

PROMISING STATE CHILD CARE QUALITY AND INFANT/TODDLER INITIATIVES

APRIL 2011



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High-quality child care encourages children's learning and development and helps them enter school ready to succeed. Yet in most communities, high-quality care is in short supply, particularly for low-income children and very young children. States and communities are working to address this shortage and improve the quality of care through a number of promising strategies, with the help of federal funding.

Although the major federal child care program, the Child Care and Development Block Grant (CCDBG), is primarily used to help low-income families pay for child care, a portion of funding is targeted to improve the quality of care and enhance the quality and supply of care for infants and toddlers. States are required to spend at least 4 percent of their funding allocation on quality initiatives.¹ On top of this, each year, CCDBG's appropriation includes specific quality and infant/toddler set-asides. For example, in FY 2010, when total CCDBG funding was \$5 billion, the quality set-aside was \$271 million, of which \$99.5 million was reserved for infant and toddler initiatives.² The American Recovery and Reinvestment Act (ARRA), passed in February 2009, provided an additional \$2 billion in CCDBG funding for FY 2009 and FY 2010, including \$255 million that was set aside for quality initiatives, of which \$93.6 million was reserved for infant and toddler initiatives.³

The National Women's Law Center has, on an ongoing basis, followed states' and communities' strategies for improving the quality of all care and of infant/toddler care. The Center looked to the most successful of these strategies as it worked with other national, state, and local organizations to develop a comprehensive Agenda for Affordable, High-Quality Child Care that could offer a roadmap for federal, state, and local policy makers. Elements of effective state strategies were incorporated into the agenda, which in turn is intended to offer other states models to follow.

To obtain a snapshot of notable state quality improvement initiatives, the Center asked child care administrators in each of the fifty states and the District of Columbia to identify their states' most promising quality initiative and most promising infant/toddler initiative supported with these resources. The Center left it to states to determine what was meant by "most promising." For example, some states may have determined the most promising initiative to be the one that had demonstrated the most evidence of its effectiveness, and responded by identifying an established initiative. Other states may have determined the most promising initiative to be the one with the greatest potential for future results, and responded by identifying a pilot initiative or an initiative still in the process of development.

Forty-one states identified a quality initiative and forty states identified an infant/toddler initiative (a few of these states only identified a quality initiative or infant/toddler initiative, not both); the remaining states were not able to single out a particular initiative as most promising or did not respond for other reasons. The

information provided in this report about states' promising initiatives is based on the descriptions provided by the state administrators, documents available on state child care agency websites, and other materials. Because this is not a comprehensive compendium of all state quality and infant/toddler initiatives, some additional states may have initiatives similar to those reported here, but may not have identified that particular initiative as their most promising.

States identified a wide range of initiatives, several of which were unique, but many of which were common to a number of states. This suggests that there is some consensus about which strategies states consider the most promising ways of improving the quality of child care and infant/toddler care. Types of initiatives most commonly cited include:

- ◆ Quality rating and improvement systems (QRIS), which rate the quality of child care programs and provide incentives to help programs improve their quality. A QRIS can offer child care providers a valuable roadmap for improving the quality of care and parents a guide in assessing the quality of their child care options.
- ◆ Initiatives to improve the education and compensation of child care providers and other efforts that offer child care providers encouragement and opportunities for professional development. These initiatives focus on the skills and knowledge of child care providers, since they are so central in determining the overall quality of care. These initiatives can also provide the professional recognition, support, and, in some cases, potential for increased compensation that encourages highly qualified providers to stay in the field.
- ◆ Resources to help child care programs meet children's social, emotional, and health needs. Children's successful development depends on addressing their full range of needs, and on identifying any special developmental concerns as early as possible so that children receive any individualized intervention supports they may need.
- ◆ Efforts to strengthen collaboration among early childhood programs, including child care, Head Start, Early Head Start, state prekindergarten, early intervention, and other programs, so that they are able to offer higher-quality and more comprehensive services. Collaboration should encourage more effective, efficient use of resources in meeting the needs of children and families.
- ◆ Networks of infant/toddler specialists to offer guidance and mentoring to child care providers caring for very young children. By assisting with the creation of new slots for infants and toddlers and improvements in the quality of existing infant/toddler slots, these specialists can help address shortages of high-quality infant/toddler care.

