Improving Access to Quality Care for Infants and Toddlers: The Growing Body of Knowledge

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Today’s Objective

To share the diverse ways the Child Care Bureau, States/Territories, and others are contributing to the body of knowledge on how to improve access to quality child care for infants and toddlers
Today’s Focus

Strategic Planning
Learning Communities
Research
State Initiatives
A Project of the Child Care Bureau
Office of Family Assistance, U.S. Department of Health and Human Services
National Infant & Toddler Child Care Initiative

Our **Mission** is to work collaboratively with CCDF administrators and other partners in their efforts to help move forward system initiatives to improve the quality and supply of infant and toddler child care. We work together to achieve the **Vision** that infants and toddlers experience high quality care in all settings, and their unique needs are addressed in early care and education systems.
Phase One: 2002-2005

• In the first phase, the Initiative worked directly with 20 State and Territory teams to support efforts to improve their early care and education systems to address the unique needs of infants and toddlers.

• The project developed an eco-model strategic planning process for States and Territories to map current efforts, prioritize areas of need, and create a plan for action.

• The Initiative team also developed materials and a website (http://nccic.acf.hhs.gov/itcc) to share information with all States and Territories.
Growing the Body of Knowledge through Strategic Planning

- Analysis of infant/toddler child care data
- Analysis of the key elements of the ECE system and how they serve infants & toddlers, their families and caregivers
- Analysis of the opportunities to strengthen key elements
- Development of a strategic plan with short and long term objectives
Early Care and Education Systems that Support Quality Care for Babies and Toddlers

Key Elements
Maine’s objectives & accomplishments

Phase One

- Early Learning Guidelines
- Quality Rating Scale
- Technical Assistance
- Professional Development

Infant Toddler Initiative Team

Phase Two

- Infant Toddler Guidelines
- Quality Rating System
- Technical Assistance
  - RDC Infant Toddler component
- Infant Toddler Credential
Phase Two: 2005-2007

• In phase two, the Initiative is working with States and Territories to develop and disseminate deeper knowledge about specific elements of the early care and education system that support quality infant and toddler child care.

• Project activities are also focusing on supporting the professional development and peer-to-peer learning of State and Territory staff involved in system improvement efforts related to infants and toddlers.
Learning Communities

- Explore issues and problems
- Establish goals
- Work jointly on issues of mutual importance
- Introduce and explore innovative approaches
- Consider needed resources, related research, and evaluation needs
Learning Community Goals

Share and grow knowledge about:

• Credentials for the Infant/toddler Child Care Work Force

• Infant/toddler Specialist Networks

• Quality Rating Systems and Infant/toddler Child Care
Credentials for the Infant/Toddler Child Care Workforce

- Series of conference calls for members on selected topics
- Collection and sharing of credential documents
- Development of a technical assistance tool for CCDF administrators & other partners
- Audio conference to share knowledge
- Customized TA to member States & Territories
CREDENTIALS for the INFANT/TODDLER CHILD CARE WORKFORCE

A TECHNICAL ASSISTANCE TOOL FOR CHILD CARE AND DEVELOPMENT FUND ADMINISTRATORS
Infant/Toddler Specialist Networks

• First National Pre-Institute on Infant/Toddler Specialist Networks
  http://www.nccic.org/itcc/whatsnew.htm
• Monthly calls for Learning Community members
• Sharing of key descriptive data
• Focus on roles of infant/toddler specialists
• Audio conference on the consultant role
• Customized TA for members
Quality Rating Systems and Infant/Toddler Child Care

- Conference Calls for members
- Analysis of QRS documents
- Identification of key issues
- Development of a TA tool
- Audio Conference on QRS
- Customized TA to members
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Growing the Body of Knowledge through Research

Child Trends analyses of the ECLS-B data

Tamara Halle, Researcher
Primary Child Care Arrangements of U.S. Infants at Nine Months of Age: Patterns of Utilization by Household Income, and Maternal Work Status and Schedule

Tamara Halle, Ph.D.
SAMI-CCPRC Institute
July 31, 2007

Contact: Tamara Halle
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Background

- 59% of infants ages 0 to 3 had mothers in the labor force in 2005 (Mosisa & Hipple, 2006)

- 73% of children under the age of three are cared for by adults other than their parents while their mothers work (Ehrle, Adams & Tout, 2001)

