



State and Territory Approaches to Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The Child Care State Capacity Building Center’s Infant/Toddler Specialist Network developed this resource to provide a snapshot of selected ways states’ and territories’ Child Care and Development Fund (CCDF) Plans reflect infant/toddler quality efforts and initiatives. The purpose of this resource is to provide a synopsis of plans to improve the supply and quality of child care programs and services for infants and toddlers to meet CCDF 3 percent quality set-aside requirements.

State and territory leads and infant/toddler partners can use this document to do the following:

- ◆ Identify strengths and opportunities for infant/toddler child care quality improvement
- ◆ Review other state and territory approaches to using infant/toddler quality set-aside funds
- ◆ Learn about state and territory practices for improving the supply and quality of infant/toddler child care programs and services
- ◆ Explore the measurable indicators that states and territories will use to evaluate progress in improving quality for infants and toddlers

Summary of Activities to Improve the Supply and Quality of Child Care Programs and Services for Infants and Toddlers as Indicated in Item 7.4.1 in the approved 2022–2024 CCDF Plans

55 report having training and professional development to enhance the provision of developmentally appropriate services for infants and toddlers.

49 indicate they provide coaching, mentoring, and technical assistance via networks of qualified Infant/Toddler Specialists.

45 state they are improving parents' ability to access consumer information about high-quality infant/toddler care.

44 report they have developed infant/toddler components within their early learning and developmental guidelines.

39 indicate they have developed infant/toddler components within their quality rating and improvement systems.

39 report they coordinate with Early Intervention Specialists providing services for infants and toddlers with disabilities.

35 state they have developed infant/toddler components within their child care licensing regulations.

37 report they are coordinating with child care mental health consultants to improve the supply and quality of child care programs.

29 indicate they are establishing or expanding the operation of community-based, neighborhood-based, or provider networks.

25 state they are coordinating with child care health consultants to improve the supply and quality of child care program services.

25 indicate they are establishing systems to collect real-time data on available slots in early childhood education settings.

19 report they have established infant/toddler community or neighborhood-based family and child development centers.



This document does not include a complete list of all state and territory approaches. The examples and approaches highlighted are taken from *ACF-118 State/Territory Data Submission Center* reports and include direct excerpts from the approved 2022–2024 CCDF Plans, section 7.4.1. They include minor edits to improve readability. We encourage readers to refer to the full [2022-2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



In addition, section 7.4.2. of the CCDF Plan requires states and territories to “describe the measurable indicators of progress relevant to subsection 7.4. that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers.” Table 15 will provide examples of how some states are meeting this requirement.

The following tables include direct excerpts from the *ACF-118 State/Territory Data Submission Center* reports on the use of the CCDF 3 percent infant/toddler quality set aside. Minor revisions have been incorporated to improve readability.

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Table 1. (7.4.1a) Establishing or Expanding High-Quality Community- or Neighborhood-Based Family and Child Development Centers

What Are They? Why Are They a Good Strategy?

Community- or neighborhood-based child development centers can help child care providers improve the quality of early childhood services for infants and toddlers. They can help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers in families who qualify for CCDF supports (Office of Child Care, 2017).



19 states and territories reported using CCDF infant/toddler quality funds to establish community-based family and child development centers.

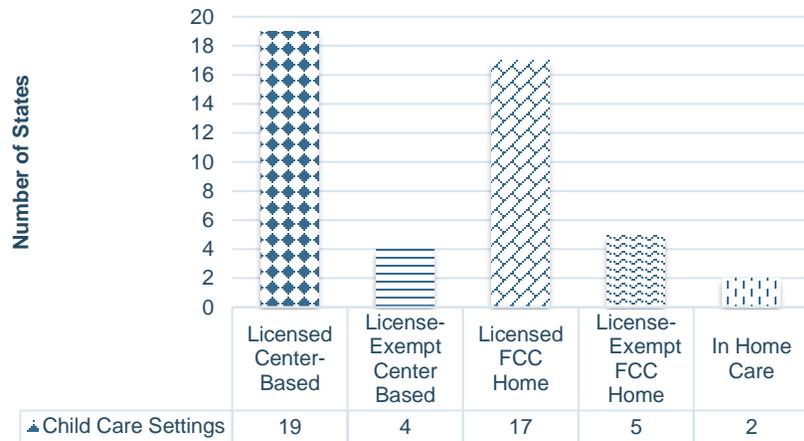


5 states reported establishing partnerships between their centers and child care resource and referral agencies or Early Head Start–Child Care Partnerships.



3 states reported using centers to support training and technical assistance of infant/toddler professionals.

Child Care Settings with Access to Quality Strategy



The examples and approaches highlighted in table 1 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor revisions have been incorporated to improve readability. We encourage readers to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 1. Establishing or Expanding High-Quality Community or Neighborhood-Based Family and Child Development Centers

State or Territory	Description
California	<p>In addition to the supports provided by Quality Counts California, the Lead Agency has a contracting process that allows the state to contract with public and private agencies to provide high-quality early learning and care services. Local Planning Councils in each county provide priority data so that new funds can be directed to high-priority communities.</p>
Louisiana	<p>The Lead Agency launched the Early Childhood Guides pilot in 2020–2021, which supplies a local enrollment coordinator to help families apply for the Child Care Assistance Program (CCAP) and learn about child care options in their community. Early Childhood Guides provide individualized assistance to families throughout the application process, including information on high-quality child care options locally. These pilot programs are currently located in five parishes across the state.</p> <p>In addition, all communities in every parish benefit from the support of local child care resource and referral agencies, who serve as early learning resource centers per the requirements of their contract, and provide high quality training, coaching and technical assistance for infant/toddler teachers.</p>
Minnesota	<p>Through a Department of Human Services Whole Family Systems grant, the department is investing in the development of an Ojibwe language immersion program for birth to three-year-old children, which includes instruction provided by elders who are original speakers of the language and focuses on culture and language instruction for children, with full parent involvement to produce whole family learning.</p> <p>This community-based child development program is high quality, as defined by sovereign Tribal nation's definition of high quality, which focused on transmission of knowledge and wisdom forward to future generations by elders, in a three-generation approach to promote deep grounding in self-identity within culture and community to prevent downstream negative outcomes.</p> <p>With evaluation and a system's learning plan in place, the department's investment in this establishment of an Ojibwe community family development center provides learning the state can use to promote additional and ongoing establishment and development of centers that improve capacity to offer high-quality, age-appropriate care to infants and toddlers for American Indian families, specifically, and may have learning outcomes for other low-income populations.</p>
New Mexico	<p>Early Childhood Education and Care Department (ECECD) contracts with the University of New Mexico Early Childhood Services Center for the provision of training, consultation, and supports to child care providers throughout the state. This includes five regional training hubs, which offer training opportunities, outreach, and networking based on the needs of the local region. Available trainings cover a range of early childhood topics, including developmentally appropriate practice and considerations for infant/toddler care. Consultation services are driven by the unique needs of providers as well.</p> <p>In addition, ECECD has offered free Quorum eLearning licenses to early childhood professionals. Quorum courses are focused on early childhood services and do have some focus on infant/toddler care. Most trainings offered in the state are cross-walked with the competencies for Infant Mental Health Endorsement.</p>



State or Territory	Description
Vermont	<p>Vermont Parent Child Centers (PCCs) were established in statute in 1988 and funded initially with general funds. The 15 PCCs are community-based organizations located across Vermont. PCCs serve young children and their families in their designated geographic regions. PCCs implement practices aligned with the national Center for the Study of Social Policy (CSSP). These practices are designed to strengthen families and protect children from abuse or neglect. The Department for Children and Families also supports the CSSP framework for strengthening families.</p>



Table 2. (7.4.1b) Establishing or Expanding the Operation of Community-Based, Neighborhood-Based, or Provider Networks Comprised of Home-Based Providers or Small Centers Focused on Expanding the Supply of Infant/Toddler Care

What Are They? Why Are They a Good Strategy?

Community- and neighborhood-based provider networks that support home-based providers and small centers are uniquely positioned to meet the needs of professionals who serve infants and toddlers. These networks can deliver supports that are customized to smaller infant/toddler care settings. Staffed family child care (FCC) networks are one such example. They are programs that have paid personnel—at least one person—who provide ongoing support to FCC providers in a network. They commonly deliver services to FCC providers and home-based providers seeking to be licensed or registered with their state or territory (Bromer & Porter, 2017). The needs of infant/toddler professionals in small centers or home-based care are different from those serving in larger center-based care settings. By expanding the operation of these types of networks, infants, toddlers, and the professionals who care for them may have their unique care needs supported through specialized technical assistance that honors the provision of quality care in these special environments.



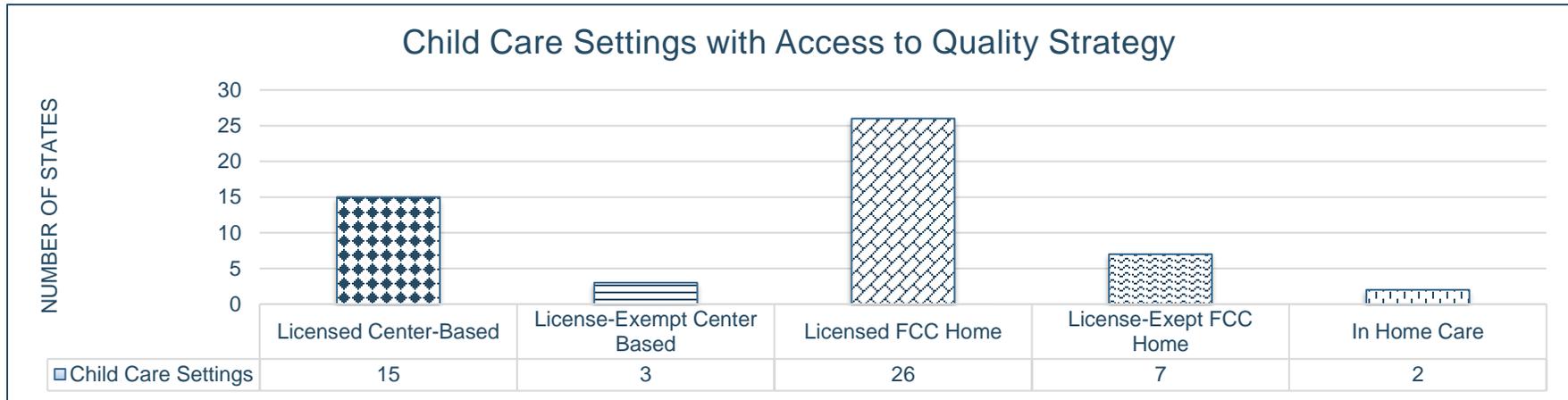
29 states and territories indicate using CCDF infant/toddler quality funds to establish or expand the operation of community-based, neighborhood-based, or provider networks.



10 states indicate operating staffed FCC networks as a strategy for expanding the supply of infant/toddler care.



5 states indicate the provision of a designated Infant/Toddler Specialist through their Networks.



The examples and approaches highlighted in table 2 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 2. Establishing or Expanding the Operation of Community-Based, Neighborhood-Based, or Provider Networks

State or Territory	Description
American Samoa	Increase options for parents by promoting the establishment of smaller, village-based providers with a special focus on villages where there are fewer than 5 child care providers. Part of this effort includes monthly workshops to engage prospective child care providers.



