

Yes We Can: State Policies to Build Supply of High Quality Infant/Toddler Child Care



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We have a national opportunity to focus on young children

“That is why it will be the goal of this administration to ensure that every child has access to a complete and competitive education -- from the day they are born to the day they begin a career.

...Already, we've made an historic investment in education through the economic recovery plan. We've dramatically expanded early childhood education and will continue to improve its quality, because we know that the most formative learning comes in those first years of life.”

- President Obama

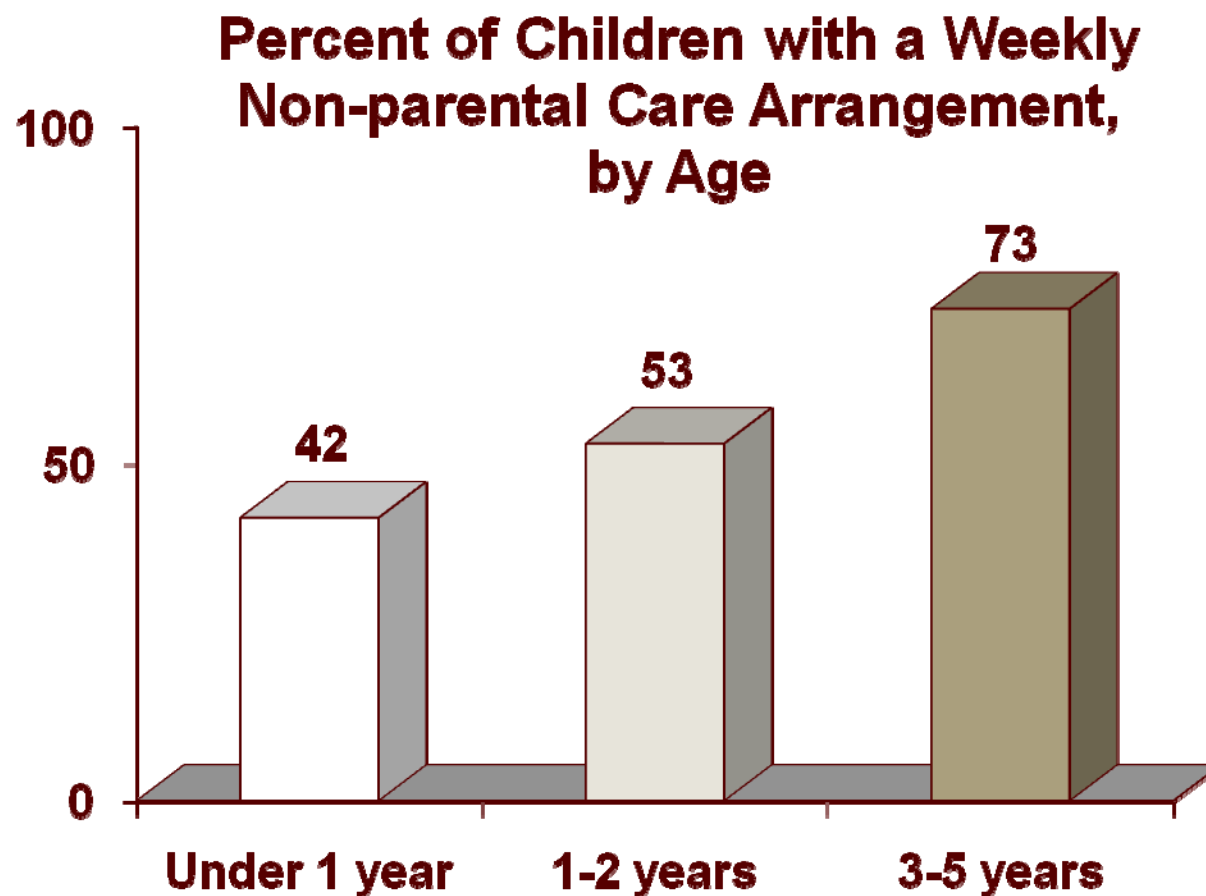
Address to Congress, February 24, 2009

Today we will discuss...

