

2023

In Brief: Learning from the New Round of PDG B-5 Systems Building Grants



Infant/Toddler-Focused Strategies

Prenatal-to-Three
CAPACITY
BUILDING **HUB**
POWERED BY THE BUILD INITIATIVE



ZERO TO THREE
Early connections last a lifetime



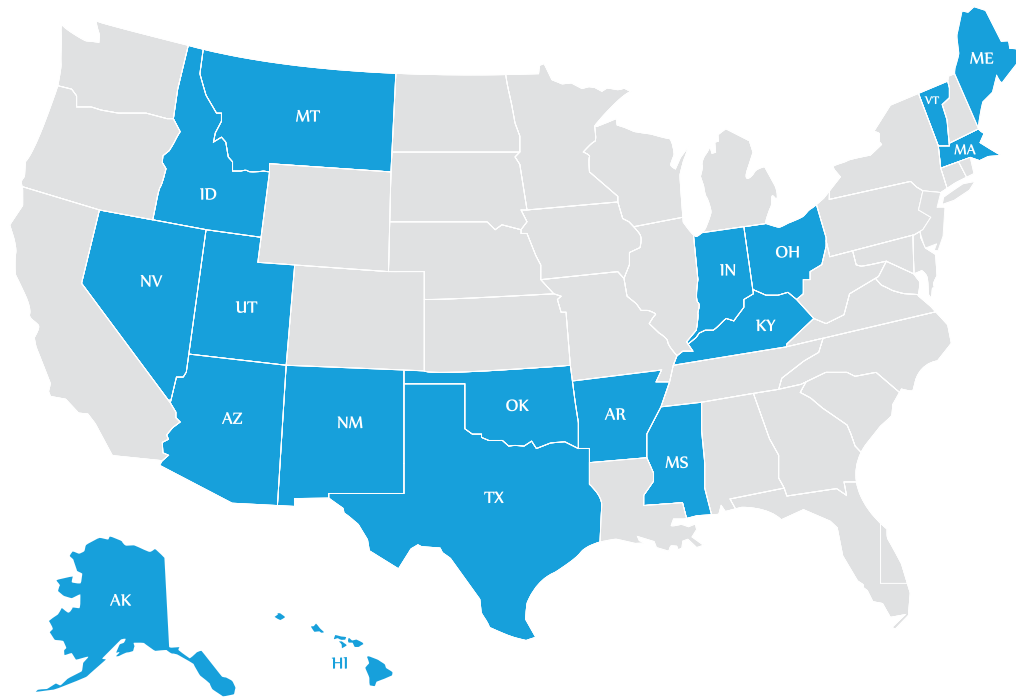
Introduction to *In Brief: Learning from the New Round of PDG B-5 Systems Building Grants*



Twenty-one states are drawing on the Preschool Development Birth through Five Renewal Grant (PDG B-5 Renewal) to advance their early childhood care and education (ECCE) systems. These states are undertaking a rich and broad variety of work with this infusion of resources. The BUILD Initiative, ZERO TO THREE, and Start Early, all of whom are members of the National TA Collaborative to Maximize Federal Early Childhood Investments, collaborated on these briefs to share critical early childhood issues that states and their partners are addressing by using the information available in the PDG B-5 Renewal applications. These grants not only provide immediate benefits and long-term systems implications for the states and their communities; they also shed light on the state of the field, which we attempt to outline through this set of briefs.



Figure 1 Map of PDG B-5 Renewal States 2023



PDG B-5 Renewal Grants are being used by states across a wide range of content areas in the early childhood care and education system, and in a variety of ways. The federal funding provides a systems framework and seeks to offer flexibility within that framework. The federal funding came with overall guidance focused on coordinating the programs and services within the early childhood care and education system. It aimed to help young children enter kindergarten prepared and ready to succeed by targeting support to populations the states deem priorities based on their assessments of need, particularly their new understanding of the impact of COVID on families and communities. The guidance placed significant emphasis on the early childhood care and education workforce and doing what it would take to attract, train, and retain the workforce needed to maintain high-quality and supportive environments that promote child development and can meet families' unique logistical, linguistic, cultural, and financial needs. Within that broad framework, however, states had enormous latitude. This series of briefs will make clear that states are charting their own course, with many strategies being used to develop and improve their early childhood systems.





States are using the federal funding to build capacity, create infrastructure, provide direct services, and pilot work that is new for them. This work is occurring within a broad framework provided by the federal government. As the review of the grant applications in this series of briefs will make clear, states chart their own course when it comes to early childhood system development. States are working in many varied and exciting ways as they use these resources to take action to improve their ECCE systems; they are undertaking many different projects and initiatives and, often, multiple projects under each of the required activities.

