



# Investing in the Future: State Supports for Infants and Toddlers

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# Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>Highlights from States' Infant/Toddler Initiatives .....</b>	<b>2</b>
Expanding Professional Development Opportunities .....	2
Supporting Parents and Families .....	7
Strengthening and Aligning Systems .....	11
<b>Impact of COVID-19 .....</b>	<b>15</b>
Delays in Funding .....	15
Balancing New Stakeholder Priorities .....	16
Shifting to Virtual Work .....	16
Opening the Door for New Opportunities .....	17
<b>Conclusion .....</b>	<b>18</b>
<b>References .....</b>	<b>19</b>
<b>Appendix A: PDG B-5 Renewal Grant Activities Supporting Infants and Toddlers.....</b>	<b>20</b>



## Executive Summary

Research has shown that the first 3 years are critical for a child's development. During this period of time, a child's brain undergoes an amazing growth process—producing more than a million neural connections each second (Zero To Three, 2020). These connections are needed for many important, higher level abilities such as motivation, self-regulation, problem-solving and communication (First Things First, 2019)—all important skills for success later in life. Therefore, investing in infants and toddlers, particularly for children from disadvantaged families, provides one of the highest returns on investments (Heckman, n.d.).

Recognizing the importance of these early years, the 23 states that received a renewal grant under the Preschool Development Grant Birth-5 (PDG-B5) initiative proposed a variety of efforts aimed at supporting the development of infants and toddlers. These efforts targeted three key areas: 1) expanding professional development (PD) opportunities for professionals who either work directly with infants and toddlers or those who support the program directors, teachers, and family child care providers; 2) supporting parents and families; and 3) strengthening and aligning the multiple support systems that serve infants and toddlers and their families, as well as those who work with them. Please see the table in Appendix A: PDG B-5 Renewal Grant Activities Supporting Infants and Toddlers for a summary of Grantee efforts.

In the year since states submitted their grant applications, COVID-19 has dramatically shifted the landscape for states to implement these PDG-B5 infant and toddler focused activities. Among other challenges, states had to figure out how to deliver their activities virtually, and stakeholders have been pulled in new directions, delaying the implementation of some activities or leading to their elimination all together. This report highlights states' plans in each of these three infant/toddler areas and concludes by describing the changes that eight of the states had to make to their infant/toddler plans due to the pandemic.



## Highlights from States' Infant/Toddler Initiatives

Many of the programs and services that states proposed in their renewal grants will benefit all children from birth through age 5, with an emphasis on supporting the most vulnerable children. This brief, however, focuses on those programs and services where infants and toddlers, their families, and/or the professionals who work with them, are the primary audience for the program or service. A table showing the state's efforts to support infants and toddlers, their families, and the professionals who work with them is in Appendix A.

## Expanding Professional Development Opportunities

*For most of my career, professional development within the early childhood field consisted of attending workshops. Trainings were often selected based on what was most easily accessible or affordable rather than the topic or content area. We are required to have 18 “clock hours” by the end of each year, and often there was a mad dash to get the hours completed in the last couple of months. Today, PD is intentional with individualized plans and training centered around the content areas or competencies the teacher needs to strengthen. Each teacher has individual goals, classroom goals, and overall program goals and the professional development is purposefully designed to meet those goals.*

Director of a Child Care Center

Indeed, professional development is no longer a one-and-done workshop. Instead, PD is thoughtfully planned out and looks different for each teacher/family child care provider. It may consist of, for example, a series of trainings, multiday summits, coaching, consultations, communities of practice, or college coursework .

This section will feature the PD initiatives proposed by the 23 states that received the PDG B-5 grant. It will identify initiatives that states planned to better prepare infant/toddler (I/T) teachers and family child care (FCC) providers in four areas:

- Improving in-person and on-line professional development sessions for teachers, directors, and FCC providers
- Expanding coaching, consultation, and technical assistance for the I/T workforce
- Offering college courses, credentials, and certificates
- Providing professional development for those who support the I/T workforce: mental health consultants, coaches, early intervention and I/T specialists, state agency staff, and more

A wide variety of PD initiatives proposed by **Florida** and **Maryland** are highlighted at the end of this section.



**Twenty-one of the 23 states proposed increasing professional development opportunities for those who work with infants and toddlers by providing in-person workshop series, summits or on-line training modules.**

The most common topics the 20 states proposed for providing PD sessions were trauma-informed care/social-emotional development, communication/interactions, and screening and early detection. **California** proposed to launch Early Childhood Cafes for FCC providers and Family, Friends and Neighbors (FFNs). **Missouri** proposed to expand First Steps training related to social-emotional development and extend their training opportunities and materials to other early childhood professionals working with I/Ts via regional hubs. First Steps is the early intervention system that provides services to families with children, birth to three years of age, with disabilities or development delays. **South Carolina** proposed Baby Jam, a series of 2-day summits to be held in four regions of the state to allow deep-dive learning experiences for I/T teachers and directors. **Virginia** proposed to pilot efforts that would bolster competencies of family child care providers by streamlining access to peer learning opportunities, low-cost PD, coaching supports, and connections to using data. **Minnesota** proposed providing professionals with Help Me Grow resources on development, screening and evaluation, and strategies on how to support development. **Louisiana's** plans included training and supports related to meaningful inclusion of children with disabilities and special needs across the state's mixed delivery system.