State or Territory	Description
Arkansas	<p>The University of Arkansas Early Care and Education Projects (ECEP) Family Child Care Network (FCCN) is a staffed family child care network focusing on building capacity in Arkansas for family child care, starting with the existing registered and licensed homes.</p> <p>There is a significant gap between the high-quality centers funded through Arkansas's state-funded preschool and Head Start–Early Head Start and the low-quality, unregulated, and unsupported home providers. The FCCN will work to bridge that gap. The network aims to encourage unregistered and unlicensed providers to begin the licensure process and become a part of the growing number of family child care providers as the FCCN grows and resources are developed to focus on quality improvement strategies. As the FCCN grows and develops, the opportunity for support increases.</p> <p>Need-specific resources are passed to network members through collaborative partnerships with national, state, and local agencies. Some of those collaborative partners include the Arkansas Child Care Aware Resource and Referral Network, Save the Children, Food Sponsors, Division of Child Care and Early Childhood Education (Better Beginnings, Licensing, Child and Adult Care Food Program), Small Business Administration, and local Chambers of Commerce.</p> <p>The FCCN is making strides in creating an environment that supports the providers' needs. Monthly meetings are conducted around topics that the providers have indicated are needed. Providing specialized training has created opportunities for the family child care providers to network and become acquainted with peers around the state. Helping one another in areas that they feel skilled and confident has created a ripple effect of mentoring from within the providers. A staffed FCCN for family child care providers across Arkansas will work to do the following:</p> <ul style="list-style-type: none"> ◆ Increase the number of licensed and registered homes ◆ Increase the number of infant/toddler slots available <p>Elevate the level of quality in licensed and registered homes</p>
Connecticut	<p>Connecticut is funding 12 Staffed Family Child Care Networks (SFCCNs) and an "organizing hub" to provide coordination and resources for the 12 SFCCNs. Providers affiliate with a local network to access professional development, business supports, and coronavirus disease 2019 (COVID-19) related resources. The 12 SFCCNs operate according to the Office of Early Childhood's (OEC's) framework by employing qualified paid staff with expertise to work with family child care providers.</p> <p>Connecticut is working closely with Opportunities Exchange to develop and deliver shared services to the SFCCNs to create economies of scale across networks and providers. The goal of a shared services alliance is to have the resulting cost-savings and enhanced market appeal result into a more viable and better performing home-based business enterprise for all the alliance's members by reducing administrative and business costs in favor of more time and resources for provider-child and family interaction.</p> <p>One of the functions of each SFCCN is to support individuals seeking to become family child care providers by obtaining a child care license from OEC. This support is guided by OEC's Licensing Tool Kit, which assists potential providers with the licensing application, program and curriculum planning, and establishing business operations.</p>



State or Territory	Description
Tennessee	<p>The Tennessee Family Child Care Network under the Tennessee Early Childhood Training Alliance (TECTA) offers family child care providers across the state additional opportunities to participate in family child care specifically designed services that include linkages with the Tennessee Family Child Care Alliance, regional and local family child care support groups to strengthen the commitment to high quality care, children, and families.</p> <p>TECTA provides overall support for professional development, business practices, family engagement, child care advocacy, and technical assistance. TECTA, with the Tennessee Family Child Care Network under the guidance of the Lead Agency, will target growth of family home providers in child care deserts by promoting entrepreneurship and small business ownership opportunities.</p>
Utah	<p>The Lead Agency funds at least one position in each CAC Agency to provide a Family Child Care Specialist to provide support specifically to family child care providers. Each specialist works with a cohort of family child care providers for a 9-month period and facilitates a peer learning community. Training modules are assigned, with particular focus on working with mixed-age groups, considering the unique needs of infants and toddlers to ensure their needs are also met.</p> <p>Providers receive support through training and reflection in peer learning communities, observation and feedback, and technical assistance and coaching in their home environment. Each cycle, all providers in the area are given the opportunity to apply, and providers who have not had the opportunity to participate are prioritized. If there is still space available, providers who have participated previously may join the cohort.</p>



Table 3. (7.4.1c) Providing Training and Professional Development to Enhance Provision of Developmentally Appropriate Services for Infants and Toddlers

What Is It? Why Is It a Good Strategy?

Professional development includes training, education, and technical assistance. It can take the form of college credit-bearing coursework; preservice and in-service training; observation with feedback from a colleague; peer learning communities; and mentoring, coaching, and other forms of job-related technical assistance (National Association for the Education of Young Children & National Association of Child Care Resource and Referral Agencies, 2011). Training and professional development opportunities can result in improved practice, increased qualifications, and commensurate increased compensation. The Child Care and Development Block Grant Act of 2014 requires states and territories to provide professional development that focuses on a range of child developmental domains and best teaching practices. It also must support the quality and stability of the workforce and provide for a progression of professional development, which may include encouraging the pursuit of post-secondary education (U.S. Department of Health and Human Services, n.d.).



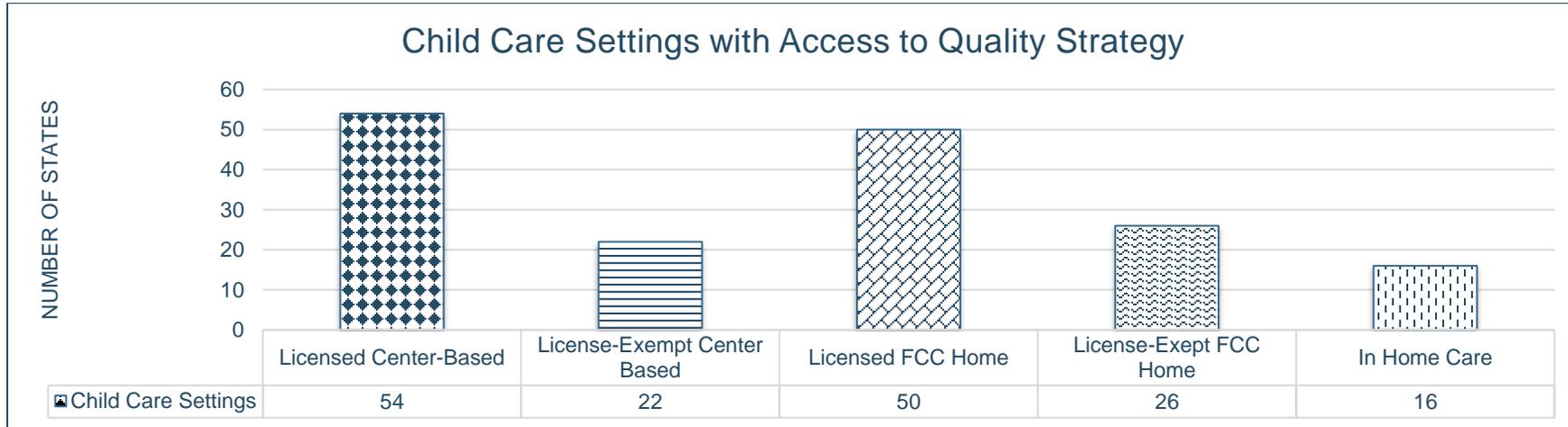
55 states and territories offer professional development to enhance provision of developmentally appropriate services for infants and toddlers.



8 states indicate offering training and professional development related to infant/toddler relationship-based care.



5 states mention partnering with local institutions of higher education to deliver training or professional development, or both.



The examples and approaches highlighted in table 3 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 3. Providing Training and Professional Development to Enhance Provision of Developmentally Appropriate Services for Infants and Toddlers

State or Territory	Description
Georgia	<p>The Lead Agency provides training to infant/toddler teachers, administrators, and family child care learning home providers serving infants and toddlers on topics such as responsive caregiving, early literacy and developmentally appropriate practices, developmental milestones and monitoring, family engagement, and promoting strong social-emotional development in infants and toddlers.</p> <p>With the addition of the Infant–Early Childhood Mental Health Director position at the Lead Agency, workforce development around trauma and mental health training will also be available to increase the quality of care, as well as early identification of and response to infants and toddlers experiencing trauma.</p>



State or Territory	Description
Guam	<p>The CCDF program will be offering trainings in collaboration with the Preschool Development Grant Birth through Five based on the results of the needs assessment. Child care providers have an option to receive training online or in person from topics identified in Guam’s Preschool Development Grant Birth through Five training calendar or participate in college course offered by the Institution of Higher Education. Training topics include, but are not limited to, developmentally appropriate practices for young children in different areas of development, including cognitive, language, social, emotional, physical, and self-help.</p> <p>Training will be consistent with Guam’s Early Learning Guidelines and aligned with the best practices, as outlined by the National Association for the Education of Young Children. Additionally, the Lead Agency plans to propose a contract agreement with local colleges that will include training and professional development for providers to enhance their ability to care for the unique needs of this age group.</p>
Hawaii	<p>The Hawaii Department of Human Services contracts with a private agency to provide one infant/toddler child care center for teen parents enrolled in or attending high schools located on the island of Hawaii. The center provides care for children ages 6 weeks to 3 years old, and the teen parents must be participating in the Department of Education’s (DOE’s) Reality and Dual Role Skills (GRADS) program or alternate on-campus program that provides educational and parenting support services for pregnant and parenting teens.</p> <p>This child care service enables them to continue their high school education with a goal of graduation and to learn life skills and child development skills as appropriate parents to ensure a healthy and safe environment for their child. The staff of these high schools select motivated students and refer them to the GRADS program and the child care program. The students’ attendance and grades are monitored by the DOE and contracted agency’s staff.</p> <p>Participation in the child care program activities is expected. The teen parents sign a contract with respect to enrollment and participation in this service. Violation of their personal contracts dismisses them from using the child care service. The service is available when the public schools are in session. The DOE and contracted agency track the number of teen parents enrolled in the program who were promoted to the next grade or graduated high school.</p> <p>The Hawaii Department of Human Services will continue to work with the DOE and the Executive Office on Early Learning to determine the feasibility of DOE opening additional infant/toddler child care centers for teen parents enrolled in or attending high schools at other DOE high school campuses statewide.</p>
Ohio	<p>Through the child care resource and referral (CCR&R) agencies, the Ohio Department of Job and Family Services funds 12 Infant/Toddler Specialists to provide specific guidance and technical assistance. Ohio’s CCR&R agencies each have Infant/Toddler Specialists who are Program for Infant and Toddler Care certified supporting early care and learning programs.</p> <p>The Program for Infant/Toddler Care conducts Trainer Institutes, which are offered to educators, program managers, and other professionals responsible for training infant/toddler care teachers. These intensive sessions help trainers deepen their understanding of each module’s content and acquire skills in the integrated presentation of the concepts in the Program for Infant/Toddler Care videos and guides. Upon completing the certification requirements, participants receive a certificate of completion from WestEd and the California Department of Education that recognizes them as trainers for the specific module in which they received training.</p>



State or Territory	Description
Wisconsin	<p>The Lead Agency contracts with Wisconsin Early Childhood Association (WECA) to administer the T.E.A.C.H. Scholarship Program. Scholarship support to complete Infant/Toddler Credential courses is available to child care teachers, administrators, and family child care providers who work in regulated child care programs.</p> <p>The Lead Agency contracts with WI-AIMH to offer the Infant/Toddler Pyramid Model training series statewide. The Lead Agency contracts with Supporting Families Together Association (SFTA) and the child care resource and referral network to deliver training and technical assistance and Practice-Based Coaching around high-quality practices for infant/toddler classrooms.</p> <p>Through YoungStar, providers receive an annual average of 10 hours of free, onsite technical assistance to be used to support activities that improve the quality of their program. Many providers specifically request technical assistance around caring for infants and toddlers. YoungStar staff may provide assistance with room arrangement, curriculum, daily activity planning, ideas for staff professional development, developmentally appropriate practices for young children, as well as many other assistance options.</p> <p>The Lead Agency also contracts with child care resource and referral agencies to complete trainings through a cohort model focusing on infant/toddler care.</p>



Table 4. (7.4.1d) Providing Coaching, Mentoring, and Technical Assistance from State- or Territory-Wide Networks of Qualified Infant/Toddler Specialists

What Are They? Why Are They a Good Strategy?

Infant/Toddler Specialist networks (ITSNs) are systems that coordinate the work of Infant/Toddler Specialists and work with them as a key support for professional development that serves the needs of infants and toddlers in out-of-home care.

Infant/Toddler Specialists support the infant/toddler workforce by providing services such as training and technical assistance; resource identification; and community outreach, education, and support. The overall goal of an ITSN is to improve caregiver practices and the overall quality of all infants' and toddler's developmental experiences (Child Care State Capacity Building Center, 2017).



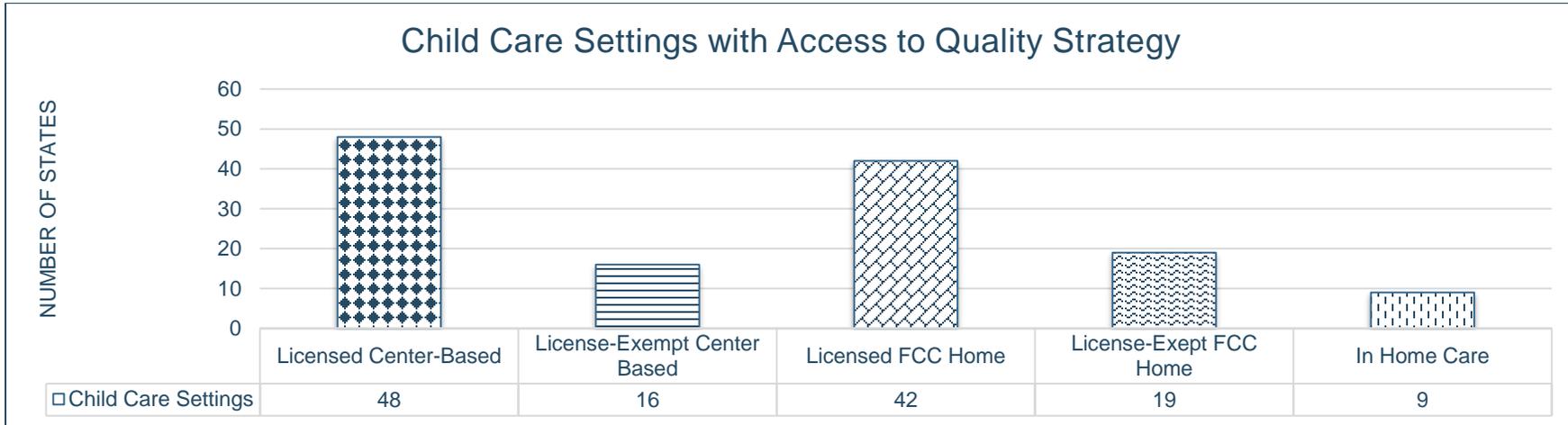
48 states and territories provide coaching, mentoring, or technical assistance via networks of qualified Infant/Toddler Specialists.



18 states provide technical assistance related to infant/toddler measurement tools, scales, assessments, or inventories.



7 states indicate their networks of Infant/Toddler Specialists use the Program for Infant/Toddler Care as a framework for their technical assistance delivery.



