

# Caring for Babies: How State Child Care Policies Can Support Infants and Toddlers



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# Presentation Overview

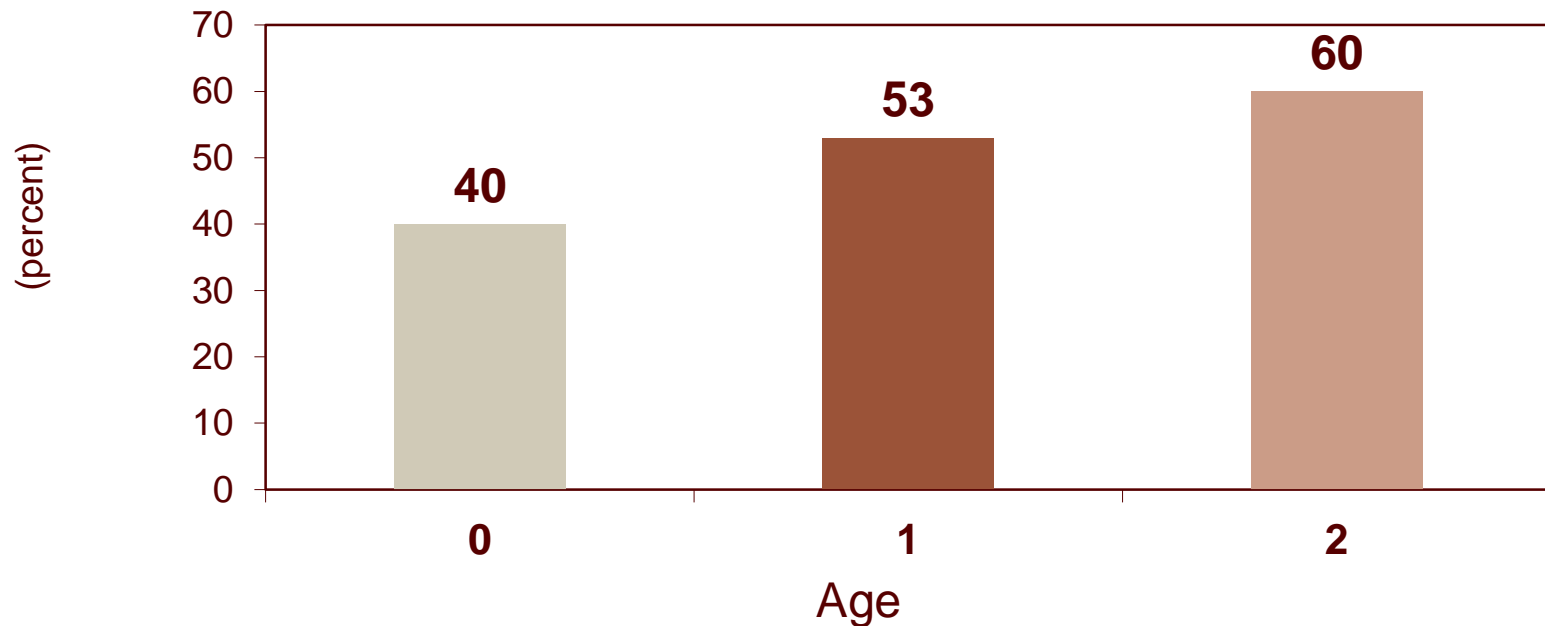
- Making the case for infants and toddlers.
- State infant-toddler child care policies
- Policy assessment
  - How do *your* state's policies support infant-toddler care?



# **Why Focus on Infants and Toddlers in Child Care?**

# Many infants and toddlers are in child care

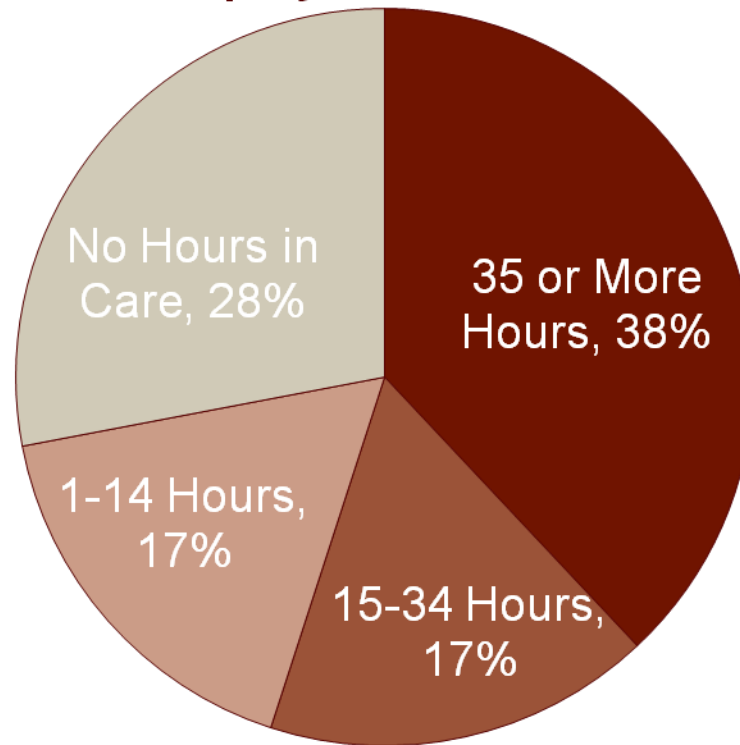
## Percentage of Children in Care by Age



Source: U.S. Department of Education, National Center for Education Statistics, Early Childhood Program, National Household Education Survey 2001.