**Over half (13) of the 23 states outlined initiatives that would increase coaching and consulting in child care centers and family child care homes.**

Eight states proposed increasing infant and early childhood mental health (IECMH) consultation or technical assistance (TA) for teachers and FCC providers with strategies to support I/Ts with mental health needs and challenging behaviors. To address the lack of high-quality I/T child care, **Kansas's** plans included offering Quality Enhancement subgrants to programs to implement strategies that have been linked to increases in quality such as providing consultation for providers and families to address I/T mental health needs. **Oregon's** proposal included giving license-exempt providers in underserved areas (rural and tribal) support on the licensing process and ongoing support through the grant period to help them become licensed. **South Carolina** proposed providing IECMH consultation to providers working with I/Ts. For a child with extra challenging behaviors, the consultant would provide intensive support not only to teachers but to the child and parent as well.

Six states proposed adding additional coaches and I/T specialists and other specialized PD. In **North Carolina**, job-embedded PD via "Coaching Toward Mastery" would focus on I/T teachers. They would pair completion of coursework with access to coaching in 34 classrooms. **Washington** proposed revising the "Mobility Mentoring" approach to be used in I/T programs. Equity issues in the tool have been addressed so it is more appropriate for tribes and immigrant/refugee communities. In **Colorado**, a pilot was proposed for a telehealth approach to





expand the reach of Quality Rating and Improvement Systems (QRIS) coaches for licensed FCC homes, particularly those in rural areas of the state. **Georgia** proposed creating three to five FCC Learning Homes (FCCLH) Support Networks. They would include supports and resources for providers and the children/families they serve. They would also include business service resources and support a Professional Learning Community in each network. They would be located in under-resourced geographic areas. **Rhode Island** also proposed piloting a staffed FCC Network Model to provide support to 20 FCC providers in the most underserved communities.

### **Thirteen states proposed activities that would allow infant and toddler teachers, family child care providers, and other professionals to obtain credentials or degrees.**

Nine states proposed supporting teachers and providers caring for I/Ts to obtain new credentials, certificates, or degrees. The Office of Early Childhood in **Colorado** proposed providing Child Development Associate (CDA) scholarships to professionals working toward becoming credentialed teachers. One area of emphasis would be on the recruitment of individuals who work with infants and toddlers, primarily those who are multilingual or bilingual. They also hope to recruit individuals who live in rural areas.

**Connecticut** planned to incentivize existing staff to advance along their Career Ladder to achieve degree completion at the associate (AA) or bachelor (BA) level. A portion of the PDG B-5 funds would be used to recruit I/T staff in licensed settings. **New Jersey** proposed expanding the Infant & Toddler Instructional Certificate. Community colleges would provide the required 18 hours of additional training beyond a degree program. The training would align to the Head Start Performance Standards. **Michigan** proposed developing all new teacher certification content for I/Ts. This would include developing a workgroup around content and methods for institutions of higher education to help inform revisions to the administrative endorsement to ensure early childhood is represented.

The plans in four states included increasing the number of early childhood providers who receive a mental health endorsement and/or adding mental health content in college courses. **Rhode Island** planned to support providers in completing online modules to better understand I/T development and approaches to individualization, deepening their knowledge of infant mental health. The state will support 15 cohorts of 10–15 child care, home visiting, and early intervention professionals. **Michigan** proposed to engage early childhood providers to obtain the Michigan Association for Infant Mental Health (MI-AIMH) Level 1 Endorsement as Infant Family Associates.

### **Many professionals support the early childhood workforce, including I/T specialists/coaches, Inclusion Coordinators, Mental Health Consultants, and more. Fourteen states proposed activities/initiatives that would provide PD to these professionals, most commonly focused on trauma-informed care and practices.**



Seven state plans included providing professional development or related activities to home visitors. First Teacher Home Visitors in **Alabama** would have access to trauma-informed coaching. In South **Carolina**, home visitors would be able to select training modules from the National Family Support Competency Framework for Direct Service Professionals that meet their needs. **Missouri** proposed adding home visitors to their workforce registry and calendar to provide and track PD for them.

Mental Health Consultants were set to receive professional development in seven states. In **Illinois**, proposed plans included training new consultants on the state's Infant/Early Childhood Mental Health Consultation Model so they can provide consultation to early childhood programs. The **North Carolina** plan included providing PD to 60 mental health workers on early childhood mental health evidence-based practices and diagnostic classification.