- Infants and toddlers of mothers who are employed spend, on average, about 25 hours per week in non-parental care (Ehrle, Adams & Tout, 2001)
Overview of Analyses

- This presentation focuses on patterns in primary care arrangements by maternal employment status, work schedule, and household income among families with 9-month-old infants

- Data from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B) were used to provide a snapshot of patterns in primary child care arrangements for a nationally-representative sample of infants born in the U.S. in 2001
Characteristics of the Sample

- **Household Income**
  - 24% of the 9-month-old infants in the ECLS-B sample live in households below the poverty line
  - 15% live in households considered low-income (between 100% and 150% of poverty)

- **Maternal Employment Status**
  - About one-third of infants (32%) have mothers in full-time employment (35+ hours)
  - One in five infants (20%) have mothers who are working part-time (less than 35 hours a week)
  - 8% of infants have mothers who are looking for work
  - 40% have mothers who are not in the labor force

- **Primary Care Arrangement**
  - 51% of 9-month-olds are cared for primarily by their parents
  - 49% of 9-month-olds are primarily in non-parental care arrangements
  - These percentages vary by household income
Percentage of All 9-month-old Infants in Parental and Non-Parental Care, by Household Income
Primary Care Arrangements at 9 Months for Those Children in Non-Parental Care, by Household Income

Below Poverty
- Center-based care
- Non-relative, other home
- Non-relative, child's home
- Relative, other home
- Relative, child's home

Low-Income
- Center-based care
- Non-relative, other home
- Non-relative, child's home
- Relative, other home
- Relative, child's home

Higher Income
- Center-based care
- Non-relative, other home
- Non-relative, child's home
- Relative, other home
- Relative, child's home
Primary Care Arrangements at 9 Months for Those Children in Non-Parental Care, by Household Income

![Chart showing primary care arrangements by household income level.](image-url)
Primary Care Arrangements for 9-Month-Old Infants Who are in Non-Parental Care and Whose Mothers are Working Full Time or Part Time, by Household Income
Percentage of Infants in Non-Parental Care, by Mother’s Work Schedule and Household Income
Primary Care Arrangement by Income Level of Infants Whose Mothers are Working a Regular Daytime Shift

![Bar chart showing primary care arrangement by income level and care type.]

- **Below Poverty**
  - Center-based care: 20%
  - Non-relative, other home: 40%
  - Relative, other home: 30%
  - Relative, child’s home: 10%

- **Low-Income**
  - Center-based care: 30%
  - Non-relative, other home: 20%
  - Relative, other home: 30%
  - Relative, child’s home: 20%

- **Higher Income**
  - Center-based care: 40%
  - Non-relative, other home: 30%
  - Relative, other home: 20%
  - Relative, child’s home: 10%
Primary Care Arrangement by Income Level of Infants Whose Mothers are Working a Rotating Shift

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<thead>
<tr>
<th>Income Level</th>
<th>Below Poverty</th>
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<th>Higher Income</th>
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<tbody>
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Summary

• About half of U.S. infants are in non-parental care at 9 months of age
• Of those in non-parental care, most are in relative or non-relative care rather than center-based care
• There is variation in type of primary care arrangement by household income, with higher-income infants more likely in non-relative care and low-income and below-poverty infants more likely in relative care
• The relationship between primary care arrangement and household income varies somewhat by mother’s employment status and work schedule
Next Steps

• Multivariate, longitudinal analyses to examine:
  – Stability of care arrangements from 9 to 24 months
  – Child outcomes at 24 months

    Predictors include:
    • Family characteristics (e.g., household income, family structure, maternal education, maternal employment, work schedule),
    • Child characteristics (e.g., prematurity, LBW)
    • Child care characteristics (type, quality, stability)
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Growing the Body of Knowledge through State Initiatives

Kelli Thompson,
Community Initiatives Project Manager,
Pennsylvania
Why does Pennsylvania care about infants and toddlers?