In many cases, states are, at this writing, in the process of refining, modifying, and expanding their initiatives to increase their effectiveness. Most of these initiatives do not yet include all of the necessary elements to have the greatest impact on children and families, and fall short of the comprehensive versions of the initiatives laid out in the Agenda for Affordable, High-Quality Child Care. Still, states are moving forward in improving the quality of child care in general and infant/toddler care in particular. Unfortunately, these initiatives may lose the opportunity to fulfill their promise, due to the possibility that the ARRA funding, which helped states jumpstart or build on many of these initiatives, will not be extended or that baseline CCDBG funding may be cut.

QUALITY INITIATIVES

Quality Rating and Improvement Systems

An increasing number of states have established quality rating and improvement systems (QRIS), which rate the quality of child care programs and providers, offer supports and incentives for programs and providers to improve their quality ratings, and give parents information about the quality of their child care options. Each state's QRIS differs, but most share certain components. Under a QRIS, participating child care programs and providers receive a rating—for example, one to five stars—based on certain quality criteria, which may address areas such as teacher credentials, staff-child ratios, classroom environment, curriculum, and program administration. Depending on the state, child care providers may receive grants or mentoring to help them improve their rating. Child care providers serving children receiving child care assistance are typically paid bonuses and/or progressively higher reimbursement rates as they move up the quality rating scale. Thirteen states cited efforts to initiate or expand a QRIS as their most promising quality initiative (District of Columbia, Hawaii, Illinois, Indiana, Maine, Massachusetts, Minnesota, Montana, Ohio, Pennsylvania, Rhode Island, Vermont, and Virginia).

Some of these states have a well-established QRIS. For example, Ohio, which began implementing its QRIS statewide in 2007, now has 24 percent of its licensed child care programs participating. Other states are just beginning to implement a QRIS. For example, Massachusetts officially launched its QRIS in January 2011 after completing a pilot phase in 2010. Minnesota, Montana, and Virginia are piloting or field testing their QRIS. Hawaii has a quality-improvement initiative that does not yet qualify as a QRIS, but that may serve as a precursor to a full-fledged QRIS.

A few states with an existing QRIS pointed to efforts to improve their systems. For example, Maine increased the differential in reimbursement rates that providers receive for achieving higher quality ratings. The District of Columbia is revising the quality standards in its QRIS. A few states noted certain aspects of their QRIS as being particularly noteworthy. Illinois singled out its QRIS specialists, who provide training and consultation to help child care programs improve.

Professional Development, Education, and Training

High-quality child care requires good teachers. Recognizing this, states support a range of initiatives to improve the skills and knowledge of child care providers through professional development, education, and training. Twelve states cited efforts to expand provider professional development, education, and training opportunities as their most promising quality initiative (Alabama, Alaska, Connecticut, Delaware, Kansas, Nevada, New Hampshire, New Jersey, North Dakota, South Carolina, Utah, and Washington).

A number of these states—Alaska, Connecticut, Delaware, Kansas, Nevada, and Utah—cited initiatives to encourage teachers to receive professional development by offering financial supports and incentives. These states use the T.E.A.C.H. Early Childhood® Project model, which provides scholarships to child care providers who complete a specified amount of education, followed by additional compensation in the form of a raise or a bonus if the providers commit to continue working in their child care programs for a set period of time,⁴ or use a similar approach. Nevada mentioned the impact of its T.E.A.C.H. initiative: the wages of T.E.A.C.H. scholarship recipients have increased an average of 9.8 percent annually and there was no turnover among T.E.A.C.H. scholarship recipients in 2008-2009, compared to an average turnover rate for child care providers statewide of approximately 45 percent.

A few states, such as Alaska, North Dakota, Utah, and Washington, explicitly noted the role their child care resource and referral (CCR&R) networks play in delivering professional development and training. CCR&Rs often help

make professional development and training more accessible to child care providers, by offering it close to where providers are located, on site, or online. Kansas noted the role that the local public broadcasting system plays in delivering training to child care providers.

States support different types of trainings. For example, New Jersey cited its training and mentoring program to improve child care teachers' skills and competencies in working with children from different cultural and language backgrounds. Alabama cited its training for child care providers on the Alabama Early Learning Guidelines, which cover children's development from birth to age five and help child care programs and providers identify different stages of children's skills and knowledge in various domains, create curricula for classrooms, and design learning activities.