- What babies in child care need
 - A policy framework
- The challenge of building the supply of quality infant/toddler care
- Lessons learned from states
 - Building on Early Head Start
- Next steps needed from where you sit



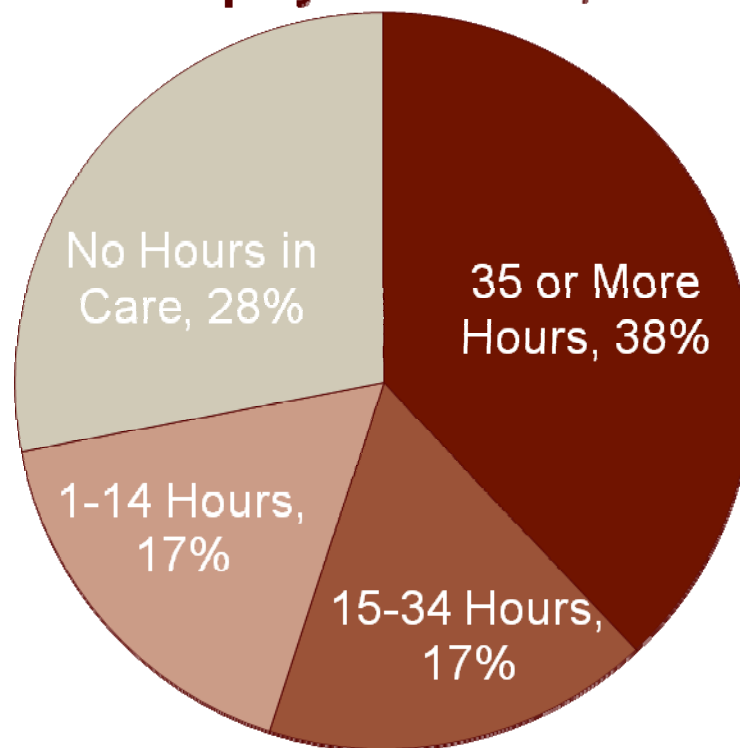
Very young children are in child care



Source: National Center for Education Statistics, 2005 National Household Education Survey.

...often for many hours

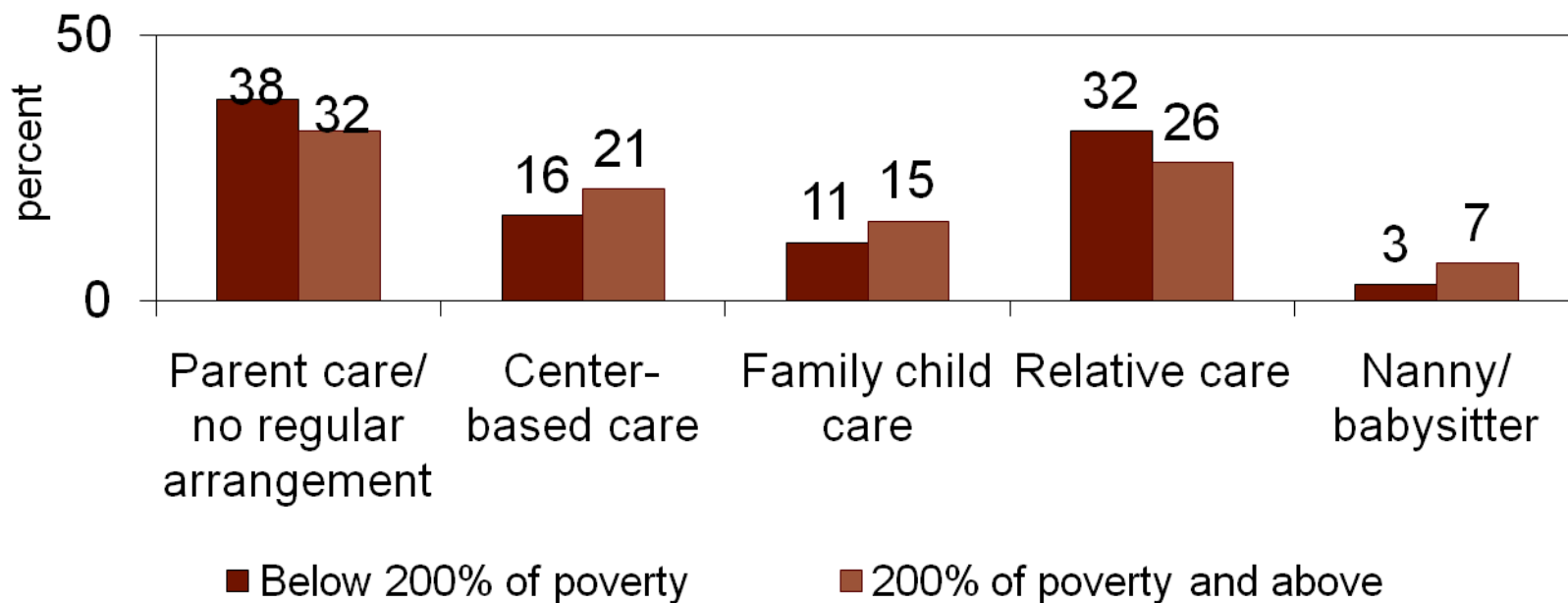
Hours Spent in Nonparental Care by Children Under 3 with Employed Mothers, 2002



