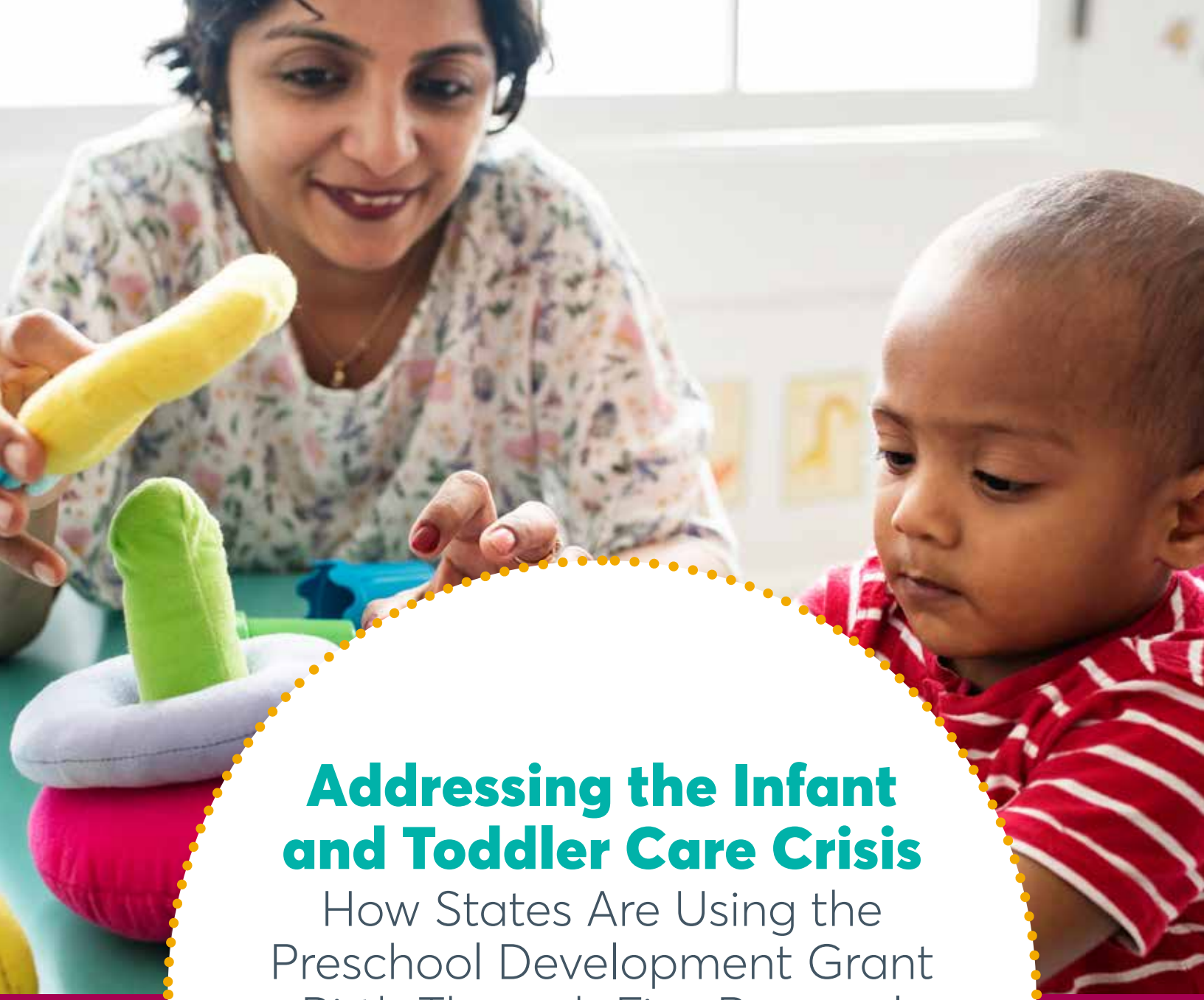

Addressing the Infant and Toddler Care Crisis

How States Are Using the Preschool Development Grant Birth Through Five Renewal Funding to Support Children Younger than Three

National Collaborative for Infants & Toddlers™

CAPACITY BUILDING HUB
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Introduction

For at least the last decade, early care and education (ECE) stakeholders have been working to shed light on the disconnect between the profound importance of the birth-to-three developmental period and the lack of public investment in programs that support children in this age range.[1] While developmental psychologists use terms like "explosive" and "consequential" to articulate the rate of development that takes place in these early years, early childhood practitioners describe the public investment for very young children as "minimal" and "insufficient." This disconnect means that children from marginalized families are provided little support from public programs during the years when they need it most. In addition, the disconnect creates a formidable barrier to opportunity that leads vulnerable children to fall behind their peers from better-resourced communities.

Recognizing this issue, the federal Preschool Development Grant Birth Through Five (PDG B-5) Renewal initiative required activities to increase state capacity to serve infants and toddlers. As a part of the PDG B-5 Renewal application, states were asked to propose how funding would be used to "build capacity for high-quality infant and toddler services across the state's mixed delivery system" and also awarded a small number of bonus points for activities targeting the needs of infants and toddlers. For applications to score well in the review process, states needed to propose capacity-building activities for infant/toddler care and to address specific issues affecting this population, such as infant and early childhood mental health.

1 See, for example: National Scientific Council on the Developing Child (2007). *The science of early childhood development: Closing the gap between what we know and what we do.* http://www.developingchild.net/pubs/persp/pdf/Science_Early_Childhood_Development.pdf

The PDG B-5 Renewal Grant Initiative

Grant Duration:
January 2020–December 2022.

Eligibility: States/Territories (46) that were recipients of a one-year PDG B-5 initial grant in 2019.

Application: 75 pages to address supporting parental choice, best practices, and quality in ECE aligned with a strategic plan developed as part of the initial application.

States Awarded a PDG B-5 Renewal Grant (23): Alabama, California, Colorado, Connecticut, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New Hampshire, New York, North Carolina, Oregon, Rhode Island, South Carolina, Virginia, Washington.

States/Territories Not Awarded a PDG B-5 Renewal Grant (23): Alaska, Arizona, Arkansas, Delaware, District of Columbia, Hawaii, Indiana, Iowa, Kentucky, Maine, Massachusetts, Mississippi, Montana, Nevada, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, U.S. Virgin Islands, Utah, Vermont.

Specifically, states were asked to address several criteria focused on infants and toddlers, including:

- Building capacity for high-quality infant/toddler services across the state's mixed delivery system.
- Sharing best practices and providing professional development for meeting the needs of infants and toddlers.
- Improving transitions of children from infant/toddler programs to preschool programs to elementary schools.

In writing to these criteria, states provided information on how they planned to build infant/toddler capacity. Accordingly, an examination of how the PDG B-5 Renewal grant applications address the criteria is an excellent way to understand the issues states wanted to address and the activities they planned to use to address them. The content provided in response to the grant criteria above help to answer four pressing questions related to building state capacity to support families with infants and toddlers:

1. **How are states planning to increase the supply of infant/toddler care?**
2. **How are states planning to mitigate the costs of care for infants and toddlers?**
3. **How are states planning to improve the quality of infant/toddler care?**
4. **What activities and services are states planning to provide directly to families to support the care of their infants and toddlers?**

This brief is organized around these questions; it highlights trends across states and presents top-level summaries of the work each state plans to conduct.[2] The findings provide a snapshot of work intended to enhance ECE system capacity to support infants, toddlers, and their families in the 23 states that submitted successful PDG B-5 Renewal applications.

METHODS AND LIMITATIONS

To answer the four questions above, a content analysis was conducted of the PDG B-5 Renewal applications that received funding. The analysis is limited to these funded states because the goal of the brief is to understand the state plans that are being supported with Renewal funding.

We offer four caveats when considering the findings of this brief. Due to the amount of content that was required under the 75-page limit, the applicants presented only what could be highlighted within that limit. Accordingly, in general, the applications tended to provide high-level descriptions of the activities proposed. The level of detail offered in the Findings section, below, reflects the level of detail supported by the applications.

2 While state-specific information is included in this brief, the best way to understand any individual state's application is to read the application itself.

Second, the applications provide a description of how states planned to use the Renewal funding and not what states have implemented or accomplished with the funding. Accordingly, it will be important to monitor the progress of the successful states to see what is accomplished with the funding and the barriers encountered. This caveat is particularly noteworthy considering where states may have had to significantly alter plans due to the COVID-19 pandemic.

