



Policy Brief

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About this Project

CLASP's *Charting Progress for Babies in Child Care* project highlights state policies that support the healthy growth and development of infants and toddlers in child care settings, and provides online resources to help states implement these policies. The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. The project seeks to provide information that links research and policy to help states make the best decisions for infants and toddlers.

CLASP analyzed state Child Care and Development Block Grant (CCDBG) plans for FFY 2008-2009 through the lens of the project policy framework. The full report to this policy brief and additional information may be found on the [CLASP Child Care and Early Education](#) webpage.

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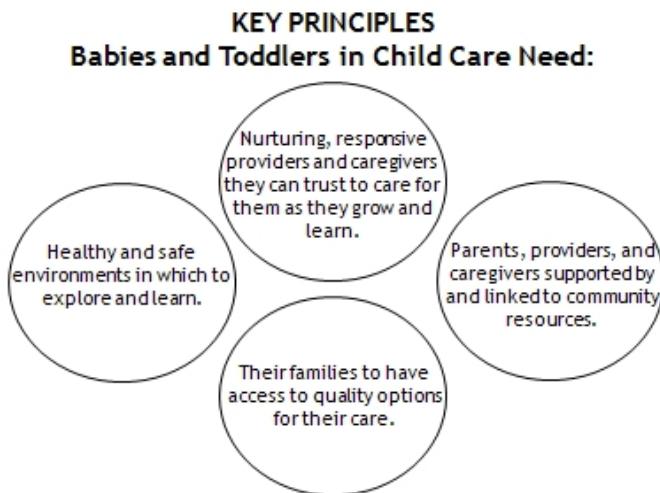
State CCDBG Plans to Promote Opportunities for Babies and Toddlers in Child Care

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State child care policies—including licensing, subsidy, and quality enhancement strategies—can promote the quality and continuity of early childhood experiences and foster the healthy growth and development of babies and toddlers in child care settings, especially if they are informed by research. When early relationships are nurturing, individualized, responsive, and predictable, they increase the odds of desirable outcomes—building healthy brain architecture that provides a strong foundation for learning, behavior, and health.² Positive experiences in child care can make a difference in development, especially for vulnerable children.³

One of the policy levers states may use to improve care for vulnerable children is the Child Care and Development Block Grant (CCDBG)—the largest source of federal funding for child care available to states. Twenty-nine percent of children who receive child care paid with CCDBG funds are under age 3—nearly 500,000 children in an average month in fiscal year 2007, although this percentage varied dramatically from state to state.⁴ In addition, CCDBG includes an earmark for investments in infants and toddlers, totaling \$99.5 million in fiscal year 2009.⁵ These targeted funds are an important source of funding for many innovative state investments to improve the supply of high-quality infant/toddler child care; they support programs and initiatives that can benefit all children and families, regardless of whether they receive a subsidy.

Every two years, states must lay out their plans for using all CCDBG funds to help low-income families access child care and to improve the quality of child care for all children, including infants and toddlers. What do these state CCDBG plans reveal about state policies that can promote opportunities for babies and toddlers in child care to experience the positive care that will help them thrive? The Center for Law and Social Policy (CLASP) analyzed what the 50 states and the District of Columbia reported in their state CCDBG plans for FFY 2008-2009 using a policy framework that guides CLASP's *Charting Progress for Babies in Child Care* project. The framework is based on a set of key principles that establish what all babies and toddlers in child care need:



CLASP's analysis looks at state CCDBG plans through the lens of this framework, highlighting examples of promising child care licensing, subsidy, and quality enhancement policies and initiatives for babies and toddlers as reported by states. This policy brief summarizes key findings from that analysis, including some illustrative state examples.⁶

Principle: Babies in child care need nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn.

All states reported having a variety of initiatives and resources to ensure that providers and caregivers have the knowledge and skills to care for infants and toddlers, including establishing what they needed to know about infant/toddler development, providing professional development and training activities, and/or offering competitive compensation and benefits.

