

A BETTER BABY CARE AGENDA

MEETING THE NEEDS OF INFANTS AND TODDLERS IN NEW YORK CITY



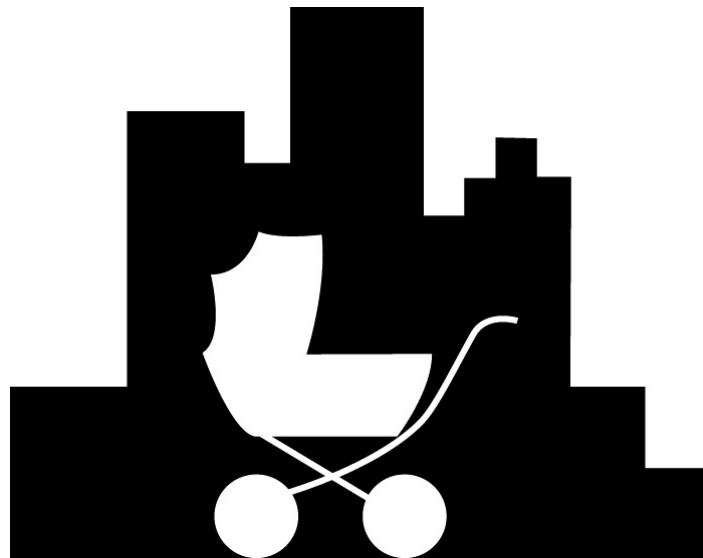
About Child Care, Inc.

Child Care, Inc. works to assure access to high quality, affordable early care and education services for every family who needs it. We carry out our mission through diverse, well-integrated program and policy initiatives. As one of the first child care resource and referral agencies in the country, CCI's 27-year presence in the field has given us a thorough understanding of the diverse early care and education communities. We provide a wide array of consultation and referral services to parents seeking early care and education programs, before and after school programs, and family child care providers. We also provide significant resource development activities and technical support services to new and potential child care providers and programs. Through our work on the local, state and national levels, Child Care, Inc. serves as a catalyst for strengthening public policies that support quality early care and education.

Child Care, Inc. is supported by grants and contributions from private foundations, corporations and government agencies, fee for service contracts and membership dues.

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Table of Contents

| | |
|--------------------------------------------------------------------|-----|
| Executive Summary | I |
| Introduction | 1 |
| Understanding the Diversity of Parent Needs and Preferences | 4 |
| Child Care Options for Parents of Infants and Toddlers | 5 |
| Quality Care is Vital in the Early Years | 8 |
| The Better Baby Care Campaign | 10 |
| Resources to Build on in New York City and State | 12 |
| Early Head Start as a Model for Quality Infant and Toddler Care | 17 |
| What We Can Learn from Other States | 19 |
| Recommendations | 26 |
| Appendix A: Mapping Infant Capacity in Child Centers by Borough | i |
| Appendix B: Members of the New York City Better Baby Care Campaign | vi |
| Appendix C: Early Head Start | vii |

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Executive Summary

A Brief Profile

- There is a critical shortage of regulated child care services for infants and toddlers in New York City, which can only serve 18% of the 100,000 children under three in need of out-of-home care.
- Regulated child care for children under age three costs three times as much as tuition at a four-year City University.
- Training for child care professionals in infant and toddler care and development is sporadic and there are limited opportunities for advancement. There are no specific training requirements for providers that focus on children under age three.
- Parents and caregivers have little access to information on infant/toddler development or available services for families with young children.

Quality Care is Vital for Children During the Earliest Years

Key Research

Findings from early brain research as well as an extensive evaluation of the federally funded Early Head Start program confirm the critical connection between childhood experiences before age three and subsequent cognitive, social and emotional development. Major disparities exist among social and economic classes of children entering kindergarten and these disparities are often directly connected to early opportunities and prognostic of future academic performance. A national evaluation of the federally funded Early Head Start (EHS) program for low-income families with infants and toddlers, found that children ages birth to three who participated in EHS showed more positive outcomes on measurements of cognitive, social and emotional development and family functioning than children who did not participate. These studies point to quality early childhood experiences as the best way to promote further positive developmental growth that can lead to later academic, social and emotional success.

The National Better Baby Care Campaign

The Better Baby Care Campaign seeks to provide focused attention on a coherent strategy for addressing infant and toddler care. It strives to enhance public awareness regarding the needs of infants and toddlers and advocates for improved public policies that will truly serve babies and their families. The Campaign has developed a 12-step program that focuses on professional development, quality improvement, public investment and parent supports. These recommendations have influenced the effort in New York City and in other US cities and states.

Our Goals

Child Care, Inc. brought together a working coalition of 20 organizations to form the New York City Better Baby Care Campaign strategic working group. This partnership is committed to working towards improvement and expansion of infant and toddler services in New York City. Our specific goals are as follows:

1. To ensure that parents have access to quality child care options for their infants and toddlers;
2. To ensure that both regulated and informal care is developmentally appropriate for children under age three;
3. To strengthen support for parents in caring for their children; and
4. To provide appropriate connections to social and health services and special needs intervention for infants, toddlers and their families.

Resources to Build On

Initiatives for Infant and Toddlers in New York State and Comprehensive Plans in Other US States.

Lessons can be learned from other states where more coordinated efforts to improve and expand infant and toddler care have been implemented. Initiatives in place in California, Washington State, Kansas and Oklahoma, inform the work of the New York City and State effort, such as:

1. A two-tiered system of training in California, where a cadre of infant/ toddler specialists is built within the child care community to offer training in their local communities.

2. A supportive system of health consultation in Washington State, which employees Department of Health nurses in local jurisdictions to provide advice and expertise to local child care programs.
3. A child census completed in Kansas documents the availability of services for children under three including center-based care, regulated family child care and informal care.

We have key building blocks in place to expand upon in New York City and State, including service models such as Early Head Start and the Board of Education LYFE program for teen parents, as well as professional development opportunities such as the Infant and Toddler certificate program and the Child Development Associate program. The New York State Child Care Coordinating Council and the Center for Early Care and Education is developing a statewide blueprint for early care and education including a plan for universal infant and toddler care, which informs the New York City effort.¹

Recommendations for Moving Forward

The recommendations reflect what we learned from our national review, focused discussions and interviews and the work groups at the policy conference. These recommendations provide both long and short term strategies to address the needs of infants and toddlers.

Access to Information about Regulations, Training and Funding

1. Develop an information clearinghouse for child care professionals and parents that will support them in caring for children under age three. A web-based clearinghouse will make this resource easily accessible for many in the field.
2. Document the availability of infant and toddler care in family child care settings to assist in community planning and development efforts.

Building Quality Through Training

1. A coordinated approach to developing a training plan should be undertaken. Entry level, continuing service education and training and other professional development

¹ The Center for Early Care and Education is a partnership between Child Care, Inc. and the Schuyler Center for Analysis and Advocacy.

opportunities need to be accessible and tied to compensation for child care professionals.

2. Create a two-tiered training support system with Infant/ Toddler specialists housed in local Child Care Resource and Referral Agencies to coordinate training efforts and provide hands-on technical assistance and support to providers. In turn, create a cadre of ‘Quality Advisors’ to serve as mentors and experienced trainers in community child care programs.
3. Complete a review of in-service training requirements for child care providers and develop recommendations for policymakers.
4. Require all child care providers to become trained in identifying young children with special needs as developed by New York City Department of Health, Office of Early Intervention.
5. Require informal child care providers serving city subsidized children to complete the basic health and safety training that is mandated for regulated providers.

Paid Family and Medical Leave

1. Support augmentation and expansion of New York State temporary disability insurance from a 6 week maternity leave benefit to allow families to receive 12 weeks of paid leave to care for a new child, or ill relative or to recover from one’s own illness.

Outreach and Linkages

2. Focus on continuous building of bridges among key communities including health care, early intervention, early literacy and education.
3. Engage the business and labor communities to support new investments in child care and more family oriented work policies.

Service Expansion

1. Make a major investment in child care subsidies for children under three.
2. Provide incentives to encourage programs to offer services to infants and toddlers, such as increased compensation for family child care providers and targeted grants to centers and family homes for equipment and renovations to prepare a program for children under three.

3. Fund family child care networks to offer technical assistance and support for providers caring for infants and toddlers.

Advocacy

1. Maintain and build the New York City Better Baby Care Campaign strategic working group and continue to create awareness of the needs of infants and toddlers in New York.
2. Work with statewide advocacy coalitions to advance the cause of improving and expanding infant and toddler care.

Conclusion

A major investment involving federal, state and city governments along with employers is needed in order to meet our goals of expanding child care options for families with children under three and improving the quality of the care available for these children. Other states have effectively used their quality set-aside funds to offer training and expansion initiatives as well as service linkages. However, the magnitude of the shortage of care for infants and toddlers will require resources beyond those offered through the set-aside including public as well as private means.

Co-Sponsors of the New York City Better Baby Care Campaign Strategic Working Group

Child Care, Inc. with:

| | |
|-----------------------------------------------------------------|----------------------------------------------------------------|
| Bank Street College | National Black Child Development Institute, New York Affiliate |
| Borough of Manhattan Community College | New York State Paid Family and Medical Leave Coalition |
| Child Development Support Corporation | New York University Child and Family Policy Center |
| Chinese-American Planning Council | New York University Head Start Quality Improvement Center |
| Citizens' Committee for Children of New York | Resources for Children with Special Needs, Inc. |
| Children's Defense Fund- New York | UJA Federation of New York |
| Committee for Hispanic Children and Families | United Neighborhood Houses |
| Federation for Protestant Welfare Agencies | United Way of New York City |
| Infant/ Toddler Coalition | Union Child Care Coalition |
| Family Child Care Citywide Association Provider Support Network | |

Introduction

In New York City, a shortage of quality, regulated child care programs affects families in every borough at all levels of income. This shortage is most pronounced in care for children under three years old. Child Care Inc.'s (CCI) referral service receives over 50% of its calls from parents seeking infant and toddler care.¹ CCI estimates that New York City has the capacity to provide regulated services for only 18% of the 100,000 infants and toddlers who need quality out-of-home care in child care centers and family child care homes. Furthermore, only 8% of the nearly 2,000 centers in New York City serve children as young as three months old² and only 12 Early Head Start Programs exist within the five boroughs.³ The child care shortage affects parents' abilities to work; as well as children's developmental opportunities, since experts agree that the first three years of a child's life are crucial to healthy development.

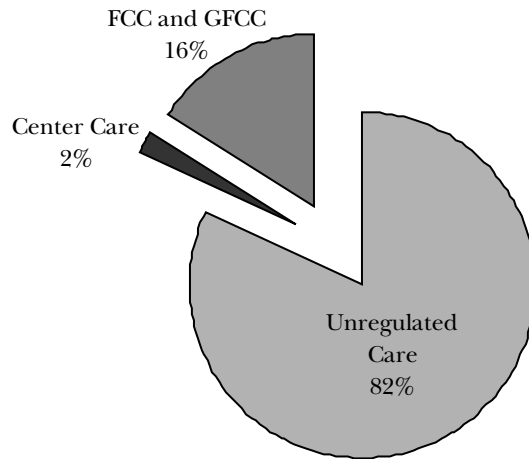
Family child care is the primary source of regulated infant and toddler care. Many assume that all family providers enroll babies, however, significant numbers of the 8,000 family and group family child care providers in New York City do not serve infants in their programs. Although relatives and neighbors are a resource to some parents with the youngest children, the shortage of regulated care leaves many parents struggling to find quality situations for their children. Child Care Resource and Referral Agencies (CCR&R) and other organizations that offer training have difficulty in reaching informal providers even to offer basic health and safety training, CPR, and information on Sudden Infant Death Syndrome (SIDS). In turn, these caregivers are left with little resources to draw from. Child care providers who care for infants and toddlers benefit from on-going specialized support and training regardless of their setting. Currently, there are no specific education or training requirements for caregivers entering the field focused specifically on infant/toddler care and development.