Eight states proposed providing PD to coaches, I/T specialists and early intervention (EI) providers who work directly with children, teachers, and family child care providers. **Nebraska's** plans included specialized trainings for EI providers so they can better work with I/Ts with special health care needs. The training would focus on trauma-informed approaches, inclusionary practices, social-emotional development, assessment, and working with vulnerable families. In **New York**, I/T specialists would receive training on mental health basics, protective factors, and equity and inclusion.

Four states proposed initiatives that would involve professionals outside of the education domain to work with families of I/Ts. **Alabama** proposed a nine-month learning collaborative called "Healthy Active Living for Infants and Toddlers" for approximately 50 pediatricians to focus on healthy active living for I/Ts. In addition, they would create a program to provide services to meet the needs of children and families experiencing homelessness by connecting the families to programs that would provide services such as housing, food, training or employment programs, income supports, and health provisions. **California** proposed launching cross-training for state agency staff on Adverse Childhood Experiences (ACEs), Trauma-Informed Care, CSEFEL (Center on the Social and Emotional Foundations for Early Learning), and implicit bias.





## State Highlights: Florida and Maryland

Florida and Maryland are states that proposed a number of innovative programs to support professional development for those who work with I/Ts.

### Florida

In Florida, these initiatives include:

- Training I/T teachers using the competency-based PD offered by ZERO TO THREE—a joint effort of the Office of Early Learning and the Head Start-State Collaboration Office. In addition, they are planning on offering training on supporting social communication development in I/Ts and improving early detection of communication delays in babies.
- Train-the trainer events conducted by Florida State University on the 10 components of quality care for I/Ts to build capacity throughout the state.
- Developing I/T micro-credentials via a system of aligned, stacked credentials across PD and higher education through college credit/degree options.
- Supporting 250 professionals to complete the state's Infant Mental Health Endorsement, particularly in rural and tribal communities.
- Building capacity of reflective supervisors and MH consultants to support areas with large numbers of vulnerable children.
- Offering PD opportunities for home visitors via *Start Early's* Home Visiting Learning Management System.

### Maryland

In Maryland, these initiatives include:

- Developing a series of forums for FCC providers and stakeholders to share their experiences and provide input.
- Providing start-up and continuation grants to support FCC providers, particularly in rural areas.
- Funding a statewide FCC capacity study to better understand and address the declining numbers of FCC providers.
- Promoting inclusive settings for I/Ts in collaboration with IDEA Part C by funding inclusion coaches and specialists to support child care providers around inclusion practices and early screening and referrals.
- Working with the University of Maryland to increase the number of coaches providing social and emotional support using the CSEFEL Pyramid Model.



## Supporting Parents and Families

Parents and other caregivers play a key role in creating a solid foundation for a young child's social and emotional development. This lays the groundwork for later competencies. However, adversity, such as family poverty and parental emotional challenges, can significantly weaken this foundation causing some infants and toddlers to experience anxious fearfulness, overwhelming sadness, disorganized attachment, or serious problems managing behavior and impulses (Thompson, 2019). Recognizing the importance of supporting parents and families, states included plans in their renewal grant for:

- Improving the screening and referral process.
- Engaging and educating parents and families.
- Promoting greater parent leadership and voice.
- Expanding and strengthening home visiting programs.

States also outlined plans to support parents and families as they transition between services, as well as support professionals outside the education domain, such as pediatricians, to work with families of I/Ts.

At the end of this section we highlight **Alabama** that proposed a number of innovative programs to support parents and families of I/Ts.

**Nine states have proposed a number of new activities to improve the screening and referral process that supports parents and families in identifying and accessing services for their child.**

Five states are planning to pilot and roll out new technologies and teletherapy more broadly to screen children and train families and providers on their use. **Florida** will deploy Baby Navigator, a new technology-supported platform for I/Ts with early communication delays, by training teachers and providers across Florida to support families in screening their children ages 9–24 months. **Connecticut** has been piloting an app-based technology in six communities to screen and surface developmental delays in children. With renewal grant funds, the state plans to expand this pilot to a broader systems approach through partnerships with multiple state agencies. **North Carolina** plans to expand teletherapy across the state to an estimated 210 children and families.

Four states proposed new programs and/or expanding existing programs focused on early screenings and referrals to services that address developmental and mental health challenges. The **Louisiana** Departments of Education and Health plan to partner to expand the “no wrong door” approach for families across these two state agencies. This collaboration will support community networks in coordinating referrals and cross-enrollment between early childhood education and regional Maternal Infant Early Childhood Home Visiting (MIECHV) programs. Three states planned to expand services in the medical community to broaden developmental



screening efforts. In **Connecticut**, the state plans to expand a project that embeds IDEA Part C practitioners in pediatric practices to broaden the screening for autism. **Kansas** will use their renewal grant to fund a coordinators program in two pediatric practices so families have support in choosing referrals and services.

### **For 11 states, engaging and educating I/T parents was a key area of focus.**

All of these states planned to develop new communication materials for parents and put more resources online to reach more families. In **Nebraska**, they proposed updating and translating their resource, *Learning Begins at Birth*, into new languages.