The examples and approaches highlighted in table 4 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 4. Providing Coaching, Mentoring, and Technical Assistance from State- or Territory-Wide Networks of Qualified Infant/Toddler Specialists

State or Territory	Description
Colorado	<p>Expanding Quality (EQ) Infant/Toddler Specialists provide ongoing coaching based on the content of Expanding Quality Infant Toddler Care (EQIT). EQIT is a 48-hour course of training and the content of approved Colorado Shines Professional Development Information System coursework, using the EQ Relate Coaching model. This strengths-based and caregiver driven coaching model supports caregivers to increase their responsive care skills, increase their reflective capacity, and apply their knowledge of infant/toddler care and development.</p> <p>Caregivers choose the content focus of each coaching visit. Specialists observe the caregiver and document positive child experiences and effective caregiver strategies. A short reflective conversation follows each observation visit and includes goal setting and review related to responsive infant/toddler care strategies. Enhanced coaching can also be provided, focused on back-and-forth interactions as collected using LENA early talk data.</p>
Missouri	<p>The ITSN specialists have been trained in the Program for Infant/Toddler Care relationship based care trainings. The ITSN Specialists train all enrolled child care providers in the Program for Infant/Toddler Care relationship based care trainings and provide onsite consultations and targeted trainings.</p>
South Dakota	<p>In each of the five early childhood education offices, there is an identified Infant/Toddler Specialist who uses the Program for Infant/Toddler Care philosophy and resources to provide technical assistance to providers who care for infants and toddlers. Early childhood education staff were trained to use a practice-based coaching model. In addition, staff providing infant/toddler specific technical assistance have received training in infant/toddler relationship-based care.</p>
Virginia	<p>The Virginia Infant/Toddler Specialist Network offers onsite consultation including mentoring and support using quality improvement plans. This service is typically offered through an extended engagement with the provider. For example, Level I services for a center would involve at least 40 hours of onsite technical assistance over a 5-month period.</p> <p>The program is assessed using the Infant/Toddler Environment Rating Scale, Revised Edition, or the Family Child Care Environment Rating Scale, Revised Edition. The goal of this statewide service for child care programs offering care to infants and toddlers is to improve the quality of care. One center and one family child care home from each region is recognized annually for making improvements in the quality of their infant/toddler care.</p> <p>The network also provides targeted technical assistance on a variety of topics (for example, creating a breastfeeding friendly program, expansion, inclusion, follow-up to training topics) and support to obtain a Child Development Associate. The network is piloting LENA Grow (www.lena.org) to improve the talk environment in the caregiving environment. Additionally, the Network Western region has a staff member who will emphasize outreach to family, friend, and neighbor care.</p>



State or Territory	Description
Washington	<p>Washington State’s Department of Children, Youth, and Families (DCYF) provides interdisciplinary infant/toddler early learning coaching through a regionally based, statewide network of qualified Infant/Toddler Specialists. Coaching is provided to licensed child care centers and family child care homes serving children on state subsidy within the state quality rating and improvement system (QRIS) to improve the quality of care for infants and toddlers.</p> <p>DCYF funds a statewide network of infant mental health consultants who provide consultation or training within the state QRIS to include the following focus areas: child development, developmental screening, reducing expulsion, connecting families with referral resources, and strategies for inclusion. They also provide training and mentoring on developmental screening and include strategies for engaging families in screening and sharing results of screening and resources for further assessment or services if necessary.</p> <p>The Infant/Toddler Specialist network also delivers training and mentoring to increase positive adult-child interactions and classroom quality through the intervention of Filming Interactions to Nurture Development (FIND). This video coaching program for parents and other caregivers employs video to reinforce naturally occurring, developmentally supportive interactions between caregivers and young children. This simple, practical approach emphasizes caregivers' strengths and capabilities.</p> <p>DCYF implements FIND statewide. Training to support implementation of universal developmental screenings occurs statewide. Child care providers receive free training, are supported in implementing a family night to inform parents of the importance of screening and partner with them in obtaining developmental screening, and are provided with the ASQ-3 and ASQ-SE materials to promote sustainable, ongoing screening after initial training and coaching.</p>
West Virginia	<p>The Lead Agency under its contract with West Virginia Early Childhood Training Connections and Resources employs six regional Child Care Nurse Health Consultants and two Health Educators. The Nurse Health Consultants offer training and technical assistance in best high quality program standards above and beyond basic licensing standards for all age groups.</p> <p>The Infant/Toddler Statewide Network is comprised of the Infant/Toddler State Lead and twelve Infant/Toddler Specialists who provide input on program standards for the provision of high-quality care for infants and toddlers. The Quality Rating and Improvement Advisory Council works in partnership with these groups to develop and revise quality Tier II standards to provide guidance to providers who wish to provide a higher standard of care for infants and toddlers.</p>



Table 5. (7.4.1e) Coordinating with Early Intervention Specialists Providing Services for Infants and Toddlers with Disabilities Under Part C of the Individuals with Disabilities Education Act

What Is It? Why Is It a Good Strategy?

State and territory coordination with early intervention specialists who provide services for infants and toddlers with disabilities may result in greater supports and developmental outcomes for infants and toddlers with disabilities or developmental delays. Child care and Part C of the Individuals with Disabilities Education Act (IDEA) coordination and collaboration may include the following:

- Shared professional learning opportunities
- Memoranda of understanding or agreement to provide access to developmental screenings for families through their child care providers, as well as other opportunities to serve infants and toddlers through cross-agency coordination and collaboration
- Coordination on committees and councils and with infant/toddler care consumer education efforts



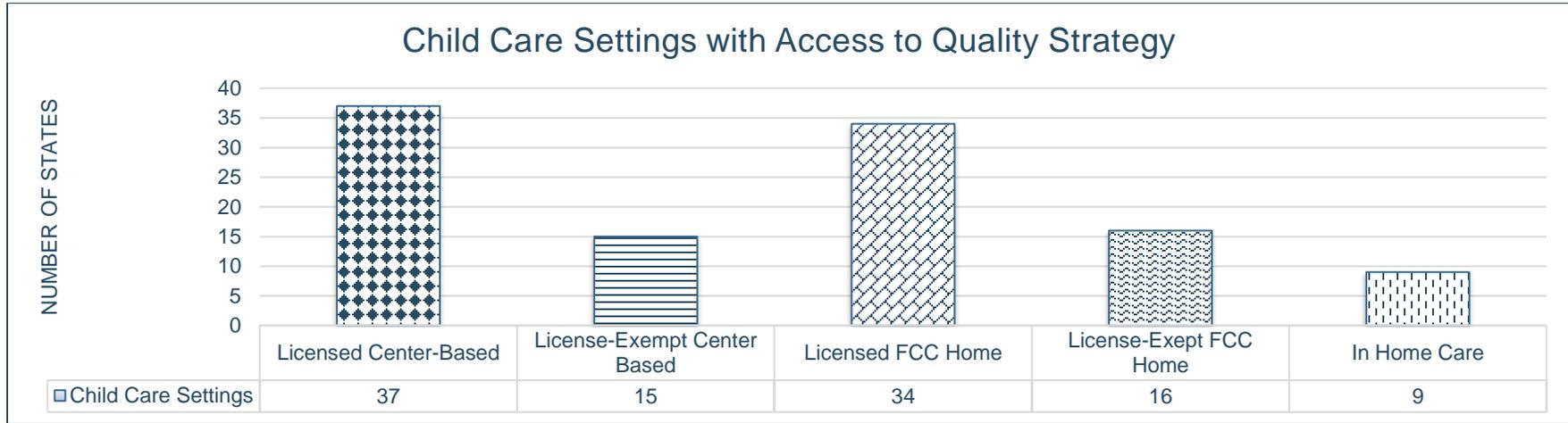
38 states and territories report that they coordinate with Early Intervention Specialists who provide services for infants and toddlers with disabilities.



10 states mention that they coordinate with their Part C partners related to developmental screenings.



24 states and territories report that they collaborate or deliver joint training and professional development or coaching for early interventionists, special educators, and infant/toddler caregivers.



The examples and approaches highlighted table 5 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 5. Coordinating with Early Intervention Specialists Providing Services for Infants and Toddlers with Disabilities Under Part C of the Individuals with Disabilities Education Act

State or Territory	Description
Arizona	<p>The Arizona Department of Economic Security (ADES) Arizona Early Intervention Program (AzEIP) works collaboratively to ensure that families of young children are aware of the variety of support and resources for which they may be eligible within ADES. This includes the work of the ADES Early Childhood Task Force to ensure cross-divisional collaboration, allowing Department employees to assist clients to identify the variety of supports and services that may be leveraged to support them.</p> <p>AzEIP utilizes a team-based early intervention services approach to the provision of early intervention services. The team, which includes an occupational therapist, speech language pathologist, developmental special instructor, and physical therapist, determines with the family, who will serve as the team lead or primary provider. The team lead is then supported by other team members to address the child's holistic development within their everyday routines and activities.</p> <p>With parental consent for children enrolled in child care, the team can support the child care provider to identify modifications to their classroom routines or make adaptations to their environment to support young children with disabilities to engage and participate in these everyday routines and activities. Using a capacity building approach, this not only assists the child care professionals to support the identified child but can also assist the child care professionals to improve their capacity to care for all children in their classroom.</p> <p>The AzEIP State Systemic Improvement Plan is designed to improve the percentage of children, birth to three, who exit early intervention with improved social-emotional growth. To achieve this outcome, AzEIP is collaborating with divisions within the Department (including CCA), as well as the Department of Education, ADHS, and the state's Medicaid system to develop a cross-agency professional development framework.</p> <p>The purpose of this framework is to support practitioners to improve the social-emotional development of infants, toddlers, and preschoolers through using appropriate screenings; determining appropriate next steps after a screening; providing anticipatory guidance to primary caregivers (utilizing responsive caregiving, resource-based capacity building, coaching, and mentoring); evaluating (including identification of improved evaluation instruments to address this developmental domain); using evidence-based practices to address delays in this domain; developing plans to support primary caregivers within the home, community, child care–Early Head Start programs); and documenting individual progress overall.</p>



State or Territory	Description
District of Columbia	<p>The Office of the State Superintendent of Education (OSSE) is the Lead Agency for the District’s Early Intervention (Part C) Program (DC EIP). The mission of DC EIP is to identify and serve infants and toddlers, birth through 2 years, with developmental delays and disabilities and their families.</p> <p>As the single point of entry for infants and toddlers with suspected developmental delays and disabilities from birth to the third birthday, DC EIP identifies and evaluates infants and toddlers with suspected developmental delays and provides high-quality, age-appropriate early intervention services for eligible infants, toddlers, and their families. DC EIP coordinates services in a caring manner that supports the culture and meets the needs of families.</p> <p>OSSE incorporates the requirements under IDEA, Part C—Comprehensive System of Personnel Development; monitoring and compliance; fiscal oversight; training and technical assistance; data collection and reporting; public awareness; procedural safeguards; and policy development. In its overall administration, DC EIP maintains both in-house and contracted staff to provide Child Find, evaluation and assessments, direct early intervention services, and service coordination. DC EIP serves more than 2,000 children and their families per year.</p>
Florida	<p>Initial developmental screening is required for all children in the SR program within the first 45 days of receiving services. Screening is required at least annually after the initial screening. The Department of Early Learning (DEL) provides the screening data capture system at no cost to providers or early learning communities (ELCs). The results of these screenings will determine if a referral to an early interventionist is required.</p> <ul style="list-style-type: none"> ◆ The DEL provides funding for ASQ-SE2 screening as follow-up to provide additional information for referrals. ◆ Each ELC, as well as the Office of Early Learning, has an Inclusion Specialist on staff who provides inclusion warmline services, including parent phone and in-person consultation, onsite observation, and technical assistance. The Inclusion Specialists also provide training and technical assistance to the providers, as requested. These specialists connect parents with the necessary resources to meet the needs of the family. ◆ DEL works with the Department of Health, the Department of Education, the Developmental Disabilities Council, and the Florida Inclusion Network to ensure any infant/toddler initiatives have considered inclusive practices for infants and toddlers with disabilities or developmental delays. ◆ DEL, in collaboration with other agencies, developed a self-assessment tool to measure inclusive practices, which can be used by teachers and directors of all age groups. ◆ The ELCs collaborate with various agencies, such as Early Steps local affiliates, to facilitate quick and appropriate referrals to meet the needs of children and families. ◆ ELCs participate on local committees, councils, and boards to collaboratively facilitate the process for referrals and transitions. ◆ DEL hosts a website, which connects parents, providers, and teachers to Part C websites, free screenings for communication disorders (Autism Navigator), and additional resources for understanding best practices for supporting infants and toddlers with special needs or exceptionalities.