¹ Estimation for children under age two needing out-of-home care derived by using national labor force participation rates and a national "take-up" rate, which is the rate at which a family would accept out-of-home care if they were offered a 100% subsidy, a 1994 estimate by the Government Accounting Office. This figure was then compared to an estimate of the number of regulated child care slots for children under two in New York City.

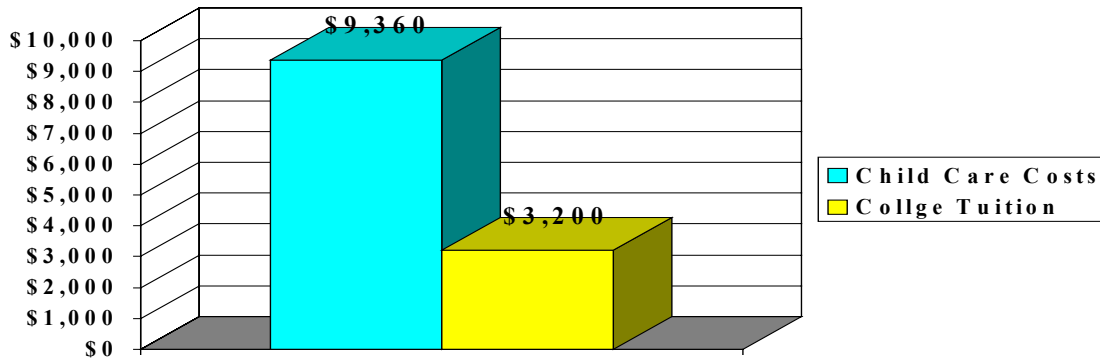
² NYC CCR&R Consortium Unified Database, 2001.

New York City Child Care for Children Under Age Three



The shortage of regulated care is compounded by high costs, beyond the means of many families. In New York City, one year of child care for an infant costs three times more than full-time tuition at a City University⁴.

Child Care Costs Vs. College Tuition Costs in New York City



³ US Administration for Children and Families, Bureau of Head Start. *List of Early Head Start Grantees, 2000*.

⁴ Chart represents cost of full-time tuition per year for an in-state resident student of the City University of New York vs. 52 weeks of child care for a child under three, based on the New York State market rate. CUNY costs can be found at www.cuny.edu, *tuition and fees*.

High cost and low availability of services force parents to contend with situations that are not only inconvenient but also potentially detrimental to their children's healthy development. A recent Urban Institute study found that one-third of New York State's infants and toddlers are shuttled between two or more different child care arrangements each week.⁵ Furthermore, whether in informal child care, regulated family child care or center-based care, few training opportunities are available for providers targeted specifically at infant/toddler care and those that are offered tend to be scattered and not conducive to continual advancement.

Through our preliminary work with infant and toddler child care providers and experts, we have learned that those who work with infants and toddlers require special skills and support. However, current regulatory standards do not require specialized training in infant and toddler care and child care providers have little access to information on training, child development and funding for children under age three. In addition, parents have little access to information on infant/toddler development or available resources and services. Furthermore, services for families with infants and toddlers are too fragmented. Early intervention and health care are vital services for babies and need to be better connected with child care for maximum benefit of families. Service linkages are particularly weak with regulated family child care and kith and kin care, where the majority of children under three receive child care.

Child Care, Inc. has initiated a long-term project to seek solutions to the challenges facing infant and toddler care in New York City. As a launching point for this effort, 20 co-sponsoring organizations (see appendix B for list) hosted the New York City Better Baby Care Campaign Kick-off Conference in October of 2001. This meeting brought together 150 participants from a diversity of fields to begin to identify priorities and develop a plan for moving forward. Outcomes from the conference will be outlined throughout this report. Conference co-sponsors continue to work with CCI as part of a strategic planning group to develop and implement an agenda for moving forward.

Child Care, Inc. is also engaged in a statewide effort to address the needs of infants and toddlers. Our work in New York City will be linked closely to the development of a blueprint for early care and education in New York State. Our goals for the infant/toddler initiative are as follows:

1. To ensure that parents have access to quality child care options for their infants and toddlers;

⁵Jennifer Erle, Gina Adams and Kathryn Tout, *Who's Caring for Our Youngest Children? :Child Care Patterns of Infants and Toddlers*. (Washington DC: Urban Institute, January, 2001).

2. To ensure that both regulated and informal care is developmentally appropriate for children under age three;
3. To strengthen support for parents in caring for their children; and
4. To provide appropriate connections to social and health services and special needs intervention for infants, toddlers and their families.

Understanding the Diversity of Parent Needs and Preferences

One of the most important considerations in developing a plan for improvement and expansion of infant and toddler care is the needs and preferences of parents with children under age three. As a preliminary attempt to gauge family needs in New York City, CCI held a focus group with parent counselors from the five Child Care Resource and Referral Agencies (CCR&R) in New York. The five New York City CCR&R's, which includes– Child Development Support Corporation, Chinese-American Planning Council, Committee for Hispanic Children and Families, Day Care Council, and Child Care, Inc., assist nearly 15,000 parents in finding child care. All five CCR&R's reported a high call volume from parents with infants and toddlers.

The focus group yielded many interesting findings, including differences in child care preferences in various cultural communities. For example, counselors agreed that parents with higher family incomes normally requested placement for their infant in a child care center, rather than a family child care home. In contrast, a counselor from the Chinese American Planning Council, an organization that serves the Asian community in New York City revealed that nearly all of their callers with infants requested placement in a family child care home and only after the child turned two, did they show interest in a child care center. Finally, a participant from the Committee for Hispanic Children and Families indicated that families from the Latino community tended to request child care only after their child was around age 3, and relied on family arrangements prior to that time.

Multiple misperceptions about family child care were identified during the discussion. Many first-time parents were unaware of the licensing and training requirements that family providers had to complete. In addition, parent counselors cited a general misperception among many parents that family care would not provide an enriching, educational experience for their children. In addition, parent concerns regarding their children's safety in child care seems to have been particularly heightened in recent years. Counselors pointed to a perception among parents that family child

care was less safe than child care centers. This highlights the need for public education to give parents accurate information about child care choices for infants and toddlers.

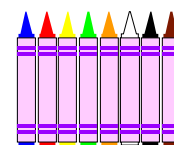
Parent counselors cited safety and security as the first priority of parents searching for care for children under three. Other priorities included location, cost and developmental approaches of a program. Counselors also unanimously agreed that the most consistent barrier to helping parents find child care for their infants and toddlers is a lack of available slots.

Parental input is a vital component of any effort to augment and expand infant and toddler programs. This focus group documented the vital role for CCR&R's in partnership with family child care networks in helping to educate parents about family child care programs and licensing and training regulations. It also confirmed the importance of cultural sensitivity and openness in serving diverse families.

Child Care Options for Parents of Infants and Toddlers

To assess the availability of broad-based child care choices for parents of infants and toddlers, Child Care, Inc. conducted a telephone survey of all licensed child care centers that accept children as young as three months old. A similar analysis is needed of the 8,000 regulated family child care providers in New York City.

CCI estimates that of the 198,000 children with working mothers under age three, over 100,000 require out-of-home child care arrangements.⁶ We found that of the over 108,000⁷ child care center spaces in New York City, only about 2,600 of these spaces are available for infants in all five boroughs.⁸ Even in Manhattan—which, with about 900 spaces, is best able to accommodate children under the age of three—a center is rarely a realistic alternative for parents seeking child care. The following chart shows the top ten neighborhoods with the highest concentration of center-based slots for infants and toddlers. Appendix A details the concentration of slots in 5 borough maps by zip code. As shown, services are somewhat segregated by neighborhood, and many zip codes do not have any infant center slots at all.



⁶ Child Care, Inc. Primer, 2000, pg. 30.

⁷ Child Care, Inc. Primer 2000, pg. 34.

⁸ Denotes centers that will accept children as young as three months of age.

Top 10 Neighborhoods for Spaces in Child Care Centers for Children Under Age Three

| Neighborhood | Zip Code | Spaces |
|----------------------------|----------|--------|
| Brooklyn Heights, BK | 11201 | 192 |
| Bensonhurst, BK | 11214 | 103 |
| Castleton Corners, SI | 10314 | 99 |
| Upper East Side, MN | 10021 | 94 |
| East Village, MN | 10009 | 84 |
| Park Slope/Boerum Hill, BK | 11217 | 80 |
| Lincoln Center, MN | 10023 | 77 |
| East Flatbush, BK | | 76 |
| Upper West Side, MN | | 74 |
| Midwood/Flatbush, BK | | 73 |

Challenges in Regulation and Funding

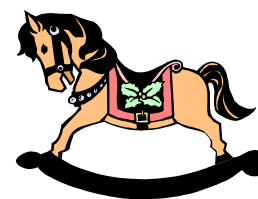
Parents have few choices as to the type of care that is available for their infants and toddlers. The State compensation system serves as a disincentive to providers who may wish to serve infants and toddlers and in turn contributes to the shortage of regulated slots for children under age three. New York State Market Rates determine the maximum amount that providers, who care for publicly subsidized children, can be compensated. Child care regulation allows family child care providers to enroll (5) children, under the age of two but may enroll six (6) children above age three. Market rates pay providers slightly more for children under two but not nearly enough to compensate for the loss of income from an additional child. If infant/ toddler slots are to be expanded in New York City and State, the market rate compensation system must be re-examined, so that providers can receive adequate compensation.

The overall shortage of financial assistance available to eligible New York City parents is another barrier to securing quality, regulated care for infants and toddlers. Currently, 30,000 eligible children remain on the waiting list for child care subsidies and the total unmet need for financial assistance for eligible children is estimated to be much higher. For example, of the eligible families able to obtain a child care subsidy for an ACD contracted program in 2001, 90% had incomes below \$25,000, 83% earned less than \$18,000 and 54% had annual incomes under \$11,000. Only 10% of the families who accessed a subsidy earned more than \$25,000 per year, demonstrating that even

families who are eligible for financial assistance for child care are often unable to access this benefit.⁹

| Family Income | Number of Children | Percent of Children |
|----------------------|--------------------|---------------------|
| Less than \$11,000 | 20,206 | 46% |
| \$11,000 to \$18,000 | 11,749 | 27% |
| \$18,000 to \$25,000 | 7,638 | 17% |
| \$25,000 or More | 4,200 | 10% |
| Total | 43,793 | 100% |

New York City regulates infant care centers through the Department of Health. These regulations do not require and specialized training for staff and head teachers in infant classrooms are only required to have a high-school diploma and one year’s experience. This stands in contrast to center regulations for preschool age children, which require head teachers to be licensed by the City Board of Education as an early childhood teacher.¹⁰ Furthermore, there are no education or training requirements that focus on infant and toddler care and development for family child care providers regulated by New York State. Incentives need to be in place to encourage providers to further their training and education in infant and toddler care. The recent implementation of new health and safety training requirements by New York State, which call for family child care providers to complete ten hours of health and safety training, as well as receive a home visit by a regulatory agency and fingerprinting represents important steps forward. Nevertheless, the regulation process must continue to be refined, as there are concerns about delays in license renewals, untimely processing of fingerprinting and a lack of strong enforcement of child care regulations.



