Participating Teachers*

Access to credit-bearing coursework focusing on infants and toddlers may be limited for many interested teachers. Although 95 percent of associate degree programs in early care and education report that infants and toddlers are addressed in their curriculum, just 60 percent require one or more courses on infants and toddlers.<sup>35</sup> One option for states is to increase access to the Child Development Associate (CDA) degree which is available in much of the country and offers a credential for infant and toddler caregivers in center-based programs.<sup>36</sup> An emerging strategy is for a state to develop state-specific degree programs, professional development and training opportunities specifically aimed at infant and toddler caregivers. Twelve states currently have an infant-toddler credential or certification or are working to implement a program.<sup>37</sup>

**Wisconsin** has used the T.E.A.C.H. model to focus on helping more teachers achieve an infant-toddler credential. In 1998, Wisconsin used the new CCDBG infant and toddler earmark to increase access to credit-based professional development tailored to infant-toddler teachers. The state contracted with WestEd<sup>38</sup> to design the curriculum for an infant-toddler credential, which requires 12 credits that could serve as an introductory level of higher education for interested teachers. All state technical colleges and universities collaborated on this effort and offer the same curriculum for the basic courses, in addition to a capstone course that varies according to student interests. A statewide registry, Wisconsin's Recognition System for the Childhood Care and Education Profession, certifies the infant and toddler credential and provides information about training and professional development activities throughout the state, including programs for infant and toddler providers.

In the most recent year, 93 percent of T.E.A.C.H. participants in the infant-toddler credential program completed their expected coursework and finished the required number of months of work in the early care and education field after meeting their education goals. Turnover among T.E.A.C.H. participants is around 7 percent annually, whereas statewide turnover among teachers in the field is approximately 30 to 40 percent. Ongoing funding for the program comes from the CCDBG infant and toddler earmark and the CCDBG quality set-aside.

### ***Creating a Statewide Network of Infant-Toddler Specialists***

Seventeen states have established infant-toddler specialist networks to improve the quality of child care and the healthy development of infants and toddlers (Alabama, California, Florida, Indiana, Iowa, Kansas, Kentucky, Maine, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Washington, and West Virginia). States have built their infant-toddler specialist networks into existing systems in the state depending on the best fit; many choose to house their specialists in the state child care resource and referral agencies, while others have chosen state public health or professional development systems as the best way to implement their network.<sup>39</sup>

**Iowa** has five regional infant-toddler specialists housed in regional Child Care Resource and Referral agencies across the state. These specialists conduct outreach to infant and toddler providers in their community and support a statewide train-the-trainers effort using the Program for Infant-Toddler Caregivers (PITC) to build the quality of the infant-toddler workforce. The goal is to have more infant and toddler teachers and caregivers participate in both training and technical assistance, as part of a comprehensive approach to professional development. The infant-toddler specialists each oversee a region of the state and supervise the trainers and manage the training courses. There are currently 90 trainers certified by WestED in all four PITC modules and an additional module specific to children with disabilities. The state covers the cost of training trainers, but trainers must sign a letter agreeing to individually deliver 40 hours of voluntary training in return.

These trainers, under the supervision of the regional infant-toddler specialists, provide a 40-hour series of two-hour classes for infant and toddler caregivers, including foster and adoptive parents. During the past year, an additional six hours of Infant-Toddler Environmental Rating Scale (ITERS) or FDCRS (Family Day Care Rating Scale) training was also included. Those who commit to a 40-hour training course are eligible for more intensive levels of technical assistance (up to 10 hours), which may be provided by the regional infant-toddler specialist or the trainer. In Iowa, family child care providers caring for fewer than five children are not required to register with the state; infant-toddler specialists work to identify these providers to encourage them to participate as well.

Since the program began in 2001, 1,000 infant and toddler providers have participated in training each year. A statewide database includes demographic information on each participant, as well as background on their job responsibilities and motivation for participating. The database also includes information on each trainer, including how many trainings they have completed and the percentage of providers who complete the entire series. The database is linked to the professional development registry. Iowa's initiatives are funded through the CCDBG infant and toddler earmark.

### ***Reaching Home-Based Family, Friend, and Neighbor Caregivers***

Children under age 3 are more likely to be cared for in the homes of family, friend and neighbor caregivers than older children—in fact, nearly one-third of infants under age 1 with employed mothers are in this type of care.<sup>40</sup> Most states allow relatives to receive child care

subsidy payments, but exempt them from state child care licensing regulations.<sup>41</sup> In nine states (Hawaii, Illinois, Michigan, New York, North Dakota, Oregon, Pennsylvania, Utah, and Wyoming), license-exempt home-based care is the most common type of child care arrangement for children receiving subsidies.<sup>42</sup> States are searching for ways to reach in-home family, friend, and neighbor caregivers in constructive ways, including conducting home visits, tailored outreach to caregivers in their communities, support groups, and linkages to center-based and state pre-kindergarten programs.<sup>43</sup> States typically approach this issue in one of two ways—either by using participation in the child care subsidy system as a lever for requiring additional education, training, and/or monitoring for subsidized caregivers, or by providing supports to all family, friend, and neighbor caregivers, regardless of whether they receive a subsidy or not.<sup>44</sup>

**Georgia** is using the child care subsidy system as a lever for improvement. The program has a goal of increasing the quality of early learning experiences in home-based settings. Starting in 2006, all family, friend, and neighbor caregivers who accept child care subsidies and all registered family child care homes now receive annual home visits, instead of one every three to four years. Using federal CCDBG quality set-aside funds, the state hired nine new consultants. The visits will focus on basic health and safety, providing child development information, and determining any additional needs for technical assistance.

