

2019–2021 CCDF Plans

Activities to Improve Services for Infants and Toddlers



CHILD CARE

State Capacity Building Center



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 Infant/Toddler Specialist Network has 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.

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 [2019–2021 CCDF Plans](#).

States and territories 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 toward using infant/toddler set-aside funds; and learn about state and territory practices for improving the supply and quality of infant/toddler child care programs and services. Readers are encouraged to refer to the full 2019–2021 CCDF Plans for a more complete understanding of each state's and territory's approach.

The following tables include direct excerpts from the *ACF-118 State/Territory Data Submission Center* reports on improving the supply and quality of infant/toddler programs.

Summary of Activities to Improve the Supply and Quality of Child Care Programs and Services for Infants and Toddlers as indicated in item 7.5 in the approved 2019–2021 CCDF Plans:

- **53** states and territories have training and professional development to enhance the provision of developmentally appropriate services for infants and toddlers.
- **46** states and territories provide coaching, mentoring, and technical assistance via networks of qualified infant/toddler specialists.
- **39** states and territories have developed infant/toddler components within their early learning and development guidelines.
- **38** states and territories have developed infant/toddler components within their quality rating and improvement systems.
- **37** states and territories coordinate with early intervention specialists providing services for infants and toddlers with disabilities.
- **36** states and territories are improving the ability of parents to access consumer information about high-quality infant/toddler care.
- **29** states and territories have developed infant/toddler components within their child care licensing regulations.
- **25** states and territories are coordinating with child care mental health consultants to improve the supply and quality of child care programs.
- **19** states and territories have established infant/toddler community or neighborhood-based family and child development centers.
- **18** states and territories are coordinating with child care health consultants to improve the supply and quality of child care program services.
- **17** states and territories operate community or neighborhood-based family child care networks.



Minor revisions have been incorporated to enhance readability. This document does not include a complete list of all state and territory approaches. Navigate directly to any of the tables listed below by holding down the “Control” key and clicking on its corresponding page number.

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Table 1: 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 use CCDF infant/toddler quality funds to establish community-based family and child development centers.



7 states' community-based centers have a specific focus on family engagement for children and families with significant risk factors.



5 states have community-based centers that partner with local school districts to deliver their services for children and families.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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
District of Columbia	<p>The Office of the State Superintendent of Education (OSSE) received one of eight state level Early Head Start–Child Care Partnerships (EHS-CC Partnership) grants to provide high-quality, comprehensive, early childhood development services to at-risk children in wards 1, 4, 5, 6, 7, and 8—the wards demonstrating the most need and which have the highest at-risk populations. These funds were layered with local funds supported by the Early Learning Quality Improvement Network Amendment Act of 2015 to create and support community-based Quality Improvement Networks (QIN) comprised of two neighborhood-based hubs that are responsible for providing comprehensive services and quality improvement technical assistance to a network of child development centers and child development homes. These centers and homes agreed to meet Early Head Start (EHS) Program Performance Standards and use funds to provide services to EHS-eligible and low-income families through converting existing subsidy slots or adding EHS-CC Partnerships slots.</p>
Hawaii	<p>The Hawai`i Department of Human Services contracts with a private agency to provide one infant and toddler child care center for teen parents enrolled in or attending high schools located on the island of Hawai`i. 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) Reality and Dual Role Skills (GRADS) program or alternate on-campus program that provides educational and parenting support services for pregnant and parenting teens. 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 to ensure healthy and safe environments for their children. Participation in the child care program activities is expected. The Hawai`i 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 an additional infant and toddler child care center for teen parents enrolled in or attending high schools at other DOE high school campuses statewide.</p>
Maryland	<p>Through the Judith P. Hoyer Early Child Care and Enhancement Programs, there are currently Judy Centers in 54 designated Title I School Zones. The Judy Centers provide coordination among early childhood education providers and support services to focus diverse program and provider resources to families with high needs.</p> <p>Maryland Family Network provides training and professional development and builds capacity to improve the ability of child care professionals serving infants and toddlers to deliver quality, research-based early learning opportunities. Infant/Toddler Specialists who provide training and technical assistance are in all 12 regional Maryland child care resource and referral network locations.</p>



The Department of Early Education and Care (EEC) has implemented a statewide network of Coordinated Family and Community Engagement Programs (CFCE), which are locally based programs serving families with children birth through school age. There are five main goals of the CFCE program:

Massachusetts

- ◆ Universal and Targeted Outreach Strategies: Reaching and meeting the needs of children and families, especially those with multiple risk factors who are not engaged in the mixed delivery system of early education and out-of-school time services available through public schools, center-based, Head Start, and family child care programs.
- ◆ Linkages to Comprehensive Services: Ensuring that families have access to services that support their well-being and their children’s optimal development.
- ◆ Family Education: Supporting a dual-generation approach that strengthens the capacity of families as their children’s first teachers through child development education across all domains and evidence-based early literacy opportunities.
- ◆ Transition Supports: Coordinating activities and resources that maximize families’ access to supports through a broad range of transitions that may occur between birth to age 8 that ultimately support school readiness and/or family stability. Examples of transitions include moving into and between early education and care settings as well as life transitions related to family relocation, parent job loss, etc.
- ◆ Building Community Capacity: Strengthening the capacity of communities through CFCE council membership and community collaboration to engage and support families through intentional alignment of goals, approaches, and policies between agencies that serve young children and their families.

Nebraska

CCDF monies are used to fund resources to improve the quality of child care providers for infants and toddlers through the Sixpence Child Care Partnership Grants. Seven school district grant recipients are partnering with the local child care providers to provide coaching; professional development; funding for equipment, materials, and minor facilities modifications; and parent engagement and education. The grantee school districts connect local child care providers to district resources, and the child care providers are statutorily required to achieve a Step 3 in the state’s five-step quality rating and improvement system by the end of the 3-year grant term. These child care providers must also serve infants and toddlers whose families qualify under at least one at-risk category, low income being one of those indicators. These programs are statutorily required to meet the Nebraska Department of Education’s early childhood program rules. In addition to the Sixpence grants, the privately funded Communities for Kids Initiative supports individual communities in assessing and establishing a plan to address their early childhood needs as an economic development and community vitality effort. A component of this technical assistance package is paid subscriptions to the Nebraska Early Childhood Exchange, a shared services model provided by the Nebraska Early Childhood Collaborative.

Puerto Rico

The Administration for the Care and Integral Development of Children ACUDEN requests proposals annually to increase the availability of services in poor communities throughout the island. These providers are required to provide high-quality services and guarantee compliance with all the program standards. These Funding Allocation contracts are performed with faith-based and community-based entities, as well as with municipal entities that have identified communities with a great need for quality child care services.

Vermont

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.

Table 2: Establishing or Expanding the Operation of Community- or Neighborhood-Based Family Child Care Networks

What are they? Why are they a good strategy?

Research suggests relational approaches to professional development (PD), such as coaching and mentoring, show promise as strategies that improve quality in family child care (FCC) settings. Staffed FCC networks are programs that have paid personnel—at least one person—who provide ongoing support to FCC providers in the network. The terms “hubs,” “satellites,” and “systems” are often used interchangeably with “networks.” However, they all commonly deliver services to FCC providers and home-based providers seeking to be licensed or registered with their state or territory (Bromer & Porter, 2017). This support is important, as FCC providers often have limited access to quality child care related PD opportunities and resources. Therefore, networks are uniquely positioned to meet the child care quality improvement and professional needs of FCC providers.



17 states and territories use CCDF infant/toddler quality funds to establish community-based family child care networks.



All states with networks indicate their networks offer some form of training or technical assistance (consultation, coaching, mentoring) for FCC providers.



13 states provide supports to FCC providers related to strengthening the quality of care they provide for infants and toddlers.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 2: Establishing or Expanding the Operation of Community- or Neighborhood-Based Family Child Care Networks

State or Territory	Description
Alabama	<p>The Family Child Care Partnership Program (FCCP) is administered through a contract with Auburn University. The purpose of the FCCP project is to help family child care providers offer high-quality child care services, with a focus on moving them toward national accreditation standards. By fulfilling this purpose, FCCP’s vision is ensuring that family child care providers develop and apply their knowledge and become aware of and utilize available supports in ways that foster the healthy growth and development of the infants, toddlers, and preschoolers in their care. The FCCP supports providers in developing and maintaining statewide and local family child care associations.</p>
Connecticut	<p>The Office of Early Childhood (OEC) released a request for a proposal to fund several community-based staffed family child care networks. The OEC is currently funding seven local communities to expand existing or develop new FCC networks. FCC networks are comprised of a group of FCC providers who have voluntarily affiliated with an existing (or have formed an) organization with which they maintain an ongoing supportive relationship. The funded networks have paid staff with expertise in working with FCC providers, and the network delivers a menu of ongoing support services and resources to meet provider needs. The networks are required to form a shared services business alliance. The goal of a shared services alliance is to have the resulting cost-savings and enhanced market appeal translate into a more viable and better performing home-based business enterprise for all the alliance’s members.</p>
District of Columbia	<p>As part of the Quality Improvement Network (QIN), the Office of the State Superintendent of Education (OSSE) awarded a locally funded grant to a community-based organization to serve as a hub and provide technical assistance and training and coordinate comprehensive services for a network of child development homes that primarily serve infants and toddlers. The hub agency supports 14 child development home providers. The hub is supporting the network in achieving Early Head Start quality in their programs. The hub provides continuous job embedded professional development and coaching to the staff, comprehensive services, health services, support in nutrition and wellness, as well as support to engage families in the programs. OSSE also awarded a locally funded grant to a shared services business alliance for child development homes to enhance efficiencies and allow home providers to have more time and resources to focus on quality improvement strategies.</p>
Florida	<p>The early learning coalitions support the expansion of community- or neighborhood-based family child care networks with a variety of initiatives, such as the following: participating in the state family child care home professional organization’s events, offering scholarships for professional development to family child care providers, hosting family child care network group meetings, and offering free technical assistance and training to family child care providers.</p> <p>Additionally, the Office of Early Learning is currently working with the Florida Family Child Care Home Association and its local chapters to develop a framework for community network support and to identify peer mentor leaders to offer support (financial, personal, educational) to other local family child care home providers.</p>