States are using the federal funding to build capacity, create infrastructure, provide direct services, and pilot work that is new for them.

Our review suggests that states seem hesitant to take too long a view for their PDG B-5 Renewal plans. There are many possible explanations for this. Perhaps it is because each iteration of the federal PDG B-5 competition has been different, and states do not see PDG B-5 as a stable, continuous funding source. It could also be that state decisions that seem to focus on the shorter term could stem from the need to manage expectations and produce near-term results. There could be a lack of confidence amongst the state and territory grantees that state funding will be available to sustain the work. Or it may be that the broad framework used in the PDG B-5 competition, with so many possibilities identified with each of the required activity areas, detracts from states' ability to have a sharp focus, and leads to many responsive, diffuse strategies. We must ask: Would the children and families who want and need early childhood care and education, the workforce that delivers it every day, and the states be better off if the states understood that they could choose to have a concentrated focus on a few projects rather than on so many?

This series of briefs focuses attention on several topics within PDG B-5 Renewal implementation activities. Not all critical topics or aspects of PDG B-5 Renewal plans are covered, such as updates to needs assessment and strategic plans, but we anticipate that other organizations will continue to analyze this rich set of plans and share their analyses. We note, as well, that the briefs are grounded in the plans submitted by the states to the federal government. States may modify their plans, and their grant submissions did not allow for the states to provide in-depth information.

To access the full set of briefs in this series, which are being produced throughout 2023, please visit: <https://buildinitiative.org/learningfrompdgb-5systemsbuildinggrants/>

Acknowledgements

With great thanks to the team: BUILD consultants Erin Arango-Escalante, Harriet Dichter, and Ashley LiBetti and BUILD staff Tameika Leslie and Susan Hibbard; ZERO TO THREE staff Jared Busker and Katrina Coburn; and Start Early staff Judy Reidt-Parker. Child Trends is publishing a separate brief; we appreciate Carlisle King for her engagement and partnership as part of the TA Collaborative.

We express deep appreciation to the Ballmer Group, Care for All with Respect and Equity (CARE) Fund, the George Gund Foundation, the Irving Harris Foundation, and the W. Clement & Jessie V. Stone Foundation for their support of the entire series and to the Pritzker Children's Initiative and Ballmer Group for their support of the brief on infant/toddler issues. We also appreciate the many individuals working in states who invested their time in reviewing and editing information about their states.



Why Infant/Toddler-Focused Strategies?

Children’s brains grow faster between birth and age three than at any later point in life, forming more than one million new neural connections every second.¹ When babies have nurturing relationships and high-quality early learning experiences, these neural connections are stimulated and strengthened, laying a strong foundation for school readiness and success in school and beyond.

Effective state policies and programs can help ensure that our youngest children get the best possible start. Often, this age group is left behind—at the systems level, where it is forced to fit into a larger system of 0-5 or 0-8, and at the resource level, where it is allotted the fewest public dollars. The higher cost of early care and education for infants and toddlers often leaves the needs of these families far behind just when it is so essential to provide high-quality nurturing experiences designed for babies. PDG B-5 Renewal 2023 funding provides an opportunity for states to enhance and expand policies and programs to better meet the needs of today’s families with infants and toddlers.

Systems that support children prenatal-to-three are complex and should be highly integrated. This brief highlights the ways that states are standing up and weaving together system components to better meet the needs of their families with the youngest children. Programs and projects described here may be time-limited or proposed as pilots with hopes for further funding to continue or expand services. All the strategies that states are pursuing through PDG B-5 Renewal plans are necessary to support the full spectrum of infant, toddler, and family needs related to early childhood care and education (ECCE). The brief provides a high-level review of strategies for and innovations in providing services and ensuring access to programs that are specifically for infants and toddlers.

Discussion of Infant/Toddler-Focused Strategies

PDG B-5 Renewal plans were most likely to direct infant/toddler-focused dollars into five categories: 1) home visiting, 2) infant and early childhood mental health, 3) infant/toddler child care access, 4) infant/toddler-focused professional development and coaching, and 5) systems to enhance access for families with infants and toddlers. Table 1 provides an overview of the five areas and 25 strategies that are addressed by state plans for PDG B-5 Renewal. A discussion of each of these five areas, with highlights from the strategies being used, is found after the table.

Systems that support children prenatal-to-three are complex and should be highly integrated.