Source: Jeffrey Capizzano and Regan Main, *Many Young Children Spend Long Hours in Child Care*, Urban Institute, 2005. Analysis of 2002 NSAF Data.

...and in a variety of settings

Primary child care arrangements for children birth to 3 with employed mothers

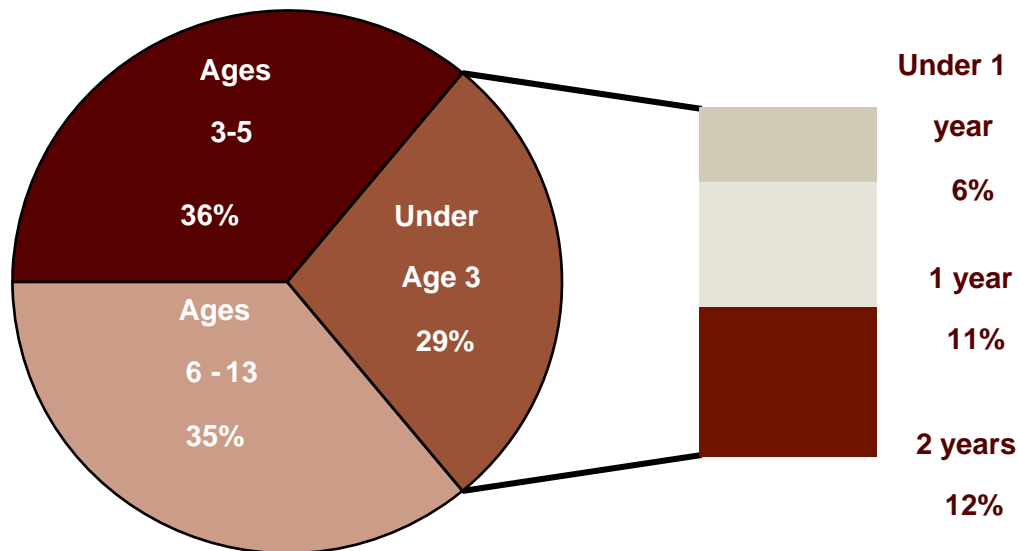


Note: Percentages may not add to 100% due to rounding.