However, CLASP did not find any state that reported activities in their CCDBG plans that explicitly focused on promoting and implementing continuity of care strategies for children in group settings from the time they enter care to age 3. Very few states reported initiatives to recruit, maintain, and support diverse and culturally sensitive infant/toddler providers. State leaders could strengthen efforts to ensure that infants and toddlers have nurturing, responsive providers and caregivers by focusing some attention on these two latter issues.

CLASP's analysis found the following examples of state strategies to progress toward these recommendations from the *Charting Progress for Babies in Child Care* project:

Establish Core Competencies. States reported they were developing:

- Core competencies for infant/toddler providers, specialists, and consultants.
Example: Minnesota planned to develop an infant/toddler core competency guide for providers to emphasize the skills and knowledge important to the care of infants and toddlers.
- Early learning content guidelines appropriate for infant and toddler development.

Provide Access to Training, Education, and Ongoing Supports. States reported funding access to supports such as:

- Intensive infant/toddler training programs, like the Program for Infant/Toddler Care (PITC).

- Supervisor training.
- Specialized infant/toddler credential education.

Example: Oregon offered core coursework for the new infant/toddler credential through 21 training sessions and planned to incorporate the credential into the [Oregon Registry Steps and the Oregon Registry Trainer Program](#).
- Distance learning.
- Infant/toddler specialists and ongoing support and mentoring for providers.

Example: West Virginia included full-time infant/toddler specialists, located in each of the state's six child care resource and referral agencies (CCR&Rs) to provide at least six hours of onsite technical assistance to providers who had gone through the through the Caregiver's Module of the West Virginia [Infant/Toddler Professional Development Program](#) (WVITP).
- Scholarships for providers to attend higher education.

Promote Competitive Compensation and Benefits. States reported that they offered financial incentives to attract and retain infant/toddler providers, such as:

- Salary stipends/enhancements.
- Grants for providers to use to improve retention.

Example: Minnesota offered a workforce retention program called [Retaining Early Educators Through Attaining Incentives Now](#) (R.E.E.T.A.I.N.), which distributed grants that were aimed at increasing retention rates and quality in the early childhood workforce. The state targeted 75 percent of R.E.E.T.A.I.N. grants for infant/toddler providers. From 2005-2006, infant/toddler providers comprised about 85 percent (160 of 188 providers) of R.E.E.T.A.I.N. grantees.

Support a Diverse and Culturally Competent Workforce. A handful of states reported efforts to increase cultural and linguistic sensitivity of providers, or support the quality of care of diverse providers and caregivers. Strategies included:

- Early learning guidelines adapted to address diverse children and providers.

Example: Arkansas' Framework for Infant and Toddler Care included strategies and activities for working with children of limited English proficient (LEP) families. The state also offered three four-hour [training sessions](#) to familiarize providers with the framework.
- Intensive infant/toddler training modified for use in diverse communities.
- Professional development for infant/toddler providers in a language other than English, often Spanish.

Principle: Babies in child care need healthy and safe environments in which to explore and learn.

Over half of states reported using CCDBG funds to provide training on health and safety issues critical to the care of infants and toddlers. In addition, states reported offering grants and other supports to providers to make facility improvements that can enhance and improve the safety of the child care environment.

Very few states reported efforts to improve the capacity of state licensing agencies to monitor or provide technical assistance to infant/toddler providers, although states mentioned other technical assistance activities. CLASP found no examples of states explicitly working to reduce group size and improve provider-to-child ratios in centers and family child care homes.⁷ By increasing attention to licensing and monitoring, as well as group size and provider-to-child ratios, states can improve the health, safety, and quality of care environments for infants and toddlers.

CLASP's analysis found the following examples of state strategies to progress toward these recommendations from the *Charting Progress for Babies in Child Care* project:

Promote Health and Safety. States reported using CCDBG quality funds to support providers in meeting licensing standards related to infant/toddler care, for example through:

- Required training for licensed providers on health and safety issues.
Example: North Carolina changed licensing rules to require providers in both centers and family child care homes to complete training in infant/toddler safe sleep practices within four months of becoming employed and working with infants and toddlers. The state reported using CCDBG funds to provide an online train-the-trainer module to infant/toddler specialists, child care health consultants, and others, who then administered the training to providers.
- Resources and grants to improve the health and safety of child care settings.
- Services to increase provider knowledge on health and nutrition issues.

