

# Child Care & Early Education RESEARCH CONNECTIONS

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## Research-Informed Policy Options for Infant and Toddler Early Care and Education: Research-to-Policy Resources

Based on estimates from the Early Childhood Program Participation Survey of 2012, there are more than 13 million children under the age of 3 in the United States, about half of whom are in regular non-parental care arrangements each week (Mamedova & Redford, 2015). In 2014, an average of 415,000 of these children received federally-funded child care assistance through the Child Care Development Block Grant (CCDBG) program, according to the Administration for Children and Families of the U.S. Department of Health and Human Services (see footnote 2) (Walker & Reeves, 2015). While there is considerable variation across states, nationwide infants and toddlers comprise about 40 percent of children under the age of six receiving CCDBG subsidies.

Regardless of how their care is funded, the health, development, and early learning of infants and toddlers are especially sensitive to the quality of care they receive. The first years of life are a critical period, laying the foundation for the future. In particular, research has demonstrated the link between infant/toddler social-emotional development and quality of care (responsivity and stimulation of both parental and non-parental care) and later school readiness (Horn, Norris, Perry, Chazan-Cohen, & Halle, 2016). Supporting very young children's development requires an environment that intentionally supports relationships with caregivers with specialized knowledge and skills (Halle, Anderson, Blasberg, Chrisler, & Simkin, 2011). The



Reauthorization of the CCDBG recognized the critical importance of the quality of care for infants and toddlers by setting aside quality improvement funds specifically for this population.

As state child care administrators, other public officials, and policymakers consider what they can do to promote the development of infants and toddlers, they can draw upon recent reviews of effective program models (Monahan, Thomas, Paulsell, & Murphy, 2015) and best practices (Del Grosso, Jones, Paulsell, & Monahan, 2015) as well as resources that build the knowledge and skills of caregivers such as Early Educator Central. In addition, research on infant/toddler development and on quality improvement in infant/toddler care settings has informed recommendations for policy actions.

This Research-to-Policy Resource List compiles research-based policy documents published in 2010 and later on the following topics:

- Early learning guidelines for infants and toddlers
- Program standards for settings serving infants and toddlers
- Core competencies and credentials for caregivers of infants and toddlers
- Use of infant/toddler specialists and networks to support infant/toddler caregivers
- Infant/toddler quality improvement strategies and systems

This resource list also includes publications that provide examples of state strategies to use federal funding opportunities to enhance the supply and quality of infant/toddler care, including the Child Care Development Block Grant, Early Head Start, and the Race to the Top-Early Learning Challenge initiative.

The final section lists several publications that provide policy recommendations and state examples for building early childhood systems, including early care and education, for infants and toddlers.

#### **Research-based policy recommendations on specific infant/toddler care topics:**

- **Early learning guidelines for infants and toddlers**

This 2014 fact sheet summarizes plans in Georgia, New Jersey, Pennsylvania, and Vermont to develop Early Learning Guidelines for infants and toddlers (Colvard, 2014a). An earlier fact sheet published in 2010 summarized implementation of such guidelines in Arkansas, California, Maine, Minnesota, North Carolina, Ohio, Pennsylvania, and Virginia (Gebhard, 2010).

- **Program standards for settings serving infants and toddlers**

In 2014, using Early Head Start as a guide, the National Center for Child Care Quality Improvement compared state licensing requirements and quality rating and improvement system (QRIS) standards in three areas:

- learning environment, developmental domains, and assessment (National Center on Child Care Quality Improvement, (2014c);
- health services, nutrition, and disabilities (National Center on Child Care Quality Improvement, (2014b); and
- family engagement (National Center on Child Care Quality Improvement, (2014a).

- **Core competencies and credentials for caregivers of infants and toddlers**

Core competencies are what early care and education providers need to know and be able to do in meeting the needs and supporting the development of infants and toddlers. In 2010 the National Infant and Toddler Child Care Initiative examined core competencies defined for these providers in 36 states (National Infant & Toddler Child Care Initiative (U.S.), (2010). This analysis also noted that some states had developed infant/toddler credentials, and in 2014 the National Center on Child Care Professional Development System and Workforce Initiatives published profiles of individual state infant/toddler credentials or certificates, based on information available on-line (National Center on Child Care Professional Development Systems and Workforce Initiatives, 2014b). At the same time, the Center published a state-by-state comparison of the center-based infant/toddler requirements for the Child Development Associate (CDA) Credential™ with the state’s credential or certificate requirements (National Center on Child Care Professional Development Systems and Workforce Initiatives, 2014a).

