STATE AND TERRITORY INFANT TODDLER QUALITY INITIATIVES
INFANT TODDLER COMMUNITY OF PRACTICE

Introduction

This scan of infant toddler quality initiatives highlights State and Territory activities to improve the quality of care and education for infants, toddlers, and their families. The Infant Toddler Community of Practice (IT CoP) created this document to support the work of States, Territories, and Tribes on behalf of infants, toddlers, and their families.

Overview of State and Territory Quality Initiatives Document

This document provides information and specific examples of how States and Territories can combine quality initiatives and programs to support high-quality infant toddler care in six sections:

- Quality Investments Overview;
- Early Learning Guidelines (ELGs);
- Program Quality Improvement Efforts;
- Professional Development Systems (PDS) and Workforce Initiatives;
- Infant Toddler Specialist Networks (ITSNs); and
- Child Care and Early Head Start Collaborations.

Each section includes summary data on the number of States and Territories addressing the initiative, and highlights related practices.

Quality Investments Overview

Quality investments and support systems that promote continuous quality improvement are a core element of the Child Care and Development Fund (CCDF). CCDF State and Territory plans detail efforts toward quality improvement. State and Territory trends reported in the biennial CCDF plans include:

- Establishing early learning guidelines;
- Creating pathways to excellence for early childhood programs through program quality improvement activities; and
- Creating pathways to an effective, well-supported early childhood workforce through PDS and workforce initiatives.
Early Learning Guidelines (ELGs)

ELGs describe the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children from birth to school-age. Many States and Territories have established ELGs that include infants and toddlers (Table 1). Some States and Territories (15) include infants and toddlers within the ELGs for ages 0–5, while 23 States and Territories created documents focused on the ages 0–3.

Table 1. States and Territories with ELGs for Infants and Toddlers

<table>
<thead>
<tr>
<th>Number of States and Territories</th>
<th>Quick Facts</th>
</tr>
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<tbody>
<tr>
<td>47</td>
<td>32% of States have ELGs for children birth to 5 years in one document</td>
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<tr>
<td></td>
<td>With the development of the Common Core State Standards there appears to be a trend among States to revise their ELGs and work to align them across age groups</td>
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STATE HIGHLIGHTS: ELGs

**Alabama** trains child care providers on the Alabama ELGs, which cover children's development from ages 0–5. The training helps child care programs and providers identify different stages of children's development and learning.

**Florida** revised its 0–5 early learning and developmental standards. The State developed six coordinated professional networks that include the Infant Toddler, Preschool Services, Afterschool, Inclusion, and CCR&R Networks. These networks provide coordination and support to local coalition activities, which are responsible for administering the child care program. Through monthly webinars, conference calls, and onsite visits, the networks work collaboratively to provide training, technical assistance (TA), and resources to staff working directly with early childhood providers to implement the ELGs.

**Massachusetts’** learning guidelines and standards cover the continuum from birth–18. Massachusetts's ELGs for infants and toddlers are the foundation for subsequent ELGs. Though separate, the Pre-school Learning Experiences, build upon the learning guidelines and indicators contained in the ELGs for infants and toddlers. The Pre-school Learning Experiences align with the Kindergarten frameworks and sequentially, to the Elementary and Secondary Curriculum frameworks (Massachusetts Association for the Education of Young Children, 2010).
Program Quality Improvement Efforts

Many States use licensing standards and quality rating and improvement systems (QRIS) to create a framework for evaluating, improving, and communicating the level of quality in early childhood programs. A State’s QRIS typically contains five key elements:

1. Program Standards (including licensing standards);
2. Supports to programs to improve quality;
3. Financial incentives and supports;
4. Quality assurance and monitoring; and
5. Outreach and consumer education.

Many States now include standards specific to infants and toddlers in their State licensing and QRIS. These standards address the health, safety, and well-being of infants and toddlers while they are being cared for in child care and Early Head Start settings (Table 2).

Table 2. States and Territories with Infant and Toddler Licensing Standards

<table>
<thead>
<tr>
<th>Number of States and Territories</th>
<th>Licensing Standards</th>
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<tbody>
<tr>
<td>49</td>
<td>Specifically address the care of infants and toddlers</td>
</tr>
<tr>
<td>43</td>
<td>Address the supervision of infants and toddlers (not ratios/group size)</td>
</tr>
<tr>
<td>23</td>
<td>Require that each infant have a primary caregiver</td>
</tr>
<tr>
<td>17</td>
<td>Require specific qualifications for infant and toddler staff</td>
</tr>
<tr>
<td>43</td>
<td>Require programs/activities specific to infants and toddlers (includes nutrition)</td>
</tr>
<tr>
<td>44</td>
<td>Require equipment/materials specific for infants and toddlers</td>
</tr>
<tr>
<td>35</td>
<td>Facility requirements specific to infants and toddlers</td>
</tr>
</tbody>
</table>

Source: These data were compiled by the National Center on Child Care Quality Improvement from the regulations for center-based settings posted on the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Web site at http://nrckids.org/STATES/states.htm
STATE HIGHLIGHTS: SPECIFIC QUALIFICATIONS OF INFANT AND TODDLER STAFF IN CHILD CARE LICENSING REGULATIONS

California

**Program Director:** At least three of the semester or equivalent quarter units required shall be related to the care of infants [in center-based programs].