Georgia	<p>The Lead Agency is a recipient of an Early Head Start–Child Care Partnerships Grant. As part of the grant, the Lead Agency has established a cohort of Spanish-speaking family child care learning home providers. This cohort is being supported through a regional resource hub. The Lead Agency is evaluating this approach for possible expansion.</p>
New York	<p>The New York City Administration for Children’s Services’ (ACS) Early Learn NYC program was designed to better integrate Head Start and other child care programs provided through contracts with the city into a standardized and improved system for providing subsidized care. This includes expanding services in communities that are defined as having the greatest need, as well as increasing child care slots for infants and toddlers. Home-based providers serve the youngest children in the Early Learn NYC model. Rather than contract with individual family child care and group family child care providers, ACS contracts with family child care networks. These networks recruit, provide administrative oversight and support, and conduct eligibility determination to family-based providers. To build continuity of care and provide families with a smooth transition when their children age out of family child care settings, each network is expected to link with a child care center. Additionally, many child care resource and referral agencies in NYC, often facilitated by infant/toddler specialists, lead support groups and networking opportunities for child care providers and child care center directors.</p>
Puerto Rico	<p>In those municipalities that have communities lacking child care centers, the creation of child care homes is promoted to provide options for participating families. The Child Care Home Networks are established through allocation of funds to municipalities that know the needs of their residents and identify the providers in rural areas and other areas with lack of adequate access to quality services. These child care networks are required to comply with the program’s standards of quality, and they are provided with training, technical assistance, and continuous monitoring to evaluate compliance.</p>
South Carolina	<p>The child care resource and referral network (CCR&RN) continues to be engaged in developing and enhancing Family Child Care Networks across the state. While quality coaches focus their efforts on strengthening the overall functioning of family child care providers, they also place emphasis on program administration, compliance with regulatory requirements, achievement and maintenance of higher quality standards of care, and resource provision within the local community. The CCR&R quality coaches host regional Family Child Care Resource Fairs that focus on the interests and needs of family child care providers and offer a 1.5-hour certified training session geared toward increasing the quality of child care. The CCR&RN continues to lead the statewide Family Child Care Coalition, which was formed when the National Family Child Care Peer Learning Group Forum, “Supporting Continuous Quality Improvement in Family Child Care,” came to an end. The CCR&RN has a specialized quality coach with expertise in family child care. Under a contractual agreement with Florence and Marion First Steps County Partnership, the Division of Early Care and Education (DECE) has supported the provision of technical assistance and training that focuses on providers’ needs and interests that strengthen their ability to achieve and maintain compliance with regulatory requirements as well as move to higher quality levels in the state’s quality rating and improvement system. In addition, the DECE plans to continue working with this contractor regarding the pilot initiative to determine the feasibility of establishing a quality level A for FCC providers. The contractor has been able to successfully establish and maintain a family child care network. This contractor also continues to work in partnership with the CCR&RN on the Family Child Care Coalition.</p>



Table 3: 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.).



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



4 states and territories offer infant/toddler related training at no cost to providers.



10 states mention providing infant/toddler related training and professional development that is web-based or online.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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
Alaska	The Child Care Resource and Referral Network offers training and professional development on a number of topics to support the field. There are specific courses about infants and toddlers that focus on developmentally appropriate practices and Alaska’s Early Learning Guidelines and Alaska’s Core Knowledge and Competencies. Several infant/toddler focus topics were offered. The “Intro to the Environment Rating Scale (ERS),” which was offered multiple times in FY18, included a break out session by age group and included the <i>Infant/Toddler Environment Rating Scale</i> .
California	The Child Care Initiative Project (CCIP) has a focus on helping family child care providers offer infant/toddler care. The Program for Infant/Toddler Care (PITC) offers four modules to enhance participants’ abilities to provide training that supports providers in the care of infants and toddlers, including those with disabilities and special needs. Beginning Together (https://cainclusion.org/bt/) was created in collaboration with the California Department of Education and WestEd’s Center for Child and Family Studies as an inclusion support to PITC.
The Commonwealth of the Northern Mariana Islands	The CCDF program worked with the community college to offer a 70-hour training program for infant/toddler providers. This training is free of charge. Coaching activities related to standards identified in the quality rating and improvement system are also made available to infant/toddler teachers.
Connecticut	The Office of Early Childhood (OEC) offered a train-the-trainer session on Program for Infant/Toddler Care (PITC) in the fall of 2017. The goal of the session was to support professionals who, in turn, support infant/toddler caregivers in their developmental understanding and implementation of relationship-based program practice to support high-quality infant/toddler care in family child care settings. There are several ongoing efforts in the state to support business practices in early childhood programs. For more than a decade, state early childhood funding has maintained the Program Leadership Initiative that offers credit-bearing coursework for early childhood administrators and includes coursework on fiscal and human resource management. These courses meet the requirement for the Connecticut Director’s Credential. A recent effort is the OEC’s public-private partnership with the CT Early Childhood Funders Collaborative in order to provide training and technical assistance to early childhood providers (center and home-based) on fiscal strategic planning. One key component of the training will be follow-up consultation with a SCORE mentor. The OEC has collaborated with SCORE, a resource affiliate of the U.S. Small Business Administration to provide this consultation.



<p>Florida</p>	<p>The voluntary implementation of a framework that identified 10 research-based components that are essential to high-quality child care will be a priority for the next 3 years. Using these 10 components as a guide, the infant/toddler specialists will be helping child care programs improve the quality of care for infants, toddlers, and their families. These domains will become the framework for the Infant/Toddler Specialization information.</p> <p>The infant/toddler network supports early learning providers and specialists from the early learning coalitions. These supports include sharing information about developmentally appropriate and emotionally safe learning environments for infants and toddlers.</p> <p>The early learning coalitions and Office of Early Learning (OEL) program staff offer training to providers serving infants and toddlers on topics such as preventing biting, developmentally appropriate practices, safe sleep practices, and sensory play.</p> <p>Early learning coalitions host conferences targeted at meeting the training needs of those providers serving infants and toddlers. Parent trainings are hosted by early learning coalitions with specific training on infant/toddler development. The OEL honors a formal certificate program as an infant/toddler specialization for the early childhood workforce. An informal specialization is currently under development.</p> <p>Program assessment is available using the infant/toddler <i>Classroom Assessment Scoring System</i> (CLASS) tool. These data are used for targeted training and technical assistance. Specific training is given statewide to promote the quality of teacher and child interactions (Making the Most of Classroom Interactions – Infant and Toddler Version).</p> <p>Scholarships are given for professional development progression to teachers of infant/toddler classrooms, including the completion of an Infant/Toddler Specialization or degree in this content area.</p>
<p>Georgia</p>	<p>The Georgia Program for Infant and Toddler Care (GAPITC) is based on the West-Ed Program for Infant/Toddler Care (PITC) and the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. Training is offered by regional Infant/Toddler Specialists on various topics related to high-quality infant/toddler care, such as understanding temperament, brain development, responsive caregiving, supporting social-emotional development, and strategies to support early language and literacy. Training is also available through a network of more than 600 private trainers, whose credentials and content have been approved through the Georgia Technology Authority (GTA) system. These trainers offer sessions across the state on various topics related to infant/toddler care.</p>
<p>Iowa</p>	<p>The Program for Infant/Toddler Care (PITC) training is offered by all five child care resource and referral (CCR&R) regions annually. Training on the <i>Infant/Toddler Environment Rating Scale</i> (ITERS) is also offered annually throughout the state as well as at regional trainings with an infant/toddler focus. In addition to the training, the CCR&R is funded and required to have on staff a consultant with expertise in infant/toddler care. This consultant serves as a resource to help all consultants in Kansas provide technical assistance to child care providers to implement best practices in infant/toddler care and coaching on the PITC and ITERS curriculums.</p>
<p>Kentucky</p>	<p>Training, specifically on developmentally appropriate practices of infant/toddler care, was conducted in collaboration with regional training agencies and statewide credentialed trainers. Child Care Aware collaborates with the Kentucky Governor’s Office of Early Childhood to host infant/toddler related sessions at their annual Early Childhood Institute and at a potential 2019 Infant/Toddler Institute.</p>



Mississippi	<p>The Early Childhood Academy (ECA) and the Mississippi Department of Health provide professional development through workshops on a variety of rotating topics. In the upcoming cycle, a number of new topics will be introduced, which will focus on the developmental and individual differences of children, including individualized training by child’s age group. In addition, the Mississippi Early Childhood Inclusion Center at the Institute of Disabilities Studies at the University of Southern Mississippi offers trainings to child care providers through a 40-hour certificate program that provides foundational knowledge for special needs infants and toddlers.</p>
Montana	<p>STARS to Quality requires lead teachers at STAR 3 to complete the 60-hour Certified Infant-Toddler Caregiver course. This course is available to all teachers, regardless if they are participating in STARS to Quality. Each child care resource and referral agency must offer this course a minimum of two times per year in their region. There is a course completion award and a 6-month continuity of care award attached to this course to encourage participation and completion. The following courses contain course objectives specific to serving infants and toddlers in care and are available to all providers: Montana Early Learning Standards, Montana Blended Pyramid Model Modules, Inclusion I: Foundations for Inclusion, and Inclusion II: Strategies for Inclusion.</p>
Nebraska	<p>First Connections is an online college-level professional development course regarding development and strategies for teaching and caring for children birth to age 3.</p> <p>Sixpence early childhood education endowment grants for center-based services and for child care partnerships provide professional development to early childhood professionals providing education and care for infants and toddlers.</p> <p>Early Learning Connection Partnerships in every part of the state provide training for infant/toddler professionals.</p>
Nevada	<p>Nevada is currently working with Zero to Three to build a cadre of certified infant/toddler trainers with intensive training on critical competencies in caring for infants and toddlers. Additionally, in fiscal year (FY) 2018, these certified trainers will train 165 early childhood professionals on the critical competencies for infant and toddlers. In FY 2019, Zero to Three will provide two critical competencies trainings for early childhood educators. Again, in FY 2020, Zero to Three will provide two more trainings for early childhood educators. Through T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Nevada, early care and education professionals providing services to infants and toddlers can pursue associate of applied science degrees in early childhood education with an emphasis on infants and toddlers. A training program has been implemented statewide for participants to earn an Infant/Toddler Child Development Associate. The coursework is offered online or in person, and the program pays for all materials and fees for the participants. This is offered at no cost to the providers.</p>
North Carolina	<p>Child care resource and referral regional Infant/Toddler Specialists will provide onsite technical assistance in infant/toddler classrooms, support start-up program development, and distribute current infant/toddler information. The education specialist will provide high-quality learning events statewide based on the latest research and resources, including continuing education unit (CEU) bearing modules and distant-learning events. The education specialist will also develop new CEU content and conduct train-the-trainer events for the regional specialist to support delivery of high-quality infant/toddler learning events statewide.</p> <p>The goal of the North Carolina Child Care Health and Safety Resource Center (RC) is to promote healthy and safe indoor and outdoor environments for children in early care and education settings by disseminating and providing access to child care health expertise. The RC promotes health and safety in child care by providing technical assistance, training, and resources to child care health consultants and child care programs. Some of the training and technical assistance has an infant/toddler focus.</p>



