



Preschool Development Grant Birth through Five (PDG B-5) 2019 Options for Infant/Toddler Bonus Points

The federal Preschool Development Grant renewal FOA offers a substantial opportunity to move the needle on providing high-quality services to infants and toddlers. Bonus points in the scoring rubric are available for a special emphasis on infants and toddlers. Given the current state of quality and availability of infant/toddler care and education services across the country, there is much room for work in this area, and the funding amounts and structure of this grant (three years) provide the resources and time needed to meaningfully advance the field.

This is an opportunity to work with advocates and state policy makers to get commitments to increase state funding for infants and toddlers. These commitments can focus on maintaining efforts from the PDG B-5 grant after three years, or to increase state

funding for infants and toddler to provide a match, or both. Sustaining meaningful systems-change strategies for improving infant/toddler care will require ongoing funding and NOT simply one-time costs.

The following resource uses the rubric from the FOA to help states think through their strategies and decide what may be best suited for their specific context and needs and includes resources to help states on particular topics. Note the order of the strategies is as listed in the FOA. **Strategy #3 is one to consider as a primary or overarching strategy** that can be supported by the other items. While the opportunity to earn bonus points for development or expansion of a pilot is valuable, it's important to note that infants and toddlers should be a vital part of the entire application and firmly integrated throughout any high-quality state mixed delivery system plan.

BONUS–INFANT/TODDLER EMPHASIS

(page 35 of FOA)

Develop a pilot or expand on an existing effort to provide an intensive focus and build capacity for meaningful and high-quality infant/toddler services across the state’s mixed delivery system by addressing one or more of the following:

Strategy Identified in FOA (in bold) and Considerations for Implementation	Resources
<p>1. A. Prioritizing infant/toddler providers in increasing child care subsidy rates.</p> <ul style="list-style-type: none">• When was the last time subsidy rates were updated for infants, toddlers, and two-year-olds?• To what extent do current rates reflect NOT just market rates but the actual cost of care for children from birth to three?• Can the state institute or expand approaches for site-based contracting for infant/toddler slots?• What is the appetite for maintaining rate increases with state funds beyond the three years of the grant? <p>B. OR offering financial incentives for professional development or retention.</p> <ul style="list-style-type: none">• Consider developing and funding partnerships with 2- and 4-year colleges to build pathways for the current workforce to obtain additional qualifications. Is there adequate coursework specific to infant/toddler care and development within higher education? Ensure that these pathways developed address the comprehensive set of supports needed for current workforce to participate.• Are there current structures in place to build a wage supplement specifically targeted to infant/toddler care providers?• What kind of financial support does the state provide to ensure that infant/toddler professionals can access professional development?• What other strategies has the state identified to increase retention among infant/toddler professionals?• How are these issues addressed in the state’s narrative for Activity Four?	<p>Understanding the True Costs of Child Care for Infants and Toddlers. Policy Paper. A state-by-state analysis of the true cost of infant/toddler child care finds it is unaffordable for most working families. Describes issues and some potential solutions.</p> <p>Alternative Methodologies for Rate Setting. Slide deck describing ways to set child care subsidy rates that are alternative to use of market rate surveys. Includes implications for infant/toddler care. Includes state examples.</p> <p>Building Appropriate Pathways to Support the Infant/Toddler Workforce</p> <p>Supporting the Infant /Toddler Workforce: A Multi-Pronged Approach is Urgently Needed. A description of the issues and a set of far reaching recommendations to address the current challenges.</p> <p>How to Build a Strong Infant/ Toddler Workforce. Policy paper that provides a roadmap including research, recommendations, and a rationale for investing in a comprehensive early childhood professional development system to ensure that our infants and toddlers have the opportunity to reach their full potential.</p> <p>State Initiative Article Collection. This collection of articles describes innovative efforts states have taken to improve outcomes for infants, toddlers, and their families. A few specific examples relevant to this section include:</p> <ul style="list-style-type: none">• Georgia’s Quality Rated Subsidy Grant Initiative Expanded• 2018 CCDBG Increase Allows State Innovation• Pennsylvania Implements Statewide Apprenticeship Program for Early Childhood Educators



Strategy Identified in FOA (in bold) and Considerations for Implementation

2. **Establishing staffed family child care networks to provide quality improvement supports for home-based child care providers serving infants and toddlers.**

These networks are quality support structures that reflect FCC needs. Networks are a flexible, responsive way to meet the needs of FCC providers across a state. Quality supports may include coaching and mentoring, access to training, peer-to-peer supports, substitute pools, and business supports such as CACFP program or subsidy administration.