The resource would include information on topics such as building social-emotional mental health and be presented to families at hospitals. Based on parent feedback, **New York** proposed adding a texting feature to the online parent portal and mobile app created using funds from their initial grant. Families can opt in to receive free text messages (translatable into over 100 languages) on topics such as healthy pregnancy, child development, early childhood care and education programs, social services, and nutrition programs. In **Minnesota**, plans call for better identification and interventions for children with developmental concerns through improved screenings and referrals via Help Me Connect.

Five states also proposed new initiatives that would connect parents to meetings and programs aimed at providing them with parenting information and answering their questions. **California** planned to expand their Parent Cafés and add new content such as Birth-3 Growing Brain training materials; antiviolence curricula to promote positive social-emotional learning and development; and an Act Early and Milestone Tracker app. In addition, infant and early childhood mental health consultants will be available to the Parent Café groups to help families develop strategies to support young children with early mental health needs and challenges.

**New Hampshire** proposed promoting use of Family Centered Early Supports and Services for any parent concerned about an infant's or toddler's development. **Virginia** will test strategies to connect families with support services such as screening, trauma-informed services, health and mental health, and food security programs.

### **Five states proposed initiatives to promote greater parent leadership and voice in developing and improving policies and programs.**

#### **Connecticut's Parent Cabinet**

To address the need for stronger parent feedback loops, the state's Office of Early Childhood (OEC) has been working with a group of 10 parent leaders to co-create a 15-member Parent Cabinet (two from each region of the state plus three at-large seats). This cabinet will be charged with connecting with families to gather input and feed it back to state leaders to help shape future legislation, policies and procedures, and partnerships. The state hopes to launch the application process for cabinet members in January 2021. They are seeking diverse members and representation from parents of children ages 0-5 utilizing OEC services, parents with older children, and community members, etc. The OEC's Office of Family and Community Partnership will provide support to the Cabinet.



**Oregon** would like to engage more parents in the governance of their early learning system. Parents will be trained and supported to become active participants in Parent Councils. In future years, these Councils will inform the redesign of Baby Promise, a pilot program to increase the supply of high-quality I/T care options. The state of **Washington** proposed using the renewal grant to create or enhance opportunities for parents to serve on advisory committees, such as the Early Support for Infants and Toddlers program's Parent Institute Engagement committee and the Trauma-Informed Care Advisory Group. This allows parents to influence and lead planning and design, implementation, and evaluation efforts across the early learning system.

### **Eleven states proposed adding new home visiting programs and/or improving existing programs.**

High-quality, evidence-based home visitation programs can strengthen children's early social and emotional development by improving the quality of parental care and adult functioning (Ibid). It is not surprising then that half of the states that received a renewal grant included plans to strengthen their state's home visiting infrastructure by adding new programs and/or improving the quality of existing programs. In **New Jersey**, for example, the state planned to launch two new initiatives for families who do not opt into a full-fledged home visiting model. The Family Connects program offers families short-term home visiting follow-up at birth for assessments and parent supports. In addition, the state will fund pediatric visit follow-ups for well-child checkups, parent education, and developmental screening. **South Carolina** proposed increasing the number of families with premature and low-birth weight infants able to participate in evidence-based home visiting programs and parent support services.

To strengthen existing programs, states proposed rolling out new resources for home visitors to use with families and new tools to assess areas where home visiting programs can provide more support to families. In **Florida**, the state's home visitation partners will strengthen home visitation efforts and augment the visits with video vignettes and service announcements. They will also provide families with existing and new resources focused on early literacy and school readiness. In **Missouri**, home visiting programs will use a standardized school readiness tool to assess children's development which will help provide consistency for children birth-5 and contribute to the creation of a coordinated system of supports. **Michigan** will use a state-developed and validated tool to assess strengths and gaps for which home visiting may offer families support.

### **Thirteen states' plans outlined initiatives that support parents and families in additional areas beyond screenings and home visiting, as well as support professionals outside the education domain who work with families of I/Ts.**

One of these additional areas is navigating the transition between programs, which, because of their disjointed nature in most states, can be challenging for parents and families. Eight states proposed using the PDG B-5 renewal grant to support smoother transitions to ensure that



children do not fall through any gaps. **New York** plans to hire an early childhood transition coordinator to work at the state level to support the creation of local cross-sector transition teams and provide resources on transitions for children with special needs to the ECE workforce. Two state agencies and local partners in **Florida** will collaborate to strengthen transitions between IDEA Parts C to Part B using case management throughout the family's term of receiving services. In their application, the state noted that a phased plan would reduce duplication, fill gaps, and strengthen the efficiency and effectiveness of transitions.