Technical Assistance and Mentoring

Specialists, mentors, and coaches can provide essential assistance and guidance for child care programs and providers working to improve their quality. Five states cited efforts to provide technical assistance and mentoring support to child care programs and providers as their most promising quality initiative (Georgia, Iowa, Mississippi, West Virginia, and Wisconsin).

These states take a range of approaches. For example, Iowa has an initiative to train and mentor consultants who in turn provide on-site technical assistance to child care programs and providers. West Virginia is developing multidisciplinary teams of specialists and consultants. Mississippi evaluates each participating child care center classroom, develops a quality improvement plan for the classroom, and provides technical assistance and mentoring for the teaching staff as well as leadership education and advice on business practices for the director and guidance from a nutritionist for the food preparation staff.

The state initiatives focus on different goals. For example, Georgia targets its technical assistance efforts to help programs serving children receiving child care assistance that are out of compliance with licensing regulations. Wisconsin, using funding from multiple state agencies, supports six community collaboration coaches who assist school districts in delivering prekindergarten services in community-based settings such as child care and Head Start.

Support for Children's Social, Emotional, and Broader Development

A number of states have initiatives to encourage child care programs to meet children's full range of developmental needs, including not only their cognitive development but also their social, emotional, and physical development, as well as to offer supports to the families of children in child care. Five states cited efforts to enhance child care providers' capacity to address children's broader developmental needs as their most promising quality initiative (Arkansas, Idaho, Louisiana, Nebraska, and Tennessee).

These states have a range of efforts to address the well-being of children in child care settings and the well-being of their families. For example, Idaho and Tennessee are using the Strengthening Families program, a national model for working with children and families in early education centers, child welfare departments, and other settings to prevent child abuse by building parenting skills and family resiliency and providing family supports. Arkansas provides training for child care teachers on children's social and emotional development, behavior management, parenting education, and developing relationships with families. Louisiana and Nebraska have mental health consultation initiatives that aim to promote the social and emotional health of young children, strengthen teachers' skills in promoting children's healthy development and in handling children's challenging behaviors, and refer for treatment and/or design interventions for young children exhibiting behavioral problems.

Other State Quality Initiatives

The six remaining states that identified a promising quality initiative cited a range of activities, several of which involve coordinating or integrating pieces of their child care systems:

- ◆ California has developed a system for documenting the growth and learning of children in early care and education programs in order to assess their progress towards the goals of being effective learners, being socially and physically competent, and being safe and healthy. The system also assesses and encourages families' role in supporting their children's learning and development.
- ◆ Florida revised the state's birth-to-five early learning and developmental standards and developed six coordinated professional networks including the Infant/Toddler Network, Preschool Services Network, Afterschool Network, Inclusion Network, and CCR&R Network. These networks provide coordination and support to the activities of local coalitions, which are responsible for administering the child care program. Through monthly webinars, conference calls, and on-site visits, the networks work collaboratively to provide training, technical assistance, and resources to staff working directly with child care providers.
- ◆ Kentucky is enhancing its licensed, certified, and registered child care data systems to integrate with each other and the child care assistance payment system and has a new child care assistance program provider portal for submitting bills online.
- ◆ Michigan initiated the Great Start Quality Child Care Project, a group of related initiatives that improve child care quality. These initiatives include: a statewide network of ten Great Start Regional Child Care Resource Centers that coordinate supports and services for child care providers and families to improve child care quality; Great Start Connect, an online child care database that connects child care providers and parents with resources and child care referrals; and T.E.A.C.H.
- ◆ North Carolina contracts with three CCR&R agencies to provide oversight and management for services in the 14 regions and 100 counties across the state. Three of the CCR&Rs' initiatives identified as particularly effective are the Promoting Healthy Social Behaviors in Child Care Centers Project, the Infant/Toddler Quality Enhancement Project, and the School-Age Care Quality Improvement Project. Each project features highly trained specialists who offer training and on-site technical assistance to child care providers across the state.
- ◆ Oregon's EQUIP (Education and Quality Investment Partnership) initiative is a public-private partnership aimed at improving the quality of child care, strengthening the early care and education workforce, and preparing children for success in school. EQUIP offers early childhood professionals incentives and supports, including education awards, professional development scholarships, and a professional registry, to help them continue their education. It also provides early care and education programs, which participate on a voluntary basis, with evidence-based benchmarks and technical assistance, mini-grants, and other supports to help programs improve their quality and achieve those benchmarks.