⁹ Memorandum to Amy Cooper from Gordon Kraus-Friedberg, Agency for Child Development, July 19, 2001.

¹⁰ New York City Health Code, Article 47.

Quality Care is Vital in the Early Years

Seventy-five percent of infants and toddlers, with employed mothers, are cared for by someone other than a parent for a significant time period.¹¹ The quality of child care arrangements can have a long-term impact on young children. Recently, two breakthrough reports emerged, which highlighted the vital link between early childhood experiences and later development— the National Research Council’s *From Neurons to Neighborhoods: The Science of Early Childhood Development* and the David and Lucile Packard Foundations’s *Caring for Infants and Toddlers in the United States*. These reports compiled scientific knowledge on the role of early childhood experiences on subsequent cognitive, social and emotional development and made recommendations for early childhood policy and practice.

Children under age three, experience a growth in brain development that is unparalleled in any other point in human development. Children’s early experiences govern the formation of brain synapses, the connections between brain cells fundamental to intellectual and social development. The richer the early learning environment, the more of these connections are formed and retained.¹² In short, the Packard report cites: “The experiences that greet children in their human and physical surroundings can either enhance or inhibit the unfolding of their inborn potential.”¹³

Research Recommendations

The National Research Council report characterizes current child care efforts as sporadic, uncoordinated, and inadequate, particularly for low-income working families. The Council calls for a focused, integrative, and comprehensive reassessment of the nation’s child care policies, led by a Presidential federal-state-local task force. Other specific recommendations for change include:

- “An urgent need to upgrade the qualifications and compensation of child care workers;”¹⁴

¹¹ Jennifer Erle, Gina Adams and Kathryn Tout, *Who’s Caring for Our Youngest Children? Child Care Patterns of Infants and Toddlers*. (Washington D.C.: Urban Institute, January, 2001).

¹² Schiller, Pam, “*Brain Research and its Implications for Early Childhood Programs*,” Child Care Information Exchange, July 1, 2001.

¹³ The David and Lucile Packard Foundation. *Caring for Infants and Toddlers*. The Future of Children, Volume 11- Number 1, Spring/ Summer 2001.

¹⁴ National Academy Press, Board on Children, Youth and Families, Committee on Integrating the Science of Early Childhood Development. “*From Neurons to Neighborhoods: The Science of Early Childhood Development*.” National Academy Press, Washington, D.C., 2000.

- Greater parental choice in child care arrangements, particularly for low-income working families whose financial resources are too high to qualify for subsidies but too low to afford quality care;
- Expanded coverage of the Family and Medical Leave Act to all working parents;¹⁵

The Packard Foundation cited the need for federal intervention to reduce state-by-state differences in basic supports to families and increasing resources not only to child care but child welfare, homeless services, substance abuse programs and healthcare programs to meet the needs of American families with infants and toddlers.¹⁶ The National Research Council and Packard reports on early brain research outline important findings in early brain research, which point to a vital need for upgrading and expanding child care for children under three.

Relevance to Child Care

Quality of care is significantly linked to virtually every aspect of child development, from cognition and language to social, moral, and emotional development; in fact, this finding is one of the most consistent in developmental science. The skills effected range from IQ, language, math ability and school achievement, to self-regulation, cooperation, conduct and social skills.¹⁷

A caregiver’s educational level and the stability of care are both extremely important, and are often linked together with the best outcomes achieved in programs with little staff turnover. Young children whose caregivers provide ample verbal and cognitive stimulation, and who give them generous attention, are more advanced than other children in all realms of development. Small groups, low staff-child ratios, and adequate compensation are all directly related to the quality of care a caregiver is able to provide.¹⁸ In short, people (especially parents and caregivers) are the essence of the infant’s environment, and their protection, nurturing and stimulation shape early development.¹⁹

¹⁵ Ibid.

¹⁶ The David and Lucile Packard Foundation. *Caring for Infants and Toddlers*. The Future of Children, Volume 11- Number 1, Spring/ Summer 2001.

¹⁷ National Academy Press, Board on Children, Youth and Families, Committee on Integrating the Science of Early Childhood Development. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Academy Press, Washington, D.C., 2000.

¹⁸ Ibid.

¹⁹ The David and Lucile Packard Foundation. *Caring for Infants and Toddlers*. The Future of Children, Volume 11- Number 1, Spring/ Summer 2001.

Early Head Start Evaluation

Early Head Start (EHS), a federally funded program for children ages birth to three launched a national evaluation concurrently with the program in 1995 to judge the effectiveness of EHS in improving child and family outcomes. Three-thousand children in 17 sites across the country participated in a longitudinal performance review,²⁰ which studied a relatively balanced mixture of center-based, home-based and mixed approach programs. Its preliminary findings, reflecting children's achievements after two years in the program, show that subjects in EHS performed significantly better in cognitive, language and social-emotional development than the control group. Parents also developed better parenting skills and coping strategies, and were more likely to access services such as community-sponsored job training.²¹

The Early Head Start evaluation demonstrates the success of a well-planned, community-based program with high standards and service coordination. This research must be utilized by the early childhood community in advocacy efforts toward expanding Early Head Start and developing a more unified system of infant and toddler care in New York City. (See Appendix C for more detailed information on Early Head Start).

The Better Baby Care Campaign

The Better Baby Care Campaign is a national effort headed by Joan Lombardi, Former Director of the Child Care Bureau for the US Administration for Children and Families and a national child care expert. The Campaign has brought public attention to the need for a concerted effort to improve and expand services for infants and toddlers. The Campaign is rooted in the following principles:

- Every infant and toddler should grow up in a strong and nurturing family.
- Every infant and toddler should have a clearly identified medical home with up-to-date primary care.
- Every infant, toddler and their family should have health insurance and access to information on health resources, including services for special needs children.

²⁰ The research programs are located in Russelville, AK; Venice, CA; Denver, CO; Marshalltown, IA; Kansas City, MO; Pittsburgh, PA; Sumter, SC; McKenzie, TN; Logan, UT; Alexandria, VA; Kent, WA; Sunnyside, WA; and Brattleboro, VT.

²¹ *Early Head Start Leading the Way: Characteristics and Early Experiences of Selected Early Head Start Programs*, US Department of Health and Human Services, Administration for Children and Families, Commissioners Office of Research and Evaluation

- All families should have access to paid family and medical leave for the first year of a baby's life.
- All pregnant women, expectant fathers and parents of infants and toddlers should have access to parent education and family support.
- All working families with infants and toddlers should have access to quality, affordable care.
- All infants and toddlers with special needs should have access to early intervention services.
- All infants and toddlers should have stable and permanent homes and access to specialized services where needed.

The Campaign also has identified *12 Steps to Better Baby Care* to assist states and communities in developing their own platforms for improving and expanding infant and toddler care. Several states and community coalitions have used the Better Baby Care Campaign as a framework in moving forward for infants, toddlers and their families. Increased public awareness and positive initiatives blossoming throughout the country make the time ripe to address this problem in New York City. The 12 Steps are outlined below:

- Expand the supply of quality care and ensure that all eligible children have access to Early Head Start and other child care subsidies.
- Promote appropriate reimbursement rates that reflect the true cost of infant care and toddler care and care that is accredited.
- Ensure that infant/toddler providers have specialized training, credentials and adequate compensation.
- Ensure that all child care programs involve parents, promote parent education and family support services and reflect the cultures and languages of the families served.
- Ensure that every infant and toddler in child care not only has up to date immunizations but also receives a developmental screening.
- Review new health and safety standards to ensure that all infant/toddler programs meet the national Health and Safety Standards for Out-of-Home Care.

- Launch a public awareness campaign to help parents understand how to select and monitor the quality of care for their infants and toddlers.
- Fund an infant/toddler specialist to work with providers and parents in every Child Care Resource and Referral Agency.
- Provide every infant/toddler program with access to health and mental health consultants.
- Ensure that all infant/toddler programs have training and support to children with special needs.
- Strengthen networks of support for family child care and kith and kin providers.
- Ensure that all higher education institutions in the community have the capacity to offer courses in infant/toddler care and supervision.

Resources to Build on in New York City and State

Although a comprehensive approach to improving and expanding infant and toddler care in New York has yet to be undertaken, several smaller initiatives are in place throughout the state. These initiatives provide a baseline that can be expanded upon when developing a systemic plan for better baby care in New York. The following represents a number of resources available in New York State.

Paid Family and Medical Leave

The New York State Paid Family and Medical Leave Coalition (NYSPFMLC)

NYSPFMLC came together to gain public support to enhance a family leave benefit package for New Yorkers. The coalition, led by the trade union movement, has broad participation from a large number of non-profit and private organizations. A bill has been introduced to amend New York's Temporary Disability Insurance (TDI) to expand compensation for paid leave from existing 6-week coverage in New York State for maternity leave to 12 weeks for any of the following reasons:

- To care for newborn or newly adopted children;
- To care for children, parents or spouses who have serious health conditions; or
- To recover from one's own serious health condition.

The bill also grants more limited leave to allow employees to attend educational meetings with teachers or administrators on behalf of their children, or for bereavement in the case of a death of an immediate family or household member.²²

The Coalition has held four public forums, in Long Island, Queens, Westchester, and Rockland Counties, where community members and legislators had an opportunity to speak out on this issue. Both forums were successful events and helped generate more broad-based support for paid family and medical leave in New York State.

Capacity Expansion

Infant and Toddler Quality Set-Aside

The Infant and Toddler Quality Set-Aside, was established as part of the Federal Child Care Block Grant to support expansion and quality initiatives in infant and toddler care. The State Office of Children and Family Services administers these funds. For FY2001, New York State received \$5.7 million in infant/toddler set-aside funds. These funds were used to support start-up grants to increase infant and toddler slots and to disseminate a statewide set of training materials to all funded Child Care Resource and Referral Agencies.²³ (See section “What We Can Learn From Other States” to see strategies used in other states to enhance services to infants and toddlers using the Infant and Toddler Quality Set-Aside).

Quality Improvement and Training

Family Child Care Regulations

New York State recently made substantial improvements in the regulation of family child care through the *Quality Child Care and Protection Act*. Enhanced regulations include newly mandated home visits as well as fingerprinting of providers and family members. Providers are also now required to complete an additional ten (10) hours of health and safety training, which pay particular attention to the care of infants and toddlers.

²² New York State Family and Medical Leave Coalition, *Highlights of A.7405 Nolan/ S.4473 Spano*.

²³ E-mail from Suzanne Sennett, Director of the Bureau of Early Childhood, New York State Office of Children and Family Services (June 14, 2001).

New York City has also made changes to family child care regulations by requiring informal child care providers, who serve subsidized children, to complete a basic health and safety checklist to qualify for child care subsidy payments from the city.

Infant Toddler Certificate Program

The Infant Toddler Certificate Program, developed by the Infant/Toddler Coalition— a group of early childhood professionals, became available for New York City child care workers in 1997. The first certificates were awarded to 18 child care professionals in 1998. In the fall of that year, the New York State Office of Children and Family Services (OCFS) allocated funding to develop the certificate program on a statewide basis. The State University of New York, Empire State College, now offers the 12-credit program in various locations throughout the State and awards students a certificate of completion. The curriculum is comprised of three, four-credit college courses in the areas of Infant Toddler Development, Infant Toddler Environment and Curriculum and Professional and Family Issues as well as a practicum experience. Eligible students may use Educational Incentive Program (EIP) scholarships to complete the program. To date, about 75 students have completed the coursework in New York City.²⁴ CCR&R agencies across the state have expressed interest in having this program expanded and more fully utilized.