Third, the Administration for Children and Families (ACF) asked states receiving a PDG B-5 Renewal grant to reduce their initial funding request by 10 percent. Accordingly, a state may have had to cut specific activities contained in its application because the grant award was less than the amount requested. ACF did not allow funding directed at infants and toddlers to be reduced, so it is highly doubtful that states cut activities related to building system capacity for infants and toddlers. Nonetheless, the analysis is based on the content of the applications as originally proposed, which may vary somewhat from the final funded activities.

Finally, the plans proposed in the PDG B-5 Renewal applications do not reflect all the work states are doing to build capacity for infant and toddlers. Indeed, states may be using Medicaid, state health and home visiting funding, as well as philanthropic funding, to engage in infant/toddler capacity-building activities. For example, the Pritzker Children's Initiative awarded 18 Prenatal-to-Age-Three state grants to plan and implement services for children prenatal to age three and their families. While states may have included activities funded by this and other funding sources in the application, this may not necessarily be the case. As such, this review of the applications may provide only a partial picture of all that states are attempting to accomplish in building capacity to support families with infants and toddlers.

Every state highlighted the dramatic need to increase the supply of infant/toddler care, using different metrics to highlight and discuss the lack of care to meet the need. These metrics included: (1) the "slot gap" between the number of available infant/toddler slots and the number of infants and toddlers requiring care (e.g., Connecticut, Illinois, Oregon, and Washington); (2) the low percentage of infants and toddlers in licensed settings (e.g., Florida); (3) the low percentage of infants and toddlers in centers rated low quality (e.g., Georgia); and (4) the large number of infants and toddlers on statewide waiting lists.

Findings

States dedicated a significant amount of their Renewal applications to discussing capacity-building activities for infant/toddler care (see **Table 1** for a summary). While this fact should not be surprising given the application criteria, states were also responding to findings from needs assessments conducted in the initial planning grant year that showed infant/toddler care to be in short supply, expensive to families, and of overall low quality. Trends across the states are highlighted below, organized by the supply, cost, quality, and direct support/services questions outlined above. Each section includes the number of states engaged in the specific activity. The trend analysis that follows in the text provides state examples but does not include every activity every state has planned or initiated as part of the trend. For a more comprehensive view of state approaches to support infant/toddler capacity, see **Appendix A**, which provides a short summary of the infant/toddler activities included in each of the funded applications.

Infant and Toddler Initiatives among States and Territories that Won a PDG B-5 Initial Grant in 2019

In addition to the 23 states that won PDG B-5 Renewal grants, ACF also awarded PDG B-5 Initial grants to six states and territories who had not won an initial grant the year before. The winners of the initial grants were the Commonwealth of the Northern Mariana Islands (CMNI), Guam, Idaho, Puerto Rico, Wisconsin, and Wyoming. While these applications focused on outlining an approach to the required needs assessment and strategic plan, they also included plans for infants and toddlers in some capacity. CNMI proposed to review, revise, and update its early learning guidelines for infants and toddlers and will include examples of best practice. Guam discussed ways to support social emotional development in infants and toddlers, including a plan to train 200 providers on responsive routines, environments, and targeted strategies for infants and toddlers. Guam also planned to expand use of the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Infant/Toddler pyramid model to increase provider and parental knowledge of infant and toddler social and emotional development. Idaho planned to expand early intervention screening and referrals and to support infant and early childhood mental health. The state also proposed producing training modules on best practices to support early literacy, including modules designed for teachers of infants and toddlers. Puerto Rico described increasing accessibility to materials from CSEFEL Infant/Toddler pyramid model and building additional capacity for its Maternal Infant and Early Child Home Visiting Program and Early Head Start. Wisconsin stated it would make policy decisions about pre-K expansion to avoid unintended consequences on the infant and toddler child care market. This was in response to concerns that private child care providers would lose four-year-old children if pre-K was expanded. The four-year-olds bring in more revenue than infant and toddlers, and funding from these older children subsidizes the cost of caring for infants and toddlers. The state does not want to put additional economic strain on child care providers through pre-K expansion and potentially put providers out of business, further reducing the number of infant/toddler slots. Wyoming planned to continue connecting families to early intervention services and support access to high-quality inclusive programs for infants, toddlers, and children with disabilities.

1. ACTIVITIES TO INCREASE THE SUPPLY OF INFANT/TODDLER CARE

Every state highlighted the dramatic need to increase the supply of infant/toddler care, using different metrics to highlight and discuss the lack of care to meet the need. These metrics included: (1) the "slot gap" between the number of available infant/toddler slots and the number of infants and toddlers requiring care (e.g., Connecticut, Illinois, Oregon, and Washington); (2) the low percentage of infants and toddlers in licensed settings (e.g., Florida); (3) the low percentage of infants and toddlers in centers rated low quality (e.g., Georgia); and (4) the large number of infants and toddlers on statewide waiting lists. Louisiana described the need for infant/toddler care as the state's "greatest early childhood gap in access to quality ECE." In addition, certain states also noted a significant decline in the number of family child care providers, which contributed to the infant/toddler supply issue (e.g., Georgia, Maryland, and New Hampshire). These states cited regulatory barriers, better-paying job alternatives, the costs of regulations, and changes to local ordinances as potential causes of the decline. States also highlighted the lack of infant/toddler slots in rural areas and for vulnerable families. To support increasing the supply of infant/toddler slots, states are implementing several initiatives, including:

1.1. Start-up/expansion grants for providers to serve infants and toddlers. Cost can be an overwhelming barrier to starting a child care business. Ten states **(California, Colorado, Maryland, Nebraska, New Jersey, New York, North Carolina, Rhode Island, South Carolina, and Virginia)** are using PDG B-5 Renewal funding to provide grants to support entrepreneurs who want to start or expand a child care business that will serve infants and toddlers. For example, **Colorado** will engage local Small Business Associations and local Early Childhood Councils to provide microgrants to family child care homes and child care centers undergoing the child care licensing process to offset the start-up costs. These grants will be tiered to incentivize providers to care for infants, toddlers, and children with developmental delays or disabilities. Promising providers will be recommended by licensing specialists for consideration of the microgrants. **Maryland**, which was already providing small start-up grants to offset the costs associated with the licensing process, will use PDG B-5 Renewal funding to increase the amount of the start-up grant. This increase is in response to findings from the needs assessment that indicated the original grant amount did not create an incentive for providers to complete the licensing process. **New Jersey** is also providing grants and technical assistance to providers to make necessary changes to facilities and purchase materials and equipment to accommodate infants and toddlers and/or to expand the number of infant/ toddler slots. **South Carolina** will offer a formal Community of Practice for new family child care providers to increase the availability of qualified infant/toddler providers.

TABLE 1. State Activities to Support Affordable, High-Quality Infant and Toddler Care and Services[3]

THEME	ACTIVITY	STATES
Increase supply of infant and toddler care (All states)	Start-up/expansion grants for providers to serve infants and toddlers	California, Colorado, Maryland, Nebraska, New Jersey, New York, North Carolina, Rhode Island, South Carolina, Virginia
	Contracted slots for infants and toddlers	Alabama, Florida, Illinois, Louisiana, Maryland, New Jersey, New York, Oregon, South Carolina, Virginia
	Expansion of Early Head Start-Child Care (EHS-CC) Partnerships	Georgia, Michigan, North Carolina, Rhode Island
	Staffed Family Child Care Networks	Connecticut, Georgia, Illinois, Kansas, Maryland, Michigan, Missouri, New Jersey, Oregon, South Carolina, Virginia
Mitigate high cost of infant/ toddler care (10 states)	Increasing eligibility thresholds for child care subsidies and/or the reimbursement rates	Alabama, Connecticut, Florida, Louisiana, Maryland, New Jersey, Rhode Island, Virginia
	Reducing or eliminating parental copays	Florida, New York, Oregon
Improve quality of infant and toddler care (All states mentioned)	Workforce supports and professional development	All states
	Offering an infant/toddler certification	Alabama, California, Colorado, Connecticut, Florida, Louisiana, Michigan, New Jersey, New York, Oregon, Rhode Island
	Supporting capacity to address Infant and Early Childhood Mental Health	All states
	Increase capacity for early intervention	Alabama, Florida, Minnesota, New Hampshire, Oregon
Directly support families with infants and toddlers (8 states)	Direct support	Alabama, California, Florida, Kansas, Minnesota, New Hampshire, North Carolina, Washington

3 State activities listed in this table may fall under more than one theme. For example, state expansion of EHS-CC partnerships may increase the number of available infant/toddler slots if the EHS slot serves a child not otherwise in care, but also could be a quality enhancement strategy if a current child care slot is converted to an EHS slot but continues to serve the same child. Similarly, staffed family child care networks help to shore up family child care providers as businesses and stabilize child care slots, but can also work to improve quality.