Three states planned to support professionals outside of the education domain to connect vulnerable families with I/Ts with social services. In **Maryland**, the state plans to distribute outreach kits (in multiple languages) in hospitals to help families know how to apply for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Medicaid, obtain immunizations, and access other programs and services. In addition, the state will provide competitive grants to organizations such as hospitals, county governments, and local health departments to provide direct services to I/Ts from vulnerable families. **South Carolina** plans to fund a pilot program that will certify local family support providers to: 1) deliver WIC-approved nutrition education; 2) provide retention incentives for families; and 3) provide resources to local First Steps partnerships to promote WIC and increase local access to WIC-certified classes.

### State Highlight: Alabama

We highlight Alabama for its plans to develop a number of innovative programs for parents and families, as well as programs for professionals who support parents and families.

In Alabama, these initiatives include:

- Creating the Creative Pathways program to meet the needs of children and families experiencing homelessness. It will include parent coaching; high-quality emergency child care; and connections to programs that provide housing, food, employment programs, and health services.
- Expanding their First Teacher Home Visiting Program to serve families beginning prenatally. Since the program went virtual, more families can be served.
- Continuing to assess the quality of the telepractice pilot that supports families in naturalistic teaching techniques to improve their children's communication skills.
- Supporting pediatricians via a learning collaborative to focus on early screening for autism, social-emotional development, maternal depression, and referral completion. This is in coordination with Help Me Grow, IECMH consultants, AL Coordinated Healthy Networks, and Reach Out and Read.
- Working with Migrant Early Head Start (and Head Start) to serve the children of seasonal workers who stay in the area after some families have moved to a different community.



## Strengthening and Aligning Systems

Recognizing the importance of early childhood development, states have unveiled a number of systems and programs to support young children and their families. As the Education Commission of the States notes, however, “The problem is that these systems and programs are often fragmented — creating disconnected experiences for children — because of a multiplicity of funding streams, early education settings, services and professional roles.” This fragmentation can contribute to conflicting eligibility requirements, regulations, processes, and accountability, as well as gaps in services. In the PDG B-5 renewal grant applications, a significant number of states proposed efforts to work across various agencies and funding streams to improve and align systems that support I/Ts, their families, and those who work with them. This section will highlight initiatives to strengthen systems in five areas:

- Reviewing child care subsidies
- Increasing the number of high-quality infant/toddler slots
- Improving state-level infant/toddler data systems
- Strengthening Early Learning Guidelines, Quality Rating and Improvement Systems, and/or Workforce Registries
- Improving coordination efforts between community and/or state systems

At the end of this section, we highlight **Oregon** as a state that proposed several different initiatives to strengthen their systems with the goal of increasing the number of I/Ts served and improving the quality of the supports that they receive.

### Four states plan to roll out increases to their child care subsidies or explore/pilot options for increasing subsidies.

Subsidy rates for I/T care providers often cannot cover the true cost of operating these services. This puts pressure on the provider to charge parents more or sacrifice quality, for example, by hiring less qualified teachers and staff to make ends meet. Recognizing this challenge, states are re-examining their subsidy policies. In **Maryland**, the plan is to increase their subsidies, and **Oregon** and **North Carolina** are both re-examining how they determine their subsidy rates. Specifically, **Oregon** will conduct a cost of care study to determine different rates for I/T care. The model will provide cost estimates that can be varied by setting, geography, child age, and program quality. Study results will be used to highlight the gap between current expenditures and the true cost of quality to inform subsidy rate setting and to determine the level of expenditure needed to support quality improvement.

### Fifteen states proposed rolling out initiatives to increase the number of slots for I/Ts, particularly in “child care deserts,” for example, in rural and tribal areas.

To increase slots and program quality, states proposed providing grants to increase the number of slots in existing or new programs. For example, in **Connecticut**, the state planned to embed





“pay for success” outcome payments in existing state programs to incentivize a shift to I/T programming. The **Louisiana** Department of Education will use a portion of the PDG B-5 renewal grant funding as subgrants to pilot strategies for increasing slots for I/Ts that can be leveraged in future years to serve additional economically disadvantaged children. Awards will be prioritized for increasing the number of slots in various settings, with additional requirements for providing infant care, meeting teacher certification requirements, and achieving minimum quality rating scores. All programs offering new slots will participate in the community’s coordinated enrollment process to engage families, and all participating classrooms will receive job-embedded coaching. In **Nebraska**, the Early Childhood Education Endowment Fund, known as Sixpence, supports either family engagement or center-based programs or a combination of the two, requires programs to meet high quality criteria. Additional Sixpence center-based programs will be awarded to school-community partnerships to serve approximately 230 additional I/Ts in vulnerable communities. **Washington** proposed having providers who participate in QRIS compete for a subaward to expand I/T services in child care deserts.