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

State child care subsidies help some pay for infant/toddler child care

Ages of Children Served in CCDBG, 2007

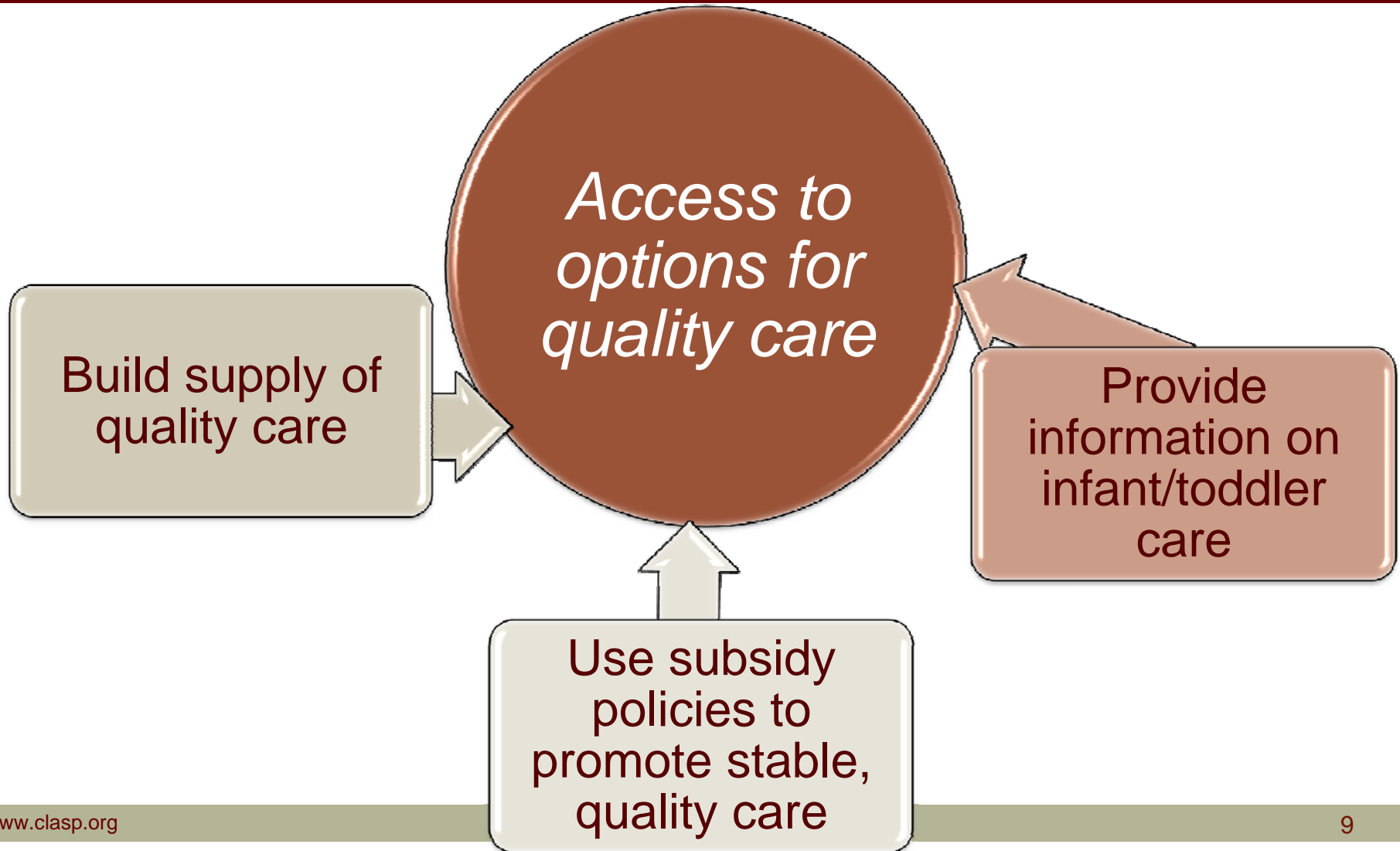


Source: CLASP report, *Infants and Toddlers in the Child Care and Development Block Grant: 2007 Update*.