**Program Infant Care Teacher:** Prior to employment [center-based programs], an infant care teacher shall have completed, with passing grades, at least three postsecondary semesters or equivalent quarter units in early childhood education or child development, and three postsecondary semester or equivalent quarter units related to the care of infants, at an accredited or approved college or university (California. Title 22, Division 12. Ch. 1, Article 1, 1998).

New York

**Head of Group—Infant Toddler:** In addition [to Head of Group Preschool qualifications], 1 year of specific training and/or experience in infant or toddler care which may be demonstrated by obtaining an Infant Toddler Child Care credential (New York. Subpart 418-1.13 Day Care Centers, 2005).

Wisconsin

The regularly assigned child care teacher and assistant child care teacher [in center-based programs] for each group of infants and toddlers shall have a minimum of 10 hours of training in infant and toddler care approved by the department within 6 months after assuming the position. If the training is not part of the required entry-level training, it shall be obtained through continuing education (Wisconsin Administrative code. DCF 251.09, 2009).

STATE HIGHLIGHTS: INFANT AND TODDLER TRAINING REQUIREMENTS FOR TEACHERS IN CHILD CARE LICENSING REGULATIONS

Alaska

Each caregiver [in center-based and family child care programs] needs 1 hour of training during the first year of employment and at least 1 hour every 2 years thereafter. Training must include “(1) recognizing and preventing shaken baby syndrome; (2) preventing sudden infant death syndrome; and (3) identifying infant and toddler developmental levels and needs” (Alaska Administrative Code. 7 AAC 57.350, 2007).

New Mexico

“Infant and toddler educators [in center-based programs] must have at least four hours of training in infant and toddler care annually and within six months of starting work. The four hours will count toward the 24-hour requirement” (New Mexico. Title 8, ch. 16, part 2.23, 2012).
Texas
If a caregiver [in a center-based program] provides care for children younger than 24 months of age, 1 hour of that caregiver's annual training must cover the following topics:
1. Recognizing and preventing shaken baby syndrome;
2. Preventing sudden infant death syndrome; and

Wyoming
“All staff [center-based and in family child care programs] who work with infants, shall complete a minimum of four (4) hours of specialized infant and toddler training biennially as part of the required training” (Wyoming. Administrative Rules for Child Day Care Licensing, ch. 5, section 15, 2008).

Table 3. States and Territories with QRIS Standards Specific to Infants and Toddlers

<table>
<thead>
<tr>
<th>Number of States and Territories</th>
<th>Examples and Innovations</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Indiana’s Paths to Quality is unique among statewide systems in its inclusion of individual indicators for infants and toddlers at each of the QRIS levels.</td>
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<tr>
<td></td>
<td>Pennsylvania’s Keystone Babies initiative requires participating infant and toddler rooms in child care centers to meet quality and monitoring standards beyond those required for the highest levels of its QRIS. It provides these infant and toddler rooms with additional resources and support to help them enhance their quality.</td>
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Utah
Under Utah’s Baby Steps Quality Improvement Project, participating child care centers receive initial grants to support quality improvement. Participating centers receive consultation services and TA through the State’s ITSN. The centers remain eligible for annual grants by meeting annual quality improvement and staff training goals.
Professional Development Systems (PDS) and Workforce Initiatives

States and Territories make significant investments in PDS to ensure a well-qualified workforce. These may include opportunities for growth from entry level through master teacher, and an increasing emphasis on the many roles in the early childhood system (e.g., adult educators, such as consultants, TA providers, trainers, and higher education faculty). States and Territories invested in five key elements for workforce systems:

1. Core Knowledge and Competencies;
2. Career Pathways (or Career Lattice);
3. Professional Development (PD) Capacity;
4. Access to PD; and
5. Compensation, Benefits, and Workforce Conditions.
Table 4. PDS and Workforce Initiatives for Infant Toddler Professionals

<table>
<thead>
<tr>
<th>Number of States and Territories</th>
<th>Examples and Innovations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 States and Territories created career pathways for the infant toddler workforce</td>
<td><strong>Colorado</strong> has core knowledge and competencies (CKCs) for prenatal through 8 years of age. Within the broad CKCs, specific requirements for infant care are embedded where appropriate (e.g., leading to knowledge of the prenatal period, the birthing process, and the neonate and newborn). <strong>New Mexico</strong> has CKCs for birth through 8 years and offers formal education opportunities leading to the Specialization in Family, Infant, and Toddler Studies for typically and atypically developing infants and toddlers.</td>
</tr>
<tr>
<td>20 States developed infant toddler credentials</td>
<td><strong>New York</strong> requires CKCs for early childhood education professionals serving young children ages 0–8. In addition, it requires specialized infant and toddler competencies for individuals who receive the Infant Toddler Care &amp; Education Credential. New York uses these competencies as the basis for recruitment, education, and assessment of infant and toddler caregivers and teachers.</td>
</tr>
</tbody>
</table>