Five states also proposed incentivizing and supporting existing programs to make quality improvements, which would increase the number of slots available in high-quality programs. In **Colorado**, for instance, the state plans to provide microgrants to family child care homes and child care centers to undergo the licensing process. Grants will support start-up costs and be tiered to incentivize providers to care for infants and toddlers and children with developmental delays or disabilities. **Kansas** proposed providing quality enhancement subgrants to address the lack of high-quality infant and toddler care in the state. Grants will support recruitment and retention of local child care providers by: 1) providing signing and retention bonuses; 2) augmenting tuition supports for advancing professional development; and 3) improving access to training, materials, and consultation.

**Twelve of the 23 states that received a renewal grant proposed funding efforts to improve existing infant/toddler data systems.**

Data on infants and toddlers exist in many different systems across various agencies and departments. To support data integration, nine states proposed standardizing and linking data elements from the various data systems that track I/T services and outcomes. In **Illinois**, the state planned to build a platform that will allow replicable and repeatable in-depth analyses of child and workforce trends across systems such as state Pre-K, IDEA Parts C and B, workforce, K–12, child care, home visiting, and social services systems. The state of **Kansas** proposed developing an Early Childhood Integrated Data System (ECIDS), which will link data from four data systems. **Connecticut** plans to pivot to developing a common identifier created by matching existing data within the various agencies, which will eventually replace the current Early Child Information System (ECIS) for early childhood education providers.

Five states will use funding to add new indicators on infants and toddlers to existing data systems. In **Virginia**, for example, the state plans to add child-level data, such as those on



infant health, social services, home visiting, and early intervention. **New Jersey** proposed adding birth data and other early childhood and family services data to their data system. **New Hampshire's** plans include a pilot where parents with children using Part C services would share their child's information as the children move into receiving services under IDEA Part B. **Rhode Island** plans to start tracking whether children screened into services are engaged in appropriate interventions.

### **Ten states had plans to improve their Early Learning Guidelines/Standards, QRIS and/or Workforce Registries.**

Six states proposed new initiatives related to quality definitions, measures, systems, and enrollment of professionals by developing or refining their QRIS or Workforce Registry. In **Illinois**, for example, the state plans to more clearly define the position of "home visitor" and track their PD in the Gateways Registry, based on the recently developed set of home visitor competencies. **Kansas** proposed funding a Workforce Development Coordinator and committee to map and coordinate professional development offerings and link workforce priorities to their QRIS.

In four states, I/T indicators are being added or revised in the state's Early Learning Guidelines. In **Alabama**, the state plans to use renewal grant funding to update the state's Development Standards for Preschool Children to encompass the birth to 8 continuum. At the time of the application, an advisory committee of more than 200 educators, local and state-level administrators, and child care providers across the state had formed subgroups to address the revision of each standard.

### **Help Me Grow**

To create and strengthen the network of community resources available to families, several states proposed expanding their Help Me Grow programs, a national model designed to maintain a directory of available services and connect service providers to each other, creating an interconnected system.

In **South Carolina**, the state used PDG B-5 funds to create a new home for Help Me Grow under the Infant Mental Health Association. The state felt this was a good way to align multiple missions and expand the number of counties where parents can access Help Me Grow. PDG B-5 funds will also be used to provide mini-grants to local entities to build their capacity to develop their referral network. Similarly, **Washington** has connected their Help Me Grow initiative with the state's paid family and medical leave program to link parents to resources during a period when they have some time to take advantage of those services.

A collaboration between the Departments of Education, and Health and Human Services in **Minnesota** plans to build on the success of Help Me Grow to create Help Me Connect—an online, one-stop space to learn about and connect to a full range of resources for families who are pregnant or parenting children birth to 8 years. The state also proposed launching Implementation Hubs to support collaboration and coordination at the community level. These hubs will serve as universal access points for families using Help Me Connect to find parenting programs and Bridge to Benefits for quick screening and referral assistance.



A major portion of this revision will include the integration of WIDA Early Language Development Standards as an assessment practice to enable teachers to measure and support language development of English language learners. Similarly, in **Michigan**, WIDA plans to work throughout the renewal grant period to crosswalk its standards with Michigan's birth to 3 literacy essentials to integrate state systems for multilingual children and families. In **Virginia**, the state plans to revise the Early Learning and Development Standards to provide I/T teachers with clear and actionable guidance on what children should know and be able to do.

Five states plan to enroll more programs into their QRIS and provide technical assistance to help providers succeed. For example, **New York** will make an effort to enroll programs that serve I/Ts, children with special needs, tribal populations, and children who are experiencing homelessness into QUALITYstarsNY, the state's QRIS. A Quality Improvement Specialist will work with the programs to help them be successful. In **New Hampshire**, the state proposed providing practice-based coaching to 20 I/T programs as part of a QRIS pilot. **Georgia** plans to use PDG B-5 grant funds to conduct a review of the quality rating system and would like to improve their technical assistance to refocus on practices that support sustaining quality. This will lead to developing a consistent technical assistance model across the state.