What babies and toddlers in child care need: key principles



Recommendations to support access to quality options for care



Components of high quality, relationship-based infant/toddler care

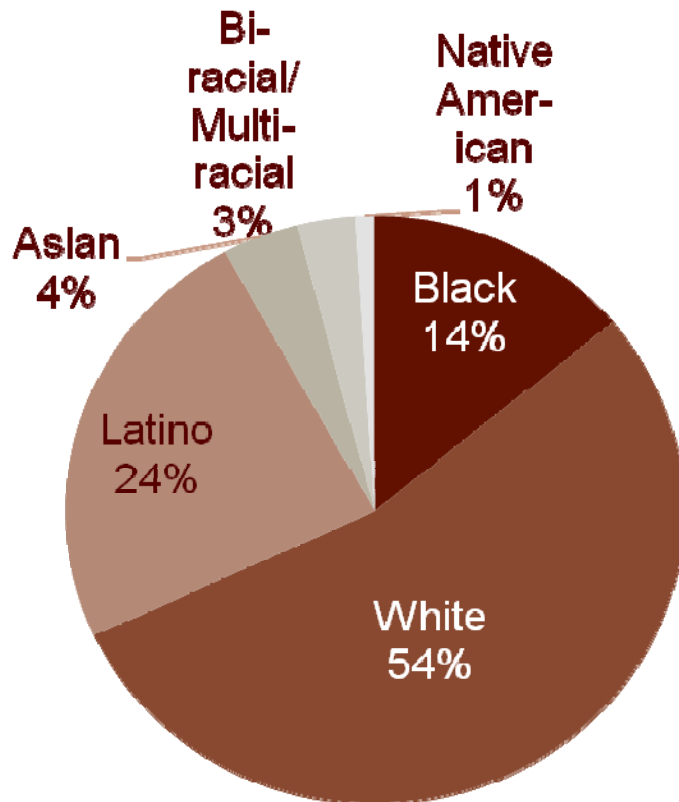
- Primary caregiver
- Small groups
- Continuity of care
- Individualized care
- Cultural continuity
- Inclusion of children with special needs



Source: The Program in Infant Toddler Care (PITC), Core Program Policies, www.pitc.org.

The young child population is becoming more diverse

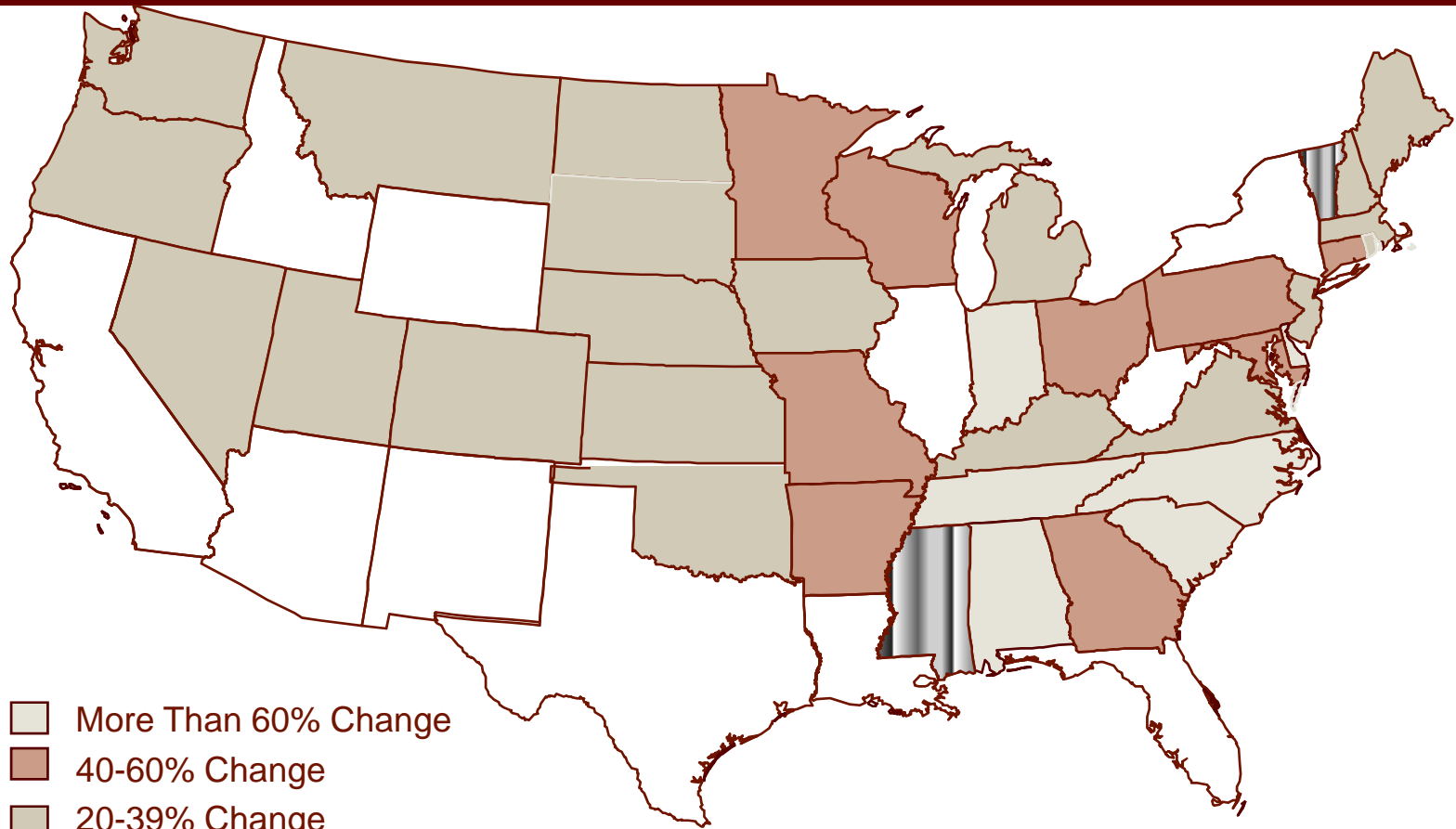
Children Under Age 6 by Race/ethnicity, 2007