**Delaware** has begun to require that relative caregivers receiving a child care subsidy participate in 45 hours of training on topics including health, safety, nutrition, language and literacy, behavior, child development, CPR, and first aid. Relatives are also offered on-site technical assistance through the state child care resource and referral network.<sup>45</sup>

**Minnesota** aims to reach all in-home caregivers. The Department of Human Services has taken several steps to better understand and reach family, friend, and neighbor caregivers. The state commissioned studies to describe the home-based caregivers population statewide, to focus on caregivers serving children in the state subsidy system, and to describe recent immigrant and refugee communities.<sup>46</sup> The state also specifically amended its contracts with the Minnesota Child Care Resource and Referral Network programs and other grantees working on child care development programs to require outreach to all family, friend, and neighbor caregivers in the communities they serve. While this initiative is open to all caregivers, the state has prioritized those who care for infants and toddlers, among other specific populations.<sup>47</sup>

### **Linkages to Comprehensive Services to Support Families and Promote Healthy Child Development**

Linkages to comprehensive services such as health, nutrition, family support, and any necessary social services are crucial to the success of early care and education policies, particularly for those children living in poverty. The National Research Council's report, *From Neurons to Neighborhoods*, concludes that environmental factors play a crucial role in children's development, especially during the early years.<sup>48</sup> Research indicates that poor children are at a greater risk for impaired brain development due to exposure to risk factors associated with poverty.<sup>49</sup>

For example, poor children are almost twice as likely as non-poor children to be reported in fair or poor health, and they experience increased rates of low birth weight and infant mortality, growth stunting, and lead poisoning, all of which are associated with physical disabilities, reduced IQ, and grade repetition.<sup>50</sup> Children living in poverty are also at greater risk for obesity.<sup>51</sup> A review of studies on health and nutrition services for low-income children indicates that children are less likely to receive physical and dental check-ups and follow-up care and tend to have a less nutritional diet compared to children enrolled in Head Start, where these comprehensive services are a requirement of the program.<sup>52</sup> Thus, it is important that early care and education policies assure that poor children and those with special needs and their families receive comprehensive services.

### *Expanding Access to Comprehensive Services Using Early Head Start Standards*

Federal Head Start standards require programs to provide or to assure that families are linked to needed services in the areas of health, parental involvement, nutrition, social development, and transitions to other settings as children grow out of the program.<sup>53</sup> States are experimenting with different models for extending these supports to low-income children in other early care settings, including the state expansion of the full Early Head Start program in **Kansas** (see page 13), while others are developing means to bring comprehensive services to child care settings for subsidized low-income children through direct contracts. Another approach that could be used to bring comprehensive services to infants and toddlers utilizes networks of providers to share family support staff (see Box, page 22).

From 1998 to 2003, **Oklahoma's** First Start program provided comprehensive services to children birth to age 3 from low-income families through contracts with community-based child care providers. When First Start began, it paid the full cost of providing comprehensive early care and education; this was approximately \$10,000 per child per year. In 2000, the state began instead to provide \$16 per child per day to programs serving low-income children birth to age 3 who were eligible for child care assistance through the state subsidy program. Programs could combine these funds with the child care subsidy payment (which averaged between \$17 and \$20 per day) and any parent co-payment, but could not combine federal Early Head Start dollars with First Start for the same child. During the time that the program was operating, funding came from the CCDBG infant and toddler earmark and a transfer of TANF funds. The program was discontinued during state budget tightening.

### *Building a Network of Trained Child Mental Health Consultants Available to Providers and Parents*

Supporting the social and emotional development of children is a key component of school readiness. Children need a positive self concept to get along with peers and teachers, to exercise self-regulation and use appropriate behavior, and to be motivated to learn. Not meeting social and emotional milestones early in life is a strong predictor of later academic and behavioral problems.<sup>54</sup> Unfortunately, lack of adequate supports for teachers with children who have challenging behaviors have led to an increase in expulsion from early childhood programs. Expulsion rates are three times higher in pre-kindergarten programs than in grades K-12.

However, when teachers have access to mental health resources and on-site consultation from a mental health professional, expulsion rates are lower.<sup>55</sup>

In **Connecticut**, the state contracts with a private nonprofit behavioral health care company to administer the Early Childhood Consultation Partnership (ECCP). ECCP provides consultants who assist teachers in creating appropriate individual plans for students and developing classroom strategies that adequately address behavioral and socio-emotional needs of children birth to 5. Services can be directed toward a particular child in need or to help improve general services in a classroom or a program. For example, parents, providers, and directors may request a consultation on a particular child. Consultants also observe classrooms and provide guidance to teachers on improving the overall socio-emotional environment. Approximately 20 to 25 percent of children served are younger than 3 years, and ECCP is in the process of developing a pilot project that would use an interdisciplinary consultation model that addresses the unique needs of infants and toddlers. Consultants also work specifically with families and caregivers of children who participate in multiple education and care settings to coordinate a common strategy, and they work with child welfare services to coordinate foster home care and child care settings (including in-home consultation services available to foster parents). The program operates statewide, is centrally managed and maintains consistent statewide programming through a centralized computer data collection, monitoring, and reporting system. ECCP is supported by state funding and private foundations.