¹ Thompson, R. A. (2001). Development in the first years of life. *The Future of Children*, 11(1), 20–33.

**Table 1. Infant/Toddler-Focused Strategy Overview**

INFANT/TODDLER-FOCUSED STRATEGY	AK	AZ	AR	DE	HI	ID	IN	KY	ME	MA	MS	MT	NV	NM	ND	OK	OH	PA	TX	UT	VT	
Home Visiting																						
Establish coordinated intake and referral																						
Enhancing home visiting systems	•																				•	
Integrate Infant Early Childhood Mental Health (IECMH) into home visiting programs				•								•										
Pilot home visiting in alternate settings	•												•									
Pilot universal home visiting				•								•										
Infant and Early Childhood Mental Health (IECMH)																						
Analyze supports and make recommendations																				•		
Build IECMH capacity		•				•																•
Expand IECMHC	•											•				•						•
Expand IECMH virtual office hours																		•				
Implement IECMH cross sector				•																•		
Pilot IECMHC											•											
Infant/Toddler Child Care Access																						
Support Head Start slot conversion to Early Head Start														•								
Implement annual inventory	•																					
Implement compensation strategy					•																	
Implement contracted slots				•																		
Offer grants to communities			•														•					
Offer grants/stipends to programs		•			•			•			•	•										
Infant/Toddler-Focused Professional Development and Coaching																						
Create infant/toddler certifications and credentials			•	•				•														
Deploy infant/toddler specialist network			•																			
Establish or enhance coaching strategies			•						•		•						•					
Support apprenticeships				•																		
Systems that Enhance Access for Families with Infants and Toddlers																						
Expand Help Me Grow									•											•		
Establish coordinated intake and referral														•								
Provide subgrants to strengthen local systems										•												
Streamline enrollment																	•					



Home Visiting



Table 2. Home Visiting

	AK	DE	MT	NV	NM	UT
Establish coordinated intake and referral					•	
Enhancing home visiting systems	•					•
Integrate Infant Early Childhood Mental Health (IECMH) into home visiting programs		•	•			
Pilot home visiting in alternate settings	•			•		
Pilot universal home visiting		•	•			

Home visiting is a two-generation approach to serving the varied needs of families with an infant or toddler. Trained home visitors teach parents about early developmental milestones and other appropriate expectations for very young children, as well as help parents promote good health and keep their homes safe for babies and toddlers, use effective parenting practices, and access additional resources within their communities. Several home visiting programs have been shown to be effective at improving one or more aspects of family well-being. Yet, in most communities, the need for home visiting services far outpaces current capacity.²

While all states receive federal dollars via the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, those dollars alone do not allow for all eligible children to be served. State PDG B-5 Renewal plans reflect a desire for expansion and innovation to reach more children and impact a broader range of families.

States proposed the following home visiting strategies in their applications:

- **Establish a coordinated intake and referral system** – *New Mexico* plans to establish a coordinated intake and referral system for both home visiting and Early Intervention. The aims are to improve coordination of services for families, prioritize family needs and preferences, and minimize duplication of services across programs.
- **Enhance home visiting systems** – Both *Alaska* and *Utah* offer strategies for enhancing current supports. In *Alaska*, the state plans to establish a state Parents as Teachers (PAT) office for oversight and expansion of home visiting programs. The new office will provide multiple training and technical assistance opportunities, implementation of a statewide home visiting alliance to ensure all home visiting professionals are providing high-quality services to families as well as coordination and hosting of an annual summit. In *Utah*, local health departments will hire care coordinators to enhance access, meeting families at a time that is convenient for them, building relationships, and connecting families with appropriate supports as an enhancement to home visiting (as opposed to a service expansion).
- **Integrate Infant and Early Childhood Mental Health (IECMH) into home visiting programs** – *Delaware* and *Montana* plan to integrate infant and early childhood mental health consultation into their existing home visiting structures. To do this, *Delaware* will build infrastructure needed to expand IECMH consultation into each of the state's four home visiting programs to increase home visitor knowledge of child and adult mental health, increase home visitor knowledge and use of community resources

² National Home Visiting Resource Center. (2017). Home Visiting Yearbook. Retrieved from https://www.nhvr.org/wp-content/uploads/NHVR_C_Yearbook_2017_Final.pdf



Intro to In Brief



Why



Discussion



Home Visiting



Infant & Early Childhood
Mental Health (IECMH)



I/T Child Care
Access



I/T-Focused Professional
Development & Coaching



I/T Systems



Looking Forward

to support mental health, reduce home visitor stress for increased home visitor job satisfaction and retention, and increase family engagement and retention within home visiting programs. *Montana* will use funds to launch an expanded IECMH pilot in home visiting and Part C.