- **Use of infant/toddler specialists and networks to support infant/toddler caregivers**

A number of states have developed consulting services specifically for infant/toddler caregivers staffed by infant/toddler specialists. A manual published in 2011 provides guidance to states for developing such networks with examples from Illinois, New Jersey, North Carolina, Ohio, Tennessee, and Virginia (National Infant & Toddler Child Care Initiative (U.S.) & Early Head Start National Resource Center (Washington, D.C.), 2011). A fact sheet describing key characteristics of infant/toddler specialist networks in 27 states was also published in 2011 (National Infant & Toddler Child Care Initiative (U.S.), 2011). Since many infants and toddlers are cared for in family child care settings, another state strategy to improve the quality of care they receive is staffed family child care networks (Wilcher, Gebhard, & Williamson, 2012).

- **Infant/toddler quality improvement strategies and systems**

A scan of infant/toddler quality improvement initiatives published in 2013 highlighted state quality initiatives that included multiple strategies and programs. The scan includes early learning guidelines, program quality improvement, professional development systems and workforce initiatives, infant/toddler specialist networks, and child care and Early Head Start collaborations (Infant Toddler Community of Practice, 2013).

Quality rating and improvement systems (QRIS) are a major initiative in many states, and Zero To Three, a research and policy organization focused on infants and toddlers, outlined QRIS standards specifically for infant/toddler care with state examples (Mayoral, 2013). This was

followed by the development of a tool for states and territories to assess strengths, opportunities, and gaps in how their QRIS supports early care and education providers in meeting the needs of infants and toddlers (Mayoral, 2014). A webinar (Mayoral, Robbins, & Hughes, 2014a) describing this tool is available through *Research Connections* along with the accompanying slides (Mayoral, Robbins, & Hughes, 2014b).

### **State strategies using federal funding opportunities:**

States are required to use a portion of their Child Care Development Block Grant funds to address the child care needs of infants and toddlers. An overview with state examples of promising initiatives using these funds was published in 2011 (Schulman, 2011).

Early Head Start has been demonstrated to be an effective program for infants and toddlers at risk of poor developmental outcomes, but the federal program serves only a small fraction of the eligible children (United States, Administration for Children and Families, 2002). A number of states have implemented initiatives to expand access to Early Head Start or to enhance the program through connections with other services (Colvard & Schmit, 2012). In addition, states can play an important role in supporting Early Head Start-Child Care Partnerships, a federal initiative that funds new and existing Early Head Start programs to partner with centers and family providers to expand access to and improve the quality of child care for infants and toddlers from low income families (United States, Administration for Children and Families, 2016).

The Race to the Top-Early Learning Challenge grant program encouraged participating states to develop strategies for improving access to and quality of early care and education and other services for infants and toddlers. Plans for and early implementation of these efforts in states receiving these grants are summarized for both the initial round (Colvard, 2013) and second round (Colvard, 2014b) of the program.

### **Policy recommendations and state examples for infant/toddler systems:**

Early care and education is a key component of a system of services and supports for infants and toddlers, but just as the domains of early development are interrelated, likewise the components of such a system need to be connected and aligned. Two recent publications draw upon research and experience in suggesting state policy options for developing an early childhood system that meets the particular needs of infants and toddlers:

- *A Place to Get Started: Innovation in Infant and Toddler State Policies* (Rappaport, Colvard, Dean, & Gebhard, 2015)
- *Emerging State and Community Strategies to Improve Infant and Toddler Services* (Herzfeldt-Kamprath & Hamm, 2015)

States can use a self-assessment tool developed to identify areas for improvement in health, early learning, and family support services for infants and toddlers and their families as well as in collaboration and system building (Szekely & Gebhard, 2015).

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