- Nearly half of babies and toddlers in the US are children of color
- One in four babies and toddlers lives in an immigrant family
- One in seven babies and toddlers has at least one LEP parent

Source: National Center for Children in Poverty. National Center for Children in Poverty.

Percent increase in population of children of immigrants, under age 6, 2000-2007



- More Than 60% Change
 40-60% Change
 20-39% Change
 0-20% Change
 Negative Change (MS: -29%, VT: -33%)

Source: Migration Policy Institute, MPI Data Hub, 2007 American Community Survey and Census Data on the Foreign Born by State, <http://www.migrationinformation.org/datahub>.

Challenges of building supply

- Providing quality infant/toddler care is more expensive than for older children
 - More space, equipment, and supplies
 - Fewer children per teacher and smaller group sizes
- Finding/keeping qualified and skilled staff
 - Addressing cultural competency needs
- Lack of infant/toddler specific training and education
- Parents cannot afford the true cost of quality
- Government investment not sufficient



Policy options to build supply

POLICIES:

- Build on Early Head Start (EHS)
- Ensure that state quality rating and improvement systems (QRIS) have infant/toddler specific standards, supports, and incentives
- Create community-based support networks for family, friend, and neighbor caregivers of babies and toddlers

Build quality
supply

Why build on EHS standards?