# Babies are in child care for many hours...

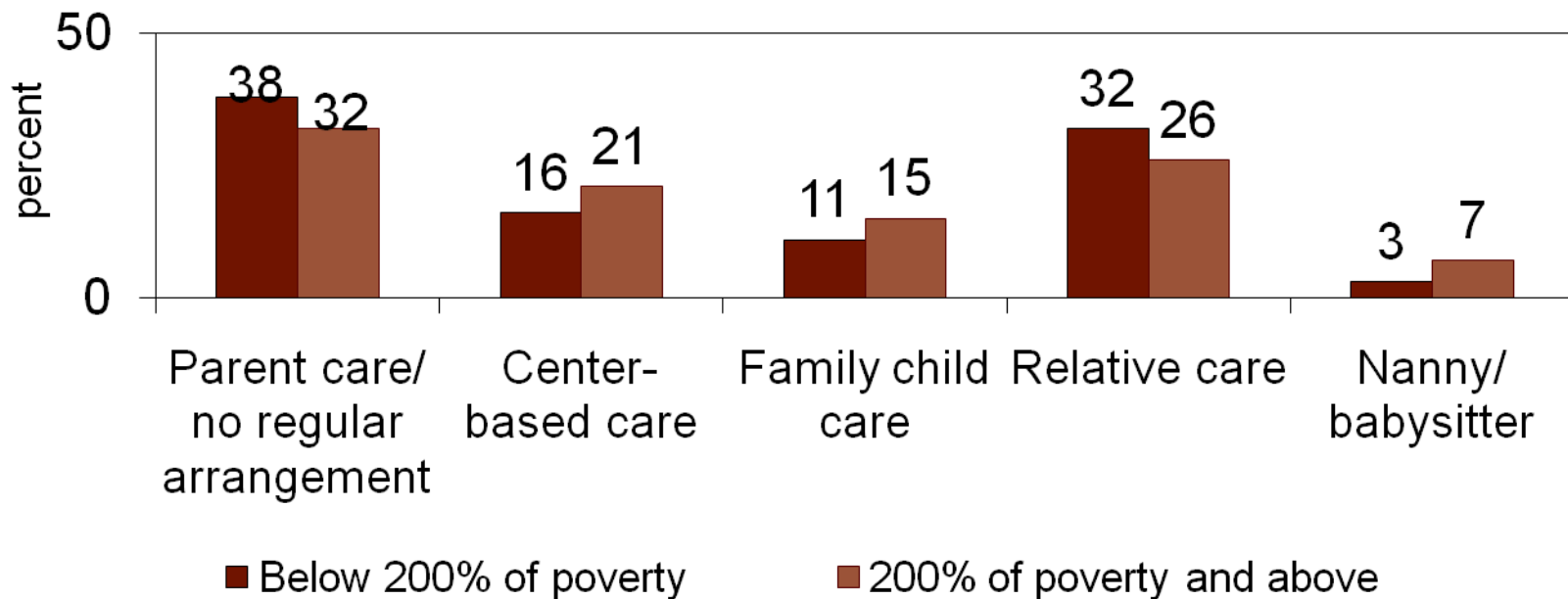
Hours Spent in Nonparental Care by Children Under 3 with Employed Mothers, 2002



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

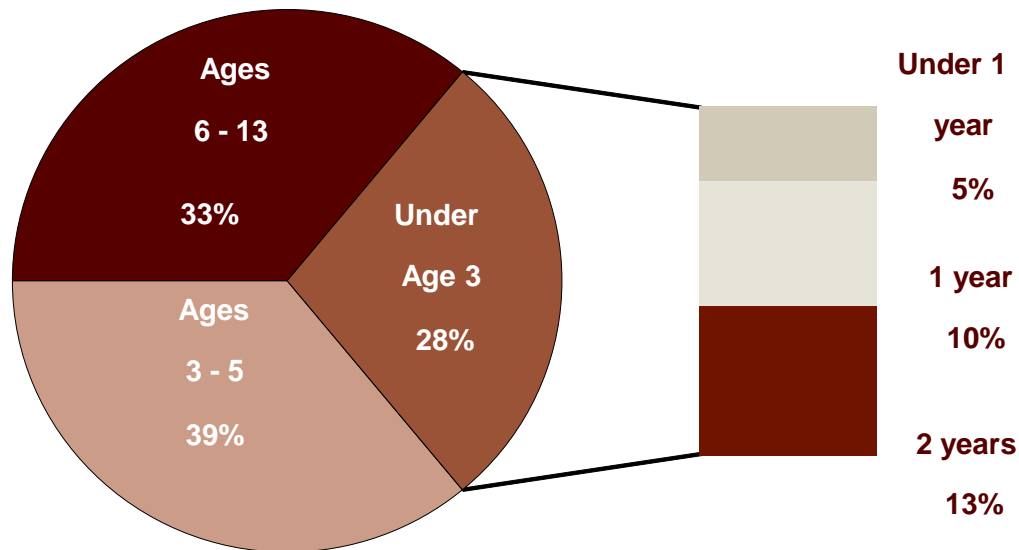


Note: Percentages may not add to 100% due to rounding.

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

# Infants and Toddlers in CCDBG

Ages of Children Served in CCDBG, 2011



Source: Office of Child Care Administrative Data, 2011

# Quality Matters for All Children

- Quality child care helps children across all developmental domains
- Negative impacts of low quality care are more likely felt among more disadvantaged children
- And especially for babies...