INFANT AND TODDLER INITIATIVES

Infant/Toddler: Initiatives to Increase Quality and Supply

Recognizing the serious shortage of high-quality infant and toddler care in many communities, several states are working to simultaneously expand the availability and enhance the quality of infant/toddler care through multi-

pronged initiatives. Three states identified such efforts as their most promising infant/toddler initiative (District of Columbia, Pennsylvania, and Utah).

These states use several strategies to address gaps in both supply and quality. For example, Pennsylvania's Keystone Babies initiative requires participating infant/toddler rooms in child care centers to meet quality and monitoring standards beyond those required for the highest levels of its QRIS and provides these infant/toddler rooms with additional resources and support to help them enhance their quality.

Under Utah's Baby Steps Quality Improvement Project, participating child care centers receive initial grants to support quality improvement and remain eligible for annual grants by meeting annual quality improvement and staff training goals. Participating centers receive consultation services and technical assistance through the state's infant/toddler specialist network.

The District of Columbia's initiative provides mini-grants and technical assistance for child care providers to help them start up or expand infant/toddler care as well as an information management system to track progress of the initiative.

Infant/Toddler: Professional Development, Education, and Training

The relationship between an infant or toddler and his or her caregiver is critical to the quality of care. Eight states cited training and professional development activities targeted at infant/toddler providers as their most promising infant/toddler initiative (Kentucky, Louisiana, Minnesota, New Hampshire, New Mexico, Oregon, Tennessee, and Wisconsin).

Some of these states' activities involve ongoing training and technical assistance for infant/toddler care providers (Kentucky, Louisiana, Minnesota, and Tennessee) or support for individual courses in infant/toddler care (New Hampshire), while other states have efforts to encourage and assist providers in obtaining formal credentials in infant/toddler care (New Mexico, Oregon, and Wisconsin).

Two states mentioned scholarship assistance—New Hampshire contracts with institutions of higher education to provide full tuition assistance for teachers and directors taking the infant/toddler program course, and Wisconsin provides scholarships through the state's T.E.A.C.H. program.

Infant/Toddler: Networks of Specialists

Networks of specialists available to provide technical assistance, training, mentoring, and coaching can serve as a crucial support for infant/toddler providers as they work to improve the quality of care they offer. Twelve states cited their networks of infant/toddler specialists as their most promising infant/toddler initiative (California, Illinois, Iowa, Maryland, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Virginia, Washington, and West Virginia).

A number of these states noted that they place their infant/toddler specialists in CCR&Rs across the state (Illinois, Iowa, Maryland, North Carolina, North Dakota, and Ohio).

Several of the states indicated that their networks of specialists are trained in or provide training in the Program for Infant/Toddler Care (PITC), a comprehensive training system for child care providers developed collaboratively by WestEd and the California Department of Education that promotes responsive, caring relationships for infants and toddlers (California, Iowa, North Carolina, and Ohio).

Infant/Toddler: Resource Centers

Rather than having specialists focused on infant/toddler care within resource and referral agencies that address child care more generally, New York has seven resource centers that are entirely focused on infant/toddler care. These Infant/Toddler Regional Resource Centers offer training to child care providers, information on best practices for families and providers, support to the CCR&Rs within the region, support to regional child care office staff, and assistance to the community in expanding comprehensive service delivery for infants, toddlers, and their families.

Infant/Toddler: Early Learning Guidelines and Curriculum Development

A number of states are developing early learning guidelines and curricula to help offer guidance to infant/toddler care providers in planning activities and assessing children's growth and learning across the range of developmental domains. Five states cited such efforts as their most promising infant/toddler initiative (Arkansas, Massachusetts, Mississippi, Montana, and South Carolina). These states have various approaches to implementing their infant/toddler guidelines and curricula, including making them available online (Arkansas) and providing training on the guidelines and curricula (Mississippi and South Carolina). Two of these states noted that their infant/toddler guidelines are aligned with their preschool guidelines (Massachusetts and South Carolina).