- **Pilot home visiting in alternate settings** – Two states plan to expand the typical delivery of home visiting services into other settings, including child care centers and homes and families with incarcerated parents, further supporting families that need it most but may not be able to receive services at home all the time. In *Alaska*, a pilot program in up to two communities will bring Parents as Teachers (PAT) home visitors and Infant Learning Program (ILP) providers (when applicable) into licensed child care facilities or homes to provide services. This will allow working families to access multiple supports with less stress while providing additional on-site assistance to the child care workforce at the same time. *Nevada* plans to use subgrants to expand Early Head Start home visiting services to both the incarcerated or inpatient biological parent and the caregiver and child. The state’s existing program is primarily focused on parents who are incarcerated who have children ages 0-5. PDG B-5 Renewal funds will expand these services already provided to pregnant inmates who begin services during their incarceration but are encouraged to continue to receive services after they are released back into the community. This unique expansion opportunity proposes to work with the biological parent, the caregiver, and the child to support parent response to trauma, enriching the home environment to meet the developmental needs of the child and build positive attachments and relationships between child, parent, and caregiver.
- **Pilot universal home visiting** – Both *Montana* and *Delaware* will use PDG B-5 Renewal funding to implement universal home visiting pilots in targeted communities. To do this, *Montana* will award annual subgrants to pilot universal home visiting services in five communities of highest need, based on the 2020 MIECHV State Needs Assessment, with at least one site within tribal jurisdiction. It will expand to 10 sites over the life of the grant. Likewise, *Delaware* plans to develop a request for proposals to identify at least one birthing facility that has the capacity to implement Family Connects. The project will be closely monitored and evaluated and if desired outcomes are achieved, implementation of this model will occur statewide.

“Two states plan to expand the typical delivery of home visiting services into other settings, including child care centers and homes and families with incarcerated parents.”



Table 3. Infant Early Childhood Mental Health

	AK	AZ	DE	ID	MS	MT	OK	PA	VT	TX
Analyze existing IECMH supports and make recommendations										•
Build IECMH capacity		•		•					•	
Expand IECMH	•					•	•		•	
Expand IECMH virtual office hours								•		
Implement IECMH cross sector			•							•
Pilot IECMH					•					

Infant and Early Childhood Mental Health (IECMH) refers to how well a child develops socially and emotionally from birth to age five. It is defined as the capacity of a child from birth to age five to experience, express, and regulate emotions; form close, secure interpersonal relationships; and explore their environment and learn, within the context of family and cultural expectations. Infant/toddler mental health is best supported by a continuum of services that support the prevention of infant and early childhood mental health issues, as well as the provision of developmentally appropriate treatment services for infants and young children suffering from mental health disorders, including the development of a highly skilled, adequately funded, and diverse clinical workforce.³

PDG B-5 Renewal plans show a broad landscape of where states are in their IECMH journeys. The breadth and depth of services varies widely as do approaches to service delivery. States proposed the following IECMH strategies in their PDG B-5 Renewal applications:

- **Analyze existing supports and make recommendations** - *Texas* plans to provide two IECMH reports. The first report will provide details on the current landscape of children’s mental health infrastructure and resources across the state. The second will focus on the implementation science of infant and early childhood mental health consultation, including best practices, case studies, and impact. It will also provide recommendations for a statewide structure to provide early childhood information to families and ECCE providers, as well as administrative oversight for the IECMH consultants.
- **Build IECMH capacity** – *Arizona, Idaho, and Vermont* propose capacity-building activities with *Arizona* focusing on internal staff capacity in the Program for Infant/Toddler Care (PITC) Train-the-Trainer model and *Idaho* building statewide capacity to support IECMH best practices via a partnership with AIM Early to support foundational IECMH training and hire trainers/coaches to conduct training for educators and families. *Idaho* also plans to develop a foundational IECMH training and hire trainers/coaches to conduct training for educators and families. The state will also increase the number of ECCE workforce members with the Association for Infant and Early Childhood Mental Health (AIM) endorsement by using PDG-R funds to cover both the costs of the endorsement and membership in AIM. *Vermont* seeks to implement three Parent Child Interaction Therapy sites, deliver clinician training, provide access to

³ ZERO TO THREE. (2016). Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take To Advance Infant and Early Childhood Mental Health.



trainer supervision, send clinicians to the national conference, and provide supplies/equipment for implementation. Additionally, *Vermont* will expand Child Parent Psychotherapy access to public mental health centers and more private practice clinicians.