#### ■ A COMPREHENSIVE SERVICES MODEL WITH POTENTIAL FOR INFANTS AND TODDLERS ■

**Rhode Island's** Comprehensive Child Care Services Program (CCCSP) provides comprehensive services based on those required under the federal Head Start program for 3- and 4-year-old children in low income families. Although CCCSP does not currently include infants and toddlers, this model could be used to reach infants and toddlers just as well with additional political will and resources. CCCSP funds networks of providers (comprised of a minimum of three unaffiliated child care providers, including family child care homes). Providers in the network are required to provide all Head Start comprehensive service components (except for areas in which Rhode Island licensing requirements already provided an equivalent quality floor). Networks must also establish a policy council that determines how to spend the funds to meet children's needs in all areas of development and must support home visits for all participating children and families. Participating programs must also meet CCCSP standards (which are based on the Head Start Program Performance Standards), and average an overall average score of five (four for each participating preschool classroom) on the Early Childhood Environmental Rating Scale. A portion of state overall program funding is set aside for monitoring and technical assistance, which provides a consultant for each network. In each network the primary contractor receives funding to distribute to participating programs, provide the required wraparound services, and hire a program manager, who is responsible for quality control and coordinating services in network sites. Funding comes from the CCDBG quality set-aside.

# State Governance and Funding Strategies to Support Birth to 3 Policies

## Coordinated Governance

In order to deliver quality, comprehensive early care and education services, states need sound governance structures that assure that all the parts of a system are working in a coordinated way. Birth to 5 governance structures need not require co-location or merging of all agencies serving young children and their families, but will always require cooperation, relationship-building, coordinated planning, and shared vision among a state's early childhood education leadership. Governance must account for both *horizontal* connections across systems serving the same age children—for example, child care, Head Start, state pre-kindergarten programs, and early intervention services—as well as *vertical* connections of services from birth to 5 to provide continuity and coordination for children as they grow. How governance is structured can help assure that infants and toddlers are considered whenever crucial early care and education policy decisions are made.

A growing number of states are addressing the need for more coordinated governance. Florida, Georgia, Massachusetts, Pennsylvania, Vermont, and Washington have all made major changes in governance structures in the last year. More state innovations are likely, as a set of private charitable foundations are supporting state policymakers in their efforts to rethink their early care and education systems with a birth to 5 policy frame.<sup>56</sup> Moreover, all states received federal Maternal and Child Health State Early Childhood Comprehensive Systems (ECCS) three-year (2002-2004) planning grants to develop comprehensive early childhood service delivery plans that include early care and education. Some states have received approval to move to implementation. It is important to note, however, that coordinated governance without a corresponding increase in resources and thoughtful policy development, is not sufficient to address the unmet early care and education needs of infants and toddlers.

### ■ EXAMPLES OF STATE GOVERNANCE AND FUNDING STRATEGIES TO SUPPORT BIRTH TO 3 POLICIES ■

#### **Coordinated Governance**

Combining Agencies  
Governing Jointly

#### **Funding Across Age Groups**

Setting Aside Infant-Toddler Funds Within a Preschool Funding Stream  
Creating a Birth to 5 Funding Stream

For additional information about these examples, please see the Child Care and Early Education page at [www.clasp.org](http://www.clasp.org).

### *Combining Agencies*

Georgia capitalized on popular and political support for the state's universal pre-kindergarten initiative to broaden the agency's mission to encompass a birth to 5 focus. Bright from the Start: The Georgia Department of Early Care and Learning was created in 2004 by the governor with legislative support. The Bright from the Start mission is "to build and sustain an early care and education system that produces extraordinary results in preparing children for academic, social, emotional, and physical success . . . through collaboration, technical assistance, funding, monitoring, capacity building, training, and setting standards."<sup>57</sup> Through this agency, policymakers hope: to reach more young children by developing a statewide birth to 5 professional development system in collaboration with the state university system; improve the quality of technical assistance to all providers, regardless of the age of children they serve; and focus on increased quality in home-based settings, where most infants and toddlers are currently in care.

Then in 2005, the state legislature passed a resolution creating a committee on Newborns to Age Five to study issues facing this age group and provide recommendations for action to the speaker of the state House of Representatives. The committee highlighted the work of the ECCS grant planning committee as a framework and guide for its final recommendations.

This new Georgia agency is headed by a commissioner who reports directly to the governor; it includes staff from the former pre-kindergarten office as well as some of the relevant child care staff of the Department of Human Resources. Responsibility for child care subsidy administration remains in the Department of Human Resources, while Bright from the Start manages the state pre-kindergarten program, the federal child nutrition program, all child care center licensing and registering of family child care homes, the Even Start Literacy Program, and the CCDBG quality set-aside and infant and toddler earmark. Bright from the Start also houses the Head Start - State Collaboration Office. The Bright from the Start commissioner represents the interests of children from birth to 5 at the First Lady's Children's Cabinet, the Georgia Workforce Investment Board, and the Alliance of State Education Leaders, which called for streamlining and coordination of Georgia's early care and education system.