Bank Street College of Education

Infant Toddler Child Development Associate Credential (CDA)

The Division of Continuing Education at Bank Street College of Education offers a CDA credential designed for professionals, both new and currently working in the field of early childhood education, who seek to enhance their skills and understanding of children under age three and their families. This program combines a year-long seminar, advisement, and internship to help each participant complete the requirements for the national CDA credential.²⁵



²⁴ Infant Toddler Coalition of New York, *New York State Infant Toddler Certificate Program*.

²⁵ Conversations with Arlene Uss, Bank Street College, Department of Continuing Education.

Annual Professional Development Institute on Infant and Toddler Development

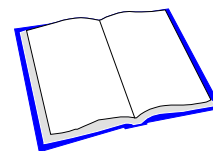
Each year, Bank Street College of Education hosts an ‘Infancy Institute for Caregivers, Teachers, Directors, Trainers and Family Day Care Providers’ with a goal of strengthening the skills of the child care workforce that serve children under three. The institute focuses on improving programs and environments, enriching knowledge on young child development and working effectively with staff, parents and communities.

Institute for Clinical Studies of Infants, Toddlers and Parents

The Jewish Board of Family and Children’s Services offers one, two and three year post-graduate training programs for program directors, trainers and experienced professionals to further specialize their work with infants, toddlers and their families. ICS-ITP is a transdisciplinary program for practitioners with a Ph.D. or MSW degree, or in the fields of nursing, occupational/ physical/ language and arts therapies, early childhood and special education. Seminars, supervision, parent/infant observational nursery, leadership, consultation and program design assistance are central parts of the program.²⁶

Child Care Reads

Child Care, Inc. is working in partnership with the Child Care Action Campaign on the *Child Care Reads Program*. This project was designed to stress literacy and early exposure to books within the family child care community. Fifteen (15) family child care networks identified 1,300 child care providers to receive a learning library from Scholastic magazine. In addition, an estimated 3,500 children will receive a mini-library for use at home with their parents. This initiative was undertaken in recognition of the importance of promoting reading to young children as an important step in early literacy development. The goal of the program is to expand literacy training for providers and parents more broadly in New York City. This early reading effort can provide the core of an early literacy strategy in New York City.



²⁶ Conversations with Dorothy Henderson, Institute for Clinical Studies of Infants, Toddlers and Parents, Jewish Board of Family and Children Services.

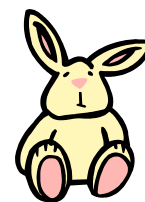
Infant/Toddler Workshop for Child Care Center Professionals

In 2001, Child Care, Inc. expanded its training to offer a three-part Infant/Toddler workshop series for child care professionals. In part 1: *Developmental Needs of Infants and Toddlers at Different Stages* focused on developmental milestones in ages birth to three and an overview of early brain research. Workshop instructors also gave guidance on how to develop quality space and environment for infant and toddlers. The second part of the workshop series: *Health and Safety and Nutrition* focused on the health and safety needs of infants and toddlers and how nutrition affects behavior and cognitive development. Part 3: *Building Partnerships with Parents to Understand the Needs of Babies* helped to show providers how to assist parents in meeting the emotional, social and intellectual needs of their infants and toddlers and how to establish trust and communication with parents for the maximum benefit to the child.

Improving Supports for Babies and Their Families

New York City's Early Intervention Program

Since 1992, the New York City Department of Mental Health, Mental Retardation and Alcoholism Services has offered Early Intervention (EI) services for infants, toddlers and their families. This program supports infants and toddlers with developmental delays, reduces the likelihood of delays among at-risk children, and assists and empowers families to meet their child's own needs. Early Intervention receives referrals for over 16,000 each year. Children referred to the Early Intervention Program receive a comprehensive developmental evaluation. After the evaluation, an Individual Family Service Plan is developed to address the specific needs of the child and family. Services can include: special instruction, occupational therapy, speech therapy, physical therapy, psychological services, family training, counseling, assistive technology and respite services. Children are served at home, in child care centers and in clinicians' offices, depending on what is judged to be best for the child and family.²⁷



²⁷ New York City Department of Mental Health, Mental Retardation and Alcoholism Services, Early Intervention Program. *New York City's Early Intervention Program: An Important Service for Children and Families.*

BOE LYFE Program

Living for the Young Family through Education (LYFE) provides a quality school-based child care program for teenage parents continuing in school or completing a GED. With a \$7 million budget supported by the New York City Board of Education and Administration for Children’s Services, LYFE has expanded since 1982 to serve 41 sites in city schools. Support services include individual and family counseling; assistance with health; academic and child care issues; and parent education through credit-bearing courses or after-school programs. BOE LYFE is a unique and important program because it provides a link between child care and the public schools. In 2000, the program served 620 children.²⁸

Library Initiatives

Toddler Learning Centers, at the Queens Borough Public Library (QBPL) have connected 6,000 families with early health and development experts for shared play, learning and exchange. With its nascent “Welcome Baby” program, the QBPL also plans to distribute literary support packages (including a cloth book and toy) to new mothers in county hospitals.²⁹

At the New York Public Library’s (NYPL) Central Children’s Room at the Donnell Library, as at the Brooklyn Public Library’s (BPL) Child’s Place, parents, teachers and researchers take advantage of early-childhood books and recordings. NYPL also hosts free seminars on prenatal care, childbirth, child development, early education, health and nutrition and parenting. Finally, the BPL opens its six-branch Child’s Place for Children with Special Needs to all borough children, with programming ranging from developmentally appropriate play time to issue-focused parenting workshops.³⁰

Early Head Start as a Model for Quality Infant and Toddler Care

History

Early Head Start (EHS) is a federally funded, community-based program for low-income families with infants, toddlers and pregnant women. The EHS Program, inaugurated in 1994 by the

²⁸ New York City Board of Education, LYFE Program, August 2000.

²⁹ Conversations with Valerie Kilmartin, Director of Branch Libraries, Queens Borough Public Library; and Testimony of Ms. Kilmartin before the New York State Assembly Standing Committee on Libraries and Education Technology, Children and Families and Education, June 15, 2001.

Reauthorization of Head Start Act, awarded its first 68 grants in 1995 in support of a three-pronged mission: to promote healthy prenatal outcomes for pregnant women; to enhance the development of children younger than three; and to promote healthy family functioning.

Financing

Today, EHS funds more than 600 programs nationally, serving 55,000 low-income families with infants and toddlers. There are 36 Early Head Start programs in New York State and 12 in New York City. The total budget for EHS for 2001 was \$558 million. This represents an increase of \$136.7 million from FY 2000. New York State was awarded \$2.3 million in 2000 and \$3.2 million for FY2001.

Implementation

EHS grantees are charged with tailoring their services to community needs, and may offer center-based care, which is augmented by a minimum of two home visits per year to each family; home-based care, carried out through weekly home visits and at least two group socializations per month for each family; or a mixed approach combining elements of each.

The Head Start Bureau has established a broad network of resources to support EHS programs, including regionally funded early childhood experts and support staff. Regional Quality Improvement Centers employ infant/toddler specialists and disabilities services specialists. The Early Head Start National Resource Center (EHS NRC) residing at Zero to Three, a national nonprofit organization located in Washington, DC, also provides technical assistance to EHS programs in areas such as training and resource dissemination³¹

Early Head Start can serve as a model in infant and toddler care through their integration of family support services, emphasis on cognitive, social and emotional development and partnerships with family and group child care as well as community health and social services resources. EHS programs remains very few and we hope to see more funding put toward this integrated service for children and families. (See Appendix C for more detailed information on Early Head Start).

³⁰ www.brooklynpubliclibrary.org

³¹ US Administration for Children and Families, Head Start Bureau

What We Can Learn from Other States

Several states have developed a coordinated strategy to improve and expand care to infants and toddlers using the Infant/Toddler Set Aside in the Federal Child Care Block Grant as well as supplemental resources. These efforts provide specific opportunities for New York City to examine in developing a strategy. This report profiles four states that have made major strides: California, Washington State, Kansas and Oklahoma. Initiatives have been undertaken in the following areas:

- Capacity Expansion
- Quality Improvement and Training
- Improving Supports for Families with Babies

California

The State of California, Department of Education/Child Development Division has adopted innovative initiatives to improve and increase infant and toddler care in the state. Utilizing the infant and toddler quality set-aside from the Federal Child Care Block Grant of \$6,767,400 in FY2000, California has developed and implemented programs focused on training, increased resources and health consultation. A special effort has been made in California to develop comprehensive systems and to deliver services that are accessible to all providers.

Expansion

Two million dollars were allocated as grants, in FY 2000, to new and existing child care contract centers to cover the cost of infant and toddler equipment, educational materials and minor renovations and repairs in accordance with health and safety requirements and environmental changes to support small groups and continuity of care. Resource grants range from \$7,500 to \$40,000 depending on the size of the program. In 2000, 150 to 200 grants were awarded to center-based child care programs. Smaller resource grants ranging from \$500 to \$1,500 are available to family child care providers for the purchase of equipment, providing that programs serve at least two infants and toddlers.

Health Consultation

In 2000, \$100,000 were expended to create a health line to support family child care providers and center-based child care programs. The health line is manned by an infant and toddler specialist

who responds to inquires from child care professionals on issues related to the health and development of children under age three.

Recruitment and Training

Building an Infrastructure

The California Department of Education/Child Development Division focused on building an infrastructure to sustain a comprehensive system of training and support for the expansion of infant and toddler programs. First, 25 to 35 counties were identified as possessing the greatest unmet need for infant/toddler care. Funds were then allocated to develop outreach training sessions in these counties to support completion of their county infant/toddler capacity plan. These plans were initiated during community forums conducted during State fiscal years 1998-99. The sessions were coordinated by WestEd and covered a variety of topics including: recent brain research and implications of these research findings for administrative policy, results of national studies of child care quality, and program practices and care-giving strategies that support optimal infant/toddler development.

In California, Caregiver Institutes are conducted to train the trainers. Small scholarships are awarded to college faculty, program directors and early interventionists who receive intensive training in social-emotional development, quality group care, cognitive and language development and cultural and family issues. These participants then receive certificates, recognizing them as endorsed trainers for the Program for Infant and Toddler Caregivers (PITC), developed by WestEd. Trainers are then obligated to conduct a minimum of twenty-five hours of training in their local county, in the next two years, using PITC materials. Five hundred thousand dollars were allocated in fiscal year 2000 to provide scholarships for trainers. An additional \$1 million was allocated to fund 10 regional coordinators to oversee the activities of trainers in the 35 participating counties.³²

WestEd Training

The WestEd Center for Child and Family Studies developed the Program for Infant and Toddler Caregivers (PITC) in the late 1980s. This nationally recognized program uses videos, guides and manuals to help child care professionals “become sensitive to infants cues, connect with their family

³² California’s Plan to Increase the Supply and Quality of Infant/Toddler Child Care and Development Services. California Department of Education, Child Development Division, July 2000.

and culture and develop responsive relationship-based care.” PITC prepares child care professionals to provide developmentally appropriate care to infants and toddlers. In participating in PITC, caregivers:

- Explore ways to get in tune with each infant in their care; learning from the infant what he needs, thinks and feels and do a similar exploration with the infant’s family.
- Develop ways in which to deepen their relationships with infants, meeting each infant’s needs and relating to her unique thoughts and feelings.
- Make adaptations in care that are based on the infant’s responses and take into account her family’s concerns.
- Arrange the environment, materials and social context for learning in response to the infants messages and the family’s culture.
- Embrace the role of observer and continuous learner.