- Are there networks for family child care providers that could be expanded? If not, consider implementing pilots for a network.
 - What supports are currently available for family child care providers? Is there consensus about what family child care providers need? How is the family child care network responsive to these needs?
 - Often, shared service elements are part of the networks. Do you have a shared services approach that you can expand?
 - Are current subsidy rates adequate to support the real cost of family child care homes? If not, consider strategy 1A targeted to family child care in conjunction with this strategy.
 - How is this issue addressed in the state's narrative for Activity Four?

Resources

[Staffed Family Child Care Networks: A Research-Informed Strategy for Supporting High-Quality Family Child Care.](#) A brief describing the research-based elements of implementing a staffed family child care network. Two state examples are included.

[Staffed Family Child Care Networks: A Strategy to Enhance Quality Care for Infants and Toddlers.](#) This paper defines staffed Family Child Care (FCC) networks and examines how they are uniquely positioned to improve the quality of care that infants and toddlers receive in FCC settings.

See [Staffed Family Child Care Network Cost Estimation Tool User's Guide](#)

For more information on shared services, go to <https://opportunities-exchange.org/>.

Strategy Identified in FOA (in bold) and Considerations for Implementation

3. Creating new high-quality early care and education programs or slots for infants and toddlers in child care “deserts” with a limited supply of infant/toddler care.

(This is a substantial and complex undertaking, yet one needed by almost all states. Consider incorporating these strategies into activities four and five, as well as the bonus section.)

- Create a high-quality infant/toddler contract funded program to establish consistency in funding linked to quality standards such as that at higher levels of QRIS.
- If your state has already made significant progress on infant/ toddler child care quality, consider how contracts and other strategies can move IT child care toward meeting EHS program standards. These standards, supplemented with requirements for increased qualifications, represent a national gold standard for early care and education in the first three years of life. Ensure that the following requirements from EHS, which drive quality, are part of the program:
 - o Ratios and group size.
 - o Staff qualifications.
 - o Teacher/caregiver compensation.
 - o Adequate time for planning is included in staffing patterns.
 - o Meaningful family engagement.
 - o Meaningful, regular supervision with professionals with a deep knowledge of infants and toddlers and how to best support their development.
 - o NOTE: eligibility requirements can be modified to support state needs.
- When working with existing programs, ensure that a sequence for increasing requirements is carefully planned and coordinated with rate and/or contract increases. Consider phasing in requirements and what type of supports it will really take for programs to do things like hire additional staff with needed qualifications or work with existing staff to support them in attaining needed qualifications.
- Work with your state Head Start Association to find out how many applications there were in your state for the 2018 round of the federal Early Head Start Child Care Partnerships.¹ There may be interest and capacity among those providers and this application can be an opportunity to build state-level capacity and infrastructure to support state-funded Early Head Start. This strategy can also be used to expand state-funded Early Head Start efforts. Carefully review and consider your state strategy and approach; while capacity building may be necessary in some cases, there are also many providers who are ready and able to provide high-quality services with the appropriate financial resources.
- What are the primary barriers limiting availability of quality infant/toddler care? Ensure that specific proposed strategies to carry out this approach address your state specific barriers: financing, facilities, qualified providers, capacity (understanding and ability to serve this population).
- What is the current capacity in your state to serve infants and toddlers? What lessons did you learn from the Needs Assessment about the availability of services?
- Are there preschool providers that are interested in doing this and just need the appropriate knowledge and supports?
- Ensure that your state has a workforce with the specialized knowledge and skills needed for working with infants, toddlers, and their families and that they are appropriately compensated. Caring for infants and toddlers is not a push down of preschool.

Resources

[Georgia's Multi-Part Strategy for Supporting Infants and Toddlers](#) is a three-page June 2018 overview of the state's Quality Rated Subsidy Grant Initiative and the GA Early Language and Literacy grants.