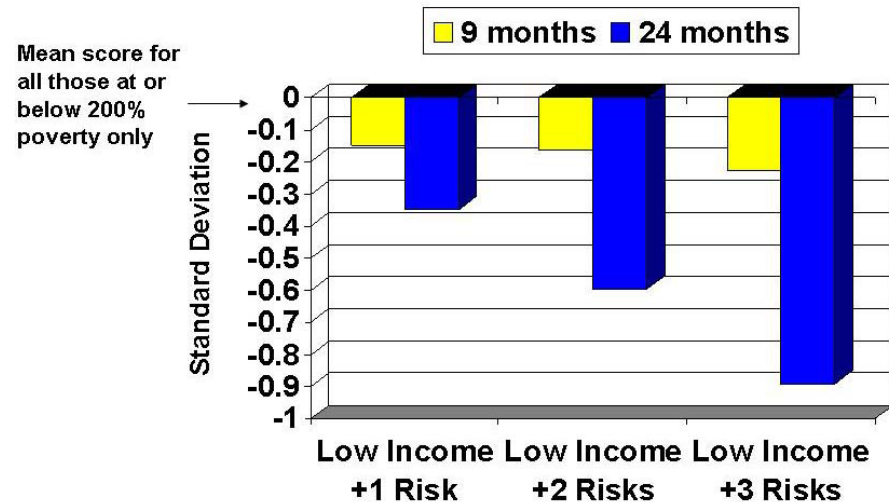




# Disparities Begin to Emerge Early

- Disparities in children's cognitive, social, behavioral, and health outcomes begin as early as 9 months.
  - Disparities grow larger by 24 months
  - Disparities are present by family income, race/ethnicity, home language and maternal education.

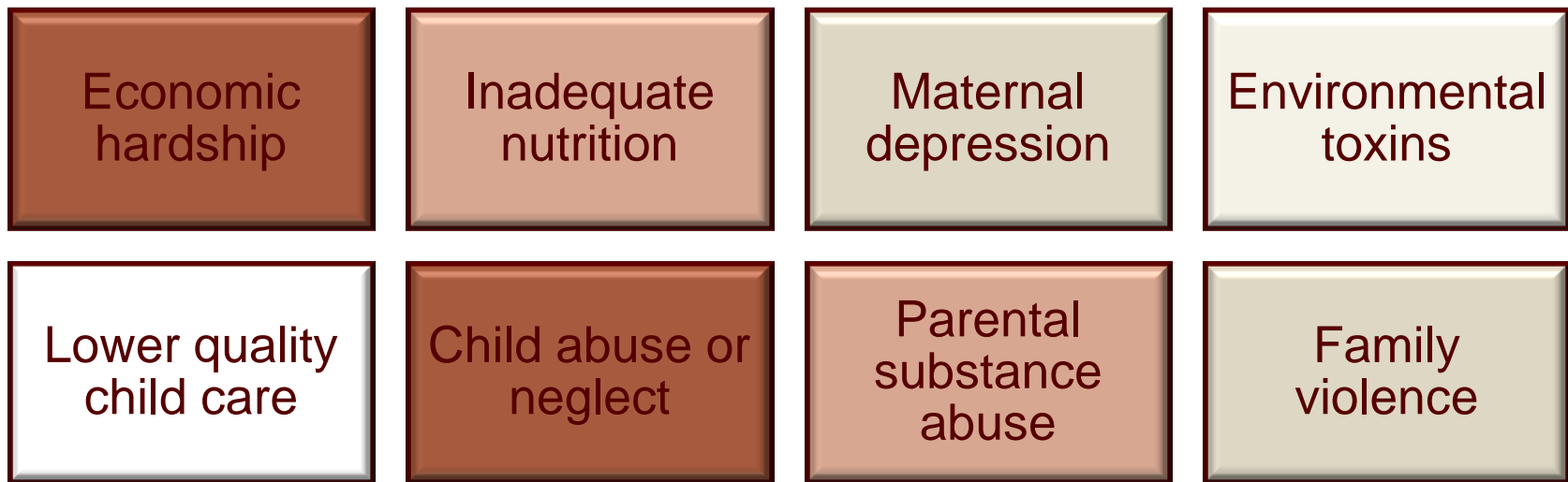
Disparities on the Bayley Cognitive Assessment Among Those At or Below 200% Poverty at 9 and 24 Months, by Cumulative Risk



Source: Child Trends, *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*.

# High Quality Child Care is Especially Important for Children At Risk

- Research finds that these factors put infants and toddlers at risk for impaired development:



Source: National Center on Children in Poverty

# **CLASP's Charting Progress for Babies in Child Care project**

# Project Background

- Project started in 2007
- Outlined policy framework, recommendations for states and state examples
- State Survey 2011/2012



# Charting Progress Framework

## Babies in Child Care Need:

Healthy and safe environments in which to explore and learn.

Nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn.

Parents, providers, and caregivers supported by and linked to community resources.

Their families to have access to quality options for their care.

# Better for Babies Study Methodology

- Gathered information on key infant-toddler child care policies, including: child care subsidy; child care licensing; child care quality; workforce and professional development; health; family support; and infant-toddler initiatives.
- Data collected through a survey with phone and email follow-up.

# Research and Findings

- Overall, states have shown some progress towards policies that support infants and toddlers.
- However, state policies for licensing, subsidy, and quality enhancement are not yet meeting the needs of infants, toddlers, and their families.