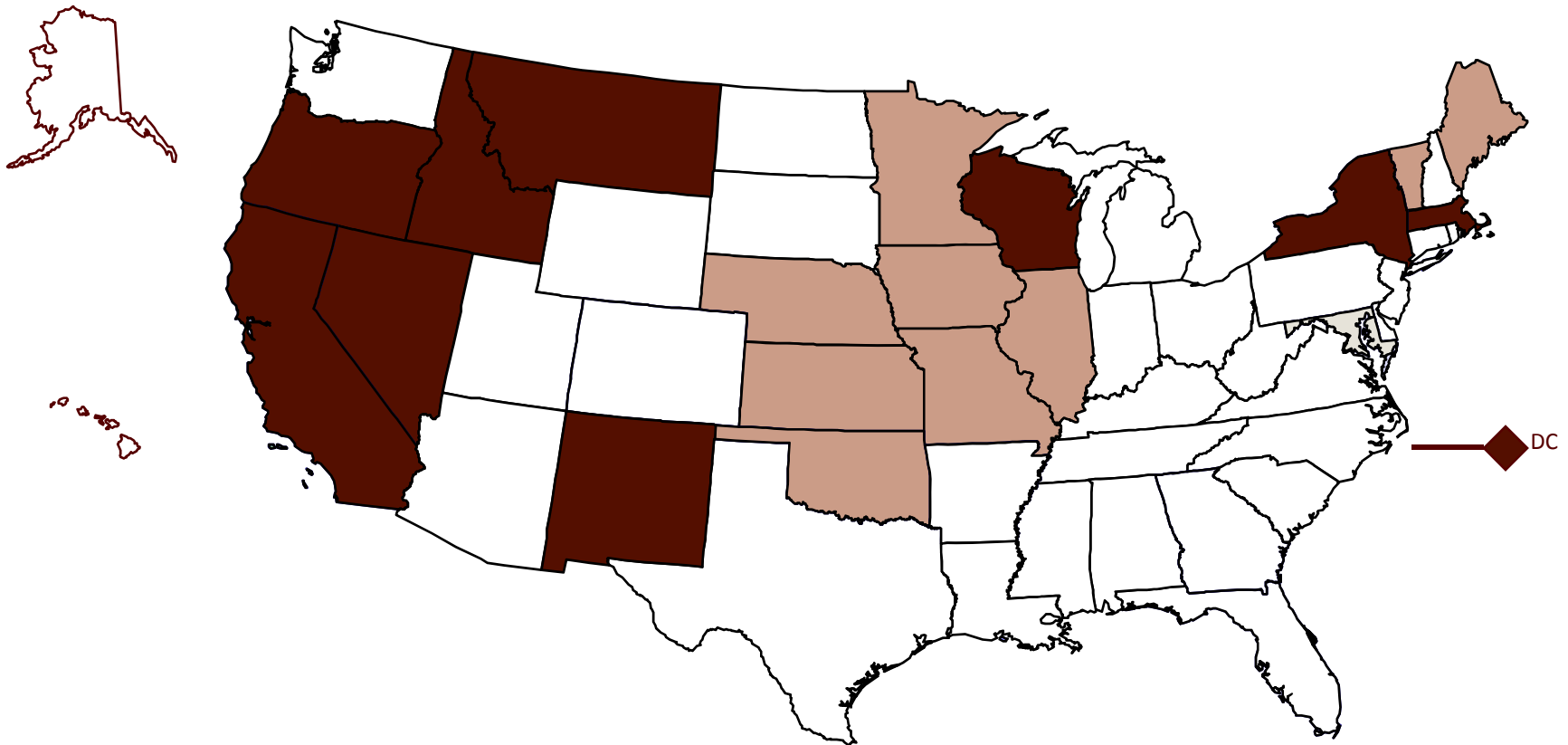
- Established federal Program Performance Standards designed for poor children and families to support:
 - Full range of child development through center, family child care, and home-based strategies
 - Access to child health care and screenings
 - Family support and linkages to needed services
 - Prenatal care



Why build on EHS (cont'd)?

- Large scale evaluation showed positive findings at 36 months
 - Strongest when programs fully implemented standards and used a mix of program options (center- and home-based)
- Increasing federal investment and technical resources
- Tradition of EHS/child care partnership

20 states building on EHS in 2007



- States with in-depth initiative profiles
- Other states with EHS initiatives included in full report

Source: CLASP and ZERO TO THREE, *Building on the Promise*, 2008.

http://clasp.org/in_the_states

Four main approaches

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Extend the day/year of existing services

- California, District of Columbia, Idaho, Illinois Child Care Collaboration Program, Maine, Maryland, Montana, Nevada, New Mexico, Oklahoma, Oregon, Vermont

Expand the capacity of existing EHS/HS programs

- Idaho, Illinois Prevention Initiative, Kansas, Maine, Maryland, Massachusetts, Minnesota, Missouri, Oklahoma, Wisconsin

Provide resources and assistance to child care to deliver EHS

- Illinois Prevention Initiative, Oklahoma

Support partnerships between EHS and centers and family child care to improve quality or deliver EHS

- Illinois Prevention Initiative, Iowa, Kansas, Maryland, Missouri, Nebraska

State policies can build supply by forging EHS/child care partnerships

- Fund federal grantees to partner with centers or family child care to deliver EHS
- Support inclusion of family, friend, and neighbor caregivers in home-based model
- Leverage federal resources:
 - Coordinate with new EHS state infant/toddler specialists
 - Conduct joint community needs assessments
 - Develop training/education jointly