<p>Oregon</p>	<p>Child care resource and referral programs provide training on best practices for infants and toddlers and support focused cohort trainings specifically on infant/toddler care. Providers engaged in focused family child care networks receive intensive technical support to improve the outcomes for all of the unique children in their care, including infants and toddlers. Child care resource and referral programs offer business management and financial strategies on infant care. Spark (Oregon’s quality rating and improvement system) specifically requires addressing the needs of infants and toddlers, including environment, curricula, and adult and child interaction. Training on the <i>Ages & Stages Questionnaire</i> and safe sleep, and Child Development Associate cohorts in partnership with Head Start, support increasing knowledge and awareness of developmentally appropriate practices for infants and toddlers. The Oregon Center for Career Development in Childhood Care and Education administers and maintains several standardized curricula. <i>First Connections: Infant & Toddler Development and Care</i> curriculum has 20 sessions for 61 hours of training related to infant/toddler development.</p> <p>The Oregon Center for Career Development also provides an infant/toddler credential to recognize professional knowledge, skills, and achievements toward strengthening infant/toddler practice. Oregon has an infant mental health endorsement to recognize and document the development of infant and family professionals across various levels of infant/toddler service providers.</p>
<p>Rhode Island</p>	<p>Coaching and mentoring are embodied in the 12-credit Early Childhood Education and Training Program (ECETP), CDA programs, and the Rhode Island College bilingual infant/toddler program. Family child care providers have access to (bilingual) onsite technical assistance and mentoring through professional development opportunities administered by the Center for Early Learning Professionals (CELP) and Ready to Learn Providence Program.</p>
<p>South Dakota</p>	<p>The South Dakota Early Childhood Enrichment System uses the Program for Infant/Toddler Care philosophy as the foundation for all infant/toddler training. In July 2017, the Region VIII Infant/Toddler Specialist from the Child Care State Capacity Building Center provided the Relationship-Based Care Training for Trainers in South Dakota as a professional development opportunity. A pathway for infant/toddler training has been developed where child care providers new to infant/toddler care can receive an introduction to caring for infants and toddlers through an entry-level training series and then further their education, taking the Child Growth and Development training, which is offered as part of the South Dakota Child Development Associate (CDA) training program. Upon completion of these two trainings, a provider is eligible to receive an infant/toddler certificate. After receiving the South Dakota infant/toddler certificate, a provider is nearly halfway to completing training toward the CDA credential with an infant/toddler setting. An Infant and Toddler Best Practice series is an advanced training offered to providers on the strategies, activities, and approaches that are most effective in working with infants and toddlers.</p>
<p>West Virginia</p>	<p>The Infant/Toddler Specialist Networks offers two competency-based module series trainings, an annual conference for administrators and caregivers of infant/toddler programs, topic specific summits, and technical assistance as needed by individual programs. In addition, the curriculum for the Apprenticeship for Child Development Specialist program was revised to provide more in-depth infant/toddler content.</p>



Table 4: 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 use 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).



46 states and territories provide coaching, mentoring, or technical assistance via networks of qualified infant/toddler specialists.



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



5 states indicate their networks of infant/toddler specialists provide technical assistance to programs related to infant/toddler curricula.
5 states also mention accessing their infant/toddler specialists through their quality rating and improvement systems.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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
Alabama	The Alabama Infant/Toddler Professional Development Network began as a support for programs participating in the Alabama Quality STARS pilot. It has been expanded to include support to infant/toddler teachers in the Early Head Start–Child Care Partnerships Program. The Infant/Toddler Professional Development Network offers technical assistance, modeling, mentoring, and professional development support to infant/toddler teachers. The programs develop a professional development plan with each teacher.
California	California uses the Program for Infant and Toddler Care Regional Partners for Quality to have a system of qualified infant/toddler specialists. These partners have a system to extend their reach to the certification process for additional trainers who are part of their service, but who are not on their staff.
Colorado	Infant/toddler specialists provide ongoing coaching based on the content of Expanding Quality in Infant/Toddler Care 48-hour core course of training, using the Expanding Quality in Infant/Toddler Care RELATE coaching model. This strengths-based and caregiver-driven coaching model supports caregivers as they implement their learning about relationship-based care in child care settings. Caregivers choose the content focus of each coaching visit. Infant/toddler 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.
Delaware	Delaware Stars programs can request the services of the Infant and Toddler (I&T) Specialty Technical Assistant through their assigned contact at Delaware Stars. The I&T Technical Assistants can provide onsite support on caring for and educating infants and toddlers through modeling, coaching, mentoring, and resource sharing with observation and feedback. Throughout Fiscal Year 2019, Delaware Institute for Excellence in Early Childhood will build the registry infrastructure to support coaching and mentoring for quality assured clock hours.
District of Columbia	The District develops and maintains a number of networks of qualified infant/toddler specialists who support child development centers and homes by providing coaching, mentoring, and technical assistance on infants’ and toddlers’ unique needs. These networks include the grant-funded Quality Improvement Network (QIN) coaches, grant-funded Quality Rating and Improvement System (QRIS) quality facilitators, and Trainer Approval Program (TAP) trainers. QIN coaches work directly with child development centers and homes onsite to provide coaching and technical assistance toward alignment with Early Head Start Program Performance Standards. QRIS quality facilitators coach center directors and home providers on the development of a continuous quality improvement plan for their facility, providing tailored technical assistance on 10 quality indicators. Both the QIN and QRIS networks facilitate opportunities for peer mentoring through ongoing community of practice sessions for center directors and home providers. The District also networks with sister agencies and partner organizations to provide free training and technical assistance.



Georgia	<p>The Lead Agency supports a state-wide network of qualified infant/toddler specialists to provide support to early childhood programs. The network is funded using CCDF dollars and is the structure the state uses to deliver coaching, mentoring, and technical assistance to teachers and administrators serving infants and toddlers. Additionally, in 2017 the Lead Agency began a project to support early language and literacy in 50 infant/toddler classrooms through onsite coaching, technical assistance, and focused professional learning opportunities. This project is funded with state dollars.</p>
Illinois	<p>Infant/Toddler Child Care Specialists are housed in each child care resource and referral agency. They provide consultation, training, and technical assistance to child care providers serving infants and toddlers in their respective service delivery areas and assist providers in preparing and applying for ExceleRate Illinois levels of quality. The <i>Infant/Toddler Environment Rating Scale–Revised</i> (ITERS-R) is used for program assessment and evaluation for centers in ExceleRate Illinois. At higher ExceleRate Illinois levels, centers are required to have a percentage of infant/toddler staff with a Gateways Infant/Toddler credential.</p>
Kansas	<p>The Lead Agency, the Department for Children and Families (DCF), contracts with Kansas Child Care Training Opportunities (KCCTO) for training and technical assistance through the Infant/Toddler Specialist Network contract. KCCTO provides three intensity levels of technical assistance available to all programs and providers of child care services for infants and toddlers.</p> <p>At Level 1, Proactive/General Technical Assistance resources include professional collaboration, linkages, and information opportunities generally supporting development of core knowledge and competencies for the infant/toddler workforce, including health and safety requirements and use of the Kansas Early Learning Standards. At Level 2, Focused Technical Assistance is designed to enhance core knowledge and competencies and anticipate and meet licensing needs of new and existing programs and providers. At Level 3, Intensive Professional Development is based on a written plan developed collaboratively with an infant/toddler specialist network technical assistance provider. Referrals can come directly from a program or provider, DCF, Kansas Department of Health and Environment, or KCCTO. Technical assistance must target improvement of services to infants and toddlers through application of core knowledge and competencies in specified priority areas, such as care for children with developmental delays or disabilities, English language learners, tribal care, care for migrant or homeless families, foster care, care during nontraditional work hours, and care for those who need other special assistance and support.</p>
Maine	<p>Main Roads to Quality Professional Development Network (MRTQ PDN) District Coordinators offer onsite technical assistance, which includes the ability to work with the Maine Child Development Services system. Community of practices designed specifically for infant/toddler practitioners are offered through MRTQ PDN.</p>
New Jersey	<p>First Steps is NJ's infant/toddler specialist network. Through this network, there are nine Program for Infant/Toddler Care trained Infant/Toddler Specialists. These specialists provide onsite technical assistance, coaching, and training to providers who care for infants and toddlers. Providers receive a preliminary and subsequent <i>Infant/Toddler Environment Rating Scale/Family Child Care Environment Rating Scale</i> (ITERS/FCCERS) conducted by the Infant/Toddler Specialist. Then, a quality improvement plan is developed in partnership with the program director to address areas needed to raise the ITERS/FCCERS score. A total of 17 hours of intervention are provided to the program to address the identified areas of need. In addition, the Infant/Toddler Specialist offers training on topics specific to the age group's needs (for example, Sudden Infant Death Syndrome prevention, child development, primary caregiving, room arrangement).</p>
North Carolina	<p>Infant/Toddler Technical Assistance Specialists are required to have completed specialized training on the following topics: Infant/Toddler Safe Sleep and SIDS Risk Reduction in Child Care, the <i>Infant/Toddler Environmental Rating Scale–Revised</i> (ITERS-R), the <i>Classroom Assessment Scoring System (CLASS) for Infants and Toddlers</i>, the Center on the Social and Emotional Foundations for Early Learning Pyramid Model, and the Program for Infant/Toddler Care. Specialists must also attain certification from WestEd as PITC trainers and certification from Teach Stone as a certified Infant/Toddler CLASS Observer.</p>