State or Territory	Description
Idaho	<p>Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Quality consultants in all seven regions partner with their local Regional Early Childhood Council, which exists under Idaho statute and is guided by the Infant/Toddler Coordinating Council, as required by IDEA.</p> <p>Currently, the regional Child Care Resource Center (CCRC) quality consultants are partnering with the infant/toddler program to plan and carry out the implementation of the Ages and Stages Questionnaires Third Edition and the Ages and Stages Questionnaires: Social-Emotional in child care programs. Collaboration with early intervention specialists is intentionally built in and recognized within the state quality rating and improvement system at step 5.</p> <p>For programs actively engaged in development and implementation of individualized family service plans, those plans are accepted as an alternative to required child inclusion plans. Programs work with the local infant/toddler team to coordinate services and develop plans inclusively to meet the child's needs. In addition, CCRC staff are encouraged to participate in the local Infant/Toddler Coordinating Council for collaboration and partnership.</p>
Michigan	<p>Michigan continues to develop a coordinated system of support for infants and toddlers with disabilities and their families through Early On, Michigan's Part C of the IDEA program. Early On serves 94% of their infants and toddlers with Individualized Family Education Plans (IFSPs) in the "natural environment," which includes child care settings and homes.</p> <p>Quality Improvement Consultants provide training and technical assistance to support developmental screening, family communication regarding child development, and referral to Early On services. Child care providers may coordinate with Early On providers in development and delivery of the IFSP.</p> <p>Further, the Preschool Development Grant Birth through Five includes activities geared toward supporting child care providers and families who have children with IFSPs in child care settings, titled "Integrating Birth to Five." This effort includes developing and implementing cross-program training for child care providers aligned with IDEA, designed for child care and other early childhood system providers. The objective of this activity is to ensure all children and providers are fully supported in the continuum of services. The Michigan Department of Education's Office of Great Start houses both Part C and CCDF, which allows for ongoing coordination and collaboration.</p>
Virginia	<p>The Virginia Infant/Toddler Specialist Network Leadership Council includes a representative from the Virginia Department of Behavioral Health and Developmental Services' Early Intervention Division (DBHDS; Part C of IDEA) to help ensure coordination of services. DBHDS developed, in coordination with the network, an orientation package for child care providers and early childhood professionals to support provision of early intervention services through coaching in child care settings, including home-based child care settings. The network provides Ages and Stages Questionnaires training to infant and toddler providers, which may result in referrals to Part C for assessment. The network has a section on its website devoted to inclusion and disabilities.</p>



Table 6. (7.4.1f) Developing Infant/Toddler Components within the State or Territory Quality Rating and Improvement System, Including Classroom Inventories and Assessments

What Are They? Why Are They a Good Strategy?

Quality rating and improvement systems (QRISs) may address infants and toddlers by incorporating indicators that reflect their stages of development and their unique care and learning needs. When developing infant/toddler components within QRISs, states and territories are intentionally supporting CCDF's most vulnerable populations. Quality standards and supports that address the needs of infants and toddlers include the following:

- [Primary caregiving](#) and policies that address [continuity of care](#) (Infant/Toddler Specialist Network, Child Care State Capacity Building Center, n.d.)
- Developmentally appropriate [curricula](#) (Chazan-Cohen et al., 2017) or learning approaches for infants and toddlers
- Lower child-to-teacher ratios and [smaller group sizes](#) (Infant/Toddler Specialist Network, Child Care State Capacity Building Center, n.d.) for infants and toddlers
- Infant/toddler-specific professional development
- Qualifications for caregivers



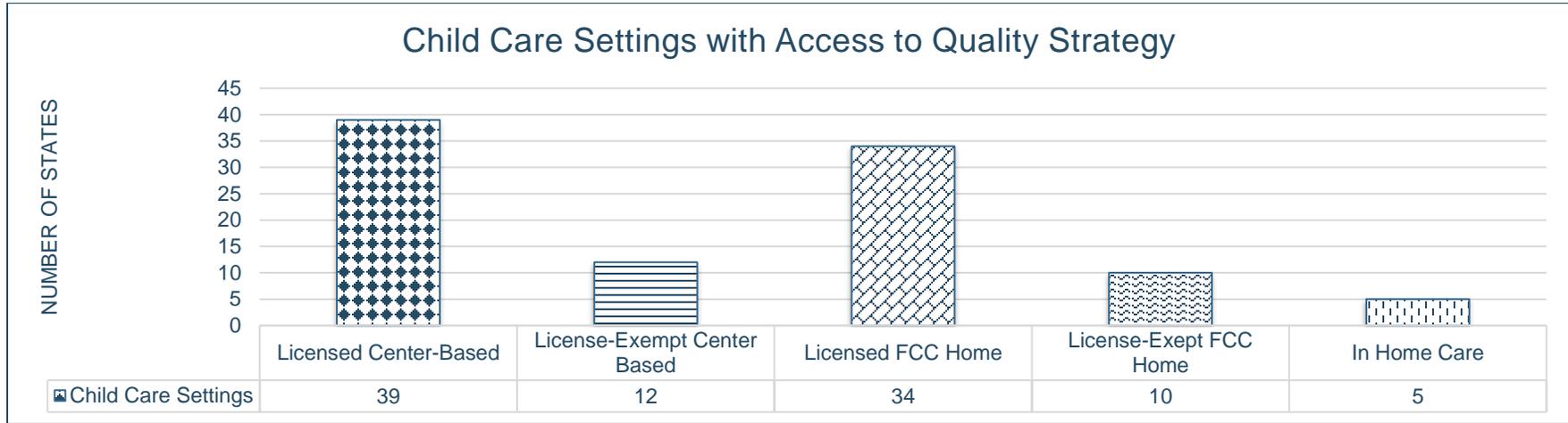
39 states and territories have developed infant/toddler components within their QRIS.



11 states have indicators related to the requirement of infant/toddler specific training for caregivers.



8 states offer coaching or technical assistance to support quality improvements.



The examples and approaches highlighted in table 6 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 6. Developing Infant and Toddler Components within the State or Territory QRIS, Including Classroom Inventories and Assessments

State or Territory	Description
Montana	<p>The STARS to Quality program uses the Infant/Toddler Environment Rating Scale and the Family Child Care Rating Scale to assess environments serving this age group. Programs receive a baseline score and work to improve their scores as they progress through STAR levels. Programs must use a Quality Improvement Action Plan to address low-scoring areas. Lead teachers must complete the Certified Infant/Toddler Caregiver course at STAR 3.</p>
New Hampshire	<p>As part of the enhanced and revised QRIS, New Hampshire provides two options for assessing infant/toddler learning environments. One option requires the use of Infant/Toddler Environment Rating Scale (ITERS) observations for infant/toddler classrooms. Additionally, programs servicing infants and toddlers will be required to have training in ITERS. Coaching specific to infant/toddler quality goals is available to participating programs as well. Option two is a Pyramid Model pathway.</p>
North Carolina	<p>Infant/toddler components are embedded in the state's QRIS. Minimum licensing standards require programs to provide infants with supervised tummy time and other developmentally appropriate activities to support health and physical development. Screen time is prohibited for children under age 3. Responsive caregiving is required by child care rules, as well as positive interactions. The child care rules require primary caregivers and special attention given to ease separations of infants and toddlers from their parents.</p> <p>Safety requirements include a safe sleep policy, infant/toddler safe sleep training, shaken baby syndrome and abusive head trauma policy, as well as orientation and ongoing training. Additionally, rules to make child care breastfeeding friendly and require individual infant feeding plans are among other nutrition requirements. The voluntary standards allow an additional quality point when meeting one educational or programmatic option.</p> <p>Examples include the following: teachers have an infant/toddler certificate, use a developmentally appropriate curriculum, programs have lower staff: child ratios, and family child care homes reduce infant capacity by at least one. To earn points in program standards, programs can have the Infant/Toddler Rating Scale Revised assessment completed.</p>



State or Territory	Description
Pennsylvania	<p>Keystone STARS speaks to infant/toddler components in several important areas within the QRIS. Programs that serve infants and toddlers must demonstrate that their lesson plans are developed using Pennsylvania’s Early Learning Standards for Infants and Toddlers as a resource for planning. Programs must use a research-based developmental screening tool within 45 days of each child’s enrollment to identify children who may need additional evaluation or intervention strategies, or both. This includes infants and toddlers enrolled at the program.</p> <p>Additional screening is provided as needed and per protocol with the chosen screener. Results of screenings are communicated with families, and support for referrals are offered as needed. Approved screening tools include Ages and Stages and others that have specific infant/toddler components. Programs serving infants and toddlers also must use a valid and reliable observation-based assessment of children’s development in accordance with the tool’s recommendations.</p> <p>Office of Child Development and Early Learning requires programs serving infants and toddlers to use an approved assessment tool that is targeted for use with these age groups. Finally, Keystone STARS requires that programs serving infants and toddlers implement an Office of Child Development and Early Learning–approved, developmentally and culturally appropriate learning curriculum that is intended for these age groups.</p>
South Dakota	<p>The draft framework for a state voluntary quality framework program contains a requirement for age-specific training, as well as training in quality indicators. The draft framework includes completion of the Infant/Toddler Entry Level and Infant Best Practice Series trainings.</p> <p>To meet additional quality indicator education requirements, participating programs must have staff complete the Infant/Toddler Social-Emotional Foundations for Learning training series and the Early Learning Guidelines for Infants and Toddlers training series. In addition to the training requirements, the framework also includes practice requirements related to infant/toddler caregiving, as well as children of other ages.</p>



Table 7. (7.4.1g) Developing Infant/Toddler Components within State or Territory Child Care Licensing Regulations

What Are They? Why Are They a Good Strategy?

One major child care policy driver is child care licensing. Through infant/toddler focused licensing regulation, states and territories can inform practices and develop policies that ensure programs meet standards for quality care that infants and toddlers need to thrive. For example, states and territories can begin to have regulations and standards that are specific to infants and toddlers. These may include the following:

- [Relationship-based care](#)
- [Primary caregiving](#)
- [Small group care](#)
- [Inclusive care](#)
- [Individualized care](#)
- [Continuity of care](#)
- [Culturally responsive care](#) (Infant/Toddler Specialist Network, Child Care State Capacity Building Center, n.d.)



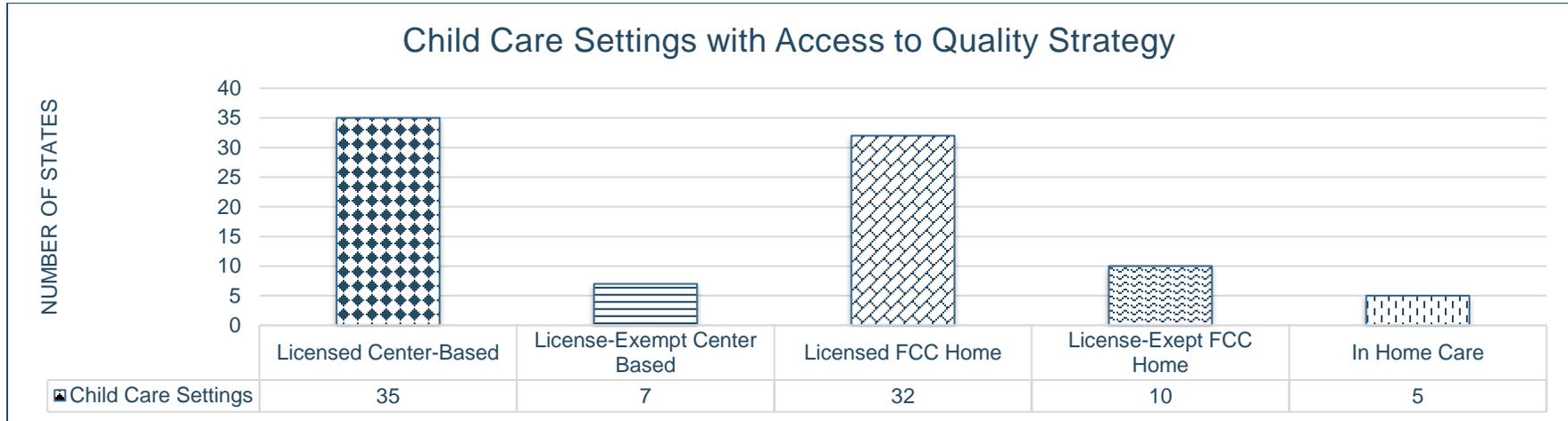
35 states and territories indicate they have infant/toddler components within their child care licensing regulations.



10 states report having licensing regulations specific to adult-to-child ratios for infant/toddler classrooms.



13 states indicate having regulations requiring infant/toddler specific training or educational requirements for infant/toddler staff.



The examples and approaches highlighted in table 7 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated for improved readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 7. Developing Infant/Toddler Components within State or Territory Child Care Licensing Regulations

State or Territory	Description
Delaware	Licensing regulations have separate sections for programs serving infants and toddlers related to areas such as feeding, diapering, health, and safety. Classroom ratios for infants and toddlers are lower than preschool and school-age ratios. Administrators of centers serving infants or toddlers must successfully complete clock hours of approved training in infant/toddler development and curriculum, and infant/toddler-specific Early Learning Foundations must be used to develop lesson plans.
Michigan	Child care licensing requirements provide special provisions for licensed and registered providers caring for infants and toddlers, including lower child-to-teacher ratios and additional educational requirements for those serving as lead caregivers in infant or toddler classrooms.
New York	<p>Office of Children and Family Services (OCFS) completed a major overhaul to its child day care regulations that pertain to licensed and registered programs in 2015 that included addressing important quality issues relative to infants and toddlers. One such change in regulation is the allowance to operate continuity-of-care classrooms.</p> <p>The continuity-of-care model requires the center to make every effort to establish and maintain a primary relationship between teachers and children and their respective families over a period of years. In the continuity-of-care model, infants, toddlers, and their teachers stay together until all children in the group are 36 months of age.</p> <p>The core concept in continuity-of-care is the practice of assigning a child to one teacher who becomes responsible for the child and for communication with the child’s parents. The teacher must develop positive relationships with each child assigned to their care, tend to the child’s physical and emotional needs, and work together with a second group teacher or assistant teacher who maintains this same relationship with another small number of children assigned to them. While each teacher is assigned to a small number of children, both are also responsible as a back-up for each other’s assigned children when a need arises to safeguard the health and safety of any child in the classroom.</p> <p>Additionally, OCFS regulations reduce screen time activities; require daily physical activity; institute safe sleep measures; allow only healthy beverages, meals, and snacks that meet Child and Adult Care Food Program standards in day care centers; and encourage breastfeeding-friendly environments.</p>
Washington	<p>The Department of Children, Youth, and Families has aligned standards across licensing, the state preschool program Early Childhood Education Assistance Program, and Early Achievers, including information from the Infant/Toddler Environment Rating Scale–Revised and the Classroom Assessment Scoring System for infants and toddlers. <i>Caring for Our Children</i> is the guideline used in this review.</p> <p>Licensing standards include sections related to promoting infant/toddler development, such as promoting social-emotional health, encouraging active physical play, promoting language development, encouraging continuity of care, and promoting serve-and-return interactions. Other topical areas in the licensing regulations address bottle preparation, feeding and nutrition, safe sleep, program and activities, and infant/toddler development.</p>



Table 8. (7.4.1h) Developing Infant/Toddler Components within Early Learning and Developmental Guidelines

What Are They? Why Are They a Good Strategy?