#### ■ NATIONAL INFANT & TODDLER CHILD CARE INITIATIVE ■

The National Infant & Toddler Child Care Initiative at ZERO TO THREE is a project of the U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau. The Initiative works collaboratively with Child Care and Development Fund (CCDF) administrators and other partners in their efforts to improve the quality and supply of infant and toddler child care. Between 2002 and 2005, the Initiative worked with 20 states and territories to map current efforts, prioritize areas of need, and create a plan for action. Current technical assistance efforts are focused on supporting states, tribes, and territories in the areas of quality rating systems, infant-toddler credentials, infant-toddler specialist networks, and the standards base of professional development systems through learning communities and other approaches.

### *Governing Jointly*

In **Pennsylvania**, the Office of Child Development (OCD) was established within the state Department of Public Welfare in 2004 under gubernatorial order. OCD's mission is to create the opportunity for all children to benefit from strong early childhood programs through an approach that unifies and recognizes the important contributions of all of the necessary partners, including parents, schools, child care, early intervention, Head Start, libraries, and community organizations. The OCD deputy secretary also serves as the policy director of the Department of Education and directs early childhood policy for the Department of Education. This allows for easier coordination and development of a common agenda, standards, and approaches to early learning systems development. For example, OCD required staff from both public welfare and education programs to help develop pre-kindergarten standards.

Pennsylvania's OCD is responsible for setting and managing the child care subsidy system, regulation of child care centers and home-based providers, early intervention for children birth to 3, state-funded Head Start, child care quality initiatives, and numerous other programs bridging the welfare and education departments. OCD has engaged in an ongoing effort to solicit the support and advice of the state's early care and education community and the public through advisory committees and regional public hearings. The six main strategies are:

- establish new early learning programs;
- build the capacity of child care as a partner for school readiness;
- improve professional preparation and development of teachers and administrators;
- assure access to quality early learning settings for the most disadvantaged children;
- engage parents and other stakeholders; and,
- coordinate their own efforts fully with the Department of Public Welfare and the Department of Education.

Pennsylvania has implemented numerous initiatives as part of these strategies. For example, the state has launched a funding stream to school districts that allows them to provide pre-kindergarten if they choose, and it has also expanded a new state-funded Head Start. (Pennsylvania was one of very few states that had neither pre-kindergarten nor state funding for Head Start before this.) OCD is also building its infrastructure for coordinating quality improvement and professional development activities across systems using a quality rating system that uses environmental rating scales. OCD will provide tiered financial incentives for sites, wage supplements for credentialed and/or degreed staff (including preferential status for consideration for T.E.A.C.H. scholarships), and technical assistance to child care programs based on level of participation in the subsidy program (i.e., percentage of children enrolled who receive child care subsidies).

OCD is now beginning to focus directly on infant and toddler policies. Staff are engaged in implementing a strategic plan to promote the development of infants and toddlers from pregnancy by integrating and coordinating efforts in the Department of Education, the Department of Public Welfare, and the Department of Health “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.”<sup>58</sup> Development of the infant and toddler policy document was supported by the Build Initiative — a privately-funded multi-state partnership that helps states construct a coordinated system of programs, policies and services that responds to the needs of young children and their families<sup>59</sup> — in which Pennsylvania has been participating since 2003.

### Funding Across Age Groups

Funding decisions drive policy, making it crucial that new and existing funding streams target and include services for infants and toddlers along with those for preschool-aged children. Depending on current policies in a state, different approaches may work best to help assure support across the birth to 5 age span. For example, a state could create a set-aside in their preschool program, following the example of the federal Head Start program. At the recommendation of a bipartisan committee on Head Start quality, Congress set aside a portion of Head Start funding to serve families with children under age 3 in 1994. Or, a state may create a funding stream available for local use for birth to 5 initiatives that can be tied to public-private community partnerships.

#### *Setting Aside Infant-Toddler Funds Within a Preschool Funding Stream*

In **Illinois**, state policymakers and advocates built an 8 percent infant and toddler set-aside into a block grant that combined all state education funding for preschool-aged children. The set-aside, which was raised to 11 percent in 2004, provided \$30 million in 2004 to the Illinois State Board of Education to support infants and toddlers and their families. Most local efforts use funds to provide parent education (available to families regardless of income), child health and development screenings, and family supports. Funds have not been used to provide subsidized child care slots or enhance the quality standards of existing early care and education programs. Each year, the Illinois State Board of Education issues a request to solicit proposals from across the state, except from the Chicago School District, which receives its own percentage of the block grant directly.<sup>60</sup> The majority of grants are awarded to public school districts, although health departments and other community-based organizations may apply. However, services are delivered in a variety of settings, including child care centers, family child care homes, schools, children’s homes, and community agencies. Beginning in 2006, new legislation requires that new grantees use research-based strategies that focus on prevention and target at-risk families and children. The state’s Early Learning Council has developed a resource toolkit to help programs think through implementing research-based child development and family support program models for infants and toddlers that is available on the Illinois State Board of Education website.<sup>61</sup>

### *Creating a Birth to 5 Funding Stream*

In 1993, **North Carolina** pioneered Smart Start, a statewide system for public-private partnership which distributes state general revenue to all 100 counties through a network of local, independent nonprofit agencies called Partnerships for Children. The vast majority of the funding comes from a state appropriation, with 10 percent of funding required to come from private sources. The current state funding level stands at \$192 million. The state mandates that 70 percent of Smart Start funds must be used for child care-related activities (such as improving quality or resource and referral services), including at least 30 percent for child care subsidies for working families. The remaining 30 percent of funding may be used for access to health services and family supports such as parent education and developmental screenings.