| 23 States offer T.E.A.C.H.® scholarships for the infant toddler workforce | Three T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® States, **Iowa, New Mexico** and **South Carolina** used innovative counseling strategies to enhance their goal of degree and certificate completion for identified groups of T.E.A.C.H. scholarship recipients in each state. Strategies included the development of an individualized professional development plan to help guide and track each participant’s educational progression toward their goals (Child Care Services Association, 2012, p.2). |


Infant Toddler Specialist Networks (ITSNs)

An ITSN is a State-based system that coordinates the work of infant toddler specialists in States. ITSNs often provide key support for State-based PDS by collaborating with the training and TA resources of Early Head Start and providing services to the infant toddler workforce, including education and training, TA, mentoring, and coaching. In addition, infant toddler specialists can link the workforce to other quality programs and initiatives such as licensing, QRIS, Early Head Start, and other consultant networks. The overall goal of the ITSN is to improve caregiver practices and increase the quality of each infant’s and toddler’s developmental experience.
Table 5. States and Territories with ITSN

<table>
<thead>
<tr>
<th>Number of States</th>
<th>Examples and Innovations</th>
</tr>
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</table>
| 27 States have infant toddler specialists and/or ITSN | 20 States require a bachelor’s degree as the minimum qualification for infant toddler specialists (ITS).

Colorado requires a master’s degree for certain State ITS positions.

The Washington State ITS Network is comprised of nurses and requires a professional degree in nursing.

Georgia, Montana, and South Carolina require providers to complete the State’s Infant Toddler Credentials in order to achieve an ITS.


STATE HIGHLIGHTS: ITSN

Georgia, South Carolina, and Virginia have partnered to share resources across their ITSNs. Each State has a respective website that houses the resources for infant and toddler caregivers. At Georgia’s Program for Infant Toddler Care web site (http://gapitc.org/) practitioners can “Ask the Expert” questions they have about caring for infants and toddlers. The three States share a Registered and Licensed Dietitian from GA; an Early Care and Education Inclusion Specialist from GA; an American Speech-Language-Hearing Association (ASHA) Certified Speech-Language Pathologist from SC (http://scpitc.org/); a licensed physical therapist from Virginia (http://www.va-itsnetwork.org/); and a Board-Certified Pediatrician from Georgia. These sites are available to families and professionals caring for infants and toddlers.

Child Care and Early Head Start Collaborations

Collaboration between child care providers and Early Head Start programs can facilitate the delivery of comprehensive early care and education services to infants and toddlers and their families. The following States offer promising collaboration efforts to improve the quality of care for infants and toddlers.
STATE HIGHLIGHTS: COLLABORATIONS

Kansas funds 15 Kansas Early Head Start (KEHS) programs in 48 counties with 1,177 enrollment slots. These programs follow the Federal Early Head Start model, which consists of high-quality early education, parent education, and comprehensive health and mental health services. Through a Federal-State partnership, Federal dollars support training and TA for all KEHS programs to help them enhance their quality. An evaluation of KEHS was used to develop a continuous improvement plan (Retrieved from http://www.dcf.ks.gov/services/ees/Pages/Child_Care/Head-Start-%28HS%29-and-Early-Head-Start%28EHS%29.aspx).

In Nebraska, Early Head Start staff provide mentoring, training opportunities, and TA to infant and toddler providers in home- and center-based settings (Zeece, 2008).

The Hillsborough County, Florida Early Head Start for Family Child Care Project worked to expand a family child care recruitment and licensing program to high-need areas of the county. The partnership also planned to conduct a series of six English language classes for family child care providers that speak English as a second language. Additionally, the project addressed access to PD for family child care providers by creating a list of existing online training opportunities and creating new online modules to fill gaps in training content (U.S. Office of Head Start & United States Office of Child Care, 2011).

In Fairfax County, Virginia, an Early Head Start family child care partnership created and implemented an 8-week “Word Power” course meant to increase English-speaking skills of both Early Head Start and non-Early Head Start family child care providers for whom English was a second language. The Fairfax County team also saw the project as an opportunity to highlight community Early Head Start in family child care implementation successes and to work on State-specific policy issues, such as streamlining policy and aligning eligibility criteria for Early Head Start and Child Care subsidy funds (U.S. Office of Head Start & United States Office of Child Care, 2011).

Conclusion

States and Territories are working to improve the quality of care for infants, toddlers, and their families by investing in ELGs, quality improvement, PDS, infant toddler specialist networks, and Head Start/Early Head Start partnerships with child care programs. Taken together, these efforts offer diverse models of support that can result in higher quality care, and improved outcomes for infants and toddlers across the nation.
References