Early learning and developmental guidelines (ELDGs) describe the expectations for what children should know and be able to do at different stages of growth and development. These standards offer guidelines, explain developmental milestones, and set realistic expectations for the healthy growth and development of young children. Developing components within ELDGs specific to infants and toddlers can help establish a foundation for professional development for the infant/toddler workforce, support the development of appropriate program standards in licensing and QRIS frameworks, and help identify the unique care and learning needs infants and toddlers have that are distinctly different from preschoolers and school-age children (National Infant and Toddler Child Care Initiative, 2011; National Center on Early Childhood Quality Assurance, 2017).



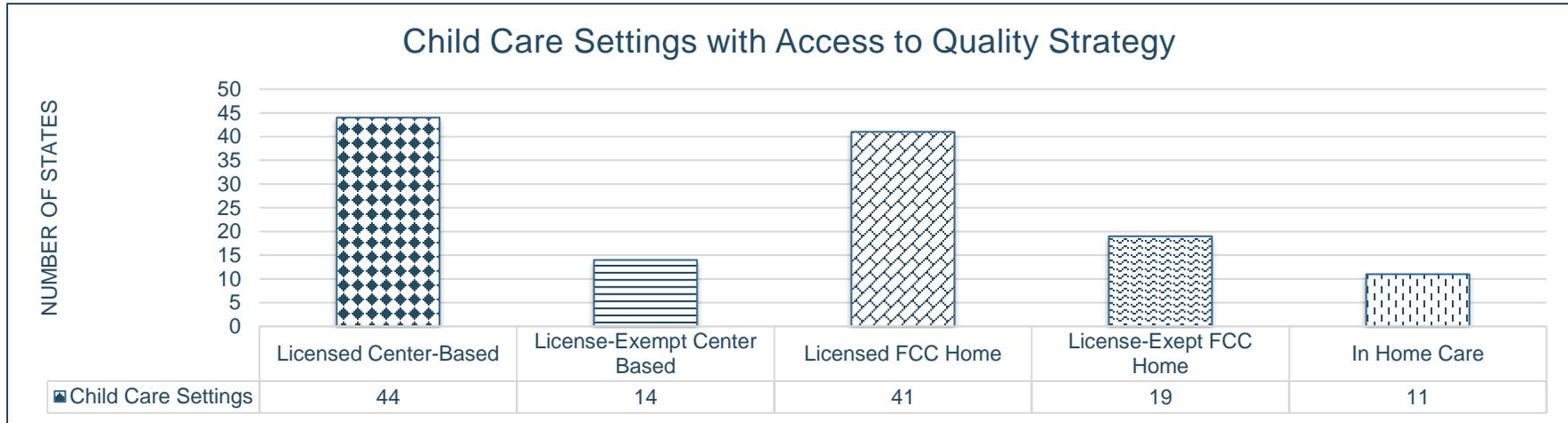
39 states and territories indicate having developed infant/toddler components within their ELDGs.



11 states report offering professional development opportunities or training on their ELDGs.



5 states and territories indicate intentional alignment of ELDGs with other statewide educational standards (including K–12).



The examples and approaches highlighted in table 8 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 8. Developing Infant/Toddler Components within Early Learning and Developmental Guidelines

State or Territory	Description
Arizona	<p>The Arizona Department of Education – Early Childhood Education (ADE-ECE) unit has created four 1-hour modules for each of Arizona’s Infant/Toddler Developmental Guidelines and for each of the Arizona Early Learning Standards.</p> <p>Professional development opportunities are provided throughout the state by a team of program specialists who work with programs in the communities, including school districts, Head Start programs, private providers, faith-based providers, home providers, and home visitors. ADE-ECE is also working with Institutes of Higher Education to make sure that the standards and guidelines are a part of the coursework in community college and university classes.</p> <p>The state QRIS system, Quality First, has a Quality First Points Scale that assesses staff qualifications, administrative practices, and curriculum and child assessment. As part of the curriculum and child assessment portion, programs must show documentation that the instructional staff, directors, and assistant directors have completed professional development on the Introduction to the Infant and Toddler Developmental Guidelines (ITDG) and the Introduction to the Arizona Early Learning Standards (AzELS). The ITDG and AzELS must also be reflected in the written activity or lesson plans. For an increase in points, programs must show documentation that the instructional staff, directors, and assistant directors have completed professional development on at least two of the modules from either ITDG or the AzELS.</p>
Arkansas	<p>The Arkansas Child Development and Early Learning Standards: Birth through (60) Months is a set of standards developed by Arkansas for child care providers to use as a guide for the education and development of their children. These standards provide a set of common expectations for what children typically know, understand, and can do at different ages in early childhood. The standards are research based, culturally and linguistically appropriate, comprehensive, and written with the understanding that children reach developmental milestones at different times. The standards are to be used to assist in developing age-appropriate learning goals for children, to support developmentally appropriate curriculum and assessments, and to outline a progression of development and learning that supports school and life. These standards do include specific targets for infants and toddlers.</p>
Vermont	<p>Vermont Early Learning Standards: The domains and standards are presenting in nine age categories, some of which overlap intentionally to demonstrate the variation that is typical of early childhood development. The age breakdowns include chronological age, as well as conventional terminology. There are three sections for infants and toddlers as follows:</p> <ul style="list-style-type: none"> ◆ Infants: Birth–12 months ◆ Younger toddlers: 9–18 months ◆ Older toddlers: 18–36 months



State or Territory	Description
Virgin Islands	<p>The Early Childhood Advisory Committee of the Quality Education Workgroup of the Governor’s Children and Families Council developed the Virgin Islands Infant/Toddler Developmental Guidelines (July 2013) and ensured alignment and continuity with the Virgin Islands Early Learning Guidelines (April 2010). Additionally, the Infant/Toddler Developmental Guidelines incorporates the territory’s health and safety standards, as well as the domains of physical health and development, social-emotional and values development, approaches to learning, language and literary, and creativity and the arts.</p>
Wyoming	<p>The department is working with the University of Wyoming, Wyoming Kids First, and Align to offer technical assistance, equip early care and education professionals to support and integrate the Early Learning Guidelines (ELGs) in their early learning environments, and encourage early learning professionals to share the ELGs with families through outreach and events. The University of Wyoming, supported by Wyoming Preschool Development Grant Renewal funds, is working to update the Wyoming ELGs and will specifically address infant/toddler components, including specific activities for early childhood education to implement in the classroom and share with parents for implementation at home.</p>



Table 9. (7.4.1i) Improving the Ability of Parents to Access Transparent and Easy-to-Understand Consumer Information About High-Quality Infant/Toddler Care

What Is It? Why Is It a Good Strategy?

Consumer education is designed to help parents access information to make informed child care choices and strengthen requirements to protect the health and safety of children in child care. Well-crafted consumer education is strength-based and culturally, linguistically, and otherwise responsive to the needs of communities, and can reach large numbers of diverse families, which ensures the widest possible access to information and services (Office of Child Care, n.d.). When states work on improving the ability of parents to access clear consumer information about high-quality infant/toddler care, families are better able to understand what constitutes a quality care and learning environment and can more easily choose the type of care setting that is best for their very young children.



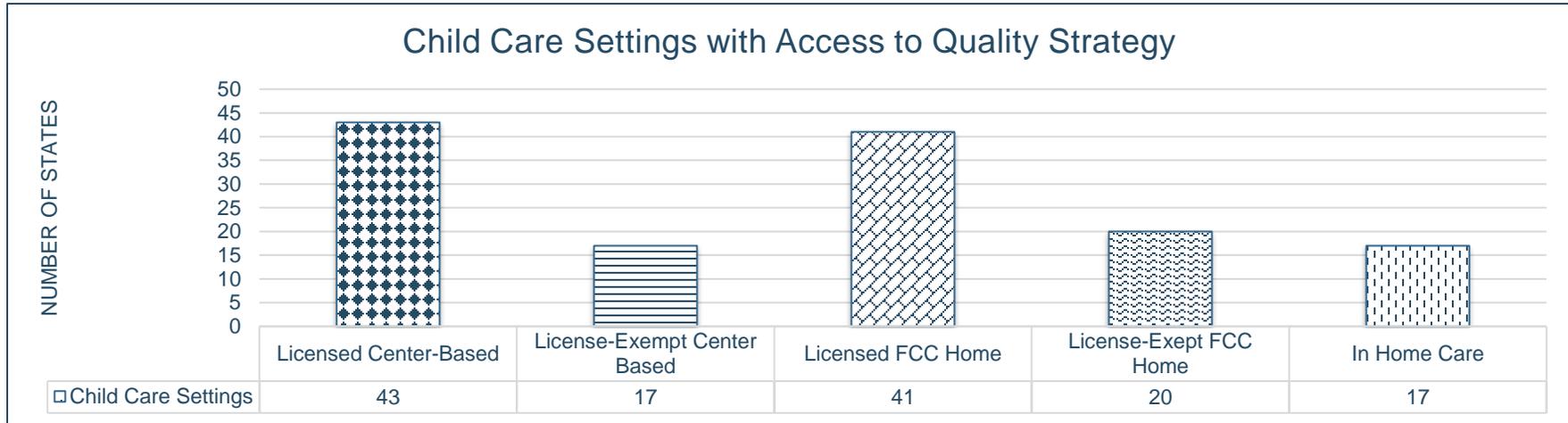
45 states and territories report that they continue to provide families access to information through their consumer education website about high-quality infant/toddler care and options for care in their state.



10 states and territories report providing face-to-face opportunities for families to meet with a specialist to help them understand their options for high-quality infant/toddler care.



11 states indicate proactively reaching out to families through family engagement and community activities or using innovative approaches such as social media, radio, tv, and apps to provide information to parents on infant/toddler development and options for care.



The examples and approaches highlighted in table 9 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated for improved readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 9. Improving the Ability of Parents to Access Transparent and Easy-to-Understand Consumer Information About High-Quality Infant/Toddler Care

State or Territory	Description
Kentucky	<p>The Kentucky Child Care Provider Search, available through Kynect, allows families to access information on child care services at any hour of the day. This information is available in nine languages. Information and the availability of child care services are also provided through brochures, a quarterly newsletter, provider and public listservs used to disseminate important information related to child care services, and through direct communications, such as public forums and direct contact by Kentucky Child Care Aware Coaches through mentoring and coaching.</p>
Louisiana	<p>All child care resource and referral agencies help parents via easy-to-understand consumer information about high-quality infant/toddler care. This information is available through the website, calls, or onsite visits. Tulane Mental Health also provides a series of workshops for families with easy-to-understand information about social-emotional and high-quality infant/toddler care. Two additional pilots have launched to support family engagement practices: (1) LENA Start, an evidence-based community program designed to engage families and help them learn how to increase conversations with their children during the first few years of life, and (2) Safe, Secure and Loved in partnership with the Louisiana Department of Health, a mindfulness-based parenting program designed to strengthen resilience in families of young children. Finally, during annual coordinated enrollment, local Lead Agencies help families interpret quality and health and safety findings on www.LouisianaSchools.com to make enrollment decisions for their children.</p>
Montana	<p>Two new positions were added to all the resource and referral agencies: Family Engagement Coordinator and Consumer Education and Outreach Specialist. These positions improve statewide consumer education and support informational and individual needs of families. These positions are responsible for coordinating with community agencies to increase knowledge and share information about resources and opportunities similar to the above topics. Family Engagement Coordinators are tasked with supporting STARS to Quality programs specific to developmental screening and family engagement.</p>
Nebraska	<p>Step Up to Quality has created materials to help families choose a quality program. Messages on social media and local radio and TV stations are continuing to be created and aired to assist families, including families with infants and toddlers.</p>
Puerto Rico	<p>The Child Care and Development program publishes information relevant to infant/toddler development and care on the Lead Agency’s web page to highlight the importance of that developmental stage. Each document is an easy read for parents and the general public. Providers are referred to these, so they can inform parents about these resources. Additionally, the Lead Agency provides developmentally appropriate resources and educational materials through its “CENTRANA” resource and referral centers.</p>



Table 10. (7.4.1j) Carrying Out Other Activities for Which There Is Evidence That the Activities Will Lead to Improved Health and Safety, Cognitive and Physical Development, and Well-Being

What Are They? Why Are They a Good Strategy?