Example: Kansas Early Head Start

- KEHS now serves 1,249 children birth to 4 and expectant mothers
- All KEHS programs must:
 - Partner with community-based child care providers
 - Meet federal Head Start Performance Standards
- Funded at \$12.8 m with CCDBG quality dollars and a state children's fund
- Kansas partners with federal Head Start Regional Office to access TA and monitoring resources

KEHS grantees support their child care partners to meet federal standards

- Designated local program coordinator works closely with partner child care providers
- CCR&R infant/toddler specialists partner with KEHS
- Grantee provides one-on-one support and TA
- Provide quality dollars to support smaller ratios, training, and higher education
- Grantees closely monitor child care partnerships

Source: Mary Weathers, Kansas Department of Social and Rehabilitation Services.

Building on EHS

Opportunities

Challenges

- Respected federal model and research
- Applying federal standards can improve child care
- Leveraging federal resources

- Weaknesses in state child care systems
- Helping child care partners meet federal standards
- Collaboration across agencies and programs
- Sustaining adequate funding

Source: CLASP and ZERO TO THREE, *Building on the Promise*, 2008.

Next steps?



From where you sit...

What is most needed?

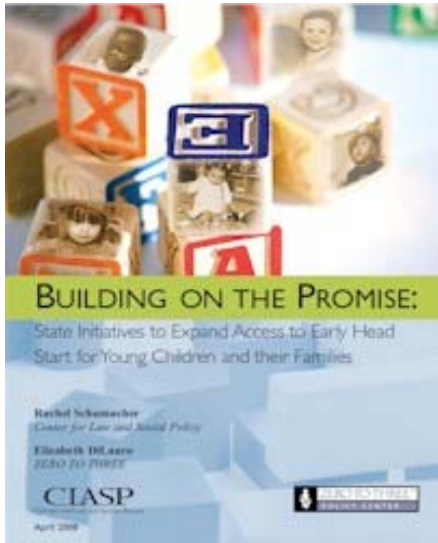
What policies would help?

What resources do you bring?

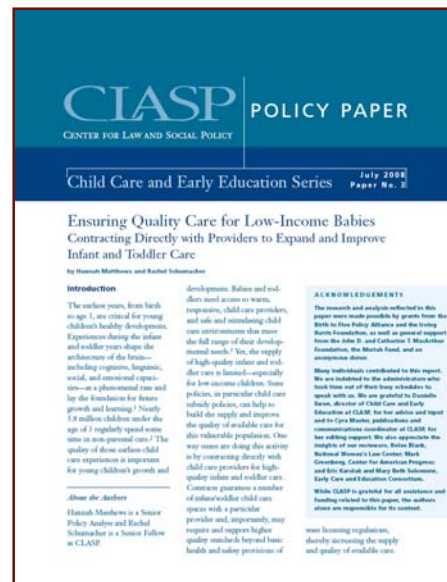
Use Charting Progress for Babies in Child Care Project resources

- Policy framework
- Recommendations backed by:
 - Research-based rationales, including full citations
 - Policy ideas
 - Links to online resources
 - State examples
- State infant/toddler policy fact sheets that recommend and provide examples for ARRA funds
- Tools and direct assistance for state policymakers and advocates

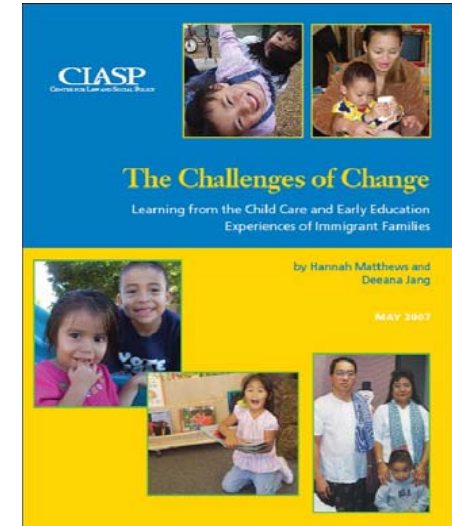
Relevant publications



Ensuring Quality Care for Low-Income Babies: Contracting Directly with Providers to Expand and Improve Infant and Toddler Care



Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and Their Families



Challenges of Change Learning from the Child Care and Early Education Experiences of Immigrant Families

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