1.2. Contracted slots for infants and toddlers. Contracting for child care slots is another way that states are increasing infant/toddler supply. Ten states **(Alabama, Florida, Illinois, Louisiana, Maryland, New Jersey, New York, Oregon, South Carolina, and Virginia)** described using this approach to some extent. Through this approach, states can target funding for slots to specific geographic locations experiencing supply issues and include requirements related to quality and the age of the child to be served. At the same time, providers favor this approach as it provides a stable and predictable source of funding to support program operations. For example, **Florida** will pilot contracted slots in communities deemed "child care deserts" by the state needs assessment. The slots will be funded at a rate "sufficient to attract new providers" and include professional development to support quality. Illinois also included an ambitious pilot for contracting slots in center-based programs in rural counties within the state. PDG B-5 Renewal funding will be used for a new contracting formula; to provide additional grant funding to cover the gap between the state's child care subsidy and the true cost of meeting a "test version" of new Quality Rating and Improvement Standards that includes a continuous quality improvement approach; and to fund revised training and technical assistance services. **Louisiana** plans to use more than half of the state's PDG B-5 Renewal funding to pilot Ready Start Networks that will include at least 750 new birth-to-three-year-old center-based and family child care slots in child care deserts across the state. **South Carolina** plans to create greater efficiencies and continuity of care by funding contracted slots for infant and toddlers attending child care sites that are currently serving 3- and 4-year-olds through the state's 3K/4K preschool program. **Washington** will use PDG B-5 Renewal funding to launch an infant/toddler version of the state's Early Childhood Education and Assistance Program (i.e., the state's preschool program) in 10 pilot sites. Perhaps the most ambitious example of a contracted approach with PDG B-5 Renewal funding can be found in Oregon. The state will use funding to expand its Baby Promise program — a mixed delivery supply and quality initiative for infant and toddlers — for providers in the state's tribal lands and for family child care providers in rural areas. Through Baby Promise, **Oregon** will fund 150 infant/toddler slots at $20,000 per slot with additional funding for quality supports for providers who receive funding.

1.3. Expansion of Early Head Start-Child Care (EHS-CC) Partnerships. In 2014, the federal Office of Head Start initiated an EHS-CC Partnership grant program in which Head Start grantees partner with child care providers to provide Early Head Start services to eligible children younger than age three. Child care providers are required to meet Head Start Program Performance Standards (HSPPS) and are provided with additional Head Start funding that, when layered with child care subsidy dollars, provides a level of funding to enable providers to improve quality to meet the HSPPS. To increase infant/toddler capacity, four states **(Georgia, Michigan, North Carolina, and Rhode Island)** plan to use PDG B-5 Renewal funding to expand the EHS-CC Partnerships. For example, **Michigan** will use funding to create a state EHS-CC Partnership model in tribal areas. This expansion meets several state goals for the grant, including the layering of multiple funding sources, supporting continuity of care through transitions, and connecting children to health and other services through Head Start's comprehensive model. Similarly, **Rhode Island** will use PDG B-5 Renewal funding to provide 100 more EHS-CC Partnership slots to communities most in need of infant/toddler capacity, coupled with additional quality improvement grants to help providers meet the HSPPS.

1.4. Staffed Family Child Care Networks. States sometimes try to form networks of family child care providers, who typically serve a small number of children. These networks address the unique needs of family child care providers, as they offer an enduring infrastructure from which to support them and build capacity in operations, quality service delivery, integration of comprehensive services and enrollment, and administration of funding. Eleven states **(Connecticut, Georgia, Illinois, Kansas, Maryland, Michigan, Missouri, New Jersey, Oregon, South Carolina, and Virginia)** described plans to use these networks. For example, **Connecticut** will use PDG B-5 Renewal funding to expand its investments in staffed family child care networks to recruit new infant/toddler providers in child care deserts. The state will pilot seven staffed family child care networks to deliver services, including follow-up coaching in the home. Similarly, **Georgia** will pilot and staff family child care networks to reach families with infant and toddlers in underserved areas. Staff will be placed in Child Care Resource and Referral Agencies and work to recruit and support family child care providers to increase access to high-quality family child care learning homes for parents with infants and toddlers. **Michigan** will pilot a network that will provide coaching and mentoring, peer-to-peer supports, business supports, substitute pools, and access to training.

To increase infant/toddler capacity, four states (Georgia, Michigan, North Carolina, and Rhode Island) plan to use PDG B-5 Renewal funding to expand the EHS-CC Partnerships. For example, Michigan will use funding to create a state EHS-CC Partnership model in tribal areas. This expansion meets several state goals for the grant, including the layering of multiple funding sources, supporting continuity of care through transitions, and connecting children to health and other services through Head Start's comprehensive model. Similarly, Rhode Island will use PDG B-5 Renewal funding to provide 100 more EHS-CC Partnership slots to communities most in need of infant/toddler capacity, coupled with additional quality improvement grants to help providers meet the HSPPS.

2. ACTIVITIES TO MITIGATE THE HIGH COST OF INFANT/TODDLER CARE FOR LOW-INCOME FAMILIES

The cost of child care for a family with a child younger than three can be an overwhelming financial burden, particularly for a family earning a low income. The average monthly cost of licensed center-based care can exceed $1,200 per month.[4] Among all US households with a child younger than three that have to pay for child care, the average spent on care represents 20 percent of total monthly income, with low-income families paying a significantly higher percentage than higher-income families.[5]

Given the high cost to families using infant/toddler care, it is important for states to mitigate costs for vulnerable families. In addition to funding free contracted slots for infants and toddlers as outlined above, states also discussed other ways to offset the high costs of infant/toddler care, including:

2.1 Increasing eligibility thresholds for child care subsidies and/or the reimbursement rates for infant/toddler care. While not necessarily funded with PDG B-5 Renewal funding,[6] eight states **(Alabama. Connecticut, Florida, Louisiana, Maryland, New Jersey, Rhode Island, and Virginia)** mentioned, implemented, or planned increases to eligibility thresholds for families, as well as increases in child care subsidy reimbursement rates for infant and toddlers served. **Alabama** mentioned a recent increase of between 2 percent and 10 percent in the state's child care subsidy depending on the providers' quality level in the state's Quality Rating and Improvement System (QRIS). **Florida** committed PDG B-5 Renewal funding to researching and analyzing current eligibility criteria and ways to mitigate the "cliff effect" when losing a child care subsidy and other benefits. **Connecticut** will increase the subsidy rate for infants and toddlers. **Louisiana** will provide subsidies to families with infants and toddlers on the state subsidy waiting list. The state also discussed policy changes in 2019 that separated the subsidy rate for infants and toddlers and increased the infant rate to reflect higher cost of care for infants. **Maryland** discussed an increase in the subsidy eligibility threshold from 33 to 65 percent of State Median Income (SMI) and a recent increase in the subsidy reimbursement rate from the 9th to the 30th percentile of the market rate, with an additional increase to the 60th percentile in 2020. **New Jersey** outlined plans to increase the child care reimbursement rate by 40 percent and **Rhode Island** noted that it is working on an increase in subsidy rates to the 75th percentile for infant/toddler care. **Virginia** had already increased its subsidy rates to the 70th percentile of the market rate for licensed/regulated providers.

4 Workman, S., & Jessen-Howard, S. (2018). *Understanding the true cost of child care for infants and toddlers.* Center for American Progress. https://www.americanprogress.org/issues/early-childhood/reports/2018/11/15/460970/understanding-true-cost-child-care-infants-toddlers/

5 National Survey of Early Care and Education Project Team. (2016). *Early care and education usage and households' out-of-pocket costs: Tabulations from the National Survey of Early Care and Education (NSECE). OPRE Report* #2016-09. Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

6 Funding for the federal Child Care and Development Block Grant doubled from $2.6 million to $5.2 million in 2018 and this increase has been sustained. States have used this increase to increase the eligibility thresholds and increase the reimbursement rates, which were highlighted in many of the PDG B-5 Renewal applications.

2.2 Reducing or eliminating parental copays and cost of care studies. While changes to eligibility thresholds and reimbursements rates were the primary ways in which states sought to reduce the cost of infant/toddler care, also mentioned were copays and cost-of-care studies in their PDG B-5 applications **(Florida, New York, and Oregon)**. For example, **New York** will examine the state's parental co-pay policies to determine whether they are a deterrent in accessing child care subsidies.