Ohio	Through the Child Care Resource and Referral Agencies, the Ohio Department of Job and Family Services funds 12 Infant/Toddler Specialists to provide specific guidance and technical assistance. Ohio’s Child Care Resource and Referral Agencies each have Infant/Toddler Specialists who are Program for Infant/Toddler Care certified and who support early care and learning programs.
Virginia	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 40 hours of onsite technical assistance over a 5-month period. The program is assessed using the <i>Infant/Toddler Environment Rating Scale–Revised</i> (ITERS-R) or the <i>Family Child Care Environment Rating Scale–Revised</i> (FCCERS-R).
Washington	The 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 to improve the quality of care for infants and toddlers. They 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. 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. 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 to obtain developmental screening, and are provided with the <i>Ages & Stages Questionnaire, Third Edition</i> (ASQ-3), and <i>Ages & Stages Questionnaires: Social-Emotional</i> (ASQ-SE) materials to promote sustainable, ongoing screening after initial training and coaching.
West Virginia	West Virginia has an Infant/Toddler Specialist Network to provide coaching and technical assistance. Specialists are certified trainers in the Program for Infant/Toddler Care and have attended other trainings, including the following: Pickler Intensive Institute; <i>Classroom Assessment Scoring System for Toddlers</i> ; <i>Infant/Toddler Environment Rating Scale–Revised</i> ; Infant Massage; and <i>Creative Curriculum for Infants, Toddlers, and Twos</i> .



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

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



37 states and territories coordinate with early intervention specialists who provide services for infants and toddlers with disabilities.



8 states coordinate with their Part C partners related to developmental screenings.



17 states and territories collaborate or deliver joint training and professional development for early interventionists, special educators, and infant/toddler caregivers.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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>Arizona’s Department of Economic Security (DES) and the Arizona Early Intervention Program (AzEIP) work collaboratively to ensure that families of young children are aware of the variety of supports and resources for which they may be eligible within DES. The work of the Arizona Early Childhood Taskforce ensures cross-divisional collaboration and enables department employees to help clients identify the variety of supports and services that may be leveraged to support them.</p> <p>AzEIP uses 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 instructors, and a 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 children’s holistic development within their everyday routines and activities. For children enrolled in child care, the team (with parental consent) can help the child care provider 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 helps the child care professionals support the identified child but can also help the child care professionals improve their capacity to care for all children in their classroom.</p> <p>Arizona’s Early Intervention Program State Systemic Improvement Plan works to improve the percentage of children birth to 3 who exit early intervention with improved social-emotional growth. To achieve this outcome, AzEIP is collaborating with the divisions within the department (including the Department of Economic Security’s Child Care Administration, as well as the Department of Education, Department of Health Services, and the state’s Medicaid program—Arizona Health Care Cost Containment System) to develop a cross-agency professional development framework. This framework helps practitioners improve the social-emotional development of infants, toddlers, and preschoolers through the following: using appropriate screenings; determining appropriate next steps after a screening; providing anticipatory guidance to primary caregivers (using responsive caregiving, resource-based capacity building, coaching, and mentoring); evaluating (such as identifying 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 or Early Head Start programs; and documenting individual progress overall.</p>
Connecticut	<p>The Office of Early Childhood’s (OEC) Family Support Division is dedicated to increasing awareness and educating providers on the Birth to Three program. OEC will develop strategies to build provider comfort in accepting children with special needs and better coordinate access to early intervention in all child care settings. OEC will also connect the CCDF program with the State Systemic Improvement Plan, specifically focusing on improving the education of and outreach to increase access for children with special needs. OEC will also consider other innovative ways to support infants and toddlers with disabilities, such as mini grants.</p>



<p>District of Columbia</p>	<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 the DC EIP is to identify and serve infants and toddlers, birth through 2 years, with developmental delays and disabilities and their families. 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 and toddlers and their families. DC EIP coordinates services in a caring manner that supports the culture and meets the needs of families. 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 1,500 children and their families per year.</p>
<p>Michigan</p>	<p>Sharing information about and referring families to Early On (Michigan’s Part C of IDEA) is best practice for child care programs serving infants and toddlers. Completing developmental screenings is an indicator in Great Start to Quality, and Quality Improvement Consultants provide training and technical assistance on choosing a developmental screening, communicating with families about children’s development, and seeking additional support through Early On. Early On is expected to serve eligible infants and toddlers in the “least restrictive environment,” which, for a portion of the identified infants and toddlers, is the child care setting. Child care providers might coordinate with early intervention specialists for services to be delivered at the child care program or as part of a team developing an Individualized Family Service Plan. This coordination is designed to promote optimal child development. Michigan Department of Education/Office Great Start houses both Part C and CCDF, which allows for ongoing discussion about coordination.</p>
<p>Minnesota</p>	<p>Training and coaching or consultation services are available to providers and families via the Minnesota Department of Human Services—funded grant contract with the Center for Inclusive Child Care. This includes referrals for evaluation when a child in care is suspected of having developmental delays and assisting providers in implementing strategies to support a child’s goals within the child care setting. The Minnesota Department of Human Services also promotes community resources, such as the Pacer Center and the Help Me Grow initiative.</p> <p>The Department of Education allocates 10 percent of the funds received annually to 12 regional interagency early intervention committees (IEICs) responsible for public awareness and outreach under Part C of IDEA. This system uses a multimodal social marketing campaign and website to communicate with primary referral sources.</p>



- New Mexico
- The Inclusion Specialist(s) has experience with and knowledge in early childhood development, special education: (IDEA Part C and IDEA Part B 619), and support for young children with developmental delays, established conditions, and disabilities and their families. Using the New Mexico Full Participation Model, the Inclusion Specialist does the following:
- ◆ Supports programs in the implementation of FOCUS Inclusive Practices
 - ◆ Offers training and staff development activities to build providers' knowledge of inclusion in early childhood programs to support the right of all children, regardless of abilities, to participate actively in natural settings within their communities
 - ◆ Coordinates with coaches and consultants working with the program to ensure full participation of children with developmental delays or disabilities
 - ◆ Provides observation of children and classrooms, classroom management support, and modeling and coaching
 - ◆ If necessary, with parental consent, provides referrals and follow-up for children and families to community-based IDEA Part C or IDEA Part B services
 - ◆ Provides parent training related to advocacy and support for children with special needs

New York

The Office of Children and Family Services (OCFS) coordinates with the New York State (NYS) Department of Health, Division of Family Health, Bureau of Early Intervention, and local Early Intervention Programs administered by municipal governments so that early intervention services are provided for infants and toddlers with disabilities through state-approved early intervention program providers or early intervention specialists. OCFS co-chairs a collaborative workgroup that includes several NYS agencies and organizations, including NYS Department of Health, Division of Family Health, Bureau of Early Intervention, who are working to complete the *Strengthening State and Territory Infant/Toddler Child Care System Policies and Practices: A Tool for Advancing Infant/Toddler Quality* created by the Child Care State Capacity Building Center. Cross-agency coordination and collaboration to address opportunities for infants and toddlers with disabilities is one of the topics of the group's focus. OCFS participates in a collaborative sub-workgroup focusing on increasing parents' and providers' understanding of the relationship between child care and early intervention, the individual systems themselves, and increasing effective communication and shared information between entities when working with infants and toddlers with disabilities.



<p>North Carolina</p>	<p>The NC Child Care Health and Safety Resource Center lead a project to implement regional infant/toddler child care health consultation to provide services in economically distressed counties. Infant/toddler child care health consultants will work with directors and operators to encourage collaboration with parents and promote children’s health and well-being by providing medical, oral, nutrition, and mental health education support resources. A focus of this support will be on identifying and targeting children with special health care or medication needs or disabilities.</p> <p>The Infant-Toddler Program provides supports and services for families and their children birth to 3 who have special needs. Sixteen Children’s Developmental Services Agencies (CDSAs) across North Carolina work with local service providers to help families help their children succeed. The CDSA partners with diverse programs to provide services for children and families. CDSA staff are trained to coach early childhood educators on how to work with the children enrolled in the Infant-Toddler Program to promote the development of infants and toddlers with special needs.</p> <p>The Family, Infant and Preschool Program (FIPP) has a multidisciplinary team of professionals available to provide therapy and education services to children from birth to 5 years of age and their families. The team consists of birth to kindergarten teachers, nurses, a nutritionist, occupational therapists, physical therapists, a psychologist, and speech-language pathologists. These services are provided using the most current research available in each discipline as well as from the fields of early childhood, early childhood intervention, and parent support. Services are individualized to meet the needs of each child and family. FIPP accepts referrals directly from parents, physicians, the Child Developmental Services Agency, and other community-based agencies and programs.</p>
<p>Rhode Island</p>	<p>Per licensing requirements, educators and providers must coordinate and cooperate with services designed to support children with disabilities and developmental delays. At the higher levels of the quality rating and improvement system, programs support children and families of all abilities to modify their program and make reasonable accommodations. Programs are required to collaborate with key partners to support children with developmental delays and disabilities into inclusive and integrative classroom settings. Head Start also maintains standards on this need for coordination. At the higher level of the quality continuum, programs must make staff available to collaborate with Individualized Education Program or Individualized Family Service Plan teams by attending meetings, participating in relevant training, and sharing information (for example, child assessment results) to support children with developmental delays or disabilities and their families.</p>
<p>Vermont</p>	<p>The Child Development Division hosts the Part C Administrator in the Children’s Integrated Services unit. Part C support services are connected with Specialized Child Care Coordinators housed at community agencies across the state to provide supports and services to meet all children’s unique needs and the needs of their families in their homes and communities. Payment for services comes from a variety of sources, including insurance, Medicaid, participating agencies, local schools, and family cost share. By assisting in the coordination of locally available services, Children’s Integrated Services is working to ensure that Vermont’s young children and their families have access to the widest possible array of early intervention services.</p>
<p>Virgin Islands</p>	<p>The Department of Health, Infants and Toddlers Developmental Specialist provides intervention services to infants and toddlers with disabilities based on the IDEA Act. Information is made available to child care providers on identifying and referring parents of children who may have developmental delays and need services to infant/toddler care professionals.</p> <p>The Lead Agency collaborates with community partners during parent fairs and workshops on infant/toddler resources and services in the territory.</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.</p> <p>DBHDS is to develop, 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.</p> <p>The Network provides <i>Ages & Stages Questionnaires</i> training to infant/toddler providers, which may result in referrals to Part C for assessment.</p>
Wisconsin	<p>The Lead Agency partnered with early intervention specialists and special education service providers to develop the Young Star Early Childhood Inclusion (ECI) web page. The information contained within the ECI web page continues to be updated in order to provide parents and providers with the most current information and best practices for identifying, screening, referring, and supporting infants and toddlers with special needs. The collaboration between the Lead Agency, early intervention specialists, and special education providers has also led to the provision of joint trainings, conference presentations, and the development of information materials.</p>



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

What are they? Why are they a good strategy?