- **Implement and expand IECMH consultation** – *Alaska, Montana, Oklahoma,* and *Vermont* aim to implement and expand infant and early childhood mental health consultation. In addition to expanding the consultant workforce, *Montana* will issue subgrants to fund a cohort of mental health providers through an IECMH credentialing course, and *Oklahoma* will partially fund eight full-time regional consultants that will supplement PDG B-5 dollars with a fee-for-service delivery structure. *Vermont* will implement IECMH as a strategy to promote inclusion in the classroom and reduce suspension and expulsion.
- **Implement IECMH cross sector** – Two states will venture into cross-sector efforts with *Delaware* piloting mental health consultation in each of the state’s four home visiting programs. The integration will be evaluated on four measures: increased home visitor knowledge of child and adult mental health, increased home visitor knowledge and use of community resources to support mental health, reduced home visitor stress, and increased family engagement and retention within the program. *Texas* will leverage an existing IECMH/Early Childhood Intervention pilot. Early Intervention contractors throughout *Texas* will have access to IECMH consultants who assist in identifying possible social-emotional/mental health concerns and needs; providing guidance and consultation to help providers support positive, nurturing parent-child relationships; and offering strategies and guidance for prevention and mitigation of social-emotional/mental health delays. Based on the success of this pilot, *Texas* plans to expand this effort for Years 2 and 3 to child care providers and home visitors.
- **Offer IECMH virtual office hours** – In *Pennsylvania*, where virtual office hours have become the universal tier of the established statewide IECMH Program, the state will use PDG B-5 Renewal funding to hire additional staff to provide this support to families and other ECE system partners.
- **Pilot IECMH** - *Mississippi* will use funds to support a pilot program of IECMH by making professional consultants and a psychologist supervisor available to early learning programs participating in Pyramid Implementation across the state.

Delaware's integration will be evaluated on four measures: increased home visitor knowledge of child and adult mental health, increased home visitor knowledge and use of community resources to support mental health, reduced home visitor stress, and increased family engagement and retention within the program.



Intro to In Brief



Why



Discussion



Home Visiting



Infant & Early Childhood
Mental Health (IECMH)



I/T Child Care
Access



I/T-Focused Professional
Development & Coaching



I/T Systems



Looking Forward



Table 4. Infant/Toddler Child Care Access

	AK	AZ	AR	DE	HI	KY	MS	MT	NM	OH
Convert Head Start slots to Early Head Start									•	
Implement annual inventory	•									
Implement compensation strategy					•					
Implement contracted slots				•						
Offer grants to communities			•							•
Offer grants/stipends to programs		•			•	•	•	•		



All families should have access to high-quality, affordable child care that best suits their needs across a variety of settings whether a child care center, family child care home, or family, friend, and neighbor care. Care that supports babies’ healthy development includes nurturing relationships with caregivers, continuity and stability of care, and an environment that is safe for young children to explore and learn.



Unfortunately, for decades, child care for infants and toddlers has fallen far short of what children and families need, and the loss of child care capacity as well as ongoing service disruptions resulting from the COVID 19 pandemic have left children and families facing an access-to-care crisis. Many families face a variety of obstacles to accessing quality care including cost, availability by location, and care needs during non-standard hours. Even before COVID-19, most families lived in areas defined as child care deserts for infant/toddler care—areas in which licensed child care supply is far short of the number of families that need it.⁴ Moreover, families struggle to find child care options that meet their cultural and linguistic needs. This lack of access directly impacts the participation of parents, particularly mothers in the workforce, threatening family economic security.⁵



About half of PDG B-5 Renewal plans made specific mention of the child care crisis as it impacts infants and toddlers and their families. These states had a continuum of approaches varying from creating standard reports to identify the scope of the problem to introducing targeted strategies such as compensation to ensure a stable workforce and contracted slots to ensure a space for babies in child care facilities. A few states took approaches that show an understanding of how communities might hold the best solutions to the problem and plan to transfer some of the financial power to local organizations via subgrants.



States proposed the following infant/toddler child care access strategies:

- **Convert Head Start slots to Early Head Start** - *New Mexico* plans to use 10 percent of its annual PDG B-5 Renewal award to make two to three subgrants to support conversion of Head Start slots to 40 Early Head Start slots in three rural counties with oversaturation of pre-K options and/or under-enrollment of Head Start slots.