Expand Monitoring and Technical Assistance.

For the most part, states did not report activities to improve the capacity of licensing agencies to monitor and provide technical assistance to infant and toddler providers, although many states mentioned technical assistance projects located elsewhere. One approach mentioned was:

- Trainings for licensing staff on infant and toddler development.
Example: Arizona reported that child care licensing staff received 16 hours of training on infant mental health from the Arizona Infant Toddler Institute.

Principle: Babies in child care need parents, providers, and caregivers supported by and linked to community resources.

Nearly half of states reported using a variety of methods and approaches to increase parents' understanding of early childhood development and skills in infant/toddler care. In addition, states reported implementing multiple kinds of screenings to identify infants and toddlers with or at risk for health or developmental delays.

While referral services were provided to address these delays, no state reported actively providing or linking necessary services for vulnerable babies and toddlers to child care settings. States can enhance their partnerships with parents by looking at additional ways to connect families with infants and toddlers in child care to needed comprehensive services.

CLASP's analysis found the following examples of state strategies to progress toward these recommendations from the *Charting Progress for Babies in Child Care* project:

Promote Family Engagement. States reported multiple approaches to reach parents, including:

- Media outreach, such as televised public service announcements on infant/toddler care.
- Toolkits for parents of newborns.
- Parent education courses.
Example: South Dakota offered a six-week parent education course for families with infants and toddlers. Child care was provided during the training sessions so that parents could attend.
- Home-based parent education programs.
- Parent-accessible Early Learning Guidelines and other informational materials.

Promote Access to Appropriate Screenings. A number of states reported that they had health consultants, coordinators, or teams that monitored

and provided technical assistance to child care providers on health and other related issues.

Activities included:

- Health and developmental delay screenings.
- Coordination and planning across state agencies to increase access to screenings.
- Nurse health consultations.

Example: In **New Jersey**, registered nurses were assigned to 21 counties to evaluate health care services for children in child care, in particular infants and toddlers. The nurses provided technical assistance to child care providers to improve the quality of health-related services and training on CPR, First Aid, and other issues.

Promote Access to Comprehensive Services. A few states were taking some initial steps to connect vulnerable infants and toddlers in child care and their families to health care and other needed services, such as implementing:

- Child care provider training in infant mental health.
- Streamlined access to state-level social services.
- Community-based early childhood systems coordination.

Example: **New Hampshire** had 14 regional, interagency Infant Mental Health Teams - including representatives from mental health, early intervention, and child care resource and referral agencies. Each team identified gaps in service and responded to the particular needs of a region.

Principle: Babies in child care need their families to have access to quality options for their care.

At least half of states reported using CCDBG funds to award grants to help build the supply of high-quality infant/toddler care. Some grants were given particularly to increase infant/toddler slots; others were general quality improvement grants in which

infant/toddler providers received priority. Another method states mentioned in their CCDBG plans was paying higher subsidy rates to both center and family child care providers serving infants and toddlers, with a few reporting they contracted directly with infant/toddler providers to promote stable access to care.

No state reported activities to provide diverse families with culturally and linguistically appropriate information on choosing infant/toddler child care specifically, although some reported such activities that were not targeted to families with children birth to age 3.

CLASP's analysis found the following examples of state strategies to progress toward these recommendations from the *Charting Progress for Babies in Child Care* project:

Build Supply of Quality care. CCDBG plans indicated that states used several common strategies to improve the availability of high-quality infant/toddler care, which included:

- Expansion, facility/equipment, and quality improvement grants.
Example: **Rhode Island** offered financial support to providers to increase the supply of child care or participate in quality improvement activities. Priority was given to hard-to-find child care, such as infant and toddler care and child care in underserved communities, as well as to quality improvement activities such as accreditation.
- Partnerships with child care resource and referral agencies.