Quality rating and improvement systems (QRIS) 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



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



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



7 states have indicators specific to lower adult-to-child ratios or group sizes for infant/toddler classrooms.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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
Arizona	<p>The state’s QRIS system, Quality First, has a <i>Quality First Points Scale</i> 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/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 the ITDG or the AzELS.</p> <p>The programs are assessed using the <i>Infant/Toddler Environment Rating Scale (ITERS)</i> and the <i>Classroom Assessment Scoring Systems (CLASS)</i> appropriate for the ages of the children in the classroom. Results are shared with the director and teachers. Action plans for improvement that may include direct technical assistance are written and implemented. If the program is not in Quality First, they may receive technical assistance through the professional development provided by the Arizona Department of Education–Early Childhood Education (ADE-ECE) unit and the program specialists who provide the professional development and technical assistance in the area as needed or requested. The program specialists work with the director of the program to evaluate the needs of the various classrooms and create a plan that may include technical assistance and professional development. ADE-ECE also held an Infant/Toddler Summit.</p>
Florida	<p>The state QRIS includes infant/toddler quality improvement interventions for all provider types. These interventions include the following:</p> <ul style="list-style-type: none"> ◆ Infant/toddler specific training, including the infant/toddler specialization ◆ Classroom Assessment Scoring System (CLASS) observations with the infant and toddler tools ◆ Making the Most of Classroom Interactions training on the CLASS infant and toddler tools ◆ Incentives for completing child assessments for infants and toddlers ◆ Coaching for infant/toddler teachers <p>Note: These trainings will be used to support quality improvement to maintain required scores in the new tiered reimbursement system. Local QRIS systems include these same components as well as additional targeted training and coaching requirements. Gold Seal Quality Care Program Rate Differential for Infants/Toddlers is offered as a rate differential or stipend, which may not exceed more than 20 percent of an early learning coalition’s reimbursement rate, to school readiness providers who have achieved a Florida “Gold Seal Quality Care” designation through accreditation. Therefore, increasing the availability of high-quality infant/toddler providers.</p>



<p>Indiana</p>	<p>Indiana has specific infant/toddler indicators for each standard at each level of Paths to Quality, the state’s QRIS. Examples of these indicators include the following:</p> <ul style="list-style-type: none"> ◆ Infants are given one-to-one attention during feeding and diapering. ◆ Caregivers engage in many one-to-one, face-to-face interactions with infants and toddlers, including singing and playful interactions. ◆ Individual napping schedules are respected for infants and toddlers. ◆ Teachers respond to sounds or speech, including imitating infants’ vocalization and engaging toddlers in conversation.
<p>Massachusetts</p>	<p>Early Education and Care’s community center–based and public school–based programs are assessed using the <i>Infant and Toddler Environment Rating Scale–Revised</i> (ITERS-R). The state’s family child care providers use the <i>Family Child Care Environment Rating Scale–Revised</i> (FCCERS-R). Using evidenced-based criteria known to promote strong program quality and child outcomes, these tools encourage providers to embrace best practices while also holding them accountable for maintaining a high-quality environment for the infants and toddlers they serve.</p>
<p>South Carolina</p>	<p>ABC Quality (ABCQ) has revised infant/toddler observation standards to reflect intentional teaching practices. This new tool is used to conduct observational assessments on ABCQ child care providers. Observation standards include the following: responsive and sensitive care, language and communication, guidance, program structure, early learning, and environment.</p>
<p>Texas</p>	<p>Texas Rising Star measures include specific infant/toddler requirements in the following categories:</p> <ul style="list-style-type: none"> ◆ Lesson plans and curriculum—Measures address physical activity and motor development, social-emotional development, language and communication development, and cognitive development. ◆ Nutrition—Measures address breastfeeding education and feeding practices. ◆ Indoor learning environment—Measures address quantity of sleep, diapering and feeding environment and materials, sufficient space to allow for different experiences (for example, tummy play and active play), and whether diapering areas include items that enhance cognitive and communication skills. ◆ Outdoor learning environment—Measures address outdoor equipment and materials that encourage infants to experience the environment through all five senses.



<p>Virginia</p>	<p>Virginia Quality includes the following infant/toddler components for programs serving children ages 0 to 36 months:</p> <ol style="list-style-type: none"> 1. Professional development learning modules on <i>Infant and Toddler Environment Rating Scale (ITERS)/Classroom Assessment Scoring System (CLASS)</i> at Level 2 2. ITERS/CLASS self-studies completed at Level 3 3. Curriculum checklist completed at Level 3 in infant/toddler classrooms <p>Infant and toddler classroom quality measures include the following:</p> <ol style="list-style-type: none"> 1. Document review 2. Infant/toddler curriculum validation 3. Onsite observations using ITERS and the infant CLASS and toddler CLASS instruments <p>A quality improvement plan (QIP) is developed with guidance from a mentor. Programs or providers receive professional development support and some support to purchase materials based on the goals and objectives of the QIP. Programs serving infants and toddlers are encouraged to engage with the Virginia Infant/Toddler Specialist Network for intensive onsite coaching.</p>
<p>Wisconsin</p>	<p>The Lead Agency continues to strengthen its YoungStar QRIS criteria by requiring a Developmentally Appropriate Practice indicator that requires providers to serve infants and toddlers in an age-appropriate manner. In addition, the Lead Agency requires 4- and 5-Star programs to be observed by an Environment Rating Scale observer using the <i>Infant/Toddler Environment Rating Scale – Revised (ITERS-R)</i>. Additional focus is being placed on the early learning environment, with a targeted focus of onsite technical assistance on early learning experiences. The early learning environment kits for infant/toddler classrooms provide hands-on materials to support increased understanding of classroom and program alignment with the Wisconsin Model Early Learning Standards.</p>



Table 7: Developing Infant and 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.)



29 states and territories are developing infant/toddler components within their child care licensing regulations.



11 states have licensing regulations specific to lower adult-to-child ratios for infant/toddler classrooms.



7 states have regulations requiring infant/toddler specific training.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 7: Developing Infant and 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.
Indiana	Indiana’s rules for licensed child care centers include specific requirements related to caring for infants and toddlers, including the following: continuity of care for children under 30 months of age; providing a daily program that is designed to meet the developmental needs of infants and toddlers; talking with, singing, and reading to infants; naming objects, describing events, and reflecting feelings to help children learn new words; respecting toddlers’ desires to carry favored objects around with them; and the Interpretive Guide for licensed child care home rules, which address activities for infants and toddlers that also support healthy development.
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	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. 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. 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 his or her care, tend to their 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 her or him. 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. 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.



Tennessee	<p>Each caregiver shall be responsible for providing consistent care for specific infants and toddlers. “Consistent care” includes but is not limited to the following: planning and record-keeping for the child, communication, and general interaction with and routine care of the child. Toys, educational materials, and play materials shall be organized and displayed within children’s reach so that they can select and return items independently. Because of the importance of language development and communication skills, infants and toddlers shall have language experiences with adults on a daily basis. Infant/toddler groups may never exceed the required ratios and group sizes. Staff members are required to be well trained in early childhood development, including safe sleep practices, signs of shaken baby syndrome or abusive head trauma, and supervision during high-risk activities, such as eating and outdoor play. Staff members are also required to have ongoing training for the prevention of sudden infant death syndrome and use of safe sleeping practices and prevention of shaken baby syndrome and abusive head trauma.</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 <i>Infant/Toddler Environment Rating Scale–Revised</i> and the <i>Classroom Assessment Scoring System</i> for infants and toddlers. A section has been added in the proposed licensing standards expected to go into effect in fall 2019 related to infants and toddlers. <i>Caring for Our Children</i> is the guideline used in this review. New proposed licensing standards now include sections related to supporting infant/toddler development, such as promoting social and emotional health, active physical play, language development, and serve and return interactions.</p>
West Virginia	<p>The Infant/Toddler Specialist Network frequently shares concerns with child care licensing and participates in regulatory workgroups as requested.</p>



Table 8: Developing Infant and 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-aged children (National Infant and Toddler Child Care Initiative, 2011; National Center on Early Childhood Quality Assurance, 2017).



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



9 states offer professional development opportunities or training on their ELDGs.



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

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 CCDF Plans](#) for a more complete understanding of each state's and territory's approach.