# Infants and toddlers need healthy and safe environments in which to explore and learn.

- Selected policies:

Appropriate  
Ratios and  
Group Size in  
Centers

Appropriate  
Group Size in  
Family Child  
Care

Regular, On-site  
Monitoring of  
Providers

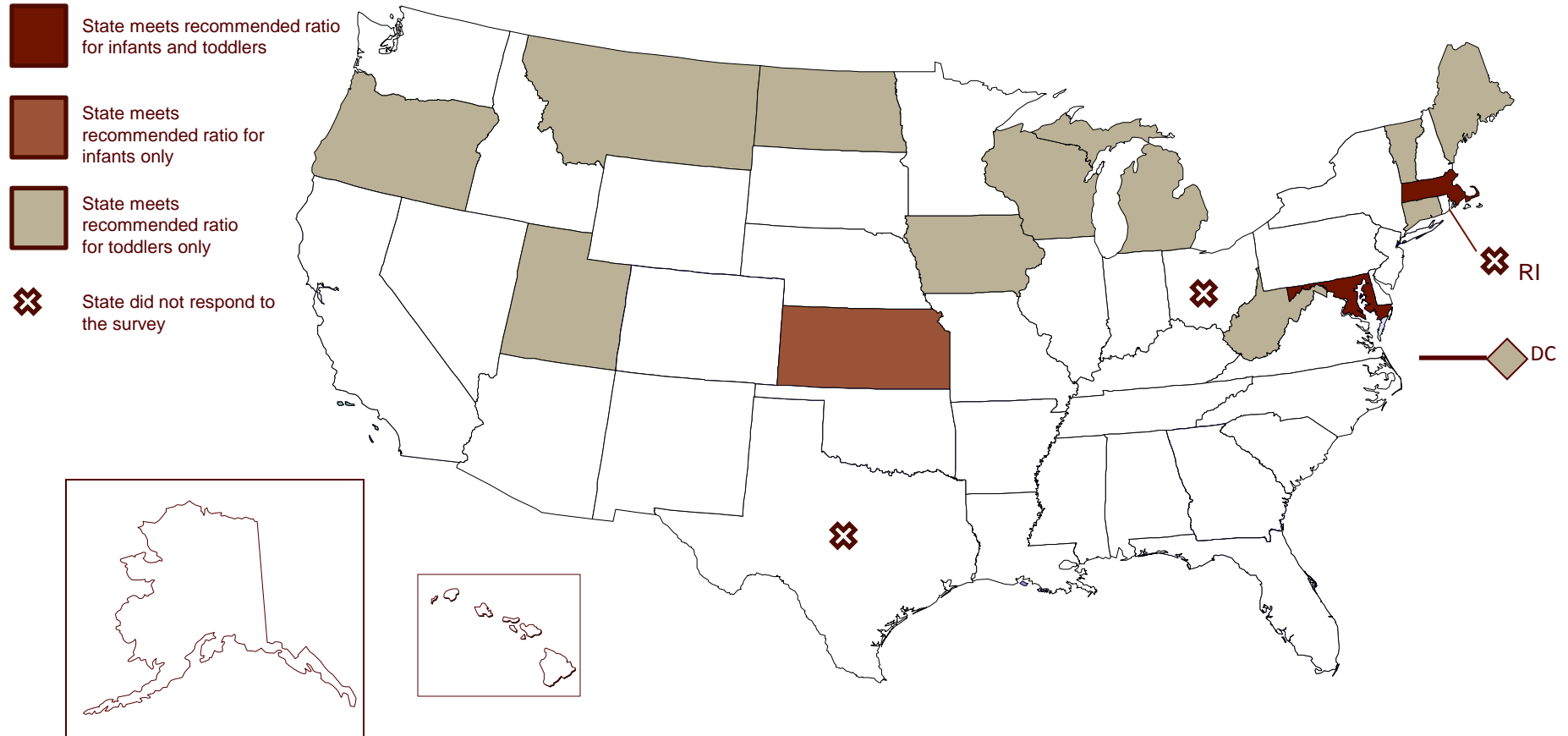
Infant-Toddler  
Training for  
Monitoring Staff