The goal of the PITC training institutes in California is to develop a cadre of infant/toddler specialists throughout the state so that the provision of infant and toddler care can be significantly expanded and improved to meet the ever-increasing need for quality child care for children ages birth through three.³³

Kansas

The Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA) Infant and Toddler Project is working diligently to increase the quality and availability of infant and toddler care throughout the state, as a targeted initiative, funded through the Federal Child Care Block Grant Quality Infant and Toddler Set-Aside fund. There are 16 Child Care Resource and Referral Agencies (CCR&R’s) in the state of Kansas. Each CCR&R has an infant/toddler specialist on staff who is responsible for working with child care providers in his or her local community to deliver training and technical assistance in infant and toddler care.

Identification of Need

Kansas initiated its move toward improving and expanding infant and toddler care by using private funding to conduct a comprehensive census on the availability of programs for children ages birth

³³ Dr. Ronald J. Lally, WestEd Center for Child and Family Studies, *The Program for Infant Toddler Caregivers*.

through three. Surveys were conducted provider by provider, including those operating in informal care situations, to identify where infants were being cared for. This information was then utilized by CCR&R infant and toddler specialists in building increased capacity in high need areas.³⁴

Training

Training programs, which entail ten hours or more of specific instruction on issues related to health and safety, best practices and child development are in place in all 105 counties in Kansas.

Trainings are voluntary and offered to all child care providers or persons who wish to become providers. Training is individualized according to provider need and time spent in instruction varies among participants. Beyond initial training, specialists also advise providers through the process of completing the Child Development Associate Credential. Infant and Toddler Specialists serve as ongoing mentors to new and experienced child care providers, on the road to becoming highly skilled professionals in the provision of quality infant and toddler care. Infant and Toddler specialists, in individual CCR&R's, also manage resource libraries where training materials and age-appropriate toys and books are available for use by providers.³⁵

Evaluation

Private funding has also been awarded to KACCRRRA to conduct a three-year evaluation on the Infant and Toddler Project, including monitoring activities on specialists and evaluating effectiveness of training, technical assistance and resource library use. The goal of the Infant and Toddler Project is to improve and expand care for children under three. Specific quality benchmarks include:

- Achieving optimal health and safety provisions for children;
- Serving infants and toddlers in groups with high staff/child ratios;
- Utilizing primary caregiver assignments;
- Achieving high continuity of care for children;
- Achieving responsive caregiving and cultural sensitivity;

³⁴ Kansas Association of Child Care Resource and Referral Agencies, Infant/Toddler Project, Salina Kansas.

³⁵ Kansas Association of Child Care Resource and Referral Agencies, Infant/Toddler Project, Salina Kansas.

- Meeting the needs of the individual within the group context and arranging environment to promote appropriate stimulation and cultural awareness.³⁶

Washington State

The Washington State Child Care Resource and Referral Network (WA State CCR&R) has built key partnerships with government agencies and community organizations to improve and expand infant and toddler care throughout the state. Collaborating partners with the WA State CCR&R include: Healthy Child Care Washington (HCCW), Child Profile, Infant and Toddler Early Intervention, BrainNet and the Washington State Library System. The goal of collaborative efforts at WA State CCR&R is to fully integrate health and parenting resources into child care and to expand quality services for infants and toddlers.

Health Consultation

One of the CCR&R's strongest alliance is with Healthy Child Care Washington, an advisory consortium housed at the state Department of Health, Community and Family Health. HCCW supports a system of public health nurses at each of the 34 local health jurisdictions throughout the state. These nurses provide advice and expertise to local child care programs and providers on issues of health and safety and child development. Public health nurses impart information to providers on how to connect children and families to a primary health provider and how to access subsidized health benefits as well as information on disease prevention, child growth and development, children with special health care needs and nutrition, among many other areas.³⁷

Systems Development

In 1999, HCCW and the Washington State Child Care Resource and Referral Network received \$240,000 of Infant and Toddler Quality Set-Aside Funds from the Federal Child Care Block Grant to hire one Child Care and Health Liaison and one Health and Child Care Consultant at the state level. These consultants are responsible for developing and coordinating systems throughout the state for the Baby Toddler Initiative Project. These professionals provide technical assistance to local CCR&R's, health jurisdictions, community leaders, health professionals and early childhood

³⁶ *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice, Zero to Three*, The National Center, Arlington, VA (pp. 29-43).

³⁷ Washington State Child Care Resource and Referral Network, *Partnerships for Quality Infant and Toddler Care*, March 2001.

professionals and work to improve interconnectedness of child care and health programs throughout the state.³⁸

Parent Education

Since 1998, the WA State CCR&R Network, along with the Infant and Toddler Early Intervention Program and a state-wide non-profit, Child Profile, have provided key information to parents of infants and toddlers regarding early development. First, all parents of newborn children in Washington State receive periodical letters on parent education and health tips as well as a developmental growth chart as part of the “Watch Me Grow” campaign. The chart includes information on height and weight as well as age-specific social, emotional and developmental milestones. With help from early intervention experts, materials are also sent to parents of infants and toddlers, that identify developmental milestones and when intervention is needed, as well as tips on how to help your baby grow up healthy.³⁹

Public Policy Initiatives

The Washington State Child Care Resource and Referral Network was a founding organization of BrainNet, an alliance of community stakeholders working to promote healthy brain development. BrainNet issues policy recommendations linking early brain research to practical implications in early childhood programs, operates an extensive public awareness campaign and issues a newsletter and other materials to licensed child care providers focusing on early brain research. Washington State can serve as a model for utilizing existing research on infant brain development to shape public policy strategies.⁴⁰

Literacy Partnership

The WA State CCR&R collaborated with the Washington State Library System on an Early Learning Initiative workshop series. These workshops were developed to educate library staff on early brain research and encourage them to modify their early childhood programs in consideration of research findings.⁴¹

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

Oklahoma

The Oklahoma Department of Human Services/Division of Child Care provides start-up and expansion grants for local for-profit and not-for-profit child care centers. In order to be eligible for a grant, the program director/owner must demonstrate that he/she live in an area of economic need. Areas are broken down by school district and an eligible provider must reside in a district in which at least 25% of children are eligible for free or reduced lunches. The program provides grants of between \$1,000 and \$24,000 to providers who agree to start-up or increase licensed capacity for a minimum of four infants and toddlers. Grants can be used to expand classroom space, renovate buildings, purchase equipment or hire additional staff. The provider must also agree to provide child care for a minimum of two years after receiving the award.⁴²

When applying for a grant, providers must demonstrate an ability to meet specific goals within the program, such as developmentally appropriate program contents and curriculum for infants and toddlers. Twice yearly, the Department of Human Services/Division of Child Care provides enriching training for child care professionals at an infant and toddler conference. Potential applicants are encouraged to attend a training session prior to applying for a grant.⁴³

Although accreditation is not a requirement of this program, applicants are encouraged to become accredited, and accredited programs are weighted more heavily in the review process for awarding of grants. Programs employing staff members with Child Development Associate Certificates and those that are accredited are paid an increased reimbursement rate from the State of Oklahoma for subsidized children.⁴⁴

After being in business for at least one year, programs funded by this grant are eligible to apply for an improvement grant of up to \$10,000. Funds from these grants can be used for minor renovations, purchase of equipment for infants and toddlers and outside training for the staff on infant and toddler development. Funding for both programs comes primarily from the discretionary funds set aside for quality improvement in infant and toddler care from the Federal Child Care Block Grant.

⁴² Oklahoma Department of Human Services, Division of Child Care, *Start-Up Expansion for Infant/ Toddler and Teen Parenting Grant*.

⁴³ Ibid.

⁴⁴ Ibid.

Family child care providers are not eligible for Oklahoma Division of Child Care Start-Up/Expansion Grants for Infant and Toddler services. However, recognizing the enormous resource in family child care to meet an increasing demand, Oklahoma has initiated a major public outreach campaign to attract stay-at-home parents or licensed family child care providers to become home providers or to open up existing services to infants and toddlers. The campaign includes print ads and work with local child care resource and referral agencies to perform outreach to local communities. Grants of up to \$5,000 are available to purchase equipment or for minor renovations to make homes more "friendly" to infants and toddlers.⁴⁵

Recommendations and Next Steps

Child Care, Inc. has spearheaded an effort to create a working partnership of organizations that are committed to improving and expanding services for infants and toddlers with attention to both parental leave and comprehensive services for children under three. Twenty major New York organizations have come together to focus new attention and resources on infants and toddlers. A policy forum was sponsored by these 20 organizations in October of 2001 and set the stage for the next steps of our work together. The forum participants included practitioners, advocates, researchers, educators and public officials from child care, early intervention, social services and health. This forum provided a unique opportunity for participants to develop an action agenda for moving forward in the next three years. There was strong consensus among participants about priorities and the forum helped to clarify the barriers and challenges ahead. Joan Lombardi, the founder and leader of the Better Baby Care Campaign facilitated the conference and is providing ongoing advise to the New York City strategic working group.

It is clear that we need both a city and a statewide strategy. The state efforts are particularly important given that the only specifically designated funds for child care for infants and toddlers are managed at the state level. The research conducted at Child Care, Inc. has helped to inform and guide a new statewide effort to develop a blueprint for action. The New York State Child Care Coordinating Council (NYSCCCC) and the Center for Early Care and Education are providing the leadership for the statewide effort.⁴⁶

⁴⁵ Oklahoma Department of Human Services, Division of Child Care, *Infant and Toddler Caregivers Needed*.

⁴⁶ The Center for Early Care and Education is a partnership of Child Care, Inc. and the Schuyler Center for Advocacy and Analysis.

The recommendations reflect what we learned from our national review, focused discussions and interviews and the work groups at the policy forum. Four main categories emerged. These include:

1. Coherent and easy access to information about regulations, funding, training and child development focused on both parents and providers;
2. Program and service linkages;
3. Service expansion;
4. Quality building initiatives with a focus on coordinated training.

Access to Information about Regulations, Training and Funding

Problem→ Caregivers and parents need a central place to access critical information on children under age three. Those working in the field lack a support network and development and training resources may be underutilized.

Recommendations→ Create a central clearinghouse for child care professionals and parents. Caregivers need information to support them in caring for infants and toddlers including information on how to start or expand an infant/toddler program, regulatory requirements, funding opportunities, child development research, training and educational opportunities and age-appropriate curriculum and activities. In addition, parents should have access to information on how to best support healthy development of their children under three and how to access community services that support healthy family functioning.

Next Steps→ Child Care, Inc. will launch an Infant Toddler Clearinghouse for providers and parents. The clearinghouse will be featured on the CCI website and will consist of a series of links to useful information for infant and toddler providers and parents. CCI will also explore with our state partners how to expand this information as a statewide resource.

Problem→ Child Care Resource and Referral Agencies and other organizations need better and more in-depth information on where infants and toddlers are being cared for in New York City to be able to better support parents in securing child care for babies and to assist in community planning and development efforts.

Recommendations→ Document the availability of infant and toddler care in family child care settings. The Kansas Child Care Census could serve as a useful resource in developing a census for New York City.

Next Steps→ The NYC Campaign will work closely with NYSCCCC and the five CCR&R agencies in New York City in an effort to document the availability of infant/toddler services statewide.

Building Quality Through Training

Problem→ One of the main barriers to improving and expanding infant and toddler care in New York City is the lack of a highly trained workforce of child care professionals specialized in caring for children under three. Training is limited, difficult to access and there is no comprehensive plan in place for training of infant and toddler providers. In addition, parents of infant and toddlers rely heavily on informal care and these individuals are not required to receive any training and receive no supports. Current city and state training requirements do not adequately address the unique needs of children under age three.