Studying the Cost of Infant/Toddler Care

The PDG B-5 Renewal grants are funding studies to examine the costs of infant/toddler care in four states (Michigan, North Carolina, Oregon, and Virginia). These studies are extremely important for determining the true cost of infant/toddler care and will provide credible cost data to justify higher subsidy rates and other expenditures to increase the supply and mitigate costs for families with very young children. Michigan will conduct a cost and feasibility study on providing high-quality infant/toddler care and will use the findings to inform the state's efforts to increase the supply of infant/toddler care. North Carolina will conduct a study to determine the feasibility of implementing a statewide infant/toddler program like the state's pre-K program. Oregon will conduct a cost study using a "Provider Cost of Quality Calculator" that takes into account setting, geographic location, child age, and program quality level. Virginia will also conduct a study to better understand the costs to providers to meet new infant/toddler expectations.

Florida highlighted that it had conducted a cost modeling study during the PDG B-5 initial grant to determine how subsidy rates should be recalibrated to better meet the needs of vulnerable families.

3. ACTIVITIES TO IMPROVE THE QUALITY OF INFANT/TODDLER CARE

The level of quality among providers who care for infants and toddlers is a major area of concern for states.[7] For example, many teachers and caregivers of children birth to three have low education levels, with 64 percent having at most a high school degree as their highest level of educational attainment. A number of states highlighted the need to improve the quality of infant/toddler care as they increased the supply. States included several quality initiatives for infant/toddler care, including:

3.1 Workforce supports and professional development. All states discussed funding workforce supports and professional development to support higher-quality infant/toddler care. Most professional development activities involved coaching or train-the-trainer approaches. For example, **Louisiana**, as part of the Ready Start Networks (discussed above), will provide teachers and directors with high-quality, evidence-based professional development that aligns with the state's use of the *Infant CLASS®* assessment tool. **Virginia** will use the *CLASS®* assessment tool in infant/toddler classrooms and use the results to inform educators' individual professional development plans. The state also

7 Rivera, Ann and Martinez-Beck, I.. (2019). National Portrait of Early Care and Education Providers and Workforce: Finding from the National Survey of Early Care and Education (2012 data). Pew Charitable Trusts presentation The percentage includes 28 percent of teachers/educators who have a high school degree or less and 36 percent of teachers/educators that stated they have "some college."

described cross-program professional development opportunities for educators, mental health consultants, coaches, home visitors, and early intervention staff. **Florida** will use PDG B-5 Renewal funding to implement a 10 Components of Quality Care for Infants and Toddlers train-the-trainer model developed by Florida State University. Also, the state will use funding to implement infant/toddler competency-based professional development offered by ZERO TO THREE. **Michigan** will expand professional development designed by Brazelton Touchpoints Centers for equitable, inclusive, culturally, and linguistically responsive care to infants, toddlers, and their families. **Nebraska** described plans to expand the Sixpence program, which addresses infant/toddler exposure to trauma.

3.2 Offering an infant/toddler certification. Many states offer certifications to acknowledge that teachers and other ECE professionals have developed competencies related to the care and education of young children. Eleven states **(Alabama, California, Colorado, Connecticut, Florida, Louisiana, Michigan, New Jersey, New York, Oregon, Rhode Island)** plan to use PDG B-5 Renewal funding to implement certifications for infant/toddler care. For example, **California** will provide online coaching for 300 coaches that will result in a specialized badge for the Program for Infants and Toddlers (PITC). Similarly, **Connecticut** will expand its PITC initiative to reach providers in child care deserts and fund a cohort of 20 credentialed PITC trainers. **Florida, Michigan,** and **New Jersey** will expand the number of early childhood professionals with an Infant Mental Health Endorsement. **Michigan** will also develop a new certification for infants and toddlers. **New York** will use funding to increase the number of ECE professionals with an infant/toddler, credit-bearing CDA. **Rhode Island** will pilot a Registered Apprenticeship model for the existing early childhood workforce to support a pathway to a state-defined credential.

3.3 Increasing capacity to address Infant and Early Childhood Mental Health (IECMH). All states will use PDG B-5 Renewal funding to provide professional development specifically to increase system and provider capacity to address challenging child behaviors through trauma-informed or IECMH approaches. For instance, **Connecticut** offered multiple approaches to support IECMH. One pathway will be through expanding the number of Infant Mental Health Specialists. The state will collaborate with its child welfare agency to identify families with infants and toddlers who need supports as part of the state's efforts to increase behavioral health consultative services. In **New Jersey,** Grow New Jersey Kids will lead an initiative and study its results to increase the competency and capacity of licensed mental health professionals by providing an opportunity to attain IECMH endorsements. **Kansas** described plans to coordinate a network of professional development and technical assistance that would support early childhood mental health consultation. **New York** described many ways it would support training in IECMH, such as training and reflective supervision for infant/toddler specialists in Infant Toddler Resource Centers (which have grown with CCDBG funding) to enhance their knowledge on IECMH, protective factors, and equity and inclusion. **South Carolina** will expand a currently existing infant mental health seminar series to Early Head Start and child care teachers and directors. The state will also infuse IECMH content into higher education programs that train a wide array of professionals who interact with children (e.g., pediatricians, child welfare workers, home visitors, nurses, etc.). **Washington** stated that IECMH consultants would be integrated into Shared Services Hubs to reach providers outside of QRIS.

Innovation Spotlight

Several states used the PDG B-5 Renewal grants to innovatively address issues related to infants and toddlers that were outlined through the state needs assessment process. Examples of these innovations include:

Supporting the language development of infants and toddlers through the Language Environmental Analysis (LENA) approach

Examples include **Alabama** and **Maryland**, which will use PDG B-5 Renewal funding to pilot or implement LENA technology and strengths-based coaching. LENA innovative "talk pedometer" technology measures the number of conversational interactions parents and providers have with infants and toddlers. Increased conversational interactions and the number of words heard by young children support improved language development, so these states will use the LENA model to provide parents and providers in the most vulnerable communities with a way to access coaching that enriches the language environment in ECE settings and at home.

Using doulas to support prenatal care and better pregnancy outcomes

Connecticut and **New Jersey,** for example, will build or expand networks of doulas. Connecticut will use PDG B-5 Renewal funding to expand a doula pilot for home visiting families into a statewide, centralized referral network of 30 doulas over three years, with increased diversity of doulas. Doulas will receive training to inform their work and support efforts to reduce low birth weight babies and birth complications involving mothers or their babies; and increase breastfeeding and mothers' self-efficacy regarding pregnancy outcomes. The impacts of the doula network will be captured in research studies. New Jersey will enhance its Community Health Worker and Doula Network services to meet the goal of increasing service referrals for 80 percent of the 1,380 families served. The networks will target high-need communities for prenatal health education, birthing support, short-term services, and cross-sector service referral. Doulas will also receive training. Like Connecticut, New Jersey recognizes an extended time frame (three years) is needed to start-up and develop the training, as well as collect data on implementation fidelity.

Business development

Many states described the need to build provider knowledge of business practices to support new and existing providers. **New York** will support providers in developing business plans to sustain child care businesses. Three goals in the state's plan addressed business development: increased knowledge about, and use of, infant/toddler care business plan strategies; provision of TA to family child care providers to help sustain their businesses; increased number of individuals and businesses claiming available ECCE tax credits. To support this work, New York plans to create and deliver an Intensive Infant/Toddler Care Business Development course. It will also explore the development of a child care business plan model.

3.4 Increasing capacity for early intervention. Although all states mentioned early intervention, five states **(Alabama, Florida, Minnesota, New Hampshire, and Oregon)** described in-depth plans to use PDG B-5 Renewal funding to increase state capacity for the early identification of disabilities and developmental delays, as well as to improve the referral system and interventions for children younger than age three. For example, **Alabama** will expand its telehealth pilot to provide routines-based home visits to support families' access to early intervention resources. **Connecticut** will expand training to broaden screening for autism to ECE providers, as well as training to providers to support children with autism so they can remain integrated in a less restrictive, high-quality ECE environment. **Florida** will work with the Center for Prevention and Early Intervention Policy and the College of Medicine Autism Institute to train ECE providers on the "Baby Navigator" platform, a web-based program that supports providers in assessing children's communication skills. **Minnesota** will expand Help Me Grow early intervention referral system to include Help Me Connect, a system that will support school districts and ECE providers in connecting families to additional early childhood services such as housing, Supplemental Nutrition Assistance Program (SNAP), and primary health providers. **Oregon** will leverage Medicaid funding to increase rates of screening for infants and toddlers. **New Hampshire** will promote utilization of Family-Centered Early Supports and Services (FCESS), a program that supports parents who are concerned about their child's development, have children who are a risk of a developmental delay, or who have an established condition resulting in a delay.