In many localities, Smart Start provides funding to programs such as T.E.A.C.H. and WAGES (see page 17). Local Smart Start partnerships also coordinate with community colleges and resource and referral agencies around infant-toddler caregiver training to prevent duplication of services and expand opportunities for training and professional development. While Smart Start is not a new initiative, the program continues to serve as a model for generating linked funding for children birth to 5 and their families. Alabama, Colorado, Iowa, Oklahoma, South Carolina, Vermont, and Memphis, Tennessee each have a Smart Start initiative, although none of them have as high a state funding commitment as North Carolina. Recently, Michigan, Virginia, Washington, and Wyoming developed public-private partnership models tailored to increase funding for birth to 5 early care and education programs. Each of these states is hoping to generate significant private support and has small amounts of public dollars to start up. The Smart Start National Technical Assistance Center provides guidance to states and communities interested in starting or expanding their own programs based on the Smart Start model of public-private funding.<sup>62</sup>

■ KEY FEDERAL FUNDING STREAMS AND PROGRAMS THAT CAN BE USED FOR INFANTS AND TODDLERS ■

The **Child Care and Development Block Grant (CCDBG)** is the primary source of federal funding for child care subsidies for low-income working families and funds to improve child care quality. Each state receives a set amount of federal funds and can receive additional funds by spending more state money on child care subsidies and quality initiatives. In fiscal year 2006, CCDBG provided \$5 billion in federal funding, with states expected to provide \$2 billion, for a total of \$7 billion. CCDBG includes an infant and toddler earmark (\$98 million) to improve the quality of care for infants and toddlers, \$170 million for quality expansion, and \$19 million for school-age care and Child Care Resource and Referral. (From final allocations at [http://www.acf.hhs.gov/programs/ccb/policy1/current/allocations2006/estimated\\_final\\_allocations2006.htm](http://www.acf.hhs.gov/programs/ccb/policy1/current/allocations2006/estimated_final_allocations2006.htm)) <http://www.acf.hhs.gov/programs/ccb/policy1/index.htm>

The **Temporary Assistance for Needy Families (TANF)** block grant was established in 1996 by the Personal Responsibility and Work Opportunity Reconciliation Act (popularly known as welfare reform). States have broad discretion when using their block grant funds and designing their TANF programs. Federal “work participation rates” require that a percentage of families must be engaged in specified work-related activities for a specified number of hours each month, with the required rates adjusted downward based on the extent of caseload reduction. There is no entitlement to assistance under federal law, and the law prohibits using federal funds to assist families for more than 60 months (with limited exceptions). A state may also choose to transfer up to 30 percent of its TANF funds to use as CCDBG dollars or may spend TANF directly on child care under certain rules. <http://www.acf.hhs.gov/programs/ofa/>

**Early Head Start** began in 1995, after Congress reauthorized the preschool Head Start program and launched a new program to serve infants, toddlers, and pregnant women. Participants and their families receive comprehensive early care and education services. All programs are required to meet the Head Start Program Performance Standards, which include mental and physical health, dental, family, and social services. The Early Head Start program is funded through a set-aside within the Head Start budget. In FY 2006, \$6.8 billion was allocated for the Head Start program, \$684 million of which went to Early Head Start programs. <http://www.acf.hhs.gov/programs/hsb/>  
<http://www.ehsnrc.org/>

**The Title V Maternal and Child Health Block Grant to States Program** is a federal-state partnership designed to strengthen local public health initiatives for young children and their mothers. States are required to match a percent of federal dollars. Title V provides access to medical care in underserved areas and for uninsured and underinsured families. In addition, Title V funds family support services, including respite care for families with children with special needs. The block grant can also be used to assess state needs and identify gaps in services. [https://perfddata.hrsa.gov/mchb/mchreports/LEARN\\_More/Title\\_V\\_Today/title\\_v\\_today.asp](https://perfddata.hrsa.gov/mchb/mchreports/LEARN_More/Title_V_Today/title_v_today.asp)

**Child and Adult Care Food Program (CACFP)** is a federal program under the Department of Agriculture that subsidizes meals that meet USDA nutritional guidelines for children in child care settings and shelters. <http://www.fns.usda.gov/cnd/care/>

■ KEY FEDERAL FUNDING STREAMS AND PROGRAMS THAT CAN BE USED FOR INFANTS AND TODDLERS ■

**Child Welfare Services** includes several federal programs that serve foster children and adoptive families. The Foster Care Program provides money to states for foster care payments, prevention efforts, case management, and training. Other funding streams include Adoption Assistance, Promoting Safe and Stable Families, Child Welfare Services and Training, and the Social Services Block Grant.

<http://www.acf.hhs.gov/programs/cb/>

**Medicaid** is a federal health insurance program for specified groups among the poor. It is administered by the states, which set eligibility and service guidelines. Children who are U.S. citizens may be eligible for Medicaid even if their parents are not.

<http://www.cms.hhs.gov/home/medicaid.asp>

The **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** serves low-income women, infants, and children up to age 5 with nutritious food supplements, information, and medical screenings and referrals. WIC is a federal grant program within the U.S. Department of Agriculture and serves 45 percent of all infants born in the United States.

[www.fns.usda.gov/wic/](http://www.fns.usda.gov/wic/)

**State Child Health Insurance Program (SCHIP)** is a federal block grant program that provides funds to states to provide health insurance to children in families earning up to 200 percent of the federal poverty level.