Recommendations→ New York City needs a comprehensive system of training for child care professionals that focuses on infant and toddler development and care. Building a training system will require a coordinated approach with commitment from city and state government agencies, CCR&R's and training agencies, along with statewide advocates and child care professionals. Entry level, continuing service education and training and other professional development opportunities need to be available and tied to compensation for child care professionals.

1. Fund a two-tiered training strategy where Infant/ Toddler Specialists housed in local CCR&R's will work with child care providers in the community by coordinating training efforts and providing technical assistance and support, as used in Kansas. Specialists could then provide training to local child care professionals who would become certified as Quality Advisors. Quality Advisors would not only enhance their own skills but could then act as trainers and mentors in their individual programs. This model is based on a system in New York City for school-age child care professionals and is similar to the California train the trainer model.
2. Complete a careful review of state training requirements in order to make recommendations for refinement of training requirements.
3. New York City Department of Health should require all child care providers to be trained in identifying young children with special needs as developed by the Office of Early Intervention Services.
4. Informal child care providers serving city subsidized children should be required to complete health and safety training that is mandated for regulated providers.

Next Steps→ Child Care, Inc. will work in collaboration with the New York University Child and Family Policy Center and the New York State Child Care Coordinating Council to sponsor a forum on infant and toddler training. This event will feature presentation from WestEd Center for Child and Family Studies, who developed the renowned Program for Infant Toddler Caregivers training curriculum. The goal of this meeting is to focus on best practices and to begin to develop a comprehensive training strategy for New York City. CCI will then work with partners and city and state agencies to continue to refine a training agenda for New York City and State, which will include better use of existing resources for training the child care workforce, such as the Infant/ Toddler Quality Set-Aside Fund, the Educational Incentive Program (EIP), the Infant Toddler Certificate program and the Child Development Associate (CDA). We will also refine our proposal for employing Infant/ Toddler Specialists at local CCR&R level to spearhead training efforts in the community.

Paid Family and Medical Leave

Problem→ Although New York is one of the few states in the country to offer paid maternity leave through the temporary disability system, this benefit is too short in duration, does not provide adequate compensation and does not cover all employees.

Recommendation→ Support augmentation and expansion of New York State temporary disability insurance from a 6 week maternity leave benefit to allow families to receive 12 weeks of paid leave to care for a new child, or ill relative or to recover from one's own illness.

Next Steps→ CCI will continue its participation in the New York State Paid Family and Medical Leave Coalition to advocate for passage of state legislation to provide paid leave for working families.

Outreach and Linkages

Problem→ Services for families with infants and toddlers are fragmented and do not work together to maximize use of existing resources.

Recommendations→ Focus on outreach to the health and early intervention communities, including the City and State Department of Health, to better connect families in child care with services such as immunization, public health services and special needs intervention.

Engage the business and labor communities to support new investments in child care and more family oriented work policies.

Next Steps→ CCI has brought together 20 citywide organizations who are committed to addressing the issue of infant and toddler care as the New York City Better Baby Care Campaign strategic working group. This coalition represents an important step forward in building partnerships. The NYC campaign will continue to build support for our efforts by connecting child care with the health care community, early intervention and community based social services, including exploring with the New York City Board of Health how to link child care providers with medical and nutrition resources.

Advocacy

Problem→ There is severe shortage of child care services for infant and toddlers. Only 8% of the child care centers in New York City offer services for infants. In addition, many family child care providers can not afford to care for babies because of the inadequacy of the market rate system of compensation.

Recommendation→ We need a major investment in child care subsidies for children under three. Incentives must be available to encourage programs to offer services to infants and toddlers, such as increased compensation for family child care providers and targeted grants to centers and family homes for equipment and renovations to prepare a program for children under three, as is done in Oklahoma.

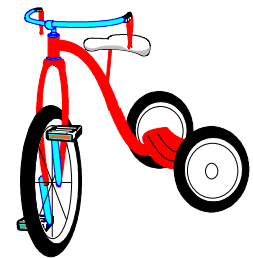
Next Steps

1. Encourage statewide advocacy coalitions to include the infant/toddler recommendations in their legislative agenda.
2. Support the Citizens Committee for Children of New York Task Force on Child Care Market Rates. As discussed earlier, advocating for improvements to the current market rate payment system is key to addressing inadequate provider compensation and the shortage of infant and toddler care in New York.
3. Support funding for community-based family child care networks to assist child care providers in caring for infants and toddlers.
4. Identify loan and grant programs for child care providers to buy necessary equipment for working with babies.

5. Work with service providers to encourage additional agencies to apply for Early Head Start and with family child care networks to devise strategies for encouraging providers to enroll more infants and toddlers in their programs.

Conclusion

A major investment involving federal, state and city governments along with employers is needed in order to meet our goals of expanding child care options for families with children under three and improving the quality of the care available for these children. Other states have effectively used their quality set-aside funds to offer training and expansion initiatives as well as service linkages. However, the magnitude of the shortage of care for infants and toddlers will require resources beyond those offered through the set-aside including public as well as private resources. The issues of capacity, program quality, family and child caregiver supports and service fragmentation must be addressed so that we can give our youngest children the early start they need to thrive.



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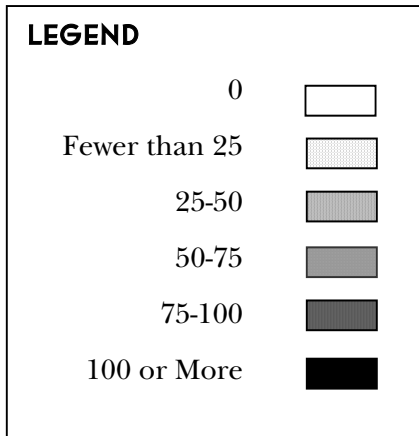
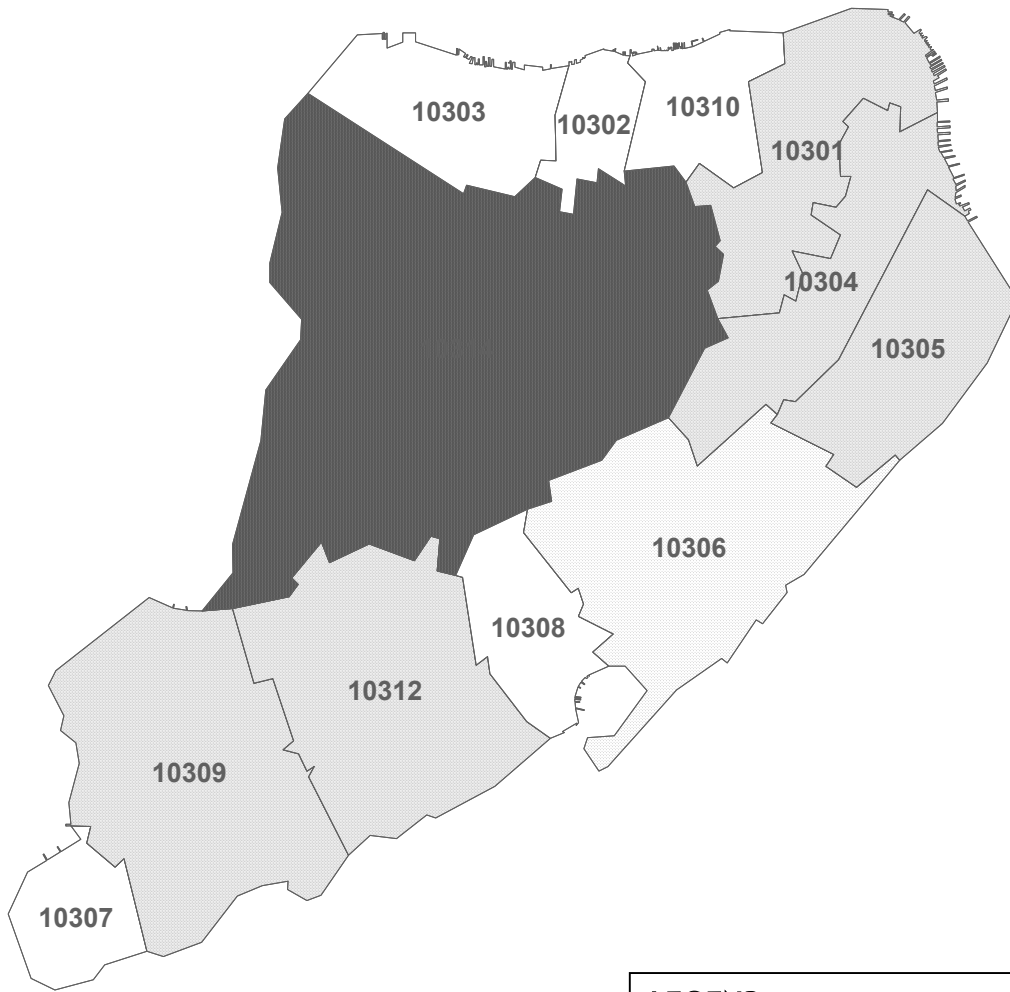
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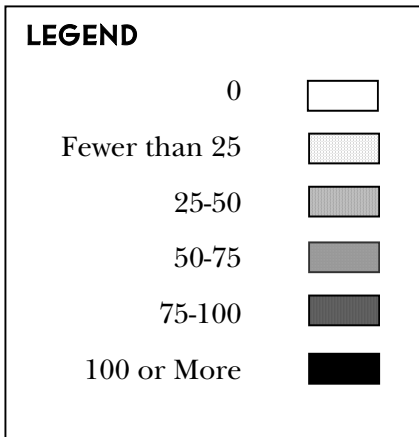
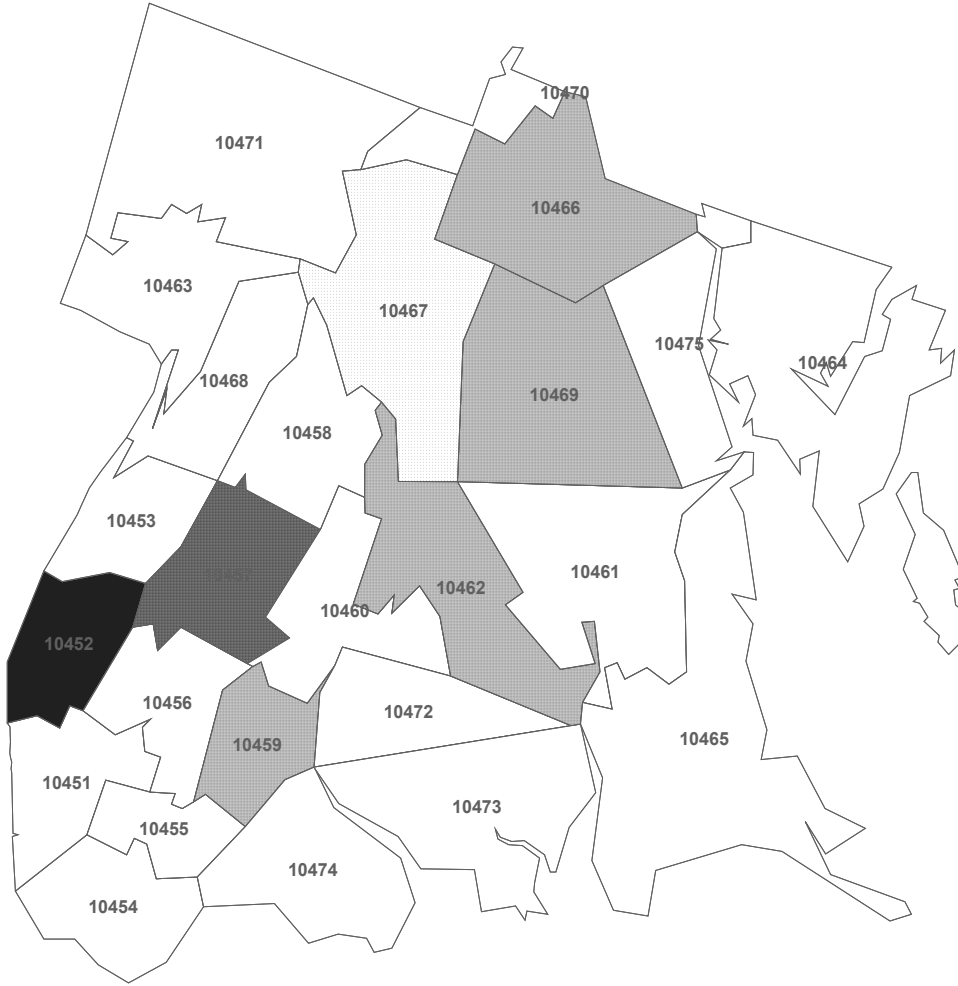
Appendix A