CCDF allows for funding additional activities for which there is evidence that they improve the health and safety, cognitive and physical development, and well-being of infants and toddlers. When states and territories use CCDF to carry out additional infant/toddler related efforts shown to have evidence and promise, they cultivate a child care system committed to continuous quality improvement. Proven and promising practices and approaches, when implemented to fidelity, can help infants, toddlers, and their families thrive, as well as set the stage for strong and sustainable child care system innovations.



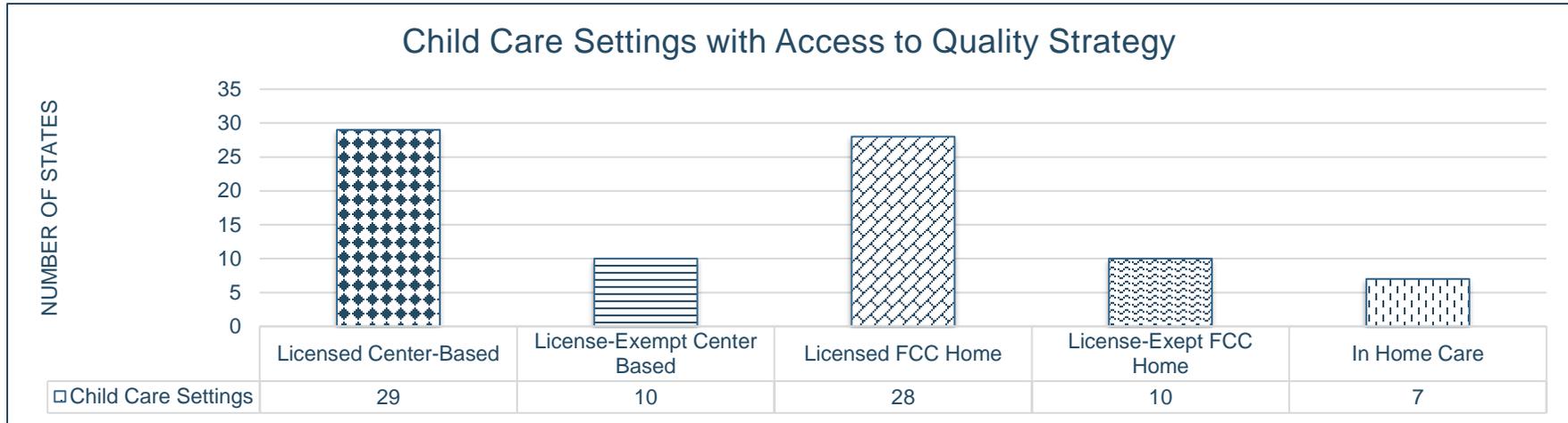
30 states and territories reported initiatives to increase available quality slots for infants and toddlers and offer collaborations and other initiatives to provide activities that focus on health and safety, cognitive and physical development, and overall well-being for infants and toddlers in child care.



10 states and territories described initiatives that work with coaches, specialists, or consultants to support training and implementation of practices that enhance the quality of care for infants and toddlers.



7 states and territories reported projects that offer opportunities for professional development specifically focused on aspects of quality infant/toddler care, many of which lead to advanced credentials in areas such as mental health, health and safety, and cognitive development or higher degrees for infant/toddler teachers.



The examples and approaches highlighted in table 10 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 10. Carrying Out Other Activities for Which There Is Evidence That the Activities will Lead to Improved Health and Safety, Cognitive and Physical Development, and Well-Being

State or Territory	Description
Maryland	<p>With the support of the PDG B-5 grant, Maryland is in the third year of implementing their Pyramid Model and Facilitation Attuned to Interactions (FAN) Model Two-Generational Coaching Approaches initiative. To implement this, the Maryland State Department of Education partners with the University of Maryland School of Social Work to increase the number of licensed Infant and Early Childhood Mental Health Consultants who can provide Pyramid Model coaching and implement the FAN Model.</p> <p>With the support of the PDG B-5 grant, Maryland is in its second year of implementing the Promoting Positive Outcomes for Infants and Toddlers initiative, which supports 10 grantees across the state in scaling evidence-based models that promote positive developmental health and wellness for infants, toddlers, and their families.</p>
Massachusetts	<p>The Massachusetts Department of Early Education and Care (EEC) uses a portion of infant/toddler funds for the salaries of licensors, who ensure that providers are in compliance with EEC rules and regulations and ensure safety in programs. EEC also funds grants to Parent Child Plus providers, who work individually with topics on vocabulary-building, engaging conversation, skill development, social-emotional development, imaginative play, and literacy, music, and art activities.</p>
New Jersey	<p>A collaborative initiative with Montclair State University’s Center for Autism and Early Childhood Mental Health and State Parent Advocacy Network’s Inclusive Child Care Program has been established to facilitate social-emotional development and provide supports. These include training, professional development, technical assistance, and coaching.</p>
Rhode Island	<p>The Early Childhood Education and Training Program 12 credit and Child Development Associate programs, the RIC bilingual infant/toddler program, and the Infant/Toddler Registered Apprenticeship Program were all designed to intentionally focus on improving the quality of infant/toddler classrooms by providing continuing education opportunities to the workforce directly serving this population of children.</p>
South Carolina	<p>ABC Quality staff with WestEd Program for Infant/Toddler Care education and training provide leadership for activities to improve the quality of infant/toddler care provided within the state, including standards development, best practices, professional development, and alignment of components to provide a seamless system.</p>
Tennessee	<p>Infant and Toddler Quality Coaching Growing research continues to reflect that the first three years of life are the most important in terms of brain development. Because so many children under age 3 spend time in child care while their parents work or attend school, it is imperative that the child care workforce be trained to provide high-quality care for these children and their families.</p> <p>Child Care Resource and Referral Infant/Toddler Quality Coaches provide training, onsite technical assistance, and coaching to child care professionals in the areas of child development, health and safety, behavioral management, and early childhood education focusing on children ages 3 years and younger.</p>



Table 11. (7.4.1k) Coordinating with Child Care Health Consultants to Improve the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

What Are They? Why Are They a Good Strategy?

Child care health consultants (CCHCs) are health professionals who are experts in providing training and technical assistance to child care programs on health and safety issues. *Caring for Our Children* standard 1.6.0.1. addresses the role and responsibilities of a CCHC, as well as the research behind working with CCHCs to support health and safety in child care. Several states and territories offer child care health consultation in collaboration with their public health systems to support programs in meeting and exceeding basic health and safety standards (Infant/Toddler Specialist Network, Child Care State Capacity Building Center, n.d.).



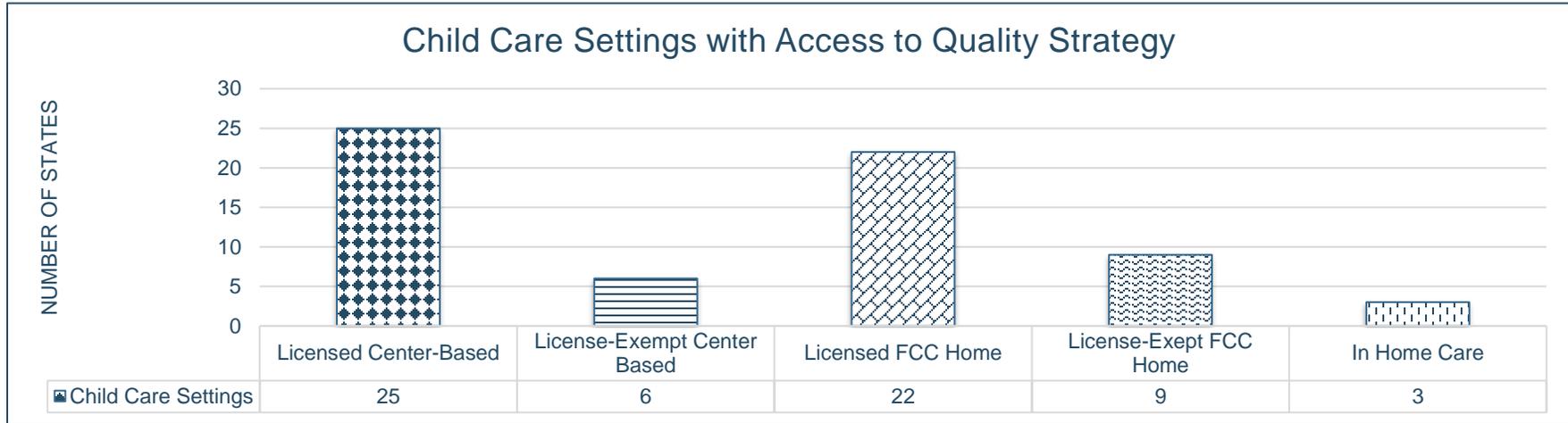
12 states and territories report coordination with Child Care Health Consultants through the state child care system to provide a variety of health-related services, training, and technical assistance to child care programs.



12 states and territories indicate coordination with other state agencies to provide health consultation, training, and technical assistance to child care programs.



2 states reported health consultation, training, and technical assistance initiatives that address disparities in access to health care and a focus on special health needs, disabilities, and mental health for children in child care programs.



The examples and approaches highlighted in table 11 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 11. Coordinating with Child Care Health Consultants to Improve the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

State or Territory	Description
Colorado	Licensed child care centers are required through rule to consult with a child care health consultant at least once a month at the child care facility. The monthly consultation must be specific to the needs of the facility and include some of the following topics: training, delegation, and supervision of medication administration and special health procedures; health care; hygiene; disease prevention; equipment safety; nutrition; interaction between children and adult caregivers; and normal growth and development, including for infants and toddlers.
Kansas	Child Care Aware of Kansas partners with the Kansas Department of Health and Environment to support health, safety, and wellness for licensed child care programs through the Child Care Health Consultant Network (CCHC). Kansas Child Care Training Opportunities' infant/toddler specialist network and Child Care Aware of Kansas are collaborating to develop a system to share referrals to provide training and coaching services to child care programs. Collaborative efforts include sharing training events, services, and current initiatives on their agency's training calendar and in new provider packets.
Maine	The Maine Roads to Quality Professional Development Network has a mental health consultant on staff who specializes in infant and early childhood mental health consultation and coordinates with the Maine Early Childhood Consultation Program.
Nevada	<p>Community Health Workers with an Early Childhood Education endorsement will be procured to promote health literacy and empowerment in child care settings and direct linkages to healthcare settings and clinics in their communities. Working through the state's trusted child care resource and referral agencies, the state proposes to address community health disparities by entering into cooperative agreements with them and their partners, including health organizations (in other words, federally qualified health centers and Tribal Clinics), nonprofits, and child care providers piloting in Nevada's underserved communities in Clark and Washoe Counties and expanding to rural and Tribal communities, and within those, families with young children 0–5 years:</p> <ol style="list-style-type: none"> <li data-bbox="405 1044 1969 1101">1. To reduce disparities in healthcare access among Nevada's medically underserved communities of color and those living at 200% or below poverty level that have been disproportionately impacted by COVID-19 <li data-bbox="405 1109 1969 1166">2. To increase equitable access to community supports, services, and resources that can improve the social determinants linked with health and well-being of families with young children <li data-bbox="405 1174 1969 1230">3. To strengthen families' and caregivers' knowledge, skills, and practices in maintaining the social, emotional, and physical health and well-being of each family member, especially during times of crisis
New York	Child care resource and referral centers' contracts with New York State (NYS) Office of Child and Family Services include health care consultant milestones related to providing consultations, conducting site visits, and reviewing and signing health care plans for child care providers. Infant/Toddler Specialists throughout the seven regions of NYS have access to the healthcare consultants for collaboration as needed.



State or Territory	Description
North Carolina	<p>CCDF funds a project through University of North Carolina Chapel Hill–Child Care Health and Safety Resource Center, which provides Infant/Toddler Safe Sleep and Sudden Infant Death Syndrome Risk Reduction in Child Care online train-the-trainer courses to Infant/Toddler Specialists and other technical assistance staff, as well as other infant/toddler and health and safety related technical assistance.</p> <p>The North Carolina Child Care Health and Safety Resource Center will lead a project to implement regional infant/toddler child care health consultation to provide services in economically distressed counties. This project will train three registered nurses or health professionals to work as regional Infant/Toddler Child Care Health Consultants (IT-CCHCs) in counties that do not have access to CCHC services.</p> <p>IT-CCHCs will work with directors and operators to encourage collaboration with parents and promote children’s health and well-being by providing medical, oral, nutritional, and mental health education support resources. A focus of this support will be on identifying children with special health care or medical needs or disabilities for this support.</p> <p>North Carolina’s Division of Child Development and Early Education plans to build the program and conduct a pilot of Infant and Early Childhood Mental Health Consultation services in select counties, then make a plan for statewide implementation.</p>
Rhode Island	<p>In 2021, the Lead Agency contracted with Meeting Street to implement a healthcare consultation model to provide health and safety services and support to licensed early childhood programs in Rhode Island. The Department of Human Services partners and consults with the Rhode Island Department of Health that operates the state home visiting network to ensure families have access to quality maternal and child health services.</p>



Table 12. (7.4.1I) Coordinating with Child Care Mental Health Consultants to Improve the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

What Are They? Why Are They a Good Strategy?