<http://www.cms.hhs.gov/home/schip.asp>

The **Individuals with Disabilities Education Act (IDEA) Part C** supports services for infants and toddlers with developmental disabilities and delays. When a child is determined eligible for Part C, the family and the Part C agency develop an Individualized Family Service Plan (IFSP), which outlines the goals for the child and the services available. In FY 2006, Part C of IDEA was funded at \$436.4 million.

<http://www.ed.gov/policy/speced/guid/idea/idea2004.html>

**Even Start** is a federal program that was enacted as part of the Elementary and Secondary Education Act. It provides grants to states to establish comprehensive family literacy programs that integrate early education and adult literacy programs. In FY 2006, \$99 million was appropriated for Even Start, less than half the level of funding in FY 2005.

<http://www.evenstart.org/>

**Healthy Start** is a federal grant program to areas with high infant mortality rates. The program promotes community-based maternal and child health programs that address infant mortality, low birth weight, and racial disparities in perinatal health.

<http://www.healthystartassoc.org/>



# Key Steps and Considerations for State Leaders

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While each state might choose to address the needs of children under age 3 in a different way, the following steps might be useful in the planning process.

**Assemble all stakeholders, including state health, family support, and early intervention program representatives.** In order to address the comprehensive needs of children birth to 5 it is important to have an interagency group with representatives from the various early childhood settings, including those from private and provider groups. Many such interagency coordinating bodies have emerged over the past decade.<sup>63</sup> For example, some states are using their State Early Childhood Comprehensive Systems Grant for this purpose. The grants are provided to each state through the federal Maternal and Child Health Bureau to support states in planning and eventually implementing partnerships and collaborations that support school readiness. States are required to focus on: (1) access to medical homes, (2) mental health and socio-emotional development, (3) early care and education services, (4) parent education, and (5) family support services.<sup>64</sup>

**Review state demographic data.** Before developing state policies for children under age 3, a state should compile key demographic data on this age group. For example: how many children are born in the state each year? How many children birth to 3 live in the state? What percentage of the children under age 3 live in poverty? How many live in low-income families (under 200 percent of poverty)? In which areas of the state do they reside? What do families of this age group look like? How many children in this age group live in families in which English is not the first language?

To get started, states can look to existing collections of state specific data. For example, the National Center on Children and Poverty website has a 50-state database that can be used to research state demographics and policies (<http://nccp.org>), and the National Infant and

Toddler Child Care Initiative website has state profiles that include basic information on very young children, their families, and the numbers of these children and families served in components of the state early care and education system (<http://nccic.acf.hhs.gov/itcc>).

**Conduct a comprehensive review of state policy.** Before a state can determine the right policy agenda for infants and toddlers, it must identify what services are already in place for this age group. This means conducting a complete review of current early care and education funding sources and policies for children birth to 3. For example, how many children under age 3 are being served in child care programs, through state child care subsidies or other early care and education initiatives, and how many receive health, nutrition, family support, parent education, early intervention, and other services? Several organizations have developed checklists that can provide a starting point for reports on the status of state policies.<sup>65</sup>

**Assess policy challenges.** Each state will face unique challenges that will have an impact on strategic planning, and must be taken into account in determining the best way to move forward with the state policy agenda. Many states already have a piece or pieces of the picture, but have not yet developed a fleshed out vision of birth to 5 early care and education policy for lack of resources, political will, or leadership on this issue. State leaders may also face a variety of opinions on the appropriate means of supporting families with infants and toddlers, or difficulty in communicating with the public about the link between child development from birth to age 3 and goals for school readiness and beyond. States may have one or two small-scale initiatives that target the quality of early care and education for infants and toddlers, but may not have taken them to scale statewide.

**Develop a state blueprint for a birth to 3 agenda that builds on the existing birth to 5 system.** After reviewing the demographic and policy data, the state is better poised to choose the best path or paths to improving the opportunities for very young children to experience positive early learning opportunities and relationships with their caregivers. A state should develop a plan for addressing good health, strong families, and positive learning experiences for infants and toddlers. This includes a long term vision and a set of recommended steps over time. Depending on the policies and infrastructure currently in place, a state should consider multiple paths, including:

- ***Expanding an existing pilot or small program to serve the entire state:*** For example, a state with a waiting list for scholarships to earn an infant-toddler credential could expand its investment, or a state with a small state-funded Early Head Start program could work toward expanding statewide;
- ***Re-examining a birth to 5 strategy to assure an impact on infants and toddlers:*** For example, a state with a birth to 5 funding stream to community partnerships could work to provide guidance and technical assistance to help communities use those funds for initiatives to improve infant and toddler care and education, or a state with a quality rating system could require participating programs to work with infant-toddler specialists to improve those classrooms; and,

- ***Building on an existing state investment in pre-kindergarten settings by improving environments for younger children:*** For example, a state that articulates desired program standards in pre-kindergarten and provides resources and technical assistance to help programs reach those standards could conduct a similar strategy with standards that reflect the developmental needs of young children.