# Infants and toddlers need healthy and safe environments in which to explore and learn.

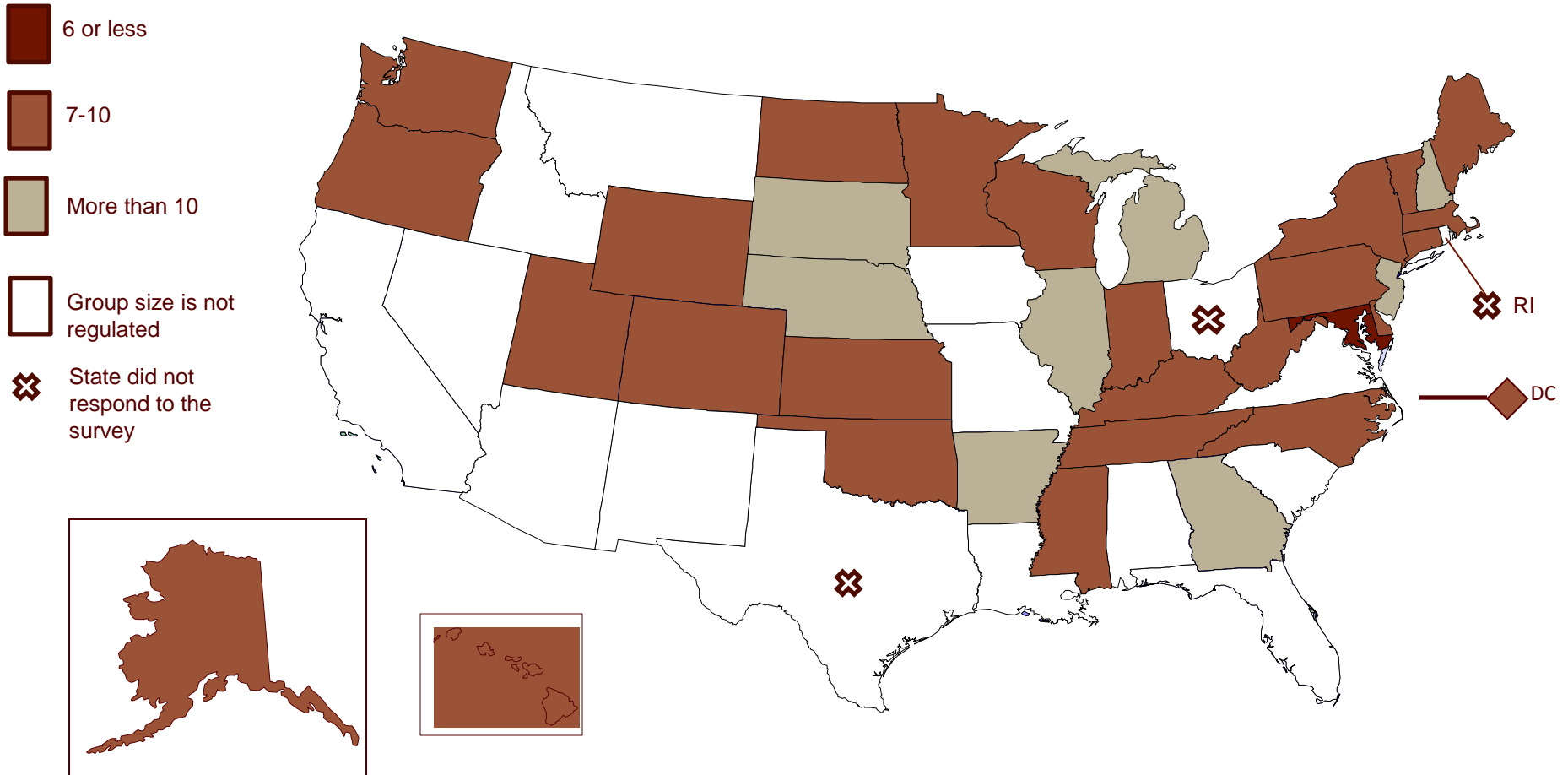
- Effective monitoring policies are important for child safety and center accountability for compliance with state licensing requirements.
- Six states (AK, FL, IN, MA, TN, and WY), require specific infant-toddler training for licensing and monitoring staff.

# Ratios for Infants and Toddlers in Centers








Source:

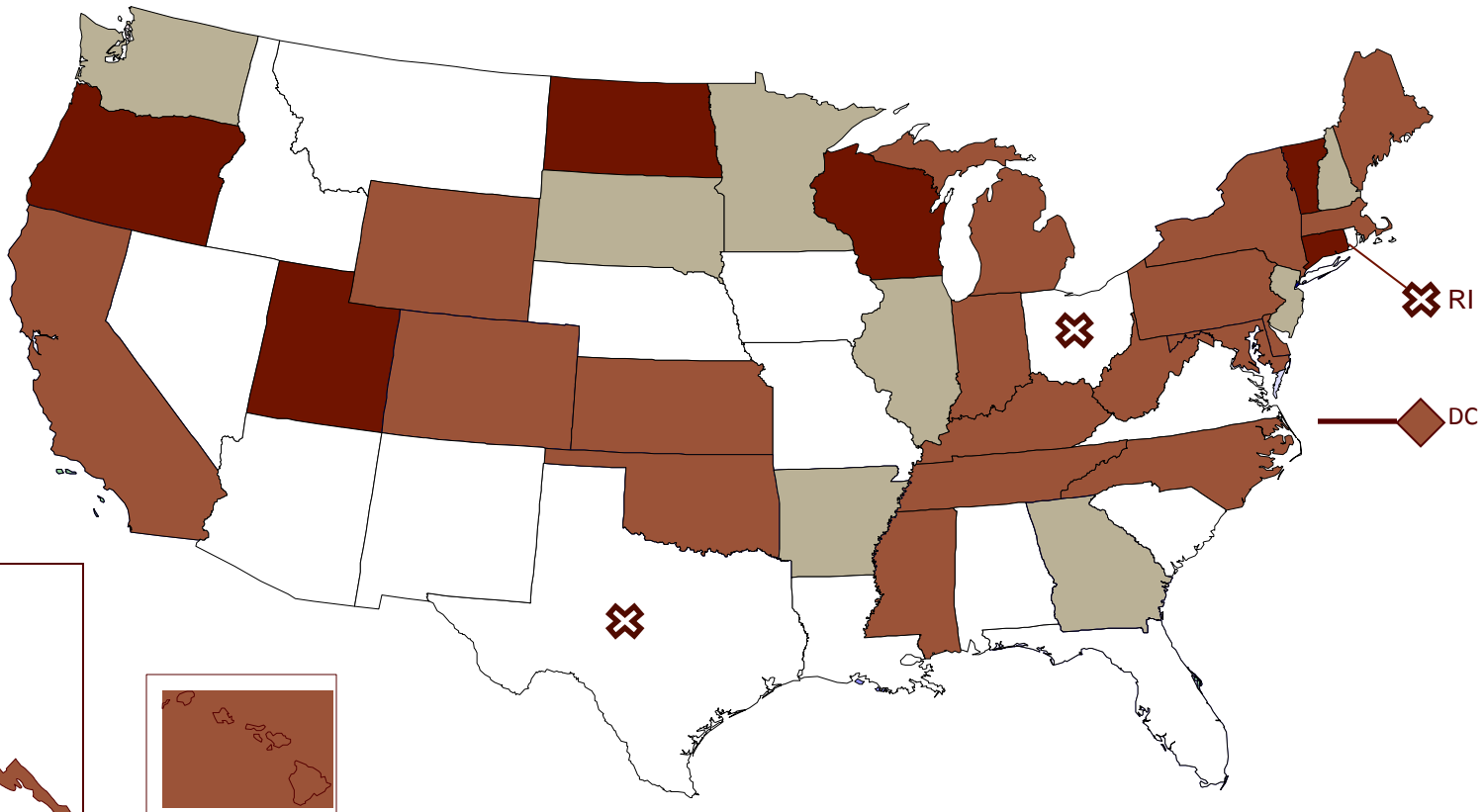
# Group Sizes for Infants in Centers



Source:

# Group Sizes for Toddlers in Centers

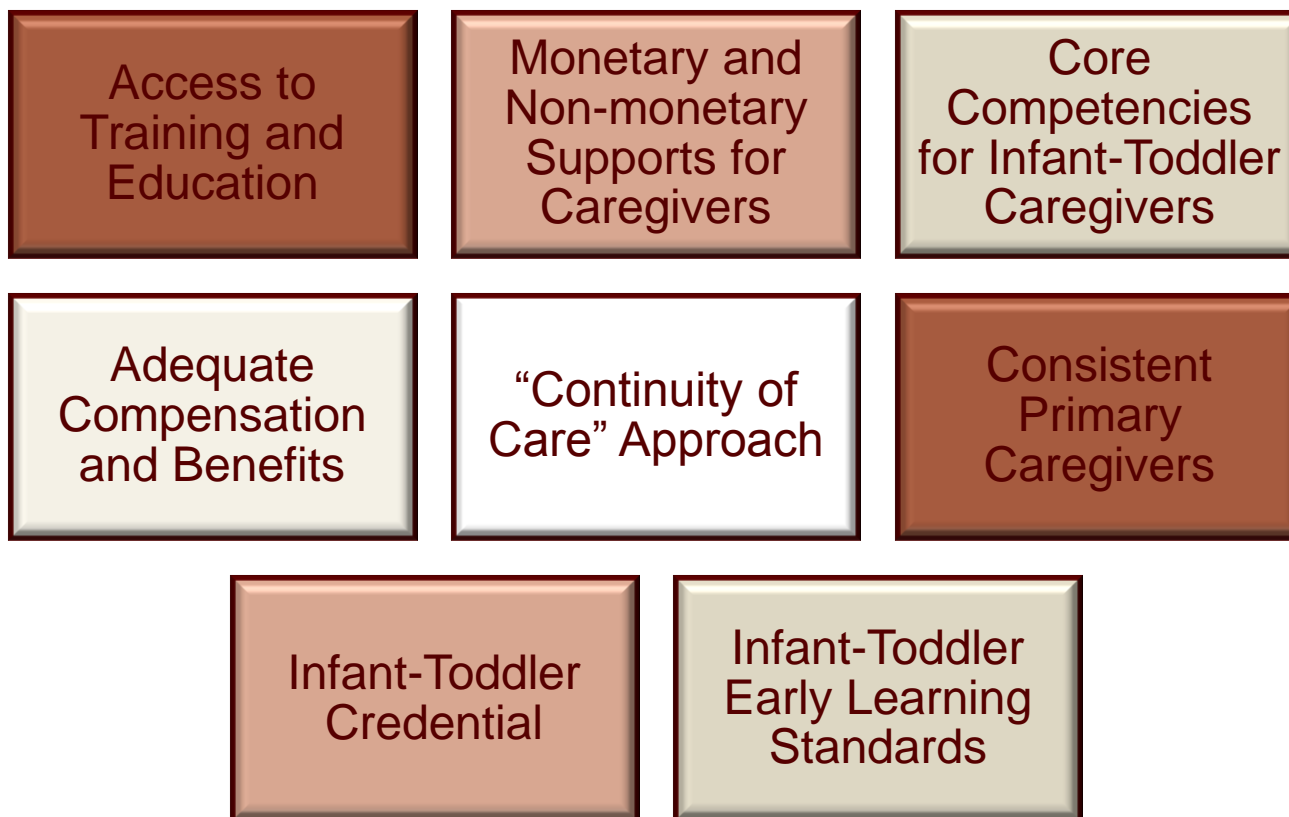
-  8 or less
-  9 to 12
-  More than 12
-  Group size is not regulated
-  State did not respond to the survey



Source:

# Infants and toddlers need nurturing, responsive caregivers they can trust as they grow and learn.

- Selected indicators:



# Infants and toddlers need nurturing, responsive caregivers they can trust as they grow and learn.

- Access to training and supports
  - Thirty states reported having infant-toddler training for providers, most state requirements for number of hours are minimal, and the content of training curriculum related to infants and toddlers is limited.
  - Twenty-six states reported funding a network of infant-toddler specialists to support infant-toddler child care providers and increase their knowledge and skills.