4. DIRECT SUPPORT FOR FAMILIES WITH INFANTS AND TODDLERS

Eight states **(Alabama, California, Florida, Kansas, Minnesota, New Hampshire, North Carolina, and Washington)** also plan to use PDG B-5 funding for initiatives that directly support and build the capacity of parents to support their infants and toddlers. **California** will expand Parent Cafés with content that includes ZERO TO THREE'S Growing Brain training materials on infant/toddler development. **Florida** will also deploy the Baby Navigator program (discussed above) to help parents screen for early communication delays and is providing a "Baby Navigator Express" online class with video clips and lessons for families. **New Hampshire** will build the capacity of families and communities using the Search Institute's 40 Developmental Assets model, which includes indicators and training related to social supports, empowerment, expectations, use of time, commitment to learning, values, social competencies, and positive identity. **North Carolina** will support family leadership development through state-level and regional parent-only support networks and parent leadership training that includes parents of infants and toddlers.

Conclusion

The 23 states that won the PDG B-5 Renewal grants are dedicating significant funding to improving access to care for infants and toddlers, mitigating costs, and improving quality. In addition, the research and pilots that are being conducted with the Renewal funding should shed light on the true cost of infant/toddler care, provide insights into best practices for improving business sustainability and quality, as well as support infant and early childhood mental health and better coordination of system resources for infants and toddlers. As the country considers additional investments in infant/toddler care, the work of the PDG B-5 Renewal states provides a strong rationale for these additional investments.

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The NCIT Hub also manages the Pritzker Fellows and online communities through the NCIT Xchange.

Appendix A: PDG B-5 Renewal Proposed Infant/Toddler Initiatives by State

Appendix A.1 provides information from the applications on the activities of each state awarded a PDG B-5 Renewal grant. The appendix is organized by the content areas contained in the body of the paper — supply, cost, quality, and direct services — and also includes additional information from the Needs Assessment and Strategic Planning sections of each application. If a content area is not included for a specific state, the state did not specify an activity or initiative for that content area.

Appendix A.1: Infant and Toddler Activities by State

ALABAMA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Home visiting as a strength and listing of several infant/toddler programs as resources.
- Application includes plans to:
  - Increase infant/toddler supply by:
    - Increasing slots for infants and toddlers and First Teacher home visiting program.
  - Mitigate the costs of infant/toddler care for families by:
    - Increasing eligibility thresholds.
  - Improve the quality of infant/toddler care by:
    - Expanding pilots by the Alabama Department of Early Childhood Education (DECE) and Department of Human Resources to provide child care settings with Alabama Reflective Coaching (ARC) to address challenging behaviors. Fund for ARC training through subgrant to train teachers in strategies to address challenging behaviors in up to 50 center-based classrooms.
    - Establishing a pilot that funds quality supports in areas where: access to high-quality care is limited, as in mostly rural high-poverty areas; recipient sites can spend funding on indoor and outdoor improvements; there are developmentally appropriate curriculum implementation, assessment strategies, and literacy and language development programs; the aim is to increase QRIS/STARS ratings.
    - Allowing teachers in pilot sites to receive funding for quality improvement to receive financial incentives and support to earn relevant professional credentials.
    - Building a system of professional development and availability of consultants for IECMH/trauma-informed care.
    - Including family child care providers in plans for coaching supports.
    - Expanding and studying pilot of telehealth to provide routines-based home visits to support families' access to early intervention resources.
  - Provide direct support for families by:
    - Increasing access to early intervention resources via telehealth practices.
  - Promote innovation by:
    - Implementing the Alabama Speaks initiative using LENA "talk pedometer" technology to improve the early language environment of child care programs.

Appendix A.1: Infant and Toddler Activities by State

CALIFORNIA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Reimbursement rate increase for infants and toddlers.
  - Strategies and actions to strengthen coordination and collaboration among ECE programs, including a strategy to improve coordination across all parts of the birth-to-school-age system to maximize support for young children.
- Application includes plans to:
  - Increase the supply of infant/toddler by:
    - Expanding access to infant/toddler care and staffing for FCCs through building licensed capacity. Subgrants to Quality Counts California (QCC) Consortia will embed CA's existing Child Care Initiative Project (CCIP) in the local QCC and utilize CCIP to build licensed care capacity in communities, prioritizing rural communities. In the CCIP model, R&R staff recruit family child care (FCC) and family, friend, and neighbor (FFN) providers, support them in navigating the licensing process, provide training to meet CCDF health and safety requirements, and improve the quality of newly licensed home-based programs.
    - Committing to expand licensing for FFN providers and improving quality of infant/toddler care (e.g., Program for Infant and Toddler Care (PITC)), noted recent adjustment factor for infants and toddlers in subsidized care to increase reimbursement for infant/toddler care.
  - Improve the quality of infant/toddler care by:
    - Targeting Quality Counts California (QCC) Consortia work to support FCC and FFN providers, including expansion of local QCC Consortia to build ECE and HV capacity and quality and to connect to IECMH.
    - Providing professional development supports that include infant and early childhood mental health consultation, integrating two-generation trauma-informed approaches that support the parent-infant/toddler relationship, and redesigned CSEFEL modules for online platform to increase accessibility. Educators can take 36 credit hours of stackable micro-credentials (9 credit hours each) on topics that include trauma-informed care and early mental health and infants and toddlers.
    - Providing support for online coaching certification for 300 coaches and awarding specialized badges for infant/toddler care (PITC).
    - Expanding the contract with the California Inclusion and Behavior Consultation (CIBC) to increase access to consultant help to develop strategies to support infants and toddlers with early mental health needs and challenging behaviors.
    - Amplifying the impact of ACEs screenings - ensure providers have the skills they need to provide early intervention in areas where large percentages of children have high ACE scores.
- Provide direct support for families by:
  - Expanding Parent Cafés with content that includes ZERO TO THREE Growing Brain training materials on infant/toddler development in which IECMH consultation will be made available.
  - Using two-generation models.

Appendix A.1: Infant and Toddler Activities by State

COLORADO ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Need for more high-quality infant care.
  - Desire for equitable access to infant/toddler care.
  - Sharing work with National Governors Association Prenatal to Three State Policy initiative that includes representation from infant/toddler child care.
- Application includes plans to:
  - Increase the supply of infant/toddler care by:
    - Partnering with Small Business Associations and ECCs to provide microgrants to family child care homes and child care centers undergoing the child care licensing process.
  - Improve the quality of infant/toddler care by:
    - Creating up to four cohorts of ECE directors to receive training in trauma-informed care and ECMH/ Expanding Quality in Infant Toddler Care (EQIT).
    - Adding domains to professional competencies, mentioning infants and toddlers.
    - Increasing the number of early childhood professionals with a CDA, including the Infant/Toddler CDA, through provision of scholarships.

CONNECTICUT ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Leveraging Maternal Infant and Early Childhood Home Visiting (MIECHV) funds for home visiting two-generational family supports.
  - Gaps in access to infant/toddler teachers, with a need to provide spaces for up to 51,000 infants and toddlers.
  - Specific goals for infant/toddler investments.
  - Implementing specific strategies for vulnerable families and infants and toddlers to support quality and access.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Increasing the subsidy rate.
    - Expanding home visiting through Medicaid in an effort to double home visiting capacity by year three of the grant.
- Increase the supply of infant and toddler care by:
  - Expanding investments in staffed family child care networks to recruit new high-quality infant/toddler providers in early child care deserts and build the supply of care during nights/weekends.
  - Piloting seven staffed FCC networks that will employ trained individual(s) to deliver services to family child care providers, including follow-up coaching in the home to improve the provider's practice.
  - Embedding "pay for success" outcome payments in existing state program investments to incentivize a shift to infant/toddler programming.

Appendix A.1: Infant and Toddler Activities by State

CONNECTICUT ACTIVITIES continued

- Improve the quality of infant/toddler care by:
  - Using a multi-pronged approach to build the supply and quality of infant/toddler care through expansion of PD offerings, expansion of existing leadership initiatives, and leadership coaching.
  - Increasing infant/toddler behavioral health consultative services to early care and education programs through the Early Childhood Consultation Partnership (ECCP), done in collaboration with the child welfare agency that will help identify families with children 0-3 who need these supports.
  - Offering financial incentives for existing staff, including infant/toddler staff in licensed settings, to advance along CT's Career Ladder to achieve degree completion (AA ladder level 9; BA ladder level 11) so these educators can meet qualifications requirements and classrooms benefit from more high-quality educators.
  - Offering trainings in infant mental health and social-emotional well-being of infants, toddlers, and preschoolers; expanding the number of Infant Mental Health Specialists through the Association of Infant Mental Health (AIMH) credentialing program; building on investments with the PDG B-5 grant and the IDEA Part C early intervention system to providers for infant mental health certifications and coaching; providing infant mental health trainings to family child care providers.
  - Expanding training to broaden screening for autism through training of early care and education providers so that children with autism remain integrated in the least restrictive environment (LRE) in high-quality child care settings.
  - Expanding the number of infant/toddler trainers through the Program for Infant Toddler Care (PITC) train-the-trainer program that would reach new providers through on-site and on-line training; building a cohort of 20 credentialed PITC trainers to support high-quality infant/toddler care in child care and family child care settings.
- Provide direct support for families by:
  - Including families of infants and toddlers as a key audience for outreach efforts.
- Promote innovation by:
  - Developing and funding a network of 30 doulas to reduce low birth weight babies and birth complications involving mothers or their babies, and to increase initiation of breastfeeding, and mothers' self-efficacy regarding their own pregnancy outcomes.