**Develop state-based funding strategies.** States will have to address the crucial need to generate new state resources in their planning, including the impact of changes to federal TANF provisions and the potential impact on state child care subsidy system resources. Throughout the 1990s, states were able to substantially expand child care and early care and education by relying principally on federal funds—however, in recent years we have seen mostly small cuts in federal funding or stagnant funding. For example, the federal Early Head Start program reaches only 3 percent of eligible children under age 3.<sup>66</sup> The number of children served by Early Head Start has remained flat since the 2002 program year.<sup>67</sup> The CCDBG—the primary source of federal and state funding to help low-income working families with children under 13 afford child care and to improve the quality of care—is funded at nearly \$5 billion in federal funds, with \$98 million in a 2006 set-aside for improving the quality of infant and toddler care. Funding for the earmark has been near flat, declining slightly from \$100 million in fiscal year 2002.<sup>68</sup> Child care subsidies already reach just a small fraction of low-income working families potentially eligible under federal law.<sup>69</sup> Most states have not filled the gaps left as federal funds have failed to keep pace with inflation.

The recently enacted fiscal year 2006 federal budget (called “the Deficit Reduction Act of 2005”) is likely to further strain state resources. The bill includes provisions requiring states to meet increased work participation rates for welfare families but does not provide enough funding to meet subsequent new child care needs and maintain current commitments to other low-income families who rely on subsidies in order to work.<sup>70</sup> Given limited funds, increased commitment of state funds will be crucial if infants and toddlers are to be included in a vision of improved school readiness.



# Emerging Themes

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Although the state policies to promote the quality of infant and toddler early care and education that we reviewed were in different stages of development, from our research, the following themes emerged:

## **Birth to 3 Needs More Policy Attention.**

- **States have been successful when they intentionally raise the profile of infant and toddler policy.** We saw examples of states that developed a strategic plan for infant and toddler policy involving stakeholders across the state or created a position within the state agency to increase attention to infant and toddler issues at every opportunity.
- **Policies that support the development of infant and toddlers need more attention and funding.** Many interviewees said that infant and toddler issues can get lost among many other priorities in the state, including education for older children and the emerging interest in pre-kindergarten. As governors and state legislatures focus on school readiness, new opportunities for creative ideas on how to support parents and ensure quality child care for the youngest children will emerge.
- **State Early Childhood Comprehensive Systems planning and implementation grants are an opportunity to address infants and toddlers within a birth to 5 frame.** Several states said that the cross-agency planning being conducted as part of this federal grant had become the place where long-term systems planning for children birth to 5 occurred. As more states make their plans publicly available and apply for implementation grants, it will be important for state advocates to be involved and review them for innovative policies and practices.<sup>72</sup>
- **State leaders and the public need more information on how well-designed early care and education policy strategies can make a difference in the lives of very young children.** Research and evaluation data have raised awareness about the potential long-term effects of investing in preschool. A similar effort must be made to support specific policies

that promote healthy child development and positive relationships between very young children and their caregivers. In addition, states need clear resources and tools that explain which policy solutions are emerging and how to implement them.

### **State Leadership is Crucial to Move Forward for Infants and Toddlers.**

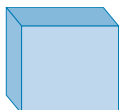
- **Shrinking federal resources for children’s programs means states will have to assume new leadership on issues affecting all young children.** In the past, earmarked federal dollars have acted as a catalyst for many state initiatives; however, budget constraints at the federal level make this less likely in the future. While many states pointed to the creation of the infant and toddler earmark within CCDBG, the availability of TANF funds for child care after the 1996 welfare changes, or the model of Early Head Start as helping start their state efforts, they also recognized that federal funds are no longer increasing much, if at all. States will need to allocate their own dollars to maintain or expand their initiatives, unless there are major increases in federal support for early care and education. State leaders should also be encouraged to promote increased federal spending on programs that benefit the children in their state, such as Early Head Start and CCDBG, including the infant-toddler earmark.

### **All State Planning Needs to Address Building Capacity and Specific Knowledge of Child Development Birth to 3.**

- **Building the supply of trainers, educators, technical assistance providers, and specialists with knowledge in infant and toddler development and programming is a necessary first step to improving services.** Several states in this study had invested in educating a corps of experts in infant and toddler development to support the policy agenda. At every level, there is a need to build the capacity of the early education and family support fields to address the needs of infant and toddlers. Strategies included new courses at colleges and universities, the development of specialist networks, and targeted technical assistance to help communities address the issues facing families with very young children. These investments can support the success of other state initiatives; for example, infant and toddler specialists can help early care and education providers understand quality rating systems and increase their ratings.

### **Some States are Developing Promising Initiatives, Following Different Paths to Strengthening Birth to 3 Policies.**

- **No one policy solution is seen as a silver bullet.** States often employ multiple approaches, because a simple, classroom-based solution is not appropriate or adequate to reach infants and toddlers in the diverse places where they receive early care and education. Although the scope of this paper was to gather targeted information on certain state policy initiatives, many of the states had more than one policy initiative to address infant and toddler care.



- **States can improve early care and education for infants and toddlers no matter what structures and systems they already have in place.** States that are beginning to focus on very young children can meet their goals following multiple policy paths, including re-examining and building on existing initiatives not yet adapted to the needs of infants and toddlers.

### **In Addition to Birth to 3 Policies, States Should Examine Their Governance and Financing Structures to Assure Ongoing Integrated Policy Development.**

- **Intentional governance and financing policies help reinforce birth to 3 early care and education policies.** The states we examined that made intentional choices to link across age groups in governance and finance were able to generate new synergy for addressing infant and toddler needs. For example, a birth to 5 community partnership funding stream can help local communities finance access to T.E.A.C.H. for infant and toddler caregivers in their area, and coordinated governance can assure that all components of a state early care and education system kept infant and toddler needs in mind when making policy decisions.