⁴ Falgot, M., Jessen-Howard, S., & Malik, R. (2020). Costly and Unavailable: America Lacks Sufficient Child Care Supply for Infants and Toddlers. Retrieved from <https://www.americanprogress.org/article/costly-unavailable-america-lacks-sufficient-child-care-supply-infants-toddlers/>

⁵ University of Oregon. (2021). Rapid Assessment of Pandemic Impact on Development Early Childhood Household Survey: Mothers of Young Children Speak on Work During the Pandemic. Retrieved from uorapidresponse.com





Intro to In Brief



Why



Discussion



Home Visiting



Infant & Early Childhood
Mental Health (IECMH)



I/T Child Care
Access



I/T-Focused Professional
Development & Coaching

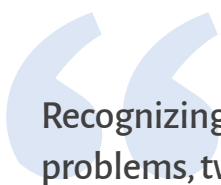


I/T Systems



Looking Forward

- **Implement an annual inventory** – *Alaska* plans to identify all programs that provide and support infant/early childhood education across the state and produce and publicize an annual inventory of all early childhood care and education programs by community and region. Barriers and obstacles to accessing early childhood education programs, including equity of access, and developing and implementing strategies to address the gaps, needs, barriers, and inequities, will be identified.
- **Implement a compensation strategy** – *Hawai'i* plans to stabilize the ECCE workforce and build off the use of federal funds as stop-gap funding to improve compensation until more permanent solutions are put in place. Consequently, the state plans to develop, implement, and evaluate a pilot workforce wage stipend initiative targeting eligible infant/toddler caregivers who work in licensed centers or regulated FCC homes, as well as those who are enrolled in ECCE college courses. The purpose of this pilot wage stipend program would be to increase the retention of well-qualified staff by increasing their compensation as they obtain more education credits.
- **Implement contracted slots** – *Delaware* will offer contracts for infant/toddler seats in high-need areas of the state by expanding the state-funded preschool program to include infants and toddlers meeting specific eligibility requirements.
- **Offer grants to communities** – Recognizing that communities often hold the solutions to the hardest problems, two states will offer subgrants directly to communities to improve access for families with infants and toddlers. *Arkansas* will use funds to continue an American Rescue Plan Act (ARPA)-inspired supply-building grant program. Funding can be used for start-up expenses, minor renovations, salaries, equipment, or other items needed to operate a high-quality early childhood education facility. *Ohio* will target communities in rural areas. The state anticipates supporting the creation of 85 new classrooms and 15 family child care programs across all age groups to increase capacity to serve more than 1,200 children.
- **Offer grants to programs** – Five states will offer subgrants directly to programs in a variety of ways. *Arizona*, *Kentucky*, and *Mississippi* will offer startup or expansion grants to programs serving infants and toddlers in high-need communities across the state. Additionally, in *Arizona*, existing programs, including Head Start, will have the opportunity to offer extended-day services, if not currently offered, and reduce student-teacher ratios. *Hawai'i* will expand Early Head Start-Child Care Partnership (EHS-CCP) funding opportunities by linking subsidy support to families with EHS federal funding to promote EHS' quality comprehensive service model through partnerships with family child care or center-based care providers and EHS. *Montana* plans to expand in-home child care options, including Family, Friend, and Neighbor (FFN) and Relative Care Exempt (RCE), by designating one grant program specialist to focus on expansion initiatives, who will work in collaboration with other programs to better sustain and expand in-home child options like FFN and RCEs. Additionally, the state will offer stipends to existing EHS-CCP's to provide a stipend to licensed programs and EHS programs currently participating in the partnership. These stipends will support continued participation, quarterly convening, and potential slot expansion.



Recognizing that communities often hold the solutions to the hardest problems, two states will offer subgrants directly to communities to improve access for families with infants and toddlers.



Infant/Toddler-Focused Professional Development & Coaching

Table 5. Infant Toddler Focused Professional Development and Coaching

	AK	AZ	AR	DE	HI	KY	ME	MS	NM	OH
Create or revise infant/toddler-specific certifications and credentials			•		•	•				
Deploy infant/toddler specialist network			•							
Establish or enhance coaching strategies			•				•	•		•
Support apprenticeships					•					

Early childhood professionals play key roles in supporting and nurturing all aspects of learning and development. In the best-case scenarios, professionals partner with families; create systems of primary care; support environments that protect, engage, challenge, and nurture learning and development; and coordinate with colleagues across sectors and disciplines to provide comprehensive services.⁶ High-quality infant/toddler child care depends on a well-supported workforce. In addition to compensation, benefits, and job security, early educators need age-specific, accessible, engaging, and effective professional development opportunities. Nationwide, the development of specific competencies and professional pathways for infant/toddler professionals is still in its infancy. PDG B-5 Renewal plans show investment in building an infrastructure that will support this crucial workforce in creating developmentally appropriate, high-quality learning experiences for children under the age of three.

