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## Benefitting Babies

### Ten Policies States Can Implement Now to Improve Infant/Toddler Child Care with Economic Recovery Funds

The child care funding included in the American Recovery and Reinvestment Act provides resources for states to implement policies that will simultaneously improve their economies and benefit the healthy development of infants and toddlers in low-income families. The \$2 billion in Child Care and Development Block Grant (CCDBG) funds includes \$255 million for quality enhancement with \$93.6 million targeted for activities to improve the quality of care for infants and toddlers. In addition, state policymakers should consider linkages to other expansions—\$1.1 billion for Early Head Start, \$500 million for the Individuals with Disabilities in Education Act (IDEA) infant and toddler program (Part C), \$13 billion for Title I of No Child Left Behind for disadvantaged students, and the recent reauthorization of the State Children’s Health Insurance Program (SCHIP)—all of which can be used for infants and toddlers.

Based on CLASP’s research on effective infant/toddler child care policies, this paper presents ten policy ideas for state policymakers to implement now to support and expand quality programs and enhance current services to improve early care and learning for infants and toddlers.<sup>1</sup>

#### **#1- Expand access to Early Head Start in child care settings through the use of grants, contracts, and eligibility policies.**

State policymakers can take action to ensure that infant/toddler child care providers can access the new federal Early Head Start funds or partner with a federal grantee to provide high-quality services that meet federal standards. Several [states have initiatives](#) they could grow and that can serve as models for other states.<sup>2</sup> States can:

- Invest in training and technical assistance to help child care providers understand the federal Head Start Program Performance Standards as they apply to infants and toddlers and their families and to assess what providers need to do to meet the standards.
- Provide equipment and training grants to child care providers to implement necessary changes to meet the standards.

- Extend child care assistance eligibility periods for a year to make it easier for child care providers to layer CCDBG funds and federal Early Head Start funds to offer full-day, full-year services that meet Head Start Program Performance Standards.<sup>3</sup>
  - The [Illinois Child Care Collaboration Program](#) allows annual eligibility redetermination, indefinite eligibility for some families receiving Temporary Assistance for Needy Families (TANF), and 90-day job loss grace periods for families whose children are participating in jointly funded programs.

## **#2 - Award grants or contracts tied to high quality infant/toddler program standards directly to child care providers.**

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States can make [contractual agreements directly with child care providers](#) in their subsidy system to serve a set number of infants and toddlers who are eligible for assistance.<sup>4</sup> States can pay providers based on the cost of meeting and maintaining the quality standards required by the contract and fund them to:

- Meet comprehensive Early Head Start program or National Association for the Education of Young Children (NAEYC) accreditation standards.
- Employ sufficient staff to enable high provider-to-child ratios and small group sizes.
- Ensure staff have education and training on infant/toddler care, health and safety, and partnering with parents.
- Link children and families to comprehensive services such as family support and health.
  - [California child development program contracts](#) include standards and guidelines related to staff education, parental involvement, family support, and referral services. Contracted programs serving infants require better provider-to-child ratios (1:3 for infants) than other licensed providers (1:4 for infants).

## **#3 - Create and support family child care networks with specially trained coordinators to support infant/toddler providers and enhance quality through grants and contracts.**

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States can award grants and contracts to support networks of family child care providers offering enhanced quality slots for low-income infants and toddlers. An evaluation of family child care networks in Chicago found that those that employed a coordinator who had special training in infant studies and fostered supportive interactions and techniques with providers achieved higher environmental rating scores and higher provider sensitivity.<sup>5</sup> States should use contracts to provide funding for networks to:

- Hire qualified staff coordinators who support providers, arrange for or conduct necessary training, and serve as trusted coaches for family child care providers caring for infants and toddlers.
- Meet quality standards critical for infants and toddlers, such as limitations on the number of children under age 3 allowed in homes, small group size, and special training on infant/toddler care and interactions for providers.
  - The [Massachusetts Department of Early Education and Care](#) contracts directly with 50 agencies that have family child care systems. These systems may provide technical assistance, curriculum and training, and home visiting to family child care providers.

#### **#4 - Award grants/contracts to community-based agencies to serve as hubs of support and information for family, friend, and neighbor caregivers.**

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States can fund trusted community agencies to:

- Provide culturally and linguistically appropriate information and support on caring for infants and toddlers.
- Link children and families to additional comprehensive services and community resources.
- Conduct outreach and home visits to family, friend, and neighbor caregivers to improve quality and reduce isolation.
  - The [Caring for Quality Project](#) in Rochester, New York, uses home visits twice monthly and networking meetings to increase environmental rating scores and health and safety of care for home-based caregivers.<sup>6</sup>

#### **#5 - Increase the payment rate for providers caring for infants and toddlers receiving child care assistance.**

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States can increase payment levels for infant/toddler providers as an incentive for more providers to serve low-income infants and toddlers, since providing care for younger children is more expensive.