Table 8: Developing Infant and 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 6-hour modules for each of Arizona’s Infant and Toddler Development Guidelines and for each of the Arizona Early Learning Standards, 3rd Edition. 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>
Delaware	<p>The Early Learning Foundations differentiate between infants and toddlers and preschoolers to outline developmentally appropriate learning opportunities based on age. For infant/toddler guidelines, children’s skills have been divided into the domains of Social Emotional, Language and Literacy, Discoveries, and Physical Development and Health. The domains have been divided into four different growth periods: Young Infant (0–6 months), Older Infant (6–12 months), Young Toddler (12–24 months) and Older Toddler (24–36 months). This was done to illustrate the sequence of individual skills as children develop. Each domain begins with a brief summary of the key messages about development for that topic area followed by a chart containing the subdomains, learning opportunities, list of actions children might do, and a list of supportive practices.</p>
Illinois	<p>Illinois has developed the Illinois Birth to Three Early Learning Guidelines and training and material to support their implementation.</p>
Michigan	<p>Michigan currently has ELDGs specifically for infants and toddlers.</p>
Oklahoma	<p>Oklahoma Early Learning Guidelines for Infants, Toddlers, and Twos has been revised. The guidelines are a resource for infant/toddler programs.</p>
Utah	<p>The Lead Agency developed and published Utah’s Early Learning Guidelines: Birth to Age Three that are being used statewide. The Care About Childcare agencies provide training to providers regarding the guidelines and methods of effectively implementing the guidelines in programs. Technical assistance and coaching staff also provide technical assistance on how to use the guidelines.</p>



Virgin Islands	<p>The Early Childhood Advisory Committee of the Quality Education Work Group of the Governor’s Children and Families Council developed the Virgin Islands Infant and Toddler Developmental Guidelines (July 2013) and ensured alignment and continuity with the Virgin Islands Early Learning Guidelines (April 2010). Additionally, the Infant and 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>
Washington	<p>Infant/toddler components are integrated within the early learning and development guidelines. The guidelines have three chapters focused on infants and toddlers: Young Infants (Birth to 11 months), Older Infants (9 to 18 months), and Toddlers (16 to 36 months). Each chapter covers six topics from “About Me and My Family” to “Communicating” and “Learning about the World Around Me.” The Department of Children, Youth and Families (DCYF) also includes a section on “Differences in Development” in each chapter. DCYF also included a section on “Early Intervention Services” in the infant/toddler chapters.</p>
Wyoming	<p>Wyoming has incorporated the early foundations and guidelines into the pre-service requirement for licensed and exempt child care providers. In addition, the Lead Agency is working with the University of Wyoming, WY Kids First, and Align to offer technical assistance, equip early care and education professionals to support and integrate the ELDGs in their early learning environments, and encourage early learning professionals to share the ELDGs with families through outreach and events.</p>



Table 9: 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.



36 states and territories are improving parents' ability to access consumer information about high-quality infant/toddler care.



29 states and territories provide information related to infant/toddler development on their consumer education websites.



5 states indicate breastfeeding-friendly designation programs within their infant/toddler care consumer information and education efforts.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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
Georgia	<p>The Lead Agency has materials available for families to use to support their children’s learning during everyday activities and routines. Shopping lists, placemats, and growth charts that provide developmental information and everyday activities based on the Georgia Early Learning and Development Standards (GELDS) are available on the GELDS e-store and are provided to families at conferences, meetings, and other events. Additionally, the Lead Agency provides “Learn the Signs. Act Early.” materials, such as growth charts, developmental checklists, and “Milestones Moments” booklets to families at conferences, meetings, and other events. The Lead Agency plans to develop other materials for families to use as they support their children’s development. They will be provided on the infant/toddler web page on the Lead Agency’s website as well as on the family portal.</p>
Indiana	<p>All families who are seeking care for their infants or toddlers have access to an enhanced referral process through child care resource and referral. Through this process the Infant/Toddler Specialists provide one-on-one support to assist families in understanding what high-quality child care for infants and toddlers looks like. Families with infants and toddlers receive referrals to programs that meet their unique needs, and the Infant/Toddler Specialist is available throughout the process to answer all of their questions and help them find a good fit for their children. The Lead Agency also uses websites for consumer education. The site at www.childcarefinder.in.gov provides health and safety information for all providers (including providers who serve infants and toddlers), licensing and regulatory requirements, inspection reports, and any validated complaints. It also includes information about the Paths to Quality Standards. There are many standards specific to the high-quality care of infants and toddlers, and all standards are transparent and available to the public on Indiana’s regulatory website. The Brighter Futures Indiana Campaign (http://brighterfuturesindiana.org/) provides consumers with information specific to infants and toddlers. There are many resources available to families, including but not limited to the following: information about developmental screening, new research on infant/toddler care and development, Indiana’s Early Learning Foundations, and quality indicators for infant/toddler care.</p>



<p>Kansas</p>	<p>The Kansas Early Learning Standards (KELS) virtual toolkit is available to programs and providers. It is designed to support training, technical assistance, and dissemination of information regarding KELS. The KELS Training Module Folder contains a module titled “Supporting Early Childhood Education in Talking with Parents about KELS.” Our child care resource and referral (CCR&R) contractor, Child Care Aware of Kansas, provides a texting program that covers a wide variety of topic areas for parents. It shares best practice standards and resources on its social media platforms. The CCR&R agencies share printed materials at a variety of community events, including some that are parent focused, such as Back to School Fairs.</p> <p>The infant/toddler specialist network (ITSN) collaborates with community partners to provide a variety of activities for parents. Activities include guest speakers for family groups at the local library; guest speakers on topics such as brain development for the library family group; monthly parent lunch and learn education meetings during the noon hour; and participation in various community collaboratives for parents and families. Ancillary activities include the following: ITSN specialists who are trained on the <i>Ages & Stages Questionnaires (ASQ)</i> to support providers implementation of the ASQ with their parents; a Community Resource template as part of the ASQ training to assist in completion of an inventory of local services for families of young children; training on “How to Support the Breastfeeding Family”; and trainings for conferences that are attended by both providers and parents that have included topics such as family engagement and prevention of suspension and expulsion. The ITSN has many technical assistance plans that address strategies for family engagement.</p> <p>Kansas Inservice Training System (KITS) web resources include Virtual Kits and technical assistance packets that are accessible to family members. Topics include building resilience, inclusion, nutrition, social emotional development, temperament, tummy time, biting, and managing stress through self-care. KITS Early Childhood Resource Center lending library has informational and training materials that are available for parents to check out. The KITS website provides information and support for parents on topics of play, social emotional development, early literacy, language, writing, and math.</p>
<p>Louisiana</p>	<p>All information about individual programs provided by the Louisiana Department of Education is included in the Louisiana School and Center Finder. This information includes ratings on Emotional Support (PreK) and Emotional and Behavioral Support (Toddler). These ratings are derived by using the <i>Classroom Assessment Scoring System</i> tool, which measures the quality of classroom interactions that includes supports for social emotional and language development. In addition to the rating and score, a video is provided to explain to families how these ratings are derived, and a metric description is provided for each metric in family friendly language so they can understand what the rating is measuring. This includes specific information about how the quality of interactions that support infant/toddler development is measured. It also includes what it looks like and information on the infant/toddler curriculum used to support infant/toddler language, social-emotional development, and both early literacy and numeracy cognitive development.</p>
<p>Mississippi</p>	<p>The consumer education website contains information related to research and best practices in early childhood development, including information about infants and toddlers. This information addresses practices in assessment and testing, curriculum and instruction, developmental disabilities, diversity and inclusion, executive function, nutrition and physical activity, daily routines, safety, social-emotional-behavioral skills, and services to children experiencing trauma, abuse, or hardship.</p>
<p>New Hampshire</p>	<p>Child Care Aware of NH provides information to families for children of all ages, including infants and toddlers. This information focuses on accessing and selecting programs, and quality programming (for example, ratios, group size, the importance of primary caregiving, and routines as curriculum). The consumer education website also includes information about developmental milestones and developmental screening (including language, social-emotional development, and cognitive development) through the Watch Me Grow system; the NH Early Learning Standards; and Vroom (brain building activities for parents, caregivers, and providers to engage with children from birth to 5 years of age).</p>



Oregon	<p>Many child care resource and referral programs partner with local parenting agencies to hold trainings and “play and learn” groups, which specifically provide parents and providers with information and modeling of age appropriate activities for infants and toddlers. The Early Learning Division and the child care resource and referral system are creating a shared database of infant/toddler resources designed to ensure consistent materials and information are shared with providers and parents. The concept is to have readily accessible resources for use by licensors and the child care resource and referral system. The information can then be disseminated through a variety of modalities, including child care resource and referral newsletters, parenting hubs, and websites. Provider orientations also include resources that can be shared with parents on infant/toddler care. These resources include topics such as safe sleep for babies, poison prevention, and healthy weight and development. The 211info Child Care Line provides consumer education on quality indicators, including infant/toddler resources specific to the parent needs during child care referral requests.</p>
Puerto Rico	<p>Parents who receive services from providers through allocation of funds are provided with orientation and training on the importance of infant development and maternal health, which is part of the process and progress of children’s development. These orientations are performed in a simple manner and are adapted to the parents’ education level to ensure understanding.</p>



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

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.



23 states and territories identify other activities to support quality for infants and toddlers.



5 states and territories support Early Head Start–Child Care Partnerships.



8 states and territories support the implementation of nationally recognized infant/toddler professional development home visiting initiatives (for example, the Program for Infant/Toddler Care, the Pyramid Model, and the Parent Child Home Program).