States proposed the following infant/toddler-focused professional development, coaching strategies, and career path improvements:

- Create or revise infant/toddler-specific certifications and credentials** – *Arkansas* and *Hawai'i* will revise and expand their existing Infant/Toddler Certificates with *Arkansas'* infant/toddler writing team developing a professional development continuum. A professional development workgroup will develop a plan to support practitioners in gaining the identified competencies through training and mentoring/coaching and will revise or develop new trainings to support the revised certificate. *Hawai'i* will expand its certificate pathway to the four campuses of the University of Hawai'i Community College system with ECCE associate degree programs, providing technical assistance, offering marketing support, and identifying infant/toddler practicum sites in different geographic areas. Meanwhile, Honolulu Community College will offer more sections of Infant-Toddler Caregiver Certificate of Competence in the Fall of 2023. *Kentucky* will take a different approach with a pilot of infant/toddler care badges that will recognize the achievement of training “stacks” that contribute to earning a credential. Badges will be available in focused areas such as inclusion, infant/toddler care, trauma-informed care, behavior and mental health, or parent and family engagement.
- Deploy an infant/toddler specialist network** – In *Arkansas*, this grant will provide an opportunity to re-establish the Arkansas Infant/Toddler Specialist Network to discuss the needs and strengths of the state’s infant/toddler caregivers and generate ideas for supporting them.

⁶ Dean, A., LeMoine, S., & Mayoral, M. (2016/2019). ZERO TO THREE Critical competencies for infant-toddler educators. Washington D.C.: ZERO TO THREE.



- **Establish or enhance coaching strategies** – Several states are employing coaching strategies as it is a known, effective model for improving classroom quality and teacher effectiveness. *Arkansas* is taking a strong approach to coaching by employing three sub-strategies. First, the state will extend support for trainers, mentors/coaches, and technical assistance consultants to focus on effective coaching strategies to use with infant/toddler teaching staff. The effort is designed to strengthen coaches who have less direct experience in infant/toddler classrooms and to provide an opportunity for more experienced infant/toddler specialists to refresh their knowledge of daily life in infant/toddler groups. The state will also expand the coaching opportunities for infant/toddler educators via targeted coaching with the infant/toddler specialist network and the LearnERS CQI Coaching Framework (from the Branagh Information Group). Finally, *Arkansas* will begin a pilot of LENA Grow, improving the quality of infant/toddler classrooms to better understand how infant/toddler teachers interact with their classrooms. In *Maine*, First 4 ME will deliver two-generation, community-driven whole-family programming and support services to vulnerable families; provide support and coaching to child care providers to ensure high-quality ECE in center and family child care settings; and ensure access to increase social, emotional, physical, and educational outcomes for children birth-to-kindergarten entry. *Mississippi* will launch a pilot to expand the state’s coaching community consortium to include early learning professionals who work in any infant/toddler (IT) family- and center-based programs. Participants will have access to a Community of Practice and will receive notification of training dates, support materials, free CLASS observation reliability training, and leadership opportunities in ECCE trainings and conferences. *Ohio* plans to use funds to expand the existing LENA Grow pilot into additional infant/toddler classrooms throughout the state.
- **Support apprenticeships** - *Hawai’i* plans to considerably expand access to apprenticeships with an infant/toddler specialization by adding additional community colleges as sponsors for the existing Registered Apprenticeship Program or by developing their own apprenticeship programs, with interested employers providing ECCE services. The state also has plans for an apprenticeship program at the bachelor’s level at University of Hawaii Manoa College of Education.

“Several states are employing coaching strategies as it is a known, effective model for improving classroom quality and teacher effectiveness.”



Table 6. Systems that Enhance Access for Infants, Toddlers, and Families

	ME	MA	NM	OH	TX
Expand Help Me Grow	•				•
Establish coordinated intake and referral			•		
Provide Subgrants to strengthen local systems		•			
Streamline enrollment				•	

Well-designed state early childhood systems are essential for delivering services to infants, toddlers, and their families that are high-quality, coordinated, and targeted to meet families' needs. Unfortunately, the patchwork array of early childhood programs currently operating in states is typically housed across various state agencies with multiple funding sources which hinders the effectiveness of supports for infant/toddler development and can make it challenging for policymakers to use funds efficiently and to track outcomes over time. Inadequate system infrastructure and mechanisms for collaboration may result in uneven quality and inconsistent eligibility requirements across programs; difficulty for families in learning about and accessing services; and professionals facing uneven access to professional development resources.