Use Subsidy Policies to Promote Stable, Quality Care. The majority of states built higher subsidy rates into their subsidy payment systems for both center and family child care providers serving infants and toddlers. A few reported contracting with

subsidy providers to deliver services and promote stability. Examples included:

- Higher subsidy payment rates for infant/toddler care with additional payment enhancements.
- Stable child care contracts.

Example: Connecticut spent about a quarter of CCDBG subsidy dollars to contract directly with licensed providers to offer child care slots for subsidy-eligible children, including infants and toddlers.

Conclusion

As state leaders are well aware, planning for the future of state child care policy must always include an intentional focus on the needs of infants and toddlers. Based on this review, it is clear that states are implementing policies intended to support the healthy growth and development of babies and toddlers in child care using child care licensing, subsidy, and quality enhancement policies. However, CLASP's analysis of state CCDBG plans finds states addressing these policies to different degrees. A lack of reported initiatives in particular key areas, such as promoting access to comprehensive services for vulnerable babies and supporting diverse providers and families, may be due to a shortage of knowledge of appropriate strategies, financial resources, or both. Policymakers at the state and federal level should consider how best to build state capacity to address the areas for which CLASP did not find examples.

States will have further impetus to examine their infant and toddler child care investments over the next two years, as they determine how best to use the additional CCDBG funding available to them from the American Recovery and Reinvestment Act (ARRA). The ARRA provides \$2 billion to states to use for child care on top of the current federal allocation for CCDBG. Of this amount, \$93.5 million is targeted for activities that improve the quality of infant/toddler care.⁸ The *Charting Progress for Babies in Child Care* policy framework, and its supporting recommendations and technical assistance

products, include ideas for utilizing ARRA funds that states may use to help identify the strengths and gaps in their current policies and to continue to build their efforts to expand access to high-quality child care for babies and toddlers in their states.

¹ The authors would like to acknowledge CLASP colleagues Danielle Ewen, Elizabeth Hoffmann, and Hannah Matthews for their advice and comments on drafts of this policy brief.

² *The Science of Early Childhood Development*, National Scientific Council on the Developing Child, 2007,

http://www.developingchild.net/pubs/persp/pdf/Science_Early_Childhood_Development.pdf.

³ *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*, Center on the Developing Child at Harvard University, 2007, 3,

http://developingchild.harvard.edu/content/downloads/Policy_Framework.pdf. For other resources, see also

<http://developingchild.harvard.edu>.

⁴ Hannah Matthews, *Infants and Toddlers in the Child Care and Development Block Grant Program: 2007 Update*, CLASP,

http://www.clasp.org/publications/ccdbgparticipation_2007babies.pdf.

⁵ U.S. Department of Health and Human Services, Administration for Children and Families, *Fiscal Year 2009 Federal Child Care and Related Appropriations*,

http://www.acf.hhs.gov/programs/ccb/ccdf/approp_2009.htm.

⁶ Information presented in this paper is not meant to be representative of all state activities to support babies and toddlers, but is designed to give a sense of the types of actions and policies reported in the CCDBG plans. Additional states may have been doing some of the activities or policies described in this paper through CCDBG or other funding sources, but may not have explicitly mentioned these activities within their state plan for FFY 2008-2009. Also, state plans reflect intentions of the state at a point in time, and some reported activities may not have occurred during the FFY 2008-2009 period.

⁷ The Framework recommendations are to ensure that infants in center-based programs are cared for in groups no larger than six, with ratios of one child care provider to no more than three infants, and that toddlers are cared for in groups no larger than eight, with ratios of one provider to no more than four toddlers. For family child care, CLASP recommends states ensure that no more than two children under age 2 be cared for by a family child care provider at one time, and that group size not exceed six children (including all children related to the provider).

⁸ U.S. Department of Health and Human Services, Administration for Children and Families, *Fiscal Year 2009 Federal Child Care and Related Appropriations*,

http://www.acf.hhs.gov/programs/ccb/ccdf/approp_2009.htm.