# Infants and toddlers need nurturing, responsive caregivers they can trust as they grow and learn

- Thirty-nine states reported that they provide financial supports for the training or education of infant-toddler providers – many through T.E.A.C.H. scholarships
- Twenty states have compensation initiatives available for infant-toddler providers.

# Indiana: Requiring Continuity of Care in Licensing

- Indiana licensing regulations require child care centers to make a "reasonable effort" to achieve continuity of care for infants and toddler up to 30 months of age.
- Interpretive guidelines specify “reasonable effort” to include:
  - Moving teachers with children to another classroom as children mature;
  - Modifying the classroom as the children mature;
  - Creating mixed age groupings of children, ages six weeks to 36 months; or
  - Creating intentional transitions that prepare children as they move into the next age classroom.



# Families Need Access to Quality Options for Their Babies

- Primarily reviewed child care subsidy policies.
- Selected indicators:

Authorization  
Periods

Provider  
Payment Rates  
and Processes

Direct Contracts  
to Increase  
Supply, Improve  
Quality

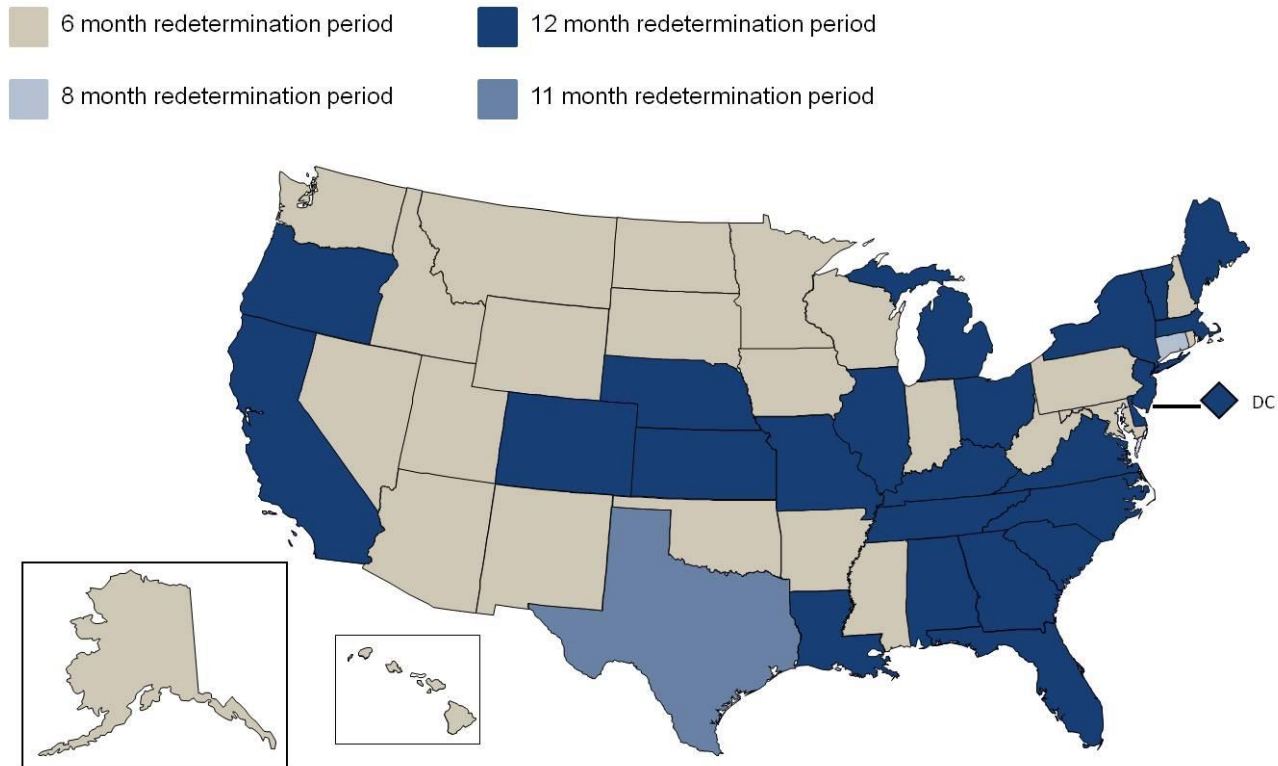
QRIS with  
Infant-Toddler  
Specific  
Standards

Support for FCC

Support for FFN

# Redetermination Periods

## States' Maximum Redetermination Periods for Child Care Assistance



Source: Child Care and Development Fund (CCDF) State Plans, FY 2011-2012.

# Infant and toddlers' families need to have access to quality options for their care.

- Only five states (Alaska, Hawaii, New York, North Dakota, and South Dakota) set their standard reimbursement rate for a one year-old in center-based care at the federally recommended rate.



# **Infant and toddlers' families need to have access to quality options for their care.**

- Contracts with child care providers can increase the supply or improve the quality of subsidized infant-toddler care
- Contracting directly may bring stability to child care providers in underserved communities and provide more stable childcare for families.
- Fourteen states reported using direct contracts with child care providers.