- Brain development
- High quality early learning experiences
Status of Infants and Toddlers in Pennsylvania

- 428,274 children under 3 years live in Pennsylvania
- 218,397 children under 3 years are in low-income families
- 12% of African-American, Hispanic or Latino origin
Infant Risk Factors in Pennsylvania

- 8.2% of infants born in 2002 were low birth weight
- 9.2% of infants were born to mothers under age 20 in 2002
- 15.1% of infants born in 2002 were born to mothers with less than a high school education
- PA’s infant mortality rate was 7.2 deaths per 1,000 infants
- 18% of pregnant women reported that they used tobacco during their pregnancy
- 15.4% of pregnant women did not seek early prenatal care
- Birth defects caused approximately 1 in 6 infant deaths in 2001.
Pennsylvania’s Infants and Toddlers in Early Care and Education Programs

- 62% of women with children under 3 years are in the Pennsylvania workforce
- 61% of children under 3 years in some kind of non-parental care arrangement
  - 48% in family care
  - 28% in in-home care
  - 18% in child care centers
  - 6% in educational setting
- 10% in Child Care Subsidy Program
How Are Pennsylvania’s Infants and Toddlers Being Served?

- 28,522 children under 3 years are served in the Early Intervention Program
- 2,785 children served in 27 EHS programs
- 82% children 19 – 35 months immunized
- Nationally, 42% of child care programs have “expelled” infants or toddlers due to social or emotional problems (Cutler & Gilkerson, 2002)
Pennsylvania’s Programs That Support **HEALTH** of Infants and Toddlers

- Pennsylvania’s Children’s Checkup (EPSDT)
- Healthy Beginnings Plus
- Children’s Health Insurance Program
- Health and Human Services Call Center
- Newborn Screening and Intervention Program
- Healthy Start
- Women, Infants, and Children (WIC)
- The Special Kids Network
- Love’em with a Check-up
- Shaken Baby Syndrome Prevention and Awareness Program
- Safe Haven of PA
- Genetic Services Program
- Lead Poisoning Prevention & Control Program
- Childhood Lead Poisoning Prevention Programs
- Lead Hazard Control Program
- Lead Surveillance Program
- Birth Defects Program
- Breastfeeding Awareness and Support Mini Grants
- Child Death Review Program
- Cardiac Program
- Child Rehabilitation Program
- Cleft Palate Program
- Hearing and Speech Impairment
- Orthopedic Program
- Ventilator Assisted Children's Home Program
- Cooley’s Anemia Program
- Cystic Fibrosis Program
- Hemophilia Program
- Spina Bifida Program
- SIDS and Infant Death Program
- Sickle Cell Disease Program
- Epilepsy Support Services Program
- Tourette Syndrome Program
Pennsylvania’s Programs That Support *EARLY LEARNING* for Infants and Toddlers

- Keystone STARS
- Early Head Start
- Family Literacy
- Early Childhood Education Linkage System (ECELS)
- Better Kid Care
PA Programs That Support the Families of Infants and Toddlers

- Nurse-Family Partnership
- Family Centers
- Parents As Teachers (PAT)
- Parent-Child Home Program
- Family Literacy
- Pennsylvania Family Support Alliance
- Pregnant/Parenting Teen
- Fatherhood Initiatives
Pennsylvania’s Infant-Toddler Strategy
Published February 2006

Desired Outcome #1

Improved Socio-Emotional Health Outcomes
Infant-Toddler Mental Health Project

- Supported by funds from Heinz Endowments and the Office of Child Development.

- Begun in spring 2006 and piloted in three Regional Keys – Northwest, Southwest, and South Central.

- A partnership has been established with the University of Pittsburgh School of Education to assess Pennsylvania’s infant/toddler system. The information attained from the evaluation will be used to meet the overall goal of sustaining and replicating this project in all of the other regions across the state.
Learning Communities

- Infant/Toddler Specialist Network
- Infant/Toddler Credentials
- Infant/Toddler Quality Rating Systems
• Series of 12 self learning modules created by Families and Work Institute and New Screen Concepts
• Encourage responsive and reflective teaching and learning based on the importance of relationships.
• Integrates young children’s social, emotional, and intellectual development.
Desired Outcome #2

Improved access to and use of high quality early learning programs for families with infants and toddlers.
Early Learning Programs for Infants and Toddlers

1. Infant/Toddler Early Learning Standards
2. Infant/Toddler CDA (Child Development Associate)
3. Ages & Stages Questionnaires
4. Exploring how to increase use of developmental screenings in EPSDT programs
Desired Outcome #3

Improved supports for effective parenting.
Improved Supports for Parents

• Growth in Nurse-Family Partnership Program

• Strengthening Families Learning Community through the Children’s Trust Fund
“Relationships are the structure in which learning unfolds. There is no development without relationships.”

--Dr. Shonkoff--

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