Appendix A.1: Infant and Toddler Activities by State

FLORIDA ACTVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Infant/toddler care as a significant need.
  - Gap in infant/toddler care in data systems work across agencies/programs.
- Application includes plans to:
  - Mitigate the costs of infant and toddler care for families by:
    - Using sufficient payment rates.
  - Increase the supply of infant/toddler care by:
    - Developing requirements for the contracted slots and funding approximately 150 contracted slots in year one using payment rates sufficient to attract new providers.
  - Improve the quality of infant/toddler care by:
    - Increasing number of educators with FL Infant Mental Health Endorsement (FIMH-E®).
    - Supporting train-the-trainer sessions on the 10 Components of Quality Care for Infants and Toddlers and training for Head Start infant/toddler teachers and coaches on ZERO TO THREE's competency-based PD, as well as other trainings.
    - Training providers on the "Baby Navigator" platform (helps families screen their child).
    - Coordinating with the Head Start State Collaboration Office to procure infant/toddler competency-based PD offered by ZERO TO THREE for Early Head Start programs, teachers, and infant/toddler coaches throughout the state.
  - Provide direct support for families:
    - Using the Baby Navigator that helps parents screen for early communication delays and Baby Navigator Express online class that has video clips and lessons for families.

GEORGIA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Infant and toddlers as an underserved population.
  - Low percentage of infants and toddlers in centers rated high quality.
- Application includes plans to:
  - Improve the quality of infant/toddler care by:
    - Piloting family child care learning home network to increase high-quality, home-based choices for low-income families in rural areas and for parents with infants and toddlers.
    - Increase the training for early intervention and IECMH.
    - Providing training and professional development to support improved infant/toddler care, including a network of infant/toddler coaches and mentors.

Appendix A.1: Infant and Toddler Activities by State

ILLINOIS ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Building on initial PDG B-5 work to increase access to home visiting for children whose families are engaged in the child welfare system.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Ensuring infant/toddler funding grows along with preschool funding.
  - Improve the quality of infant/toddler care by:
    - Developing and testing a universal, effective, and sustainable Illinois IECMH model, supported by an expanded and qualified workforce.
    - Developing revised QRIS standards for home-based programs serving infants and toddlers.
    - Providing tiered QRIS/tiered funding pilot that will restrict eligibility for subgrants to providers that serve at least two classrooms of infants and toddlers.
    - Developing a coordinated intake pilot that focuses on home visiting.

KANSAS ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - ECE investment not enough to serve all that met eligibility/need (e.g., home visiting could serve just 72 percent of children with two or more ACEs).
  - Lack of high-quality infant/toddler care to reach rural and tribal populations.
  - Addition of indicators specific to infants and toddlers in data systems.
- Application includes plans to:
  - Improve the quality of infant/toddler care by:
    - Creating staffed family child care networks.
    - Mapping and coordinating existing professional development and core competencies, including those providing Home Visiting Infant and Toddler Services.
    - Coordinating network of professional development and technical assistance to provide early childhood mental health consultation.
    - Providing subgrants to support increased quality child care for infants and toddlers, targeting vulnerable populations.
  - Provide direct support for families by:
    - Increasing the number of providers that screen for maternal depression, substance abuse, domestic violence, and early childhood development needs.

Appendix A.1: Infant and Toddler Activities by State

LOUISIANA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Quality infant/toddler child care as an issue, noting that only one percent of economically disadvantaged infants are being served in quality sites through public funds.
  - Finding that registered FCC providers do not participate in the QRIS.
  - How initial PDG B-5 grant funds were leveraged to increase access.
  - How the 2019 legislature increased access to high-quality infant/toddler care by giving funding to the portion of birth-to-three-year-olds on the CCAP waiting list and dedicating two funding sources for the Louisiana Early Childhood Education Fund.
  - Plan to incorporate infant classrooms into QRIS, separating CCAP infant/toddler rates (address increased cost of care for infants) and other supports (community networks, raising reimbursement rates, quality improvement).
  - How, in 2020-2021, the Infant CLASS® will be included in the performance profiles and professional development on Infant CLASS will be provided for teachers, directors, and coaches in urban and rural communities.
  - How family child care (FCC) providers will get PD on infant/toddler mental health.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Using more than half of the PDG B-5 Renewal funds to pilot strategies that fully fund seat allocations across the state in Ready Start Networks (RSN) seeking to expand access to quality for infants and toddlers in child care centers and FCC programs in child care deserts.
  - Increase the supply of infant and toddler care by:
    - Incorporating FCC providers into the statewide ECE network to increase access for infants and toddlers statewide.
  - Improve the quality of infant/toddler care by:
    - Providing teachers and directors with high-quality, evidence-based PD specific to infant-teacher interactions in order to prepare teachers for upcoming Infant CLASS® observations.
    - Funding coaching for IECMH consultation services to subgrantees piloting strategies for infants, toddlers, and three-year-olds.
    - Expanding Part C screenings for infants and toddlers, particularly in rural areas.
  - Provide direct support for families by:
    - Supporting for a "no wrong door" approach across agencies, including coordination for referrals and cross enrollment.

Appendix A.1: Infant and Toddler Activities by State

MARYLAND ACTVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Increased capacity of the state's local EC advisory council and community organizations to support local needs, including for infants and toddlers.
  - Parental reports of lack of access to ECE programs, especially for children birth to age three.
  - Need to increase the number of licensed IECMH consultants based on data that show licensure correlates with stronger results among child and program outcomes.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Establishing increased child care subsidy rate for infants and toddlers in response to stakeholder-identified needs.
  - Increase the supply of infant/toddler care by:
    - Using Renewal grant funding to increase amount of start-up grants and continuation grants to increase number of FCC providers (which are the primary source of infant/toddler care).
  - Improve the quality of infant/toddler care by:
    - Providing subgrants to support two-generation models that target families with infants and promote positive cognitive, social/emotional, and health outcomes.
    - Implementing/scaling IECMH options for children, families, and providers.
    - Offering professional development opportunities: ZERO TO THREE's Critical Competencies for Infant-Toddler Educators.
    - Expanding train-the-trainer model used in the initial year across the states and multiple sectors (including EHS, and EHS-CCP); other infant/toddler educator-focused PD.
  - Provide direct support for families by:
    - Supporting early intervention connections for families and building awareness on availability and access to early intervention.
  - Promote innovation by:
    - Building capacity for infant/toddler classrooms to have rich talk environments by expanding use of LENA to support teacher-child and parent-child verbal interactions.

MICHIGAN ACTVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Inequitable access to quality infant/toddler care and desire to increase infant/toddler care.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Conducting an in-depth cost study on providing high-quality infant/toddler care and evaluating costs of pilots to inform costs for full implementation.
    - Creating a sustainability plan that includes how to maximize use of childcare subsidy dollars, supporting local programs to apply for EHS-CCP dollars.

Appendix A.1: Infant and Toddler Activities by State

MICHIGAN ACTVITIES continued

- Increase the supply of infant/toddler care by:
  - Funding pilot projects in counties that lack Early Head Start services, have rural child care deserts, and have tribal communities.
  - Providing 60 infants and toddlers with full-day, full-year programming including looking at alternative funding models (to support sustainable high quality).
- Improve the quality of infant/toddler care by:
  - Working with World Class Instructional Design and Assessment (WIDA) to develop materials to support DLL/EL infants and toddlers.
  - Piloting family childcare networks to support quality improvement in FCCs, using coaching and mentoring, access to training, peer-to-peer supports, substitute pools, and business supports.
  - Supporting opportunities across the mixed delivery system to seek MI-AIMH Level 1 Endorsement® as Infant Family Associates. Note updated teacher certification band to include infants and toddlers. Planning to develop new teacher certification content for infants and toddlers aligned with CCDF.
  - Expanding professional development created by Brazelton Touchpoints Centers for equitable, inclusive, culturally and linguistically responsive care to infants, toddlers, and their families.
  - Offering pilot groups in rural areas and specific at-risk populations to build capacity of PD providers.