### **As Birth to 3 Initiatives Emerge, Ongoing Improvement and Evaluation are Critical.**

- **Ongoing collection of data to describe, monitor and improve the new infant and toddler initiatives are important.** Several state interviewees described ongoing data collection and process evaluation as critical to assessing birth to 3 initiatives, but they noted that relatively little funding was available to conduct program evaluation. States should assure that funding is available for ongoing data collection and monitoring and that such information is used to improve programs.



## Conclusion

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**C**omprehensive early care and education policies that start at birth have the potential to identify health and developmental issues, link families to necessary supports, and assure that those who care for very young children have the tools to stimulate healthy child development. A growing number of states are interested in helping the educational and life prospects of poor children, but are looking for guidance on how to build a continuum of early care and education policies that start at birth. This policy paper points to a number of illustrative strategies and ideas that could be employed by states to build a birth to 5 early care and education system. More research into state initiatives for infants and toddlers is needed to draw distinctions between different state approaches. Finally, federal and state governments need to increase their focus on infants and toddlers, as well as funding for these initiatives, to ensure all young children have opportunities for positive early learning experiences that contribute to future success.



## Endnotes

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- 56 For example, a collaborative of early childhood foundations started the Build initiative to help states conduct comprehensive systems planning; the Bill & Melinda Gates Foundation is supporting birth to 5 initiatives in Washington; the W.K. Kellogg Foundation is supporting the Smart Start National Technical Assistance Center to provide intensive assistance to communities and states to support the development and implementation of comprehensive, community-based early childhood initiatives; and the Susan A. Buffett Foundation is supporting an initiative to build on the public-private Educare initiative, which creates high-quality birth to 5 early care and education centers for children of low-income families. The Buffett Foundation has also founded the Birth to Five Policy Alliance which includes a range of national organizations focusing on birth to 5 policy development and advocacy.

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# Appendix: List of Primary Contacts for State Examples

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## *Examples of State Initiatives to Promote Child Development Birth to 3*

### ***Arkansas Framework for Infant and Toddler Care***

Kathy Stegall  
Arkansas Department of Human Services,  
Division of Child Care & Early Education  
(501) 682-9699  
kathy.stegall@arkansas.gov

Paul Kelly  
Arkansas Advocates for Children and Families  
(501) 371-9678  
pkelly@aradvocates.org

### ***Connecticut Early Childhood Consultation Partnership***

Liz Bicio, LCSW  
Advanced Behavioral Health  
(860) 704-6198  
ebicio@abhct.com

### ***Iowa Infant-Toddler Specialist Network***

Beth Walling  
Iowa Department of Human Services  
(515) 281-6871  
bwallin@dhs.state.ia.us

### ***Kansas Early Head Start***

Mary Weathers  
Child Care and Early Childhood Development  
EHS/HS Program Manager  
(785) 296-4712  
mxkw@srskansas.org

### ***North Carolina T.E.A.C.H. Early Childhood® and Child Care WAGES®***

Sue Russell  
Child Care Services Association  
(919) 967-3272  
suer@ipass.net

### ***Oklahoma First Start***

Lu Ann Faulkner  
Oklahoma Department of Human Services  
(800) 347-2276  
Luann.Faulkner@okdhs.org

***Rhode Island Comprehensive Child Care Services Program***

Sue Libutti and Reeva Sullivan Murphy  
Rhode Island Department of Human Services  
(401) 462-3415  
slibutti@dhs.ri.gov

***Tennessee Star Quality Rating System***

Judy Smith and Gail Crawford  
Tennessee Department of Human Services  
(615) 313-4781  
Gail.Crawford@state.tn.us

***Wisconsin Infant-Toddler Credential and T.E.A.C.H. Early Childhood®***

Jeanette A. Paulson  
Wisconsin Early Childhood Association  
(608) 240-9880 ext. 7225

Katherine McGurk  
Wisconsin Department of  
Workforce Development  
(608) 266-7001  
Kathy.McGurk@dwd.state.wi.us

***State initiatives to reach family, friend,  
and neighbor caregivers***

***Delaware***

Evelyn Keating  
The Family & Workplace Connection  
302-479-1674  
ekeating@familyandworkplace.org

***Georgia***

Justine Strickland  
Bright from the Start: Georgia  
Department of Early Care and Learning  
(404) 463-4309  
Justine.Strickland@dec.state.ga.us

***Minnesota***

Terry Vasquez  
MN Child Care Resource & Referral Network  
651-290-9704 ext. 116  
terryv@mnchildcare.org

Dru Osterud  
Minnesota Department of Human Services  
(651) 431-3870  
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***Examples of State Governance  
and Funding Strategies to  
Support Birth to 3 Policies***

***Georgia***

Marsha H. Moore  
Bright from the Start: Georgia  
Department of Early Care and Learning  
(404) 651-7436

***Illinois***

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Illinois State Board of Education,  
Division of Early Childhood  
(217) 524-4835

Nancy Shier  
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(312) 922-3863 x371  
nshier@ounceofprevention.org

***North Carolina Smart Start***

Monica Dodd  
Smart Start  
(919) 821-7999  
mhdood@smartstart-nc.org

***Pennsylvania***

Harriet Dichter and Wendy Smith  
Department of Public Welfare and  
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