A handful of states is using PDG B-5 Renewal funds to improve families' access to comprehensive, high-quality programs to support infants and toddlers. States proposed the following systems to enhance access:

- **Expand Help Me Grow (HMG)** - The PDG B-5 Renewal will build greater capacity in *Maine's* HMG system to support outreach in immigrant communities to help educate families in their own cultural context about the importance of developmental screenings and will connect families to preventive health and early intervention services, including HMG, to ensure better care coordination services and access to primary care providers. In *Texas*, subgrant strategies will support a comprehensive B-5 ECCE system by enabling local organizations to utilize early childhood systems-building frameworks like the HMG System Model. Funding will be used to implement the HMG System Model and as seed funding to work toward readiness for full implementation of the HMG System Model in the future.
- **Establish coordinated intake and referral** - *New Mexico* will establish a coordinated intake and referral system for home visiting and Early Intervention to improve coordination of services for families, to prioritize family needs and preferences, and to minimize duplication of services. The system will be user-friendly to encourage clinicians and other providers to make referrals to home visiting and early intervention.
- **Provide subgrants to strengthen local systems** - *Massachusetts* is considering a competitive process to award up to 10 subgrants to work towards building a comprehensive, coordinated local system that is responsive to the needs of families, educators, and programs and includes attention to services for infants and toddlers as well as preschoolers.
- **Streamline enrollment processes** - *Ohio* will increase access to WIC and SNAP via singular enrollment, allowing more families to receive nutrition benefits to improve maternal and child health as well as reduce infant mortality.



Looking Forward

The science of early development emphasizes the need for solutions that ensure all babies and families have good health, strong families, and positive early learning experiences. The priorities reflected in the 2023 PDG B-5 Renewal applications show that many states firmly understand what is essential to lay a strong foundation for a system to support infants and toddlers that reflects the needs and priorities identified by families. In the absence of sweeping federal investments, state leaders are doing the best they can to use PDG B-5 Renewal funds to weave together adequate systems of support for their families with young children.

The PDG B-5 Renewal plans include a focus on core elements for infants and toddlers—home visiting, Infant Early Childhood Mental Health, high-quality child care—as well as innovations. What is needed is a comprehensive system of supports for infants, toddlers, and their families that is equitable and enduring, has adequate funding, and supports a well-compensated and prepared workforce.

What more can states do? States frequently lead in establishing policies that most directly affect quality and innovations designed to enhance access to quality services for infants, toddlers, and their families. State leaders must continue to stay abreast of the most effective policies and practices for infants and toddlers and work to find systems solutions that work for their families. At the same time, funding is a major challenge for infant/toddler services. To that end, state policymakers must both ensure they are accessing full federal

allocations and opportunities and dedicate additional funds to ensure that access, supply, workforce, and quality policies can move from idea into action, and in an equitable manner. Within the PDG B-5 Renewal context, strong evaluation and strong partnerships with families, providers, and a broad set of leaders are needed to support the case for more focused infant/toddler investment.

Federal help is needed. Ensuring sound policies and practices and equitable access for infant and toddlers also requires more help from the federal government. Enhanced federal funding dedicated to infants and toddlers is needed. Congress has two child care bills before it, the Child Care for Every Community Act and the Child Care for Working Families Act, that would improve child care affordability, access, and workforce pay, including for infant/toddler child care. For infants and toddlers in the United States, the decisions Congress and the administration make today about funding for policies and supports will reverberate over the course of their lives.

This brief highlights opportunities that states are taking to show what can work for families with infants and toddlers in states and communities. Regrettably, the PDG B-5 Renewal infant/toddler-focused activities are largely seeking to build and implement core elements for a sound infant/toddler system—providing temporary solutions without substantial additional investment. The early learning field is finding effective answers to the problems; while state leaders can tweak and innovate, it is evident from these plans that states will be making do with a mixed patchwork of pilots and temporary strategies on shoestring budgets until they are offered enough funding to truly support families in ways that can ensure the healthy development of their infants and toddlers.

“What is needed is a comprehensive system of supports for infants, toddlers, and their families that is equitable and enduring, has adequate funding, and supports a well-compensated and prepared workforce.”