States can:

- Develop higher payment rates for infant/toddler providers based on the cost of providing infant/toddler care.
- Pay at least the 75th percentile of the market rate for infant/toddler care, according to a recent child care market rate survey.
- Raise payment rates for providers who attain and sustain high-quality program standards, such as those in a state quality rating and improvement system (QRIS).
  - Ten states (Arkansas, Illinois, Louisiana, Michigan, Missouri, New Mexico, Nevada, South Carolina, South Dakota, and Wyoming) report paying a higher rate for infant care to encourage more providers to participate in the subsidy program according to 2008-2009 CCDBG state plans.<sup>7</sup>

#### **#6 - Create statewide specialist networks to improve quality in infant/toddler child care.**

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States can provide funding to create networks of specialists located in child care resource and referral agencies or other community-based agencies in regions across the state. States can:

- Design networks to conduct outreach to providers and caregivers in multiple languages and to offer ongoing support, advice, and intensive services.
- Ensure that specialists have low caseloads and training and skills specific to the job of developing trusting relationships with providers.
- Develop networks that have the capacity to address the full range of infant/toddler development, child care quality, and health and safety practices.
  - Ohio has 12 infant/toddler specialists in local child care resource and referral agencies who conduct coaching, technical assistance, and trainings. The specialists are certified in the Program for Infant/Toddler Care (PITC) and use environmental rating scale

assessment tools. Lessons learned from the first year of implementation include the importance of an intensive, ongoing relationship with providers and low caseloads for specialists.<sup>8</sup>

### **#7 - Provide scholarships, substitutes, paid release time, bonuses, and other compensation to help infant/toddler providers, including those with limited English proficiency, access higher education and stay in the field.**

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States can encourage providers to take credit-bearing courses relevant to caring for infants and toddlers and work toward earning state infant/toddler credentials or other education goals by helping cover the costs and providing supports for non-traditional students. Six counties in California have had success using a cohort model, in which small groups of early childhood providers who share similar backgrounds work toward a bachelor's degree together and receive support services.<sup>9</sup> Students can be required to continue to care for infants and toddlers for a year after completing their education goals. States can:

- Award scholarships and grants to pay for books, transportation, and materials to infant/toddler providers.
- Partner with child care employers to share costs of substitute care and compensation increases.
- Provide supports for non-traditional students, including paying students during release time and providing supportive coaches to help navigate higher education and financial aid systems.
  - North Carolina pioneered the [T.E.A.C.H. Early Childhood® \(T.E.A.C.H.\) model](#), which has been replicated in 20 states. Annual turnover among T.E.A.C.H. participants working on an associate's or bachelor's degree was less than 7 percent in 2008, much lower than the 30 percent average turnover rate among child care staff found in a study by the Center for the Child Care Workforce.<sup>10</sup>

### **#8 - Implement policies to promote continuity of care practices from birth to age 3.**

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A “continuity of care” approach means keeping young children together with the same team of providers in either same-age or mixed-age groups for the first three years of their lives. States can:

- Provide information on this approach through training, education, and coaching.
- Remove barriers to mixed-age groups in state licensing rules.
- Award grants/contracts to infant/toddler providers to cover the costs of redesigning their classrooms and staffing to implement continuity of care.
- Provide technical assistance to child care directors to address space limitations, staff resistance and turnover, and program planning.
  - Indiana requires child care centers to make a “reasonable effort” to achieve continuity of care for infants and toddlers up to 30 months of age in licensing rules. An evaluation of the work that [4C of Southern Indiana](#), a child care resource and referral agency, did to help centers implement this requirement found that training and technical assistance contributed to higher levels of quality and better provider interactions with infants and toddlers, as measured by environmental rating scales.<sup>11</sup>

## **#9 - Create a statewide network of infant/toddler health and mental health specialists to provide information and technical assistance to providers, caregivers, and parents.**

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States can promote better social and emotional health of very young children by helping infant/toddler providers and caregivers better understand and support early development, deal with behavioral challenges, and partner with parents. States can:

- Create teams in each state region that are based in community organizations to provide training and technical assistance, reflective coaching for infant/toddler providers and caregivers, and coordinated access to mental health and family support services for families with young children.
- Fund or create access to advanced education and training on current infant/toddler mental health and development research and core competencies for specialists.
- Hold statewide and regional meetings focusing on infant mental health and the connection to child care.
  - Connecticut's [Early Childhood Consultation Partnership](#) includes 20 specialists, based in communities around the state, who can work directly with a particular child or classroom, or help a center determine how best to improve the socio-emotional environment and practices with young children birth to age five.<sup>12</sup>

## **#10 - Create or expand a state QRIS to include high provider-to-child ratios, small group sizes, training or education specific to infant/toddler care, and continuity of care practices.**

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States can move more center and family child care providers toward implementing recognized, high-quality standards that are particularly important to improve care for infants and toddlers through a QRIS.<sup>13</sup> States can use CCDBG funds to:

- Provide grants for supplies, training, education, additional staff to meet better ratio and group size requirements, and other costs of meeting infant/toddler program and quality standards.
- Offer ongoing coaching and technical assistance to infant/toddler providers by experts with knowledge of infant/toddler child care.
- Give financial incentives for child care assistance providers who care for low-income infants and toddlers by linking higher payments to higher ratings.
  - North Carolina uses CCDBG funds for an Infant/Toddler Enhancement project that provides intensive assistance from infant/toddler specialists to programs entering the state's QRIS. In the past year the project has helped improve environmental ratings in 111 infant/toddler classrooms from below minimal quality to either adequate/good or good/excellent rated care.<sup>14</sup>

These selected ten policies are important steps to improve the quality of infant/toddler care by supporting quality programs and enhancement strategies. With new American Recovery and Reinvestment Act funds, states can make policy choices that will benefit their economies and the development of young children.