### **Twelve states proposed efforts to better align the many state and local systems that serve infant/toddlers.**

Four states proposed initiatives to increase alignment among multiple systems. The **Florida** Departments of Health and Education will identify promising data and delivery models for early intervention services that document the services children receive across multiple providers. These findings will be used to strategically strengthen the delivery of services. Georgia proposed conducting a landscape analysis of how families access early child care and education resources and services. The state's Early Learning Leadership Collaborative and the Cross Agency Family Council will then work together to review the landscape analysis and identify strategies to create a more aligned and easily accessible system.

Seven states planned to create frameworks and/or hubs to coordinate referrals and services across multiple systems/programs. **Maryland** plans to implement key recommendations from the IECMH gap analysis, including the development of a comprehensive statewide IECMH framework that will support better coordination and alignment of IECMH services and systems. **Missouri** proposed creating regional hubs in rural areas to redistribute resources to ensure greater access for I/Ts in underserved areas.



## State Highlight: Oregon

We highlight Oregon for its initiatives to strengthen their systems with the goal of increasing the number of I/Ts served and improving the quality of the support that they receive.

These initiatives include:

- Conducting a cost of care study to determine different rates for I/T care by having cost estimates based on setting, geography, child age, and program quality.
- Supporting license-exempt providers primarily in rural areas and prioritizing providers who offer I/T care.
- Expanding “Baby Promise” in rural, frontier, and Tribal areas by providing subgrants to nine Tribes. Grants will provide training on staff competencies and program standards that will support the providers.
- Updating Early Learning Guidelines to include I/T standards and then training educators on the standards.
- Revising the QRIS to build capacity in rural and frontier communities with a low supply of I/T providers.
- Developing better systems for infant mental health consultation.

## Impact of COVID-19

Just months after the PDG B-5 renewal grants were awarded, COVID-19 upended the early child care and education landscape. Many child care programs that would have benefitted from these new PDG B-5 initiatives closed at least temporarily, and even as some programs began to reopen their doors, some FCC providers who had served I/Ts began caring for school-age children instead, as schools remained closed. Some staff across various state departments were pulled in new directions to address the health crisis, slowing down the implementation of new initiatives.

PDG B-5 TA Center staff interviewed leaders and other stakeholders implementing PDG B-5 initiatives in eight states to learn about shared their experiences of trying to launch their proposed renewal grant programs in the midst of the pandemic. They also discussed changes that were needed to move forward. Below, we highlight the major shifts that occurred due to the pandemic, as well as the opportunities that the pandemic created for changing and improving their initiatives.

## Delays in Funding

With legislatures and state departments shifting schedules and/or working remotely, some states experienced delays in receiving and/or distributing funding to partner agencies and organizations. In one state, the legislature adjourned early and left without giving spending authority to the state department so PDG B-5 funds were not available until May or June. In addition, the Department of Education staff were furloughed for one day a week so less work could be accomplished. Another delay occurred in getting contracts signed with outside



organizations or agencies. Despite the delays, however, several state leads mentioned that this allowed an opportunity to plan more carefully. For example, they held virtual meetings to begin more in-depth planning on several of the initiatives, such as mental health consultation and work on I/T standards.

## Balancing New Stakeholder Priorities

In several of the eight states we interviewed, the departments of health and/or medical/nursing schools at local universities were proposed as leads or partners for some PDG B-5 initiatives. Throughout the first year of the grant, some of the staff in these departments were pulled from their PDG B-5 funded projects to work on COVID responses, such as developing new COVID protocols or contact tracing. Even though some of what they did was develop guidance documents for early childhood programs to help them safely reopen child care programs, there were many other demands for their time and they were unable to perform the work they had applied for in the grant. Grant managers, therefore, had to shift leads in some of the projects and contract with different state agencies or organizations, or briefly pause implementation.

Home visiting initiatives were affected in several states where the department of health was proposed to be the lead agency. Other partners were brought on board to work on the home visiting projects since the health department staff were unable to commit to the work during this time. Another area affected by COVID was mental health endorsements. One state had to delay their planned efforts to increase the number of professionals who hold the state's Infant Mental Health Endorsement particularly in rural and tribal communities as the department lacked the capacity to implement this program in the first year of the grant. This state also had to delay the launch of a new app to provide resources and tools for families to support early learning and language development because they had to find a new partner at the local university after their original partner was unable to complete the work.

## Shifting to Virtual Work

As COVID shut down all in-person activities, professional development and coaching activities were adjusted and shifted to being held online. Although the states interviewed did note that some projects were difficult to adapt—for example, an 18-month learning collaborative in psychotherapy found it challenging to keep their clients—for the most part, the eight states we interviewed were able to adapt and moved their supports online. After a slow start, programs were largely up and running virtually. Some states had proposed “telepractice” models, but many more shifted to this model during the pandemic which allowed them to reach more professionals and families.

Not all programs were able to easily make this shift to virtual implementation. States did mention that some activities that could only be completed in person had to be reimaged, or their funding shifted to other projects. For example, as noted above, in one state, their 18-month psychotherapy learning collaborative was seriously impacted by the shift to virtual learning.