Infant–early childhood mental health (I-ECMH) consultation is an intervention that teams up mental health professionals with early care and education staff and families. This team works on ways to help promote the social-emotional development of the young children in their care (Early Childhood Learning and Knowledge Center, 2020). Strengthening the quality of infant/toddler care requires building relationships and collaboration with cross-sector early childhood partners. States and territories can improve the quality of their infant/toddler care by aligning their infant/toddler care quality efforts with statewide I-ECMH activities (for example, I-ECMH consultation, professional development, workforce quality assurance processes).



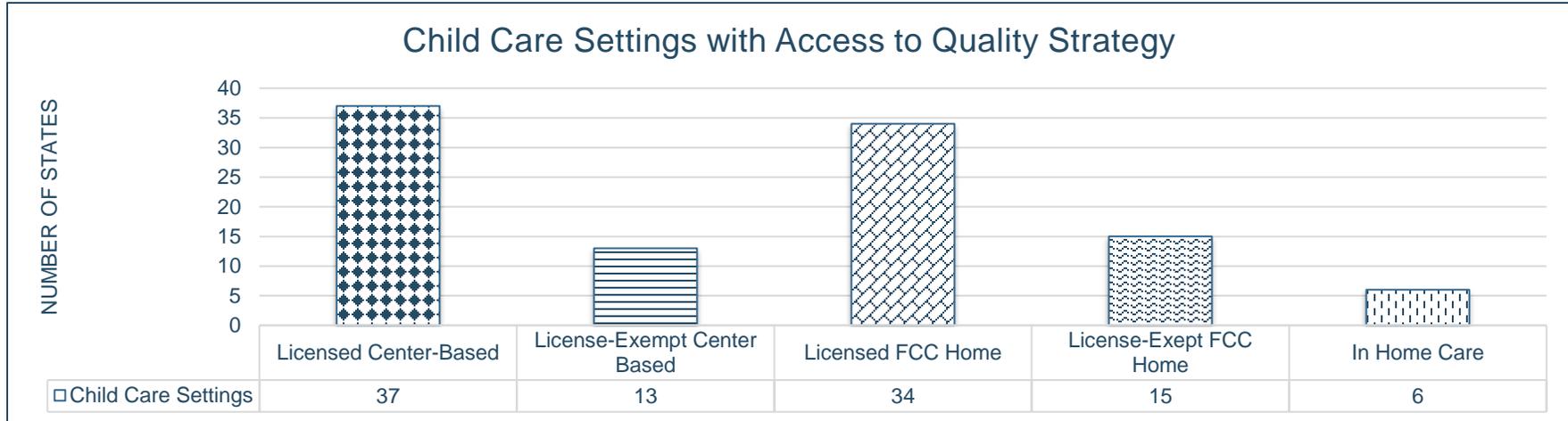
37 states and territories report providing direct or contracted mental health consultation to programs serving infants and toddlers through a variety of partnerships and models.



6 states and territories indicated implementation of nationally recognized models of mental health consultation or offering professional development leading to a mental health consultant specialist certification.



6 states and territories reported partnering with their state's infant mental health association to provide guidance on consultation models. **4** states specifically address suspension and expulsion in their model.



The examples and approaches highlighted in table 12 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated for improved readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 12. Coordinating with Child Care Mental Health Consultants to Improve the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

State or Territory	Description
Alabama	<p>The Lead Agency is a founding member of First 5 Alabama. The initiative supports healthy social-emotional, cognitive, and physical development of children, ages birth through 5. The funding provided by the Lead Agency supports five Infant and Early Childhood Mental Health Specialists who provide supportive services to child care programs in the state, specifically for children ages 0 to 3.</p>
Missouri	<p>The Lead Agency is in the process of purchasing a license to use the Michigan Alliance for Infant Mental Health credential: Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health (Endorsement) to train qualified individuals as consultants to administer infant and early childhood mental health consultation (I-ECMHC) services to professionals in child care.</p> <p>The goal is to create a network of consultants in prevention based I-ECMHC programs to offer providers tools for positive behavioral supports and link both families and providers to community resources as needed. By adopting the Endorsement credential in Missouri, consultants will align with a high-quality program used worldwide to provide this much needed service in the early childhood field.</p>
North Carolina	<p>The Infant and Early Childhood Mental Health Consultation Project, still in its research and planning phase, is a collaboration between DNC’s Division of Child Development and Early Education and Substance Abuse and Mental Health Services Administration’s Center of Excellence for Infant and Early Childhood Mental Health Consultation (I-ECMHC) and multiple interested parties across North Carolina.</p> <p>The purpose of this project is to advance North Carolina’s I-ECMHC system, strengthen and create new partnerships between service-providing agencies, and further service delivery. This work is being funded through Preschool Development Grant Birth through Five funds. An infant mental health endorsement system will be developed that will identify the competencies and knowledge needed to effectively provide mental health services to children ages birth to 3 and their families.</p>
Oregon	<p>Oregon is creating a statewide infant and early childhood mental health consultation model through engagement of interested parties. The model will be developed with race, culture, inclusion, and language at the center of the model to ensure that children of color are not disproportionately suspended or expelled. The model will be piloted with either Preschool Development Grant Birth through Five or CCDF funds. If the legislature provides, it will be administered by General Fund throughout Oregon regions.</p>



State or Territory	Description
Washington	<p>During this plan period, Washington State Department of Children, Youth and Families (DCYF) developed an Infant and Early Childhood Mental Health Consultation (I-ECMHC) program at Child Care Aware of Washington (CCA of WA). The program is funded by DCYF with private support from the Perigee fund and the Preschool Development Grant Birth through Five. CCA of WA and its six regional member organizations are responsible for program development and implementation.</p> <p>The I-ECMH consultants work collaboratively with Early Achievers coaches, Birth to 3 I-ECMHCs, early learning providers, and families. They provide supports for suspension prevention, assessment, and referral for children within the IDEA framework and stressors due to the COVID-19 pandemic for families and early learning professionals. The Athena Group, an independent organization, provides ongoing evaluation of the program.</p>
Wyoming	<p>The Wyoming Preschool Development Grant (PDG) has formed an Early Childhood Mental Health Consultation Collaborative working to identify interested parties, purpose, and scope. There is funding allocated for this purpose. In addition, the PDG funding supports work around trauma informed practice, resiliency, and self care and mental health for early childhood educators and child care providers.</p>



Table 13. (7.4.1m) Establishing Systems to Collect Real-Time Data on Available Slots in Early Childhood Education Settings by Age of Child, Quality Level, and Location

What Are They? Why Are They a Good Strategy?

CCDF allows states and territories to use these quality funds to establish systems to collect real time data. When child care centers and home-based programs were affected by the pandemic or other emergencies, it became evident that it was critical for Lead Agencies and families to know where child care slots were available by age of child. Although many states and territories collected this information periodically, it became apparent that not all had this real-time data disaggregated by age of child readily available.



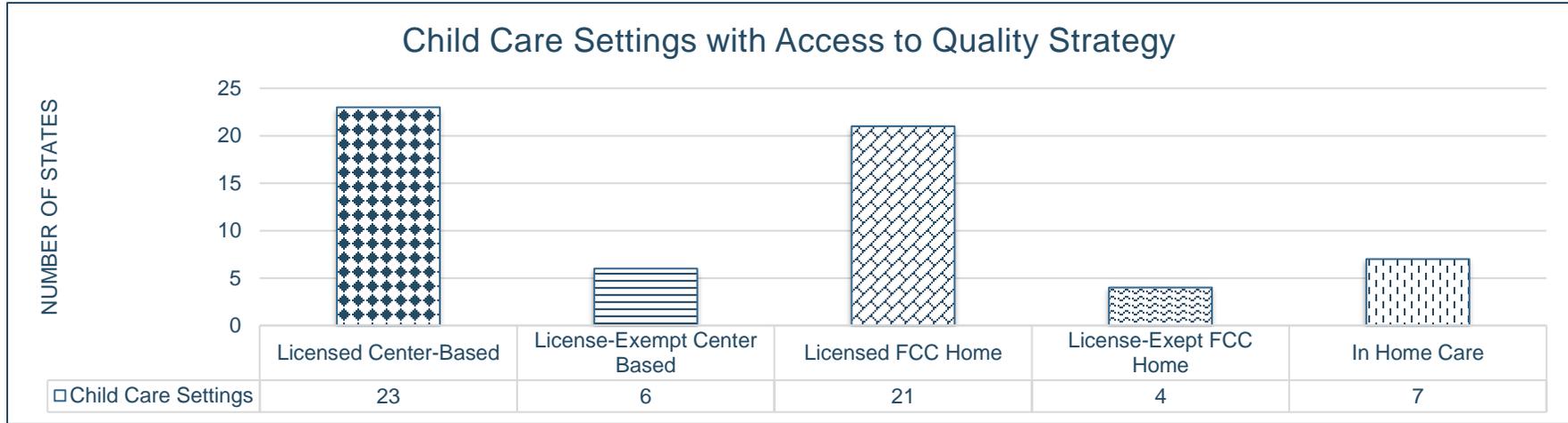
25 states and territories report that funds are used to establish systems to collect real-time data on available slots.



5 states and territories have developed systems through which programs can self report vacancies by age and location.



5 states and territories are currently developing systems to collect real-time data.



The examples and approaches highlighted in table 13 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated for improved readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state's and territory's approach.



Table 13. Establishing Systems to Collect Real-Time Data on Available Slots in Early Childhood Education Settings by Age of Child, Quality Level, and Location

State or Territory	Description
Connecticut	Connecticut’s child care research and referral agency recently contracted with BridgeCare for data collection and as a management system. This system greatly expands Office of Early Childhood’s ability to collect real-time data.
Indiana	As a result of the COVID-19 pandemic, the Office of Early Childhood and Out-of-School Learning has started to collect biweekly data around enrollment, capacity, and workforce needs across the state. Additionally, vacancy checks may be completed by child care resource and referral agency staff as a part of an enhanced referral or individualized family supports.
North Dakota	<p>Early Childhood Services Providers are reminded each month and encouraged to update their vacancies any time their enrollment changes by completing an online fillable form available on the Child Care Aware of North Dakota website.</p> <p>Child Care Data and Referral Specialists review the vacancy dates in the provider's profile each month and contact all programs that haven't updated in the last 90 days. Quality ratings are effective at the beginning of each month and are updated monthly.</p> <p>Families searching for care can see the program addresses, and a mapping feature is also available. Searches can be conducted by age of child, vacancies, location, and quality rating.</p>
Pennsylvania	Child Care providers (center, group, and family provider types) can either self-report vacant slots using the PELICAN Provider Self-Service website or report vacancy slots to their Early Learning Resource Centers for population into the data management system. The vacancy information can be updated as frequently as desired. Vacancy details are available to the public as part of the child care provider search results.
Texas	The Texas Workforce Commission funded the Texas Child Care Availability Portal—a tool that connects parents to open child care slots by allowing providers to voluntarily indicate their vacant seats and enrollment by age groups. This portal also supports collection of data on how many children are receiving care.
Utah	The Care About Children (CAC) application and website is available to providers 24 hours a day and seven days a week. Consequently, programs can update their vacancies in real time. Reports pulled from the CAC application can include data on real-time vacancies.



Table 14. (7.4.1n) Carrying Out Other Activities Implemented by the State or Territory to Improve the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

What Are They? Why Are They a Good Strategy?

CCDF allows states and territories to implement other activities that do not fall into previous categories that will enhance the supply and quality of services for infants and toddlers. States and territories can use CCDF in many ways to improve the supply and quality of infant/toddler care. Some examples of other activities are strategic planning, salary supplement programs, and targeted outreach for specific populations and populations in hard-to-reach communities.



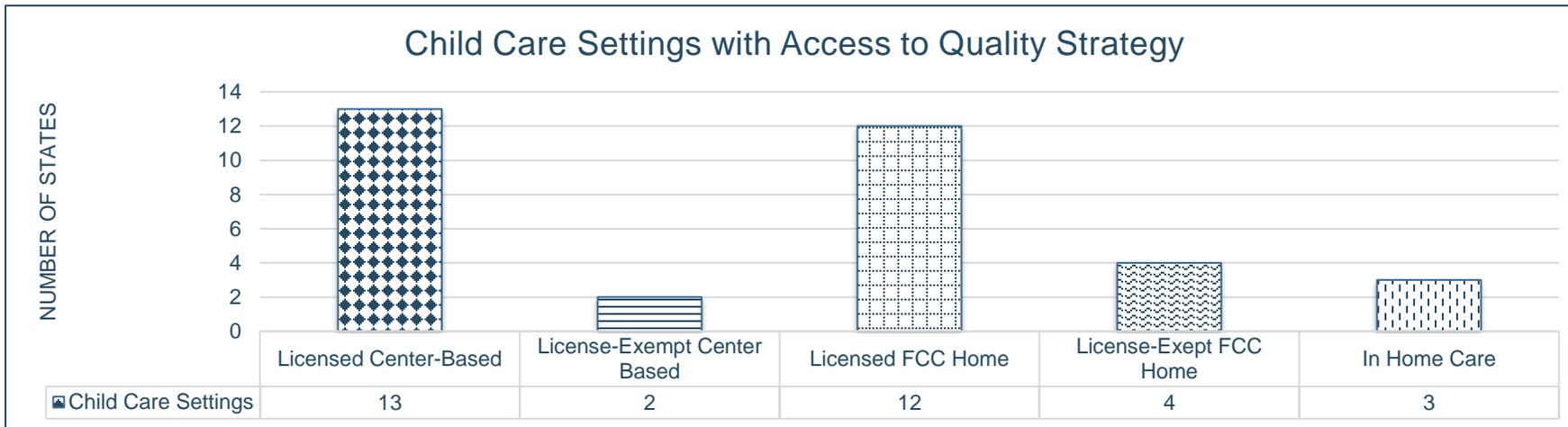
15 states and territories listed other activities not included in previous tables.