For more information on any of these policies, please contact Rachel Schumacher at [rschumacher@clasp.org](mailto:rschumacher@clasp.org) or 202-906-8005.

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<sup>1</sup> For additional resources on economic recovery and child care, see CLASP's *Reinvesting in Child Care* series at <http://childcareandearlyed.clasp.org/reinvestinginchildcare.html>; more information on policies states can use to increase the supply of high quality infant/toddler child care is available through CLASP's *Charting Progress for Babies in Child Care* project at <http://childcareandearlyed.clasp.org/babiesinchildcare.html>.

<sup>2</sup> Rachel Schumacher and Elizabeth DiLauro, *Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and their Families*, CLASP and ZERO TO THREE, 2008, [http://www.clasp.org/publications/building\\_on\\_the\\_promise\\_ehs.pdf](http://www.clasp.org/publications/building_on_the_promise_ehs.pdf). For profiles of state initiatives, go to <http://www.clasp.org/ChildCareAndEarlyEducation/StateEarlyHeadStartInitiatives.html>.

<sup>3</sup> See U.S. Department of Health and Human Services, Administration for Children and Families, Policy Interpretation Question (ACYF-PIQ-CC-99-02), <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pq9902/pq9902.htm>.

<sup>4</sup> Hannah Matthews and Rachel Schumacher, *Ensuring Quality Care for Babies: Contracting Directly with Providers to Expand and Improve Infant and Toddler Care*, CLASP, 2008, [http://www.clasp.org/publications/ccee\\_ensuring\\_quality\\_care\\_contracting.pdf](http://www.clasp.org/publications/ccee_ensuring_quality_care_contracting.pdf).

<sup>5</sup> Juliet Bromer, Martha Van Haitsma, Kelly Daley, and Kathy Modigliani, *Staffed Support Networks and Quality in Family Child Care: Findings from the Family Child Care Network Impact Study*, Erikson Institute, 2008, <http://herrcenter.erikson.edu/fccsummary>.

<sup>6</sup> Lisa A. McCabe and Moncrieff Cochran, *Can Home-visiting Increase the Quality of Home-base Child Care?*, Cornell Early Childhood Program, 2008.

<sup>7</sup> National Child Care Information Center, *Child Care and Development Fund Report of State Plans 2008-2009*, p. 69, <http://nccic.acf.hhs.gov/pubs/stateplan2008-09/index.html>.

<sup>8</sup> Presentation by Holly Scheibe, Infant/Toddler Project Coordinator – OCCRRRA, NAEYC Annual Conference 2007.

<sup>9</sup> Marcy Whitebook, Laura Sakai, Fran Kipnis, Mirella Almaraz, Esther Suarez, and Dan Bellm, *Learning together: A study of six B.A. completion cohort programs in early care and education, Year I report*, Center for the Study of Child Care Employment, 2008, [http://www.irl.berkeley.edu/cscce/pdf/learning\\_together08.pdf](http://www.irl.berkeley.edu/cscce/pdf/learning_together08.pdf).

<sup>10</sup> CLASP, *North Carolina T.E.A.C.H. Early Childhood® and Child Care WAGES® State Initiative Profile*, <http://www.clasp.org/ChildCareAndEarlyEducation/map030707nc2.htm>; Marcy Whitebook, Laura Sakai, Emily Gerber, and Carollee Howes, *Then and Now: Changes in Child Care Staffing, 1994-2000*, Center for the Child Care Workforce, 2001, 24, <http://www.ccw.org/pubs/Then&Nowfull.pdf>.

<sup>11</sup> James Elicker and Karen Ruprecht, *Early Child Care Quality Initiative Final Evaluation Report: January to December 2006*, Purdue University Department of Child Development & Family Studies, 2007, 20, [http://www.welbornfdn.org/Purdue\\_Paths\\_to\\_Quality\\_Evaluation\\_%20Phase\\_I.pdf](http://www.welbornfdn.org/Purdue_Paths_to_Quality_Evaluation_%20Phase_I.pdf).

<sup>12</sup> CLASP, *Connecticut Early Childhood Consultation Partnership State Initiative Profile*, <http://www.clasp.org/ChildCareAndEarlyEducation/map030707ct.htm>.

<sup>13</sup> See National Infant Toddler Child Care Initiative, *Designing Quality Rating Systems Inclusive of Infants and Toddlers*, 2008, <http://nccic.acf.hhs.gov/itcc/publications/qrsdesignelements.htm>.

<sup>14</sup> Child Care Services Association, *North Carolina Infant Toddler Enhancement: 2007-2008 Year End Report*.