# Infant and toddlers' families need to have access to quality options for their care.

- When children are absent from child care and state policies don't include reimbursement for absent days, providers must bear the burden of the income loss or parents must contribute more to help cover the loss, since providers still have fixed costs for staff and facilities even on days when children are absent.
- In some cases, restrictive absent-day policies may discourage providers from serving families receiving child care assistance.
- This policy is particularly important for families with the youngest children since infants and toddlers have more frequent illnesses and require more frequent doctor visits than older children.
- Forty-one states reported that they pay child care providers for days when a child is absent

# Infant and toddlers' families need to have access to quality options for their care.

- Twenty-one states reported providing monetary and/or non-monetary support for family child care networks that may reach infants and toddlers in home-based care.
- Thirty-three states report that they support (through Play and Learn groups, supports to become licensed, health and safety trainings, etc.) FFN providers who care for infants and toddlers.

# Parents and Caregivers Linked to Community Resources

- Selected indicators:

Dedicated  
Infant-Toddler  
Funding

State Initiatives  
to Expand Early  
Head Start

Support for  
Comprehensive  
Services

Infant-Toddler  
Mental Health  
Consultation



# Infants and toddlers need parents, providers, and caregivers supported by and linked to community resources

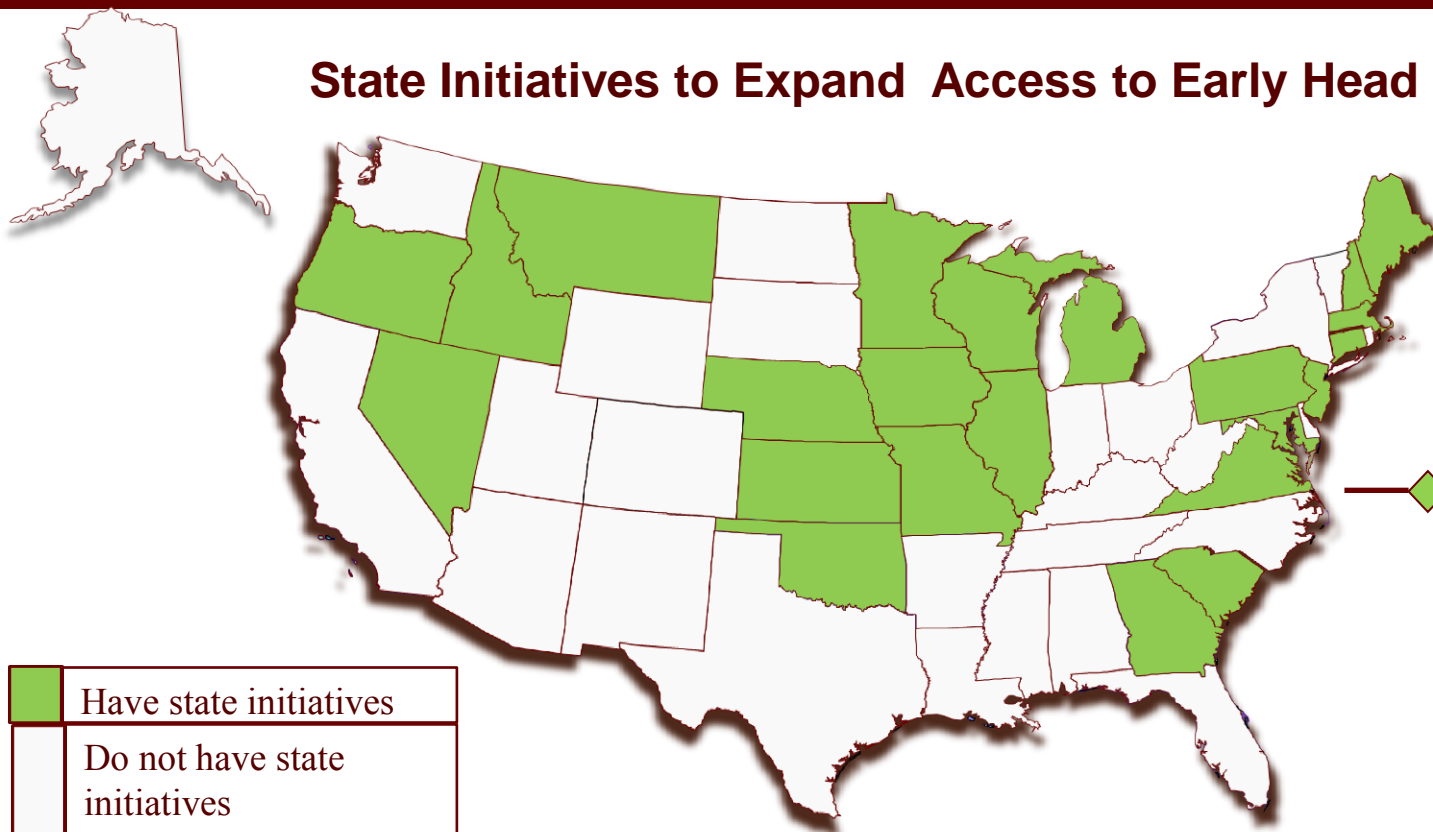
- Only four states report they make additional, dedicated funds available specifically for infants and toddlers outside of the CCDBG infant-toddler set-aside





# Infants and toddlers need parents, providers, and caregivers supported by and linked to community resources

## State Initiatives to Expand Access to Early Head Start



# Conclusion

- State policies can promote the quality and continuity of early childhood experiences.
  - Must be intentional about attention to infants and toddlers
  - Requires increased investments at all levels



# Policy Assessment

# Policy Assessment

- Do your state's subsidy policies support access to stable, quality infant/toddler care?
- CLASP Child Care Subsidy Policies Tool  
<http://www.clasp.org/babiesinchildcare/tools>
- CLASP can provide technical support in designing, implementing and financing policies

# Contact Information

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