According to respondents, this intensive therapeutic model really requires in-person observation of children's interactions with their families; going virtual has made it difficult for participants to remain connected with clients in order for clinicians to be trained and certified. One state proposed collecting best practices from child care centers which had to be put on hold. Another state is starting up an I/T mental health consultation initiative, and interviewees noted that it is challenging to build relationships virtually with child care providers and other programs that work with I/Ts, such as child welfare, to let them know about this new mental health service.

## Opening the Door for New Opportunities

While the pandemic certainly upended the early care and education landscape, it also created new awareness about the importance of investing in the early years of a child's development and opened up new opportunities to support the providers that serve I/Ts. As one PDG B-5 leader noted, "COVID has put the needs of families with young children at the forefront. Especially for child care, it has elevated the importance and the critical role that child care plays for the economy and to our business sector. It has just blown that up, which has been amazing since we have been crying off the rooftops about this for decades." This leader noted that it has been a huge plus to be able to be at the table with business leaders and think differently about systems reform and moving the work forward in a new way.

Other state leaders also noted similar opportunities that have emerged from this turbulent time. In one state, home visiting models responded to the pandemic by going virtual which received a very positive response from families. Given this positive response, the state would like to expand home visiting to even more families and are considering rolling out a tiered system of home visiting that blends both in-person and virtual visits depending on family need. Other states pointed out that the shift to virtual professional development and support has actually been beneficial since geography and time are less of a constraint. Early care providers, particularly those in remote areas of the state, that previously could not access trainings because they were too far away, can now easily get online from wherever they are. In one state, for example, they successfully moved provider cafes online. Providers loved being able to meet people from across the state and build relationships with similar providers. The PDG B-5 Project Manager said that a colleague of hers remarked that this has been an equity piece as virtual opportunities mean more people can attend, which the manager thought was a great insight—"We see so many inequities in COVID, but at the same time, there have been opportunities to create new equity opportunities."

It appears that changes made due to the pandemic will have long-lasting effects on the way business is done for years to come. Some states found the pandemic presented opportunities to either serve more providers or families, or to be more efficient in their approaches.





## Conclusion

The first three years of life are incredibly important in all areas of development. A baby's healthy development depends on responsive relationships with adults and language-rich environments. Beginning at birth, families and caregivers can support I/Ts by helping them build social and emotional skills and enhancing their language and literacy development. The adults in a young child's life also play a crucial role in helping I/Ts heal from traumatic experiences.

Recognizing the importance of these earlier years, the 23 states that received PDG B-5 renewal funding proposed unique initiatives/strategies for supporting parents and families—a child's first and perhaps most important teacher—and those who care for infants and toddlers. States also planned to develop and strengthen systems that support infants and toddlers to create a more connected experience and ensure that they receive needed services.

It is noteworthy that within months of receiving the grants, the COVID-19 pandemic uprooted the entire early care and education system and, therefore, impacted the implementation of many of the state's initiatives. However, even with the challenges presented in this brief, the work is moving forward albeit with modifications. The impact of COVID was also not always negative; interviewees noted that the pandemic opened up new opportunities to actually advance their work.



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## Appendix A: PDG B-5 Renewal Grant Activities Supporting Infants and Toddlers

Professional Development	AL	CA	CO	CT	FL	GA	IL	KS	LA	MD	MI	MN	MO	NE	NH	NJ	NY	NC	OR	RI	SC	VA	WA
PD for Teachers/ FCC Providers	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Coaching/TA/ Consultation	X	X	X	X				X				X			X			X	X	X	X	X	X
College Courses/ Credentials			X	X	X	X	X	X			X	X				X	X		X	X	X		
PD for Support Personnel	X	X	X	X	X		X			X			X	X		X	X	X			X	X	
Parents and Families	AL	CA	CO	CT	FL	GA	IL	KS	LA	MD	MI	MN	MO	NE	NH	NJ	NY	NC	OR	RI	SC	VA	WA
Screenings and Referrals	X			X	X			X	X			X		X				X		X			
Parent Engagement & Education		X			X			X		X	X	X		X	X		X					X	X
Parent Leadership and Voice	X			X														X	X				X
Home Visiting	X			X	X		X	X			X		X		X	X		X			X		
Auxiliary Services	X				X			X		X	X	X			X	X	X	X			X	X	X
Strengthening/ Aligning Systems	AL	CA	CO	CT	FL	GA	IL	KS	LA	MD	MI	MN	MO	NE	NH	NJ	NY	NC	OR	RI	SC	VA	WA
Subsidy Improvement							X			X								X	X				
Increased I/T Slots	X		X	X		X			X		X	X		X	X			X	X	X	X	X	X
Data Systems				X			X	X			X	X		X	X	X		X		X	X	X	
ELG/QRIS/ Registry	X				X	X	X	X			X		X				X		X			X	
Systems Coordination	X				X	X			X	X		X	X	X					X		X	X	X



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