MINNESOTA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Need for statewide coordination that includes infant/toddler-serving programs and funding streams (e.g., IDEA Part C, MIECHV, CCDF).
- Application includes plans to:
  - Increase the supply of infant/toddler care by:
    - Enhancing cross-agency action teams coordinated by Minnesota Children's Cabinet to expand child care capacity with focus on infant/toddler availability and access, reduced infant and maternal mortality for American Indians and African Americans (noting need for culturally appropriate and effective holistic services).
  - Improve the quality of infant/toddler care by:
    - Offering professional development for providers, including family child care and family, friend, and neighbor care.
    - Improving the screening and referral system.
    - Using mental health consultation and Community Solutions Grants.
    - Supporting mental health consultation and use of trauma-informed toolkit within hubs.
  - Provide direct support for families:
    - Offering local Implementation Hubs as one-point access for families, with an emphasis on infants and toddlers.
    - Disseminating resources for parents through Help Me Grow.

Appendix A.1: Infant and Toddler Activities by State

MISSOURI ACTVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Limited infant/toddler seats.
- Application includes plans to:
  - Increase the supply of infant/toddler care by:
    - Creating a coordinated system of support giving all children and families access to quality ECCE experiences with the goal being children are ready to learn.
    - Repurposing regional hub resources to reach more infants and toddlers in rural areas.
  - Improve the quality of infant/toddler care by:
    - Collecting monitoring and evaluation data that would include infant/toddler data (e.g., born preterm; infants placed to sleep on their backs; EHS/HS – infants and toddler who left the program; families receiving TANF, WIC, SNAP).
    - Sharing best practices and using ECCE professional registry to better serve infants and toddlers.
    - Leveraging Department of Mental Health Early Childhood Mental Health Consultation (I-ECMHC).

NEBRASKA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Need for access and quality for infants and toddlers.
- Application includes plans to:
  - Increase the supply of infant/toddler care by:
    - Strengthening business practices and reducing child care deserts (All Our Kin and Wonderschool models).
  - Improve the quality of infant/toddler care by:
    - Finalizing a comprehensive prenatal-to-age-three policy agenda, including a policy landscape organized by healthy beginnings, early learning, and supporting families.
    - Increasing referrals to early intervention for infants and toddlers with possible delays and disabilities.
    - Expanding the Sixpence program, which addresses infant/toddler exposure to trauma and is adaptable to rural settings.

Appendix A.1: Infant and Toddler Activities by State

NEW HAMPSHIRE ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Increased demand for infant/toddler care, home visiting services.
  - Inability to get unduplicated number of children birth to age three served across all settings.
- Application includes plans to:
  - Increase the supply of infant/toddler care by:
    - Expanding current licensed FCC supply by 50 percent over next three years (minimum of half accepting infants and toddlers) and with a focus on child care deserts.
    - Expanding home visiting programs and Early Head Start.
  - Improve the quality of infant/toddler care by:
    - Coaching infant/toddler programs as part of QRIS coaching and using Pyramid Model as part of coaching.
    - Using Pyramid Model through iSocial – a statewide cadre of trainers and coaches to support implementation to increase capacity of EC settings and programs.
  - Provide direct support for families by:
    - Using Family-Centered Early Supports and Services (FCESS), which are delivered by contractual agreements between the NH Bureau of Developmental Services and designated non-profit and specialized service agencies located throughout the state and available for any parent who is concerned about an infant or toddler's development.
    - Building capacity of families as part of ECCE support infrastructure through Search Institute's 40 Developmental Assets model.

NEW JERSEY ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Need for affordable quality infant/toddler care.
  - Need for more IECMH clinical services to provide support to programs with children with behavioral health needs.
  - Likelihood of increased pre-K spots for 3- and 4-year-olds would mean child care and Head Start/Early Head Start centers need to turn slots into infant/toddler slots, with cost implications for families.
  - Emergence of statewide Infant and Toddler Instruction Certificates.
  - Plan to increase the number of certified infant/toddler teachers.
  - Need to support transitions from infant/toddler to pre-K to elementary and to use early identification and referrals as part of two-generation approach.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Increasing CCDF subsidy rates for child care providers serving infants and toddlers by 40 percent.

Appendix A.1: Infant and Toddler Activities by State

NEW JERSEY ACTIVITIES continued

- Increasing the supply of infant/toddler care by:
  - Providing CCDF-funded infant/toddler Quality Grants to provide TA and support to programs to make necessary changes to their facility to accommodate infants and toddlers and expand slots, and health and safety funds for minor repairs, and to purchase the necessary materials/equipment to improve quality infant/toddler services.
  - Continuing to develop links between central intake hubs and community health workers (CHW)/doulas to facilitate access for families and providers to B-5 services.
- Improve the quality of infant/toddler care by:
  - Using infant/toddler indicators that track children's progress and link with other EC system data.
  - Offering NJ Infant and Toddler Instructional Certificate included in career-ladder planning.
  - Describing how NJ Infant and Toddler Instructional Certificate aligns with Head Start Performance Standards.
  - Establishing staffed family child care (FCC) networks to provide Quality Improvement supports for FCC providers serving infants and toddlers.
  - Piloting in-home assessment, training, resources and supports funded by The Nicholson Foundation, with infants and toddlers as a sub-population.
  - Increasing the competency and capacity of licensed mental health professionals by providing an opportunity to attain IECMH endorsements to recognize expertise in the social-emotional development of infants/young children. This work is led by Grow New Jersey Kids.
  - Supporting best practices that include PD trainings for infant/toddler care providers based on the American Academy of Pediatrics recommendations in Caring for Infants and Toddlers in Child Care and Early Education so child care centers, Early Head Start, and family child care providers meet Grow New Jersey Kids Standards and Licensing requirements.
  - Providing core/supplemental trainings on PN-3 topics to Home Visiting staff.

- Providing direct support for families by:
  - Developing links between central intake hubs and community health workers/doulas to facilitate easier access for families and providers to B-5 services.
- Promoting innovation by:
  - Training and expanding CHW & Doula Network services in select high-need communities for PN health education, birthing support (labor and delivery), and short-term postpartum maternal/infant/family education and follow-up, including cross-sector service referral.

Appendix A.1: Infant and Toddler Activities by State

NEW YORK ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Need to expand and increase supports for infants and toddlers, especially in rural areas and areas with vulnerable populations.
  - Outcomes for increased number of ECCE professionals obtaining the infant/toddler CDA.
  - Plan to increase the number of children successfully transitioning from early intervention to preschool special education.
  - Plan to increase the reported knowledge about, and use of, infant/toddler child care business plan strategies.
  - Plan to expand the credit-bearing Infant/Toddler CDA.
  - Cross-sector professional development that includes IECMHC and home visiting.
- Application includes plans to:
  - Improve the quality of infant/toddler care by:
    - Enrolling programs serving infants and toddlers in expansion of QUALITYstarsNY.
    - Analyzing coursework at institutes of higher education to determine fidelity of infant/toddler coursework and make recommendations to strengthen training of workforce.
    - Expanding credit-bearing Infant/Toddler CDA.
    - Supporting New York State Infant Mental Health Endorsement.
    - Providing reflective supervision and training on Pyramid Model.
    - Implementing a community-level pilot, Strong by Six, to provide comprehensive screening; refer, and connect children and families to services; collect, integrate, and share data; and support transitions between ECE and elementary school programs.
    - Expanding Healthy Steps to 25 new pediatric care sites. (Healthy Steps connects families with children who may be experiencing stress factors related to services and resources.)
    - Studying if changes are needed to Baby Promise model in the tribal context.
  - Provide direct support for families by:
    - Promoting developmental screenings, including to parents, through Early Childhood Comprehensive Systems (ECCS) Impact Grant.
    - Supporting coordinated referrals in two communities.
    - Providing professional development, including training teachers on ZERO TO THREE competencies and on child and program standards, reflective supervision for infant/toddler specialists in the Infant/Toddler Resource Centers to enhance their knowledge on ECMH, protective factors, and equity and inclusion.
    - Connecting infant/toddler and mental health consultants with training in the Pyramid Model Parents Interacting with Infants.
- Promoting innovation by:
  - Supporting (infant/toddler) family child care business development.