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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
California	<p>California supports the Program for Infant/Toddler Care (PITC) demonstration sites at several community colleges across the state to provide an opportunity for observing high-quality infant/toddler care. California has adopted the teaching pyramid principles of the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and provides training on the infant/toddler modules. Using Race to the Top–Early Learning Challenge funds, the community colleges created three aligned infant/toddler courses for use across the system.</p>
Massachusetts	<p>The Department of Early Education and Care (EEC) has engaged in an infant safe sleep public service campaign to improve the health and safety of infants participating in early education and care programs. In addition, EEC will be offering a home visiting grant to support family child care providers who serve toddler-age children. Lastly, the department engaged in partnerships with the Registry of Motor Vehicles, and the Massachusetts Bay Transit Authority is emphasizing the importance of reading to children and effective ways to communicate with children for parents and caregivers. Embedded within in one-third of the Coordinated Family and Community Engagement grant programs is the Parent-Child Home Program. The Parent-Child Home Program supports and strengthens parents’ skills in enhancing their children’s cognitive development and school readiness. Program sites serve families challenged by poverty, low levels of education, language barriers, homelessness, and other potential obstacles to academic success. Services are delivered through an evidence-based model of intensive home visits to families not engaged in the formal mixed-delivery system.</p>
Michigan	<p>Michigan supports implementation of a layered funding model for Early Head Start–Child Care Partnerships (EHS-CC Partnerships) grantees. The layered funding model, which was supported in the federal EHS-CC Partnerships funding opportunity, allows grantees serving eligible children to collect both child care subsidy and EHS-CC Partnerships funding up to the number of hours for which a child is authorized. The EHS-CC Partnerships grant supports improved health and safety, cognitive and physical development, and well-being through partnerships with child care homes and centers that require them to meet Early Head Start Program Performance Standards. The Performance Standards exceed state child care licensing requirements in these areas. Layered funding allows the subsidy to pay for core child care services, while the EHS-CC Partnerships dollars fund quality enhancements that assist providers in meeting the Performance Standards. Michigan currently has seven EHS-CC Partnerships grants serving approximately 1,100 children birth to age 3.</p> <p>Social-emotional consultants help providers and families recognize and effectively meet the social-emotional needs of all young children in their care from birth through age 5. Family engagement consultants help build stronger connections between providers and families. They also facilitate Care Giving Conversations, which bring together families and providers to support them in building protective factors in their lives.</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. First Children's Finance explains that through participation, communities can expect the following:

- ◆ Events that educate community members about the link between quality child care, rural economic development, and viable communities.
- ◆ The community's Core Team increasing their capacity to drive change by identifying resources and focusing their efforts on innovations that make a difference in the supply of child care.
- ◆ A thorough analysis of the current child care supply and demand and evaluation of community factors impacting the local child care supply.
- ◆ Access to First Children's Finance's expertise, resources and tools, including research and financial modeling.
- ◆ A Community Solution Action Plan that includes innovative solutions generated by the community through a facilitated Town Hall process.
- ◆ Support and business improvement services to existing family child care providers and child care centers.

Minnesota

In addition, First Children's Finance provides business cohorts, which combine both training and technical assistance to child care providers who develop skills in the following: creating a marketing plan for a child care business (both centers and family child care), and planning for the future through accounting, annual budgets, cash flow projections, and financial statements.

Missouri

The Lead Agency contracts with eight Early Head Start (EHS) programs across the state to provide state supported EHS services. The programs must be receiving federal EHS funding. An EHS state program must serve up to 10 percent of the total program working with families with an incarcerated parent; no more than 20 percent of the total enrollment can be pregnant women and prenatal services; and 10 percent of total enrollment shall be children with special needs.

Nebraska

In addition to ELDGs training in each of the seven domains, which includes specific information for caregivers of infants and toddlers, Nebraska also requires a training entitled Safe with You that provides specific information for child care providers working with infants and toddlers regarding safe sleep, among other topics. Legislation by the Nebraska Unicameral has enabled CCDF quality set-aside funds to be used for grants from the Sixpence grant program for children from birth to age 3. This grant requires local schools to partner with community child care homes or child care centers to improve the quality of child care for infants and toddlers. The grants are competitive and awarded to districts and their partners who have the best proposals for serving children who are most at risk.



<p>Virgin Islands</p>	<p>Lead Agency initiatives to support infant/toddler education and care professionals include the following:</p> <ul style="list-style-type: none"> ◆ Mini grants focused on health and safety ◆ Inclusive Early Childhood Education (IECE) Certificate Program Scholarships at the University of the Virgin Islands ◆ Child Development Associate (CDA) Assessment Fee Scholarship Program in the amount of \$425 for an initial Infant and Toddler CDA Credential paid to the Council for Professional Recognition ◆ Office of Child Care and Regulatory Services (OCCRS) sponsored pediatric CPR, first aid, and AED certification trainings to assist child care providers in their licensure requirement ◆ OCCRS sponsored fire extinguisher usage and certification trainings ◆ Early childhood education and care parent fairs and workshops ◆ Early childhood education and infant and toddler conferences (formally Best Beginnings) ◆ Centers for Disease Control and Prevention’s “Learn the Signs. Act Early.” Developmental Milestones Trainings and Resources ◆ National Association for Education of Young Children (NAEYC) memberships for providers
<p>Washington</p>	<p>Washington State Department of Children, Youth and Families has implemented Filming Interactions to Nurture Development (FIND), an intervention to support social-emotional development. FIND uses video coaching and brief, filmed clips of teachers interacting with young children to help caregivers identify and reinforce actions that support healthy development of our youngest learners. FIND is implemented statewide through the network of infant/toddler specialists within QRIS.</p>



Table 11: 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 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 using 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 with meeting and exceeding basic health and safety standards (Infant/Toddler Specialist Network, Child Care State Capacity Building Center, n.d.).



18 states and territories coordinate with Child Care Health Consultants.



7 states and territories coordinate with other state agencies to provide health consultation.



8 states and territories provide training and professional development through CCHCs.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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
Arkansas	<p>Healthy Child Care Arkansas (HCCAR) is a multi-disciplinary team of health professionals from the University of Arkansas for Medical Sciences (UAMS) who aim to improve the quality of children’s health in early child care settings. We offer information and consultation to child care professionals using best practice recommendations on various topics related to the overall well-being of children. The HCCAR goal is carried out in three ways:</p> <ol style="list-style-type: none"> 1. By providing live and web-based trainings on best practice standards recognized by experts in medicine and behavioral health 2. By providing free of charge consultations to child care professionals and Child Care Aware agencies on issues related to children’s health through a full-time Child Care Health Consultant available from 8–4 p.m. Monday through Friday 3. By providing relevant and current health related information that is accessible through this website to give up-to-date information about health and behavioral health issues that are important to your center <p>HCCAR is funded through a grant from the Arkansas Department of Human Services. This grant is specific to child care professional development, technical assistance, and training in the state of Arkansas. HCCAR is a collaboration between the Arkansas Department of Human Services, UAMS Department of Pediatrics, and UAMS KIDS FIRST to provide a health resource service for early child care providers with the help of the seven Child Care Aware agencies across Arkansas. The HCCAR initiative brings together health care professionals, early care and education professionals, child care providers, and families to improve the health and safety of children in child care.</p>
Idaho	<p>The Idaho STARS Child Care Health Consultant Program has a team of CCHCs who provide onsite coaching and technical assistance to child care programs across the state of Idaho to support implementation of the national health and safety performance standards for early care and education programs. Health specific indicators are also embedded within each step of the state QRIS.</p>
New Jersey	<p>The Health Consultant Quality Initiative is designed to inform and support early childhood staff and directors in order to ensure health, safety, and nutrition in programs. Additionally, health consultants will collaborate with other Department of Human Services and Division of Family Development sponsored programs and initiatives to improve the quality of care and promote the health and safety of infant and toddlers, their families, and their teachers.</p>
New Mexico	<p>The FOCUS on Young Children’s Learning criteria and consultation require programs connecting families with primary care physicians to ensure well-child checks for children. Age appropriate well-child check: A child’s growth is more than just physical. Children grow, develop, and learn throughout their lives, starting at birth. A child’s development can be observed by how they play, learn, speak, behave, and move. Well-child visits allow health professionals to have regular contact with children to keep track of (or monitor) the child’s health and development and share this information with the child’s family. FOCUS programs are required to show evidence that an age appropriate well-child visit has been completed by the family. In addition, the <i>Ages & Stages Questionnaire</i> is required to screen children and refer in the event of a developmental concern.</p>
North Dakota	<p>North Dakota has CCHCs responsible for providing comprehensive technical assistance and coaching to potential, newly licensed, and existing child care providers with a focus on infant and toddler health and safety. Available in a variety of delivery formats, these</p>



	<p>consultants promote health and safety materials and environments with providers to reduce the risk of illness and harm in child care settings while offering guidance on the implementation of various health and safety strategies to bring about awareness of knowledge. Upon request and as part of Quality Initiatives and QRIS, the CCHC works side by side with child care providers to enhance infant feeding and sleeping practices, diapering and handwashing procedures, language development support, and strengthen policies and procedures for those caring for infants and toddlers. CCHCs provide guidance on creating health care plans required by state regulators and work collaboratively with state regulatory and state health department staff and medical health units to ensure a comprehensive support system. The CCHCs provide a 3-hour Safe Healthy Care training followed by an onsite visit to each classroom.</p>
Oklahoma	<p>The Child Care Warmline has access to child care health consultants and has a registered nurse and a child guidance specialist through a contract with Lead Agency. They will be a member of the Infant/Toddler Network Advisory Council.</p>
Pennsylvania	<p>Child care health consultants support child care programs in meeting both basic health and safety needs as well as best practice for those serving infants and toddlers. The child care health consultants are accessed through the Early Learning Resource Centers.</p>
South Carolina	<p>The ABC Grow Healthy initiative has been instrumental in connecting with health consultants at South Carolina’s Department of Health and Environmental Control. ABC Quality leadership serves on the Board of Eat Smart Move More SC, a nonprofit organization that promotes healthy eating and physical activity in communities throughout the state. ABC Quality leadership was invited to be a part of South Carolina Department of Health and Environmental Control’s statewide obesity plan (SCaledown) and to lead the early childhood workgroup for the 5-year plan. ABC Quality has three health educators available to programs in ABC Quality to provide technical assistance in menu planning and physical activity. The Breastfeeding Friendly Child Care designation has been developed in conjunction with the Baby-Friendly designation for hospitals that promotes breastfeeding for new moms.</p>
Tennessee	<p>The Tennessee Child Care Resource and Referral Network employs 15 Health, Safety and Well-Being Coaches, who are located throughout the state to promote health and safety practices in early care and education, promote developmental monitoring and screening, offer resources and supports for children with disabilities, and give information on social and emotional development to child care agencies, teachers, and families. In addition, the Lead Agency has monthly meetings with the Department of Health to coordinate services, develop policy, and standardized health and safety training.</p>
Washington	<p>In partnership with the network of infant/toddler specialists and the Department of Health (DOH) Project LAUNCH (Linking Actions to Unmet Needs in Children’s Health), three communities have implemented a training and mentoring project related to developmental screening through the infant/toddler resource network. DOH’s goals for Project LAUNCH include increasing developmental screening for children, integrating behavioral health training and services into early care and education systems, improving family strength and local parent support opportunities, and enhancing local services to at least 100 child care and early learning providers and 1,500 children and families over the course of the grant. This project is in an expansion phase with seven additional communities delivering training and supports through the infant/toddler resource network to family child care homes and child care centers in order to help them implement developmental screening. As an additional expansion of this work, three of the communities also include a direct service partnership with health consultants to provide onsite consultation in toddler classrooms or in family child care homes.</p>



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

What are they? Why are they a good strategy?