[2018 CCDBG Increase Allows State Innovation](#) is a ZTT brief that highlights how GA uses contracts to increase infant/toddler supply.

[Early Head Start Program Performance Standard Excerpts for Infants and Toddlers](#)

[Six Essential Practices for Relationship-Based Care](#) (from The Program for Infant/Toddler Caregivers). This series of six briefs describes essential program practices, and the supporting research, to ensure quality within family child care and center-based programs that serve infants and toddlers. It addresses the following topics: continuity of care, culturally sensitive care, inclusion, individualized care, primary care, and small groups.

[Charting Progress for Babies in Child Care](#) project links research to policy ideas and examples that support the healthy growth and development of infants and toddlers in child care settings. The project provides resources to help states make the best decisions for infants and toddlers in child care. Fifteen policy recommendations are organized into four categories.

[Infant and Toddler Child Care and Preschool Development Grants Birth-Five Strategies and Examples](#). This paper describes early steps states are taking through PDG B-5 to improve access to and quality of infant-toddler child care.

¹ The Federal Department of Health and Human Services (DHHS), Office of Head Start (OHS) received **nearly 500 highly competitive applications** for the 2018 Early Head Start Child Care Partnership grant and could only fund 18% of those applications because of limited funding.

Strategy Identified in FOA (in bold) and Considerations for Implementation

Resources

4. Adding indicators specific to infants and toddlers in data systems that track children's progress and link these systems with other early childhood system data.

- What does your state need to know in order to better serve infants and toddlers? There is frequently very little data on this age group. What state agencies are in the best position to collect this data?
- Are state agencies able to share data on individual children (i.e., state health agency, human services, education, etc.)? What safeguards are or need to be put in place to ensure privacy of children and families and appropriate consent is obtained?
- Are indicators used to track "progress" meaningful and appropriate? Are they reliable and valid for the purposes that the data are intended to serve?
- Are there broader indicators identified by the Needs Assessment that could be broken out to include a more specific infant/toddler component?
- How does your plan for Data Integration, Management and Data Use (Activity Six) support this work?

[What is Quality Data for Infants and Toddlers?](#) A tool for program planners and policy makers to understand the appropriate uses and limitation of data to inform program and policy planning as it relates to very young children. Includes guidance as well as a tool for planning.

[Data Systems in Early Childhood Systems.](#) This webpage provides examples of state efforts to integrate home visiting data into broader early childhood data systems.

[State Initiative Article Collection.](#) This collection of articles describes innovative efforts states have taken to improve outcomes for infants, toddlers, and their families. A few specific examples relevant to this section include:

- [Vermont's Data Reporting System Helps Build Bright Futures for Their Infants and Toddlers](#)
- [The Utah Early Childhood Data Integration Project](#)

5. Providing infant and early childhood mental health (IECMH) consultation to ECE programs so that caregivers are better able to support very young children's well-being.

- IECMH consultation is a multilevel preventive intervention to improve children's social, emotional, and behavioral health and development. A mental health professional partners with an early childhood professional and program staff to infuse activities and interactions that promote healthy social and emotional development, prevent the development of problem behaviors, and intervene to reduce the occurrence of challenging behaviors.
- Is there an existing infrastructure for ECE mental health consultation? Does the infrastructure include professionals with deep, specialized knowledge and experiences working with infants, toddlers and their families? Is consultation happening at the program, classroom and individual child levels?
- If IECMH consultation is happening in other systems (such as home visiting or Part C early intervention), how are they connected?
- Are existing programs and providers able to make use of mental health consultation or any consultative process? There must be an adequate level of quality for caregivers and staff to make use of this kind of support. Care environments must be adequate – low staff child ratios and small group sizes. Staff should have strong baseline knowledge of infants and toddlers and their development, and their role in supporting infant/toddler development. **Clearly define the roles of all consultants/coaches that may be interacting with programs.**
- Consider what types and how many providers in the state can make use of this type of support. Is this a strategy that is better tied to additional, more foundational changes in program requirements through licensing or other means?
- How is Early Childhood Mental Health addressed in Activity Four?