Appendix A.1: Infant and Toddler Activities by State

NORTH CAROLINA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Need to expand high-quality infant/toddler, home visiting services.
  - Expansion of transition pilot to include infants and toddlers.
  - Plan for universal home visiting pilot; early identification; improving quality of infant/toddler environments (Babies First NC).
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Continuing to support Babies First program, which offers enhancement payments for each classroom and start-up funding for new sites in areas of state with the greatest need for high-quality infant/toddler care that is not currently served by EHS. The program includes monthly stipend per child for transportation and supports higher teacher salaries, lower ratios, and substitute staff for teacher planning time.
    - Conducting an infant/toddler program feasibility and cost study to explore possibility of developing infant/toddler companion to NC pre-K.
    - Exploring Medicaid as option for reimbursement of some early intervention services.
  - Increase the supply of infant/toddler care by:
    - Collaborating on building in quality supports so that Babies First NC classrooms can become EHS expansion partners.
    - Implementing a universal home-visiting pilot.
  - Improve the quality of infant/toddler care by:
    - Using CLASS to gauge and increase quality.
    - Providing coaching and professional development to infant/toddler classrooms/teachers to improve knowledge and confidence, noting that Babies First includes infant/toddler program specialists to provide ongoing coaching to teachers and program administrators.
    - Implementing the NC Infant Toddler Quality Enhancement Project that supports teacher knowledge building on infant/toddler care via infant/toddler program specialists.
- Provide direct support for families by:
  - Building leadership development through state-level and regional parent/family-only support networks and parent leadership training, including parents of infants and toddlers.
  - Providing financial supports to help families pay for services through Babies First program.

Appendix A.1: Infant and Toddler Activities by State

OREGON ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Shared mutual interest with tribes in more collaboration, and an opportunity to expand services for infants and toddlers.
  - Need for more investments in infants and toddlers.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Conducting a cost of care study for infant/toddler rates using Provider Cost of Quality Calculator that is attuned to setting, geographic location, child age, and program quality level; aligning funding.
    - Leveraging Medicaid funding to increase rate of infant/toddler early intervention screening.
  - Increase the supply of infant/toddler care by:
    - Leveraging CCDF funding to expand high-quality infant/toddler care through Baby Promise which provides high-quality infant/toddler care to low-income families.
  - Improve the quality of infant/toddler care by:
    - Updating learning standards for infants and toddlers and developing new credentials based on the standards.
    - Using CCDF funds for an infant/toddler quality specialist in CCR&R in every region and TA provided through Focused Child Care Network.
    - Improving early intervention referral pathways through the Oregon Pediatric Improvement Project.
    - Improving systems for infant mental health consultation.

RHODE ISLAND ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Importance of transitions from infant/toddler care to pre-K; note accessing/funding facilities an issue, especially for infant/toddler providers.
  - First 1000 Days initiative that focuses on improved connections to high-quality infant/toddler programs and services.
  - Need for a universal application for CCAP and licensing.
  - A uniform pre-service training to establish baseline skills across child care, early intervention (EI), and family home visiting (FHV) for the entire ECE workforce and implementation of credential pathways.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Increasing infant/toddler rates to ensure that high-quality providers are reimbursed at the 75th percentile of market rate.

Appendix A.1: Infant and Toddler Activities by State

RHODE ISLAND ACTIVITIES continued

- Increase the supply of infant/toddler care by:
  - Offering high-quality infant/toddler slots by scaling the Early Head Start/Child Care (EHS/CC) Partnership within communities with identified shortages of high-quality infant/toddler care. Fund quality improvement grants for these programs to make immediate programmatic and environmental improvements to meet the Head Start Program Performance Standards.
  - Providing start-up funding for ECE centers to assess viability of diversifying programming through facility changes and expansion to the communities that have no licensed infant/toddler slots.
  - Prioritizing enrollment of infants and toddlers in vulnerable families based on the facilities and family need assessment that identified access to affordable child care as the highest need.
  - Improving the quality of infant/toddler care by offering professional development and training opportunities: Child Care Health and Mental Health Consultation Model; cross-agency partnership (RIDOH, RIDE, DHS).
  - Piloting an apprenticeship model with the infant/toddler workforce to support recruitment and retention via a Registered Apprenticeship (RA) model with five ECE programs that serve infants and toddlers. The model combines classroom instruction, on-the-job training, and mentorship to create professional pathways for the future and existing workforce.
- Expanding training for infant/toddler care providers by expanding access to a set of infant/toddler online learning modules designed to teach ECE providers to support infant/toddler social-emotional health, with outreach to family child care.
- Using a combination of training, TA, and expert consultation to expand on successful foundational child development and behavior guidance supports, to offer more targeted Infant and Early Childhood Mental Health Consultation (IECMHC) to support families and ECE providers.
- Building program capacity to support infant/toddler development and promote social-emotional competence, including capacity to: understand development and developmental milestones, support parents to understand development, learn about effective communication, promote parent involvement and engagement, and engage in reflective supervision.

Appendix A.1: Infant and Toddler Activities by State

SOUTH CAROLINA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Lack of quality child care in rural areas.
  - Barriers to access for child well visits due to Medicaid transportation policies.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Aligning current 4K child care providers with ABC Quality to fund contracted slots for infants and toddlers to provide for greater efficiencies and continuity of care for children and families.
  - Increase the supply of infant/toddler care by:
    - Increasing funding for additional infants and toddlers in rural areas.
    - Increasing qualified child care providers who serve infants and toddlers through a formal Community of Practice for newly recruited family child care providers and incentives to retain the workforce, including the Smart Money program that will be expanded to increase award amount for earning credentials.
  - Improve the quality of infant/toddler care by:
    - Increasing pre- and in-service preparation to support infant mental health, offering "Baby Jam" PD Infant/Toddler Seminar Series to Early Head Start and child care teachers/directors.
    - Expanding the Be Well Care Well program developed by South Carolina's PITC to address workforce stress and depression to support educators and ensure positive social-emotional climates in classrooms.
    - Expanding training from the SC Infant Mental Health Association to a cross-disciplinary, cross-sector learning community.
    - Creating an infant/toddler specialist network to ensure Child Care Resource and Referral staff have expertise in early childhood development.
    - Infusing IECMH content into higher education programs that train individuals who work with young children (e.g., pediatricians, child welfare case workers, home visitors, nurses).
- Provide direct support for families by:
  - Using Help Me Grow to connect families with services.

VIRGINIA ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Service gap for infants and toddlers.
  - Use of other needs assessments to understand infants and toddlers in vulnerable families.
  - Completion of LinkB5 data portal to capture access and quality data at classroom level, including for infants and toddlers.
- Application includes plans to:
  - Mitigate the costs of infant/toddler care for families by:
    - Evaluating the true cost of care, especially for infants and toddlers.

Appendix A.1: Infant and Toddler Activities by State

VIRGINIA ACTIVITIES continued

- Increase the supply of infant/toddler care by:
  - Providing funding to implement shared services to better serve infants and toddlers in underserved areas, including family child care.
  - Addressing service gap for infants and toddlers, especially for those who are vulnerable or in rural and/or child care deserts, and increasing infant/toddler enrollment in CACFP in child care in pilots.
  - Providing financial incentives to encourage sites/educators to address B-3 services (with family needs and preferences in mind) and to strengthen capacity of FCCH buildings, which serve many infants and toddlers.
- Improve the quality of infant/toddler care by:
  - Assessing all publicly funded programs serving infants and toddlers with CLASS and provide infant/toddler teachers with personalized PD plans.
  - Supporting cross-program PD for professionals working with infants and toddlers (educators, mental health consultants, coaches, home visiting, early intervention).
  - Increasing family provider competencies through peer learning and low- or no-cost PD (using existing scholarships) and coaching supports, including CCDBG-funded infant/toddler specialists and mental health consultants.
  - Implementing a Shared Services Network for FCC businesses (in pilot communities).

WASHINGTON ACTIVITIES

- Needs assessment/Strategic plan sections include discussion of:
  - Early Childhood Education and Assistance Program (Early ECEAP) pilot modeled after Early Head Start for policy alignment purposes.
  - Aligned funding across federal CCDF, state funds, PDG, and through a grant with the National Center for Pyramid Model Innovation.
- Application includes plans to:
  - Increase the supply of infant/toddler care by:
    - Supporting 10 pilot sites for Early ECEAP as an approach to address gaps in availability of high-quality infant/toddler child care.
    - Addressing issue of child care deserts by prioritizing them.
  - Improve the quality of infant/toddler care by:
    - Offering Mobility Mentoring® for the first time in an infant/toddler program and integrate it with Early ECEAP.
    - Providing training on IECMH through IECMH consultants and integration of IECMH consultants into Shared Services Hubs, reaching providers outside of QRIS.
    - Improving training and experiences of providers in rural areas and those in the family, friend, and neighbor network.
  - Provide direct support for families by:
    - Supporting family leadership platforms that include an advisory committee.