Infant–early childhood mental health (I-ECMH) consultation is an intervention that teams a mental health professional 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).



25 states and territories coordinate with agencies to deliver mental health consultation to providers.



17 states and territories provide direct consultation by mental health professionals to child care providers.



8 states and territories partner with their state's I-ECMH association to provide consultation to child care.

The examples and approaches highlighted in the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 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
Arkansas	Division of Child Care and Early Childhood Education has developed a program called BehaviorHelp, which is a statewide program used to assist child care providers in supporting children who experience challenging behaviors. The purpose of the program is to reduce suspensions and expulsions of young children and enhance their social and emotional development. We have contracted with a mental health professional group called Project Play.
Illinois	The Caregiver Connections Early Childhood Mental Health Consultants (ECMHC) provide technical assistance, training, and consultation related to infant/toddler social-emotional development and mental health to providers and the families they serve.
Louisiana	The CCDF Lead Agency has a contract for mental health consultation services, with some of that focused exclusively on infant and toddlers. Mental Health Consultants are available to licensed child care centers that request services and support. Mental Health Consultants provide 6 months of consultation, visiting centers on a biweekly basis. Their purpose is to support child care teachers in implementing social-emotional behavior intervention models, which can be specifically targeted to infants and toddlers.
Maryland	The Early Childhood Mental Health (ECMH) Consultation Project improves the ability of staff, programs, and families to prevent, identify, treat, and reduce the impact of social, emotional, and other mental health problems among children birth through 5 years of age. The Early Childhood Mental Health Consultation Project began in 2002 as a 3-year pilot program in Baltimore City and on the Eastern Shore. Based on the project's success as shown in the program evaluation, the Maryland State Department of Education funded the expansion of the project in 2006 statewide to the 12 child care licensing regions. In Maryland, the Early Childhood Mental Health Consultation Project is both child and family focused, and classroom and program focused. This hybrid model allows consultants to focus on specific child behaviors while working with teachers to improve the overall quality of the classroom environment. The project's goals are as follows: promote positive social-emotional wellness practices in early childhood settings; identify and work proactively with children who may have developmental, social, emotional, or behavioral concerns; refer children and families in need of more intensive mental health services to appropriate support or clinical programs; help children remain in stable, quality child care arrangements that support their individual needs; increase teacher confidence and competence in dealing with challenging behaviors through training, coaching, and mentoring; and build close partnerships with local community resources, including Judy Centers, Head Start centers, health departments, Child Find, the Maryland Infants and Toddlers Program, preschool special education, and private consultation providers.



<p>Massachusetts</p>	<p>Early childhood mental health (ECMH) consultation programs provide consultation and coaching services to address and support the social-emotional development and behavioral health of children in early education and care and out-of-school time settings. The early childhood mental health consultation services funded by the Department of Early Education and Care’s (EEC) Mental Health Consultation Grant are available state-wide and may be accessed by the entire mixed-delivery system, serving all age groups and including children receiving CCDF. ECMH consultants also provide support and guidance to programs, educators, and families to address the developmental, emotional, and behavioral challenges of infants and young children to ensure healthy social-emotional development, reduce the suspension and expulsion rate in early education and care settings, and promote school success. EEC established a dedicated webpage for families, providers, and the general public to obtain information on ECMH, which is available at www.mass.gov/eec/ecmh. This website describes the scope of ECMH services available, as well as a listing of the current ECMH grantees and resources. The consultation services offered through the Fiscal Year 2018 Mental Health Consultation Grant include mental health supports, strategies, and services that address the developmental, emotional, and behavioral challenges of infants and young children and their families to promote school success, ensure healthy social-emotional development, and reduce the suspension and expulsion rate in early education and care settings.</p>
<p>New York</p>	<p>Infant/toddler specialists throughout the seven regions of the state have received training regarding the state’s Infant Mental Health Credential and the process involved for receiving the credential, as well as training related to Adverse Childhood Experiences (ACEs). The infant/toddler specialists incorporate various aspects from ACEs training into technical assistance and trainings for child care providers. The Office of Children and Family Services co-chairs a collaborative workgroup that includes New York state’s Association for Infant Mental Health.</p>
<p>Oklahoma</p>	<p>The Child Care Warmline mental health consultant coordinator who is working through the Oklahoma State Department of Health and the early childhood coordinator through the Oklahoma Department of Mental Health will be members of the Infant/Toddler Network Advisory Council.</p>
<p>Rhode Island</p>	<p>Department of Human Services (DHS) child care specialists and its quality contractors actively engage and collaborate with the Rhode Island Association for Infant Mental Health, supporting initiatives, guidelines, and professional development opportunities for the workforce.</p> <p>The Lead Agency also contracts with Emma Pendleton Bradley Hospital to provide mental health consultation services to early childhood programs across the state through the SUCCESS contract.</p>
<p>Virginia</p>	<p>The Virginia Infant/Toddler Specialist Network, through infant/toddler mental health consultants, provides training and technical assistance to increase providers’ and families’ use of strategies and practices to promote the social-emotional development of infants and toddlers. This support includes consultation to providers on challenging behaviors of individual infants and toddlers in care, which involves development of an individual plan for that infant or toddler in coordination with the child’s family. Consultants also provide training on <i>Ages & Stages Questionnaires</i> (ASQ).</p>



Table 13: 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 for 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. There are many ways states and territories can use CCDF 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.



13 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 the table below are excerpted from *ACF-118 State/Territory Data Submission Center* reports. Readers are encouraged to refer to the full approved [2019–2021 CCDF Plans](#) for a more complete understanding of each state’s and territory’s approach.



Table 13: 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
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 of 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 for 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. 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. 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 non-compliances 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 for providers who receive additional professional development to improve interactions and individualized program planning for infants and toddlers are available when criteria are met.</p>



References

- Bromer, J., & Porter, T. (2017). *Staffed family child care networks: A research-informed strategy for supporting high-quality family child care*. National Center on Early Childhood Quality Assurance. <https://childcareta.acf.hhs.gov/resource/staffed-family-child-care-networks-research-informed-strategy-supporting-high-quality>
- Chazan-Cohen, R., Zaslow, M., Raikes, H. H., Elicker, J., Paulsell, D., Dean, A., & Kriener-Althen, K. (February 2017). *Working toward a definition of infant/toddler curricula: Intentionally furthering the development of individual children within responsive relationships* [Brief]. Office of Planning, Research and Evaluation. <https://www.acf.hhs.gov/opre/resource/working-toward-definition-infant-toddler-curricula-intentionally-furthering-development-individual-children-relationships>
- Child Care State Capacity Building Center. (2017). *Developing a statewide network of infant/toddler specialists: Technical assistance guide for states and territories*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. <https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/guide-developing-statewide-network-infanttoddler-specialists-revised>
- Early Childhood Learning and Knowledge Center. (2020, June 10). *Infant and early childhood mental health consultation and your program*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. <https://eclkc.ohs.acf.hhs.gov/mental-health/article/infant-early-childhood-mental-health-consultation-your-program>
- Infant/Toddler Specialist Network, Child Care State Capacity Building Center. (n.d.). *Infant/toddler resource guide: Health and safety* [Online tool]. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. <https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/topic-overview-health-and-safety>
- National Association for the Education of Young Children, & National Association of Child Care Resource and Referral Agencies. (2011). *Early childhood education professional development: Training and technical assistance glossary*. http://www.naeyc.org/GlossaryTraining_TA.pdf
- National Center on Early Childhood Quality Assurance. (2017). *QRIS compendium 2016 fact sheet: Infants and toddlers addressed in QRIS*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. <https://childcareta.acf.hhs.gov/resource/qr-is-compendium-fact-sheet-infants-and-toddlers-addressed-qr-is>
- National Infant and Toddler Child Care Initiative. (2011). *Infant/toddler early learning guidelines factsheet*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care & Office of Head Start. <https://www.zerotothree.org/resources/462-infant-and-toddler-early-learning-guidelines-factsheet>
- Office of Child Care. (n.d.). *Office of Child Care initiatives*. U.S. Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/occ/initiatives>
- Office of Child Care. (2017). *Draft CCDF preprint for public comment*. U.S. Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/occ/resource/ccdf-plan-preprint-2019-2021-draft>



- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-2: Improve supply/quality of infant/toddler programs – Development centers. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-3: Improve supply/quality of infant/toddler programs – Family child care networks. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-4: Improve supply/quality of infant/toddler programs – Training/professional level. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-5: Improve supply/quality of infant/toddler programs – Coaching, mentoring, TA. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-6: Improve supply/quality of infant/toddler programs – Early intervention specialists. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-7: Improve supply/quality of infant/toddler programs – QRIS components. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-8: Improve supply/quality of infant/toddler programs – Licensing components. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-9: Improve supply/quality of infant/toddler programs – Early Learning components. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-10: Improve supply/quality of infant/toddler programs – Consumer information access. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-11 Improve supply/quality of infant/toddler programs – Other quality improvements. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-12: Improve supply of quality of infant/toddler programs – Health consultants. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-13: Improve supply of quality of infant/toddler programs – Mental health consultants. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.5.1-14: Improve supply of quality of infant/toddler programs – Other. *ACF-118 State/Territory Data Submission Center*.
- U.S. Department of Health and Human Services. (n.d.). *U.S. Department of Health and Human Services policy statement on early childhood career pathways*. <https://www.acf.hhs.gov/ecd/early-childhood-career-pathways>