[Designing an IECMHC Program: Four Essential Building Blocks](#)

The [Diversity-Informed Tenets for Work with Infants, Children & Families.](#) (Tenets) are a set of ten strategies and tools for strengthening the commitment and capacity of professionals, organizations and systems that serve infants, children, and families to embed diversity, inclusion, and equity principles into their work.

[Early Childhood Mental Health Consultation: Policies and Practices to Foster the Social-Emotional Development of Young Children](#) This publication provides an overview of early childhood mental health consultation (ECMHC), a snapshot of current programs across the nation, and some of the challenges and innovations that are shaping the field. Thirteen states are profiled, underscoring the variability of how ECMHC programs are funded, managed, implemented, and staffed. A list of guiding questions is also provided for states to consider in designing and creating their ECMHC program.

[Cross-System Collaboration to Better Support Babies in Illinois: Developing a Unified Model for Infant and Early Childhood Mental Health Consultation.](#) This case study describes Illinois' effort to pilot a unified model of IECMH consultation in child care, home visiting and preschool settings.

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<p>6. Creating an Infant/Toddler Specialist Network to ensure child care resource and referral staff have expertise in early childhood development.</p> <ul style="list-style-type: none"> • See above. Consider IT Specialists Network in the context of more foundational improvements so that staff and programs can make good use of this type of support. • If there are other consultants or coaches already in place (such as health consultants or QRIS coaches), clearly identify the role of each and how they will coordinate when working with the same program. • Consider creating and implementing specialized coaching credential or acknowledgement of individuals who have specific and specialized knowledge in working with infants, toddlers, and their families. • How does this relate to work proposed under Activity Four? 	<p>Developing and Implementing an Infant/Toddler Specialist Network A Technical Assistance Guide for States and Territories</p> <p>State Initiative Article Collection. This collection of articles describes innovative efforts states have taken to improve outcomes for infants, toddlers, and their families. A few specific examples relevant to this section include:</p> <ul style="list-style-type: none"> • Virginia Infant and Toddler Specialist Network • New York State Infant Toddler Technical Assistance Resource Network
<p>7. Integrating infant/toddler early learning guidelines, standards, core knowledge and competencies, and credentials into the QRIS.</p> <ul style="list-style-type: none"> • Are the distinct and specialized needs of infants and toddlers called out in the state QRIS? • Consider developing and implementing a specific strand for infant/toddler child care providers within the QRIS (for both family child care and center-based care). Implement standards for approved curricula and learning approaches specific to infants and toddlers, lower ratios for infants and toddlers, assignment of a primary caregiver and continuity of care. • Include tiered reimbursement tied to specific improvements as well as grants to help providers initially reach new requirements (group size, ratios, etc.). • How is specialized knowledge of infants and toddlers currently recognized in the QRIS? Are there requirements for staff with specialized infant/toddler certifications or credentials? Consider adopting and/or developing such a credential. • How might this be supported by the work to align credentials and coursework in Activity Four? 	<p>QRIS Compendium Fact Sheet Infants and Toddlers Addressed in QRIS</p> <p>Supporting Babies Through QRIS: Inclusion of Infant/Toddler Quality Standards</p>

Home visitation programs are also an important resource related to supporting infants, toddlers, and their families. Given page limitations, you will need to choose where to put various pieces of content. For some states, the focus on home visitation might better fit in the coordinated intake bonus point section. For others, this infant/toddler section may be where you want to add to your home visiting discussion in the main body of the proposal. ZTT has shared some good examples of how states discussed home visiting in their planning applications ([Home Visiting and Preschool Development Grants Birth-Five Strategies](#)). In addition, you may want to check out [Essential Components of a Statewide Home Visiting System](#).

This BUILD resource tool supports discussion and decision-making on building and refining a statewide home visiting system by defining each component, outlining the impact and importance of the component, and delineating common activities of the component. The tool includes questions to prompt discussion of key factors in the implementation of the systems approach to planning in your state and individual context.

This section also may be a good place to further discuss ways to connect babies to other critical services such as WIC and health insurance as part of the broader systems lens.

Prepared by Karen W. Yarbrough for the BUILD Initiative with thoughtful input from Jeanna Capito, Joan Lombardi, Abby Thorman, Elliot Regenstien, and staff from the BUILD Initiative and ZERO TO THREE.