4 states and territories indicate using funds to support strategic planning related to infants and toddlers.



3 states and territories mention using infant/toddler quality set-aside funds for unique grants to infant/toddler programs or wage stipends for infant/toddler caregivers.



The examples and approaches highlighted in table 14 are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Minor edits have been incorporated to improve readability. We encourage you to refer to the full approved [2022–2024 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 14. Carrying Out Other Activities Implemented by the State or Territory to Improve the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

State or Territory	Description
Alaska	<p>The Child Care Program Office administers the Child Care Grant (CCG) Program. The purpose of the CCG Program is to promote quality child care by assisting licensed child care providers who care for children of families participating in the Alaska Child Care Assistance Program with costs associated with their facilities.</p> <p>The CCG Program promotes quality child care by supporting and encouraging professional development, the retention of early childhood education professionals, and safe and healthy environments for children in care. The areas of quality include staff salaries, wages, benefits, costs for substitute care providers, health and safety related costs, supplies, activities, and equipment.</p>
Indiana	<p>The Happy Babies Brain Trust has developed an issue brief, which brings attention to infant/toddler issues in Indiana. This issue brief, finalized in late 2015, has been disseminated throughout Indiana to bring awareness to issues and priority areas for future work regarding infants, toddlers, and their families. Indiana’s Early Learning Advisory Council supports using the brief as a springboard for championing Indiana’s youngest citizens. Progress is being measured by analyzing the increase of infant/toddler seats throughout the state, as well as the number of high-quality infant/toddler seats throughout the state.</p> <p>Additionally, the Lead Agency, along with its partners, adopted statewide goals on reducing safe sleep violations in 2018. As a result of this goal, significant increases in referrals from the Office of Early Childhood and Out of School Learning (OECOSL) licensing staff to Infant/Toddler Specialists occurred, which resulted in increased technical assistance to programs that demonstrated a lack of compliance with safe sleep practices.</p> <p>Due to this increased awareness and focus on safety, Indiana’s General Assembly passed SEA 187, which mandated that OECOSL impose a series of fines for providers who demonstrate ongoing noncompliance with safe sleep practices. OECOSL will be able to track data regarding these fines and the number of noncompliances that were able to be systemically corrected as a result of this intervention.</p>
Minnesota	<p>As a grantee for the Department of Human Services, First Children’s Finance works with communities through their Rural Child Care Innovation Program. This is an innovative community engagement process designed to address the challenges of child care in rural America. The program engages communities in a process designed to develop the right-sized solutions that meet unique aspects of the community.</p>
New Jersey	<p>New Jersey is in the process of rolling out a cash incentive for providers who are not currently serving infants eligible for the child care subsidy program in January 2019.</p>
Oklahoma	<p>Stipends are available for providers who receive additional professional development to improve interactions and individualized program planning for infants and toddlers, when criteria are met.</p>



Table 15. (7.4.2) Measurable Indicators of Progress Toward Improving Infant and Toddler Care Programs and Service

What Are They? Why Are They a Good Strategy?

Measurable indicators of progress are formative or summative data points a state or territory can use to assess its progress toward improving the quality of child care programs and services for infants and toddlers. Identifying, using, and measuring helpful data points across all infant/toddler quality initiatives can help states and territories tell a more comprehensive and representative story of how their infant/toddler-related efforts are influencing infant/toddler care quality. There are a variety of approaches states can use to show the diverse ways their efforts are making a difference in the quality of services and programs for infants and toddlers.



27 states indicate using aspects of their quality framework or quality rating and improvement system as a mechanism for assessing the progress toward strengthening the quality of infant/toddler programming and services.



18 states indicate professional participation in infant/toddler-related training, coaching, or consultation as measurable indicators of progress.



10 states identify a measurable indicator of progress as the number of infant/toddler slots available in the state.



Table 15. (7.4.2): Measurable Indicators of Progress Toward Improving Infant/Toddler Care Programs and Service

State or Territory	Description
Illinois	<p>Monthly, the Lead Agency will review and monitor the number of programs above the Licensed Circle of Quality that serve infants and toddlers. Quarterly, the Lead Agency will review data on provider training participation, specifically Program for Infant/Toddler Care (PITC), and will review the number of practitioners obtaining an infant/toddler credential. This includes Head Start–Early Head Start route programs. Illinois also tracks the number of trainings conducted by the Infant/Toddler Specialists, which included PITC, and the number of providers (unduplicated count) receiving training.</p>
Kansas	<p>Measurable indicators are established in the agreement for the Infant/Toddler Specialist Network (ITSN). The number of enrollments and pre- and post-knowledge assessments are used for online infant/toddler trainings. ITSN evaluates progress and quality improvement through their technical assistance plans. Tracking requirements include, but are not limited to, number of written and completed technical assistance plans and number of providers for whom Kansas received onsite technical assistance.</p> <p>ITSN specialists also use the Goal Assessment Scale (GAS) to evaluate progress and quality. There are two purposes for the GAS: first it serves as a measurement of the technical assistance plan’s long-term outcomes. As such, goals that are written into the GAS should reflect outcomes or effects on the outcomes of the plan, rather than process variables (for example, methods or procedures). Secondly, the GAS provides a standard measurement of the impact of technical assistance and the sustainability of those changes, which can be used for reporting and program evaluation.</p> <p>ITSN also provides technical assistance for new providers. Services include new provider packets. Intensive technical assistance with support is offered to newly licensed programs. Providers participating in intensive onsite technical assistance can receive Quality Improvement Plan incentives. Data collected include the number of initial contacts, number of new providers with written technical assistance plans, and technical assistance plan completions.</p>
Michigan	<p>The quality improvements gained by providers who have engaged in the infant/toddler services through Great State to Quality (GSQ) are not primarily reflected in increased star ratings. To better track these more nuanced changes, information is collected monthly from Infant/Toddler Specialists who support providers in their local learning communities.</p> <p>Preliminary results show that providers who attend more monthly group and individual supports had decreased feelings of isolation, learned and applied relationship-based care practices that enhance interactions between individuals in the environment, and engaged informal and formal activities to support developmentally appropriate practices for Michigan’s youngest children in child care.</p> <p>Future analysis might include how these supports impact business sustainability and workforce turnover. Michigan also supports partnerships centered on raising infant/toddler care quality in some of the state’s most underserved communities and meets frequently with those projects (Educare/EHS-CCP) for updates on activities, including number of children served and quality improvement activities.</p>



State or Territory	Description
	<p>Data are also being collected on the children and providers served by the Social-Emotional Consultants to determine impact and plan for sustainability. Data tracked by the Infant/Toddler Specialists include participant demographic data (age, geographic location, race, ethnicity, gender, role within the program, and so on), participation information (number of training or professional learning community meetings attended), ages of children served, number of children receiving Department of Health and Human Services subsidy, and shifts and indications of quality rating improvements. They also capture anecdotal data gained through reflection and observation.</p>
New Hampshire	<p>In New Hampshire, the Bureau of Child Development and Head Start Collaboration has identified multiple ways to measure qualitative progress in improving the quality of care for infants and toddlers. These New Hampshire measures include, but are not limited to, the following:</p> <ul style="list-style-type: none"> ◆ Dollar expenditures in the areas of infant/toddler quality, including materials, training, technical assistance, incentives, staff time, and so on ◆ Increased payments for infant/toddler care and quality made to CCDF providers ◆ Achievement of quality rating and improvement system designations in programs serving infants and toddlers ◆ Achievement of National Association for the Education of Young Children credential and other national accreditations in programs serving infants and toddlers ◆ Participation and attendance records from professional development opportunities addressing infant/toddler quality and care issues ◆ Early Head Start Classroom Assessment Scoring System rating and other monitoring reports ◆ Early Head Start participation and outreach numbers ◆ Increased infant/toddler early intervention program participation ◆ Number of families and providers with infants and toddlers participating in the New Hampshire Child Care Scholarship Program ◆ Successful recruiting and retention of child care providers serving infants and toddlers for the New Hampshire Child Care Scholarship Program ◆ Reports by the Child Care Licensing Unit on quality related program findings in programs with infants and toddlers resulting from annual and follow-up monitoring visits ◆ Renewed or initial participation in the revised quality rating and improvement system program and all its components ◆ Attendance and feedback from the New Hampshire Early Learning Standards



State or Territory	Description
	<ul style="list-style-type: none"> ◆ Achievement of New Hampshire Credential in Early Learning program, especially among those providers focusing on infant/toddler care ◆ Number of "hits," in other words ... usage reports on the consumer education website by parents and providers ◆ Completion statistics for the online health and safety trainings ◆ Statistical data from national and local surveys and reports on the progress toward improvement in children's health and well-being in New Hampshire, especially between birth and age 3 ◆ Market rate survey indicators of infant/toddler care opportunities and rate stability ◆ Participation by parents in referral-based programs such as Watch Me Grow, as linked to provider input ◆ Increased enrollment by practicing professionals into college-level training programs ◆ Reduction in the number of suspensions and expulsions of infants and toddlers ◆ Contractor performance measures that must be met as part of their contract—each contractor provides a periodic (monthly, quarterly, by semester) report that describes their progress toward each indicator ◆ Use of the Child Care Desert Maps, which identify areas in which quality programs are needed ◆ Reports from the business community on employer child care availability and satisfaction among those with infants and toddlers ◆ Assessment of the impact of grant funds and programs within and outside of Department of Health and Human Services impacting child care directly or indirectly ◆ Satisfaction and improvement surveys conducted with parents and providers ◆ Attraction of new employees to the field and the rate of retention, particularly in the area of infant/toddler care ◆ Cumulative feedback from collaboration and partnership members, such as Council for Thriving Children, Southeastern Regional Education Service Center and Preschool Technical Assistance Network, ACROSS New Hampshire, philanthropic partners (for example, New Hampshire Charitable Foundation, Endowment for Health, United Way, and so on), among others ◆ Statewide data for programs engaged in New Hampshire's current quality rating and improvement system to determine use of quality incentive payments ◆ Quarterly reports on infant/toddler-related professional development opportunities (training, TA, coaching, and so on) made available to providers



State or Territory	Description
	<ul style="list-style-type: none"> ◆ Grant reports each semester on the amount of funding applied to infant/toddler coursework ◆ Number of child care programs in each quality rating category, with a goal of increasing programs' quality ratings over time
Virginia	<p>Virginia's Infant/Toddler Specialist network evaluates improvement between “pre-” and “post-” (technical assistance or training) scores using the following assessment tools:</p> <ul style="list-style-type: none"> ◆ <i>ITERS-R</i> and <i>FCCERS-R</i> scores (research-based tools where the average total score relates to positive child development) ◆ A health and safety checklist (based on licensing staff's observation of frequent or critical health and safety issues) ◆ Infant/Toddler Environmental Checklist (an early literacy checklist consisting of five areas for evaluation using a Likert scale with 1 = almost none and 4 = numerous) ◆ Verification of achievement of program goals ◆ Knowledge measures ◆ The Pyramid Infant/Toddler Observation Scale (TPITOS) for onsite consultation for early childhood mental health ◆ Mean score of teacher and director self-assessment of knowledge on 13 social-emotional items ◆ Mean score of teacher and director level of comfortability using strategies to foster social-emotional development ◆ Before and after pictures related to quality rating and improvement system measurable indicators ◆ The percentage of early care and education programs participating in quality rating and improvement systems ◆ Progress of participating programs maintaining or moving up levels ◆ Increase in Environment Rating Scale and Classroom Assessment Scoring System average scores upon renewal ratings ◆ Survey to programs receiving technical assistance ◆ Satisfaction surveys and calls after training and after completion of 10 hours of technical assistance ◆ Questionnaires administered during and after onsite technical assistance



State or Territory	Description
Wisconsin	<p>The Lead Agency measures the percentage of infants and toddlers receiving Wisconsin Shares funding who are in high-quality care. The Lead Agency also measures the number of providers who attend training and those who complete the Infant/Toddler Credential.</p> <p>The Lead Agency developed an infant/toddler feature that serves two purposes. It can be used to filter data elements so that all the quality indicators can be analyzed for just infant/toddler care. In addition, the infant/toddler feature information is exported to Child Care Finder, the public search site, so that families can search for infant/toddler care openings in their communities with specific quality levels.</p>

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**State Capacity Building Center,
A Service of the Office of Child Care**

9300 Lee Highway
Fairfax, VA 22031

Phone: 877-296-2401

Email: CapacityBuildingCenter@ecetta.info

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