Infant and Toddler Capacity in Child Care Centers by Borough

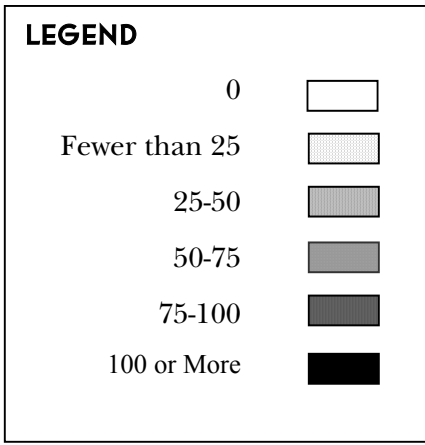
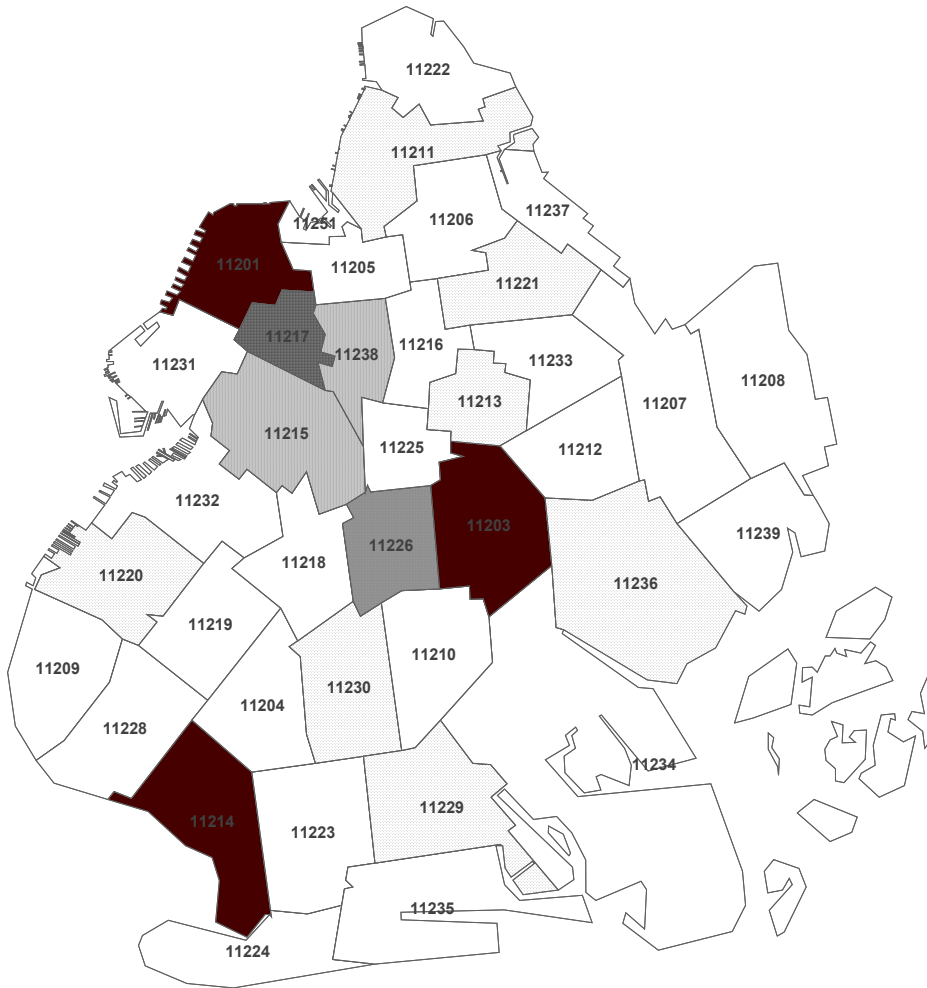
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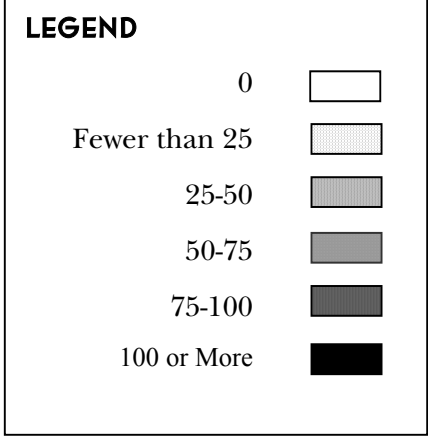
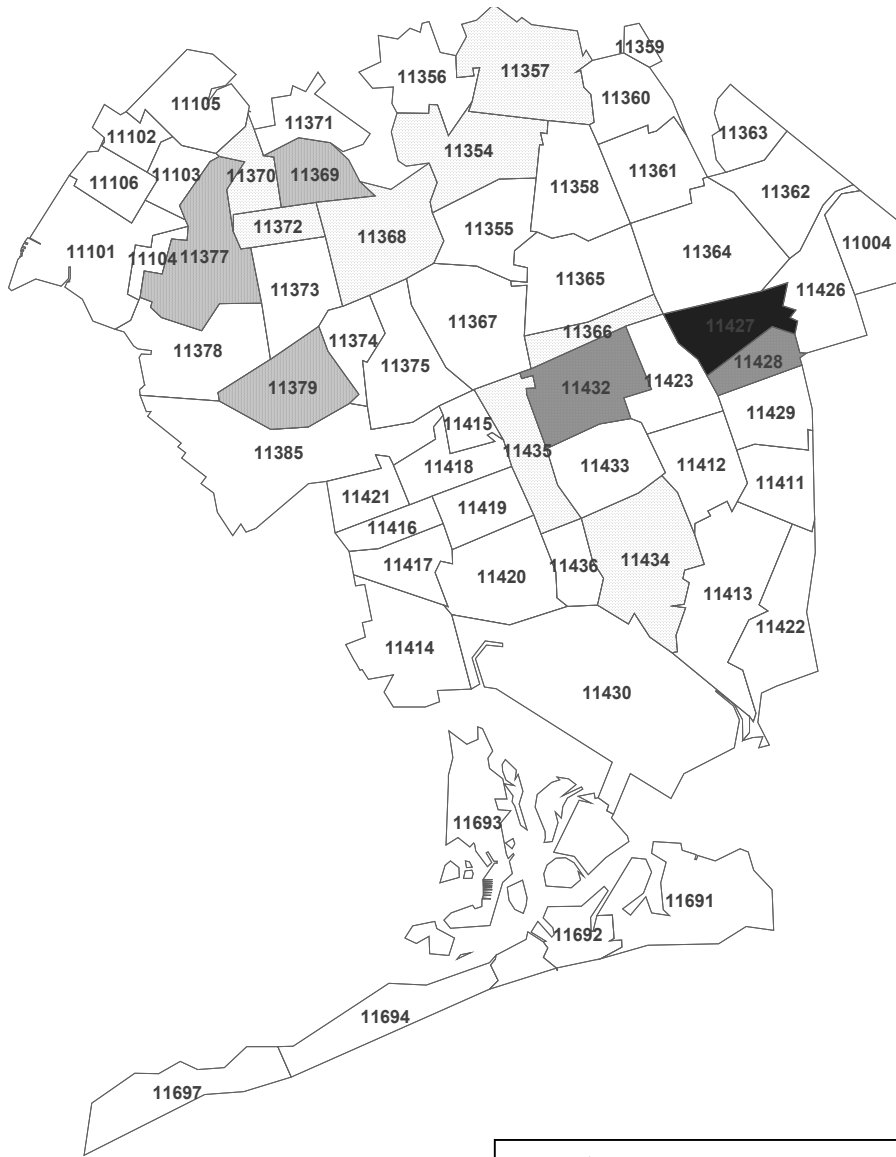
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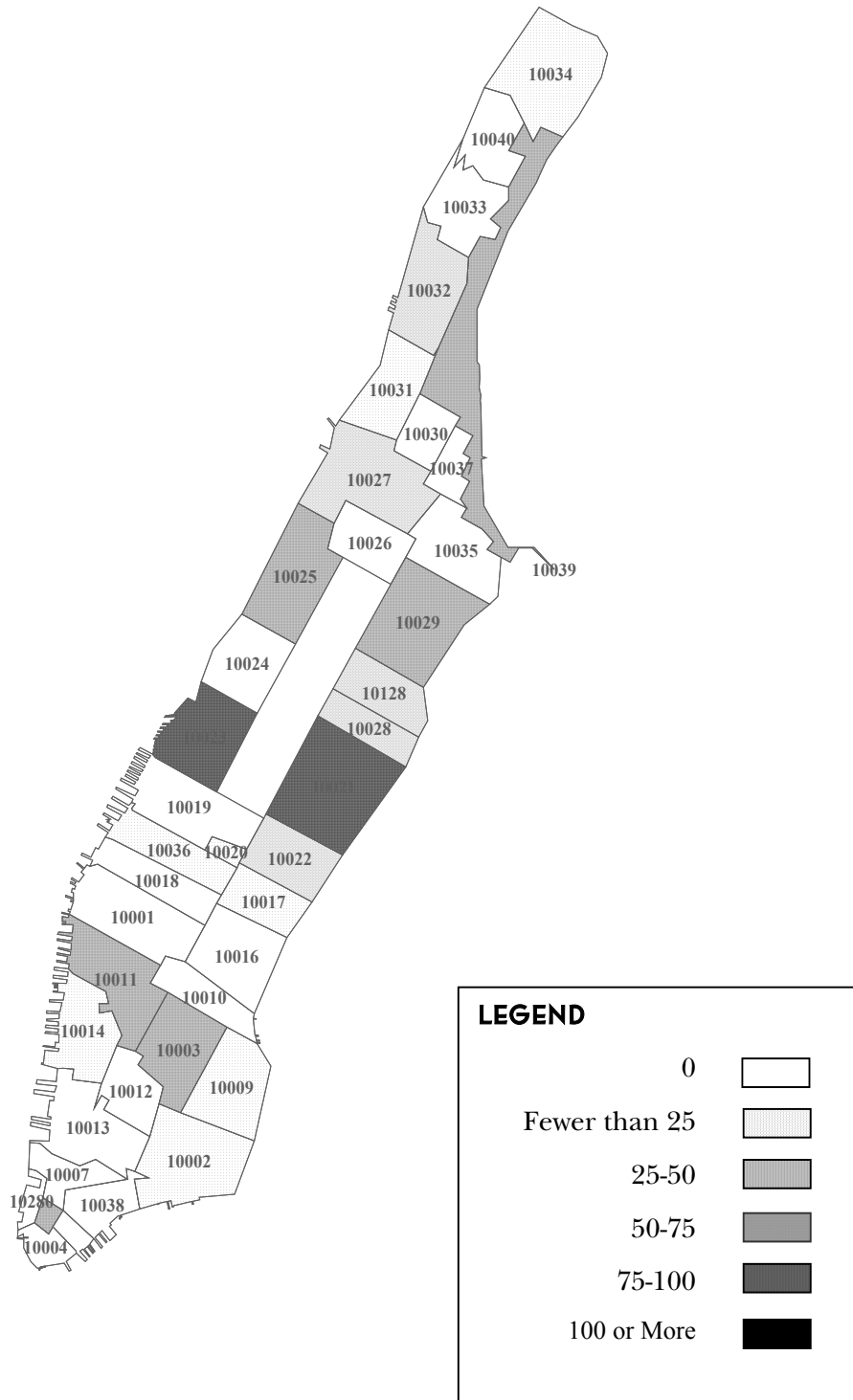
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QUEENS