Infant/Toddler: Initiatives for Children's Health, Social, Emotional, and Other Special Needs

Addressing very young children's health, social, emotional, and other needs is essential at this critical stage of early development. Five states cited efforts to help child care providers support children's broader development and encourage child care settings that are inclusive for children with disabilities and other special needs as their most promising infant/toddler initiative (Connecticut, Indiana, Michigan, Nevada, and Rhode Island).

Connecticut, Michigan, and Rhode Island provide consultation services for child care providers on children's health and mental health as well as other areas. Nevada has a collaboration with Nevada Early Intervention Services to encourage inclusive child care by providing participating child care centers with scholarships for classes on inclusion, developmentally appropriate toys and books, adaptive equipment, technical assistance, and training. Indiana is working closely with the infant mental health community to ensure services are available to address the full range of mental health needs for infants in child care.

States offer support for families and child care providers in these areas using a variety of approaches. For example, Michigan provides hands-on training and consultations by phone, by email, and on site.

Infant/Toddler: Collaboration with Early Head Start

Collaboration between child care providers and Early Head Start programs can facilitate the delivery of comprehensive early care and education services to infants and toddlers and their families. Three states cited collaborative efforts between child care programs and Early Head Start as their most promising infant/toddler initiative (Florida, Kansas, and Nebraska).

These states use a variety of models in collaborating with Early Head Start. For example, Kansas funds 15 Kansas Early Head Start (KEHS) programs in 48 counties with 1,177 enrollment slots. These programs follow the federal Early Head Start model, which consists of high-quality early education, parent education, and comprehensive health and mental health services. Through a federal-state partnership, federal dollars support training and technical assistance for all KEHS programs to help them enhance their quality. An evaluation of KEHS has been used to develop a continuous improvement plan.

Nebraska, rather than directly funding its own Early Head Start programs, has a collaborative effort with Early Head Start to help other infant/toddler programs improve their quality. Early Head Start staff provide mentoring, training opportunities, and technical assistance to infant/toddler providers in home- and center-based settings.

Florida was one of five states to receive a technical assistance grant through Zero to Three to encourage collaboration and partnerships between child care and Early Head Start. One of the primary goals of this project is to involve Early Head Start in the state's emerging comprehensive professional development system. The Florida Head Start Collaboration Office and the state's infant/toddler specialists network work together to connect Early Head Start with the local child care community in order to expand existing partnerships and explore new opportunities to collaborate.

Infant/Toddler: Improving Reimbursement Rates

Adequate provider reimbursement rates are necessary to encourage providers to serve children receiving child care assistance and give providers the resources they need to offer good-quality care. It is particularly important that reimbursement rates are sufficient to cover the higher costs of providing infant/toddler care. Three states cited efforts to improve infant/toddler reimbursement rates as their most promising infant/toddler initiative (Alaska, Hawaii, and Missouri). For example, Alaska increased its infant/toddler reimbursement rate to the federally recommended level, the 75th percentile of current market rates (the rate designed to allow families access to 75 percent of the providers in their communities).

Endnotes

- 1 42 U.S.C.A. § 9858e (West 2011).
- 2 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, FY 2010 CCDF Allocations (Based on Appropriation), *available at* http://www.acf.hhs.gov/programs/ccb/law/allocations/current/state2010/est_fin_all_2010.htm.
- 3 American Recovery and Reinvestment Act, Pub. L. No. 111–8, 123 Stat. 524 (2009).
- 4 Child Care Services Association, T.E.A.C.H. Early Childhood® Project, *available at* <http://childcareservices.org/ps/teach.html>.

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The Center is grateful for the assistance of the state child care administrators who provided the information included in this report. The author thanks Nancy Duff Campbell, Co-President, and Helen Blank, Director of Leadership and Public Policy, for their comments. Also, the author expresses thanks to Lisa LeMair, Art Director, for design and production assistance, as well as Naomi Lisan and Stephanie Robinson, interns who contributed to the report during their time at the Center.

The National Women's Law Center is grateful to the Annie E. Casey Foundation, Birth to Five Policy Alliance, Ford Foundation, George Gund Foundation, A.L. Mailman Foundation, McKnight Foundation, Moriah Fund, Ms. Foundation for Women, William Penn Foundation, and an anonymous donor, whose generous support helped make this report possible. The report findings and conclusions are those of the authors alone and do not necessarily reflect the opinions of these funders.