MANHATTAN



Appendix B

Co-sponsoring Organizations of the New York City Better Baby Care Campaign

Child Care, Inc. with

- Bank Street College
- Borough of Manhattan Community College
- Child Development Support Corporation
- Chinese-American Planning Council
- Citizens' Committee for Children of New York
- Children's Defense Fund– New York
- Committee for Hispanic Children and Families
- Family Child Care Citywide Association Provider Support Network
- Federation of Protestant Welfare Agencies
- Infant/Toddler Coalition
- National Black Child Development Institute, New York Affiliate
- New York State Paid Family and Medical Leave Coalition
- New York University Child and Family Policy Center
- New York University Head Start Quality Improvement Center
- Resources for Children with Special Needs, Inc.
- UJA Federation of New York
- United Neighborhood Houses
- United Way of New York City

Appendix C

Early Head Start: A Model of Quality Infant and Toddler Care

History

Early Head Start (EHS) is a federally funded, community-based program for low-income families with infants, toddlers and pregnant women. The EHS Program, inaugurated in 1994 by the Reauthorization of Head Start Act, awarded its first 68 grants in 1995 in support of a three-pronged mission: to promote healthy prenatal outcomes for pregnant women; to enhance the development of children younger than three; and to promote healthy family functioning. Early Head Start can serve as a model in infant and toddler care through their integration of family support services, emphasis on cognitive, social and emotional development, and partnerships with family and group child care as well as community, health and social services resources.

Financing

Today, EHS funds more than 600 programs nationally, serving 45,000 low-income families with infants and toddlers. There are 36 Early Head Start programs in New York State and 11 in New York City. The total budget for EHS in 2001 was \$558 million. This represents an increase of \$136.7 million from FY 2000. New York State was awarded \$2.3 million in 2000 and \$3.2 million in FY2001.

| EARLY HEAD START CORNERSTONES | |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child Development | Support each child's physical, social, emotional, cognitive and language development through early education services in variety of settings, home visits, parent education and parent-child activities, health and mental health services, and high-quality child care |
| Family Development | Develop individualized family development plans that address the child's developmental needs and the family's social and economic needs |
| Community Development | Develop collaborative relationships with a network of community resource agencies to improve the delivery of services to families |
| Staff Development | Provide ongoing training, supervision, and mentoring so staff can increase their skills in developing caring, supportive relationships with children and their families. |

Source: *Young Children*, May 2001, p. 8.

Outlined below are examples of highly specific mandates placed on Early Head Start programs.

- **Staff Credentials:** EHS staff must have a Child Development Associate (CDA) credential for Infant and Toddler Caregivers, or an equivalent credential that addresses comparable competencies, upon date of hire, or must obtain this credential within one year of hire.
- **Staff Training:** Staff must be trained in infant and toddler development, specific safety issues, and effective communication techniques with infants, toddlers, and their families.
- **Language and Culture:** In classrooms with non-native English speakers, at least one classroom staff member interacting regularly with the children must speak their language. Teachers must also demonstrate an understanding of participating families' cultures.
- **Staff/Child Ratio:** Each teacher working exclusively with infants and toddlers must have responsibility for no more than four children and no more than eight infants and toddlers may be placed in any one group.

Implementation

As indicated by the EHS cornerstones, All EHS programs must include the following components:

- High quality early education in an out of the home
- Home visits, especially for families with newborns and infants
- Parent education, including parent-child activities
- Comprehensive health services, including services to women before, during and after pregnancy
- Nutrition
- Ongoing parental support through case management and peer support groups

EHS grantees are charged with tailoring their services to community needs, and may offer center-based care, which is augmented by a minimum of two home visits per year to each family; home-based care, carried out through weekly home visits and at least two group socializations per month for each family; or a mixed approach combining elements of each.

The Head Start Bureau has established a broad network of resources to support EHS programs, including regionally funded early childhood experts and support staff. Regional Quality Improvement Centers employ infant/toddler specialists and disabilities services specialists. The Early Head Start National Resource Center (EHS NRC) residing at Zero to Three, a national nonprofit organization located in Washington, DC, provides technical assistance to EHS programs. Typical EHS NRC activities include capacity building (e.g. trainings and technical assistance papers), information sharing (e.g. a national database of early childhood consultants), and resource dissemination (e.g. conferences, satellite programming and websites).

Evaluation

National evaluation of EHS was launched concurrently with the program in 1995. Three-thousand children in 17 sites across the country participated in a longitudinal performance review.¹ The study was conducted by Mathematica Policy Research, Inc., of Princeton, New Jersey and Columbia University's Center for Children and Families in collaboration with the Early Head Start Research Consortium, and studied a relatively balanced mixture of center-based, home-based and mixed

¹ The research programs are located in Russelville, AK; Venice, CA; Denver, CO; Marshalltown, IA; Kansas City, MO; Pittsburgh, PA; Sumter, SC; McKenzie, TN; Logan, UT; Alexandria, VA; Kent, WA; Sunnyside, WA; and Brattleboro, VT.

approach programs.² Its preliminary findings,³ reflecting children’s achievements after two years in the program, show that subjects in EHS performed significantly better in cognitive, language and social-emotional development than the control group. Parents also developed better parenting skills and coping strategies, and were more likely to access services such as community-sponsored job training.⁴ The study found that Early Head Start provided generally high quality⁵ child development and parenting services to nearly all families who enrolled and provided them with more intensive services than control-group families received from their communities.

Cognitive Findings

Early Head Start children on average scored higher on the Bayley Scales of Infant Mental Development Index. The average scores were 90.1 for the Early Head Start group versus 88.1 for the control group, with a significance level of 99%. More importantly, a smaller percentage of the Early Head Start group scored in the at-risk range of developmental delay, or below 85 on the Bayley Scale. Early Head Start children were also reported by their parents to have larger vocabularies and to use more grammatically complex sentences at age two, although the children did not differ significantly on whether or not they combined two or more words.

Emotional Findings

According to their parents, Early Head Start children displayed lower levels of aggressive behavior than their non- Early Head Start counterparts. Participation in the program, however, did not have an impact on the children’s engagement, negativity, or attention span while playing with their mothers in a videotaped free-play interaction.

Parenting Findings

In the home environment, Early Head Start mothers were more likely to set a regular bedtime and to read to their children daily. Early Head Start mothers also engaged their children, more frequently than control group mothers, in activities such as singing songs and nursery rhymes, dancing and playing outside.

² Seven were home-based, four were center-based, and six were mixed-approach.

³ The final report is due out in June 2002.

⁴ Gains in children’s cognitive skills were greatest in center-based programs, while gains in parenting skills were greatest in home-based programs

⁵ In 1999, 85% of home-based services were rated “good” or “high” quality, and the average center scored in the good-to-excellent range on the Infant-Toddler Environment Rating Scale. A more complete report on quality is forthcoming from the research consortium.

Finally, in interviews EHS mothers displayed greater warmth, praise and affection toward their children, demonstrated greater knowledge of infant-toddler development, and reported lower levels of family conflict and parenting stress. They were less likely to report having spanked their child in the past week than control group mothers, and, when presented with hypothetical parent-child conflict situations, they were more likely to suggest a positive discipline strategy. In conflict situations, EHS mothers were more likely to suggest only mild responses.

Family Findings

Early Head Start parents were more likely than control group parents to participate in an education or job-training program. They also spent more time in an education program during their first 15 months in the program, though they were not more likely to be employed, work more hours, receive a higher income, have more resources or leave welfare during the same period.

Early Head Start provides a unique opportunity to improve and expand infant and toddler care. EHS funds must be expanded, to augment existing resources for programs. Under EHS, programs in all settings can take more of a comprehensive approach to meeting the needs of infants, toddlers and their families.

A Local Profile: Early Head Start at University Settlement

University Settlement House, the first settlement house in the US, has since 1996 directed a “combination” Early Head Start program. This program serves 75 children in two separate lower Manhattan communities, the Lower East Side and Chelsea. Some of the children receive services in centers; others are served on-site in University-monitored family child care homes. Its goals include helping children achieve appropriate social, emotional, physical and cognitive development, and providing parents and expectant parents with a deeper understanding of their children’s growth and development.”⁶

The program’s center-based care is offered full-year, Monday to Friday from 9am to 5pm (with extended hours available), in a space specially designed for infants, toddlers and their families. Play materials are attractive, durable, and developmentally appropriate, and reflect the cultures of participating families. A Family Room is used to host parents during seminars and support groups,

⁶ The program cites the following as primary resources in development of its curriculum: The Program for Infant and Toddler Caregivers (WestEd); The Creative Curriculum for Infants & Toddlers (Dombro, Colker, and Dodge); Caring for Infants and Toddlers Volumes I & II (Dodge, Dombro and Koralek); Healthy Young Children (NAEYC); and Developmentally Appropriate Practice in Early Childhood Programs Revised (NAEYC).

and includes a resource center with parenting materials. The program's home-based component consists of twice-monthly home visits and more frequent (at least three times monthly) socialization groups scheduled at the parents' convenience.

University Settlement House (USH) has shown fiscal innovation in offering full-day and enriched care to the families it serves, and is expanding that approach to children under three. The settlement house blends city funding for subsidized child care, directed through the Agency for Child Development (ACD) with federal funding for Early Head Start (EHS). For example, a child whose family meets city income requirements (under 225% of the federal poverty level for family of four) may spend a full day in a USH-monitored family child care home, paid for by ACD, and may also receive home visits and family as part of the home-based EHS program, paid for with federal EHS funds.

A founding principle of USH program is development of communication skills as the basis for cognitive and social competence. Parents and teachers use familiar words from children's home languages to talk about daily events, and use storytelling, songs, finger play, rhyming games and music to create an environment rich in language. Caregivers help children talk about their thoughts and concerns, identify and talk about their feelings, and put words to their actions. Caregivers are encouraged to listen patiently to children and to expand on what they say. Finally, children select and make books and display pictures to support their speech and language development. In older infants, language acquisition is rapid, and may include as many as 10-20 words each day. The program's complete goals for children are for them to: Learn About Themselves; Learn About Their Feelings; Learn About Others; Learn About Communicating; Learn about Moving and Doing; and Acquire Thinking Skills.

In the tradition of Early Head Start's organic approach to the family, the program provides a wealth of services in addition to quality child early education. A Health Coordinator completes health assessments of children and pregnant women, follows up on any health issues, and is available for individual consultations and group trainings. Both sites have licensed mental health clinics on-site. Other services include assistance and advocacy for parents in applying for government benefits and entitlements; adult education, including English-as-a Second-Language; GED preparation and Adult Basic Education; and job readiness training.

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