

# Great Start Series: Policy Brief #5

## Infants and Toddlers: Crucial Years of Development

THE WISCONSIN COUNCIL ON CHILDREN AND FAMILIES  
&  
THE WISCONSIN ALLIANCE FOR INFANT MENTAL HEALTH

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# Great Start Series: Policy Brief #5

## Infants and Toddlers: Crucial Years of Development

### Introduction

Infants and toddlers are often the “children left behind” when it comes to public policy discussions on early care and education. With a focus on school readiness, the nation has experienced a surge of interest in pre-kindergarten services, with a strong emphasis on 4-year-olds. The pre-k juggernaut has been fueled by extraordinary research findings on the effectiveness of preschool interventions for high risk children, notably three longitudinal studies: the High/Scope Perry Preschool Project, the Abecedarian Project, and the Chicago Child-Parent Centers.<sup>1</sup> While development in the preschool years is of course important, there is growing evidence that the first three years may be even more crucial to a good start in life.

This paper focuses particularly on infants and toddlers, because of the growing understanding of the astonishing development in the first three years, the increased numbers of very young children in out-of-home care, and the implications for public policy.

### I. RESEARCH ON THE EARLY YEARS

#### Relationships Are Key to Infant and Toddler Development

Relationships are essential for all children. According to noted international child development expert Dr. T. Berry Brazelton, consistent, nurturing relationships are the cornerstones of child development. Only in the context of relationships can a child survive, learn, and grow.

The quality of the relationship between a child and his or her caregiver determines what the child learns about the world and about him- or herself. Will the child learn to feel safe and secure and that he or she is worth responding to, or will he or she learn that his or her needs and wants are not important and that there is no one to count on? Will the child learn that his or her interactions with adults are pleasant and rewarding, and that adults make him or her feel respected, important, and understood? Or will he or she learn to be fearful, aggressive, anxious, or passive, and curb his curiosity? Babies thrive when they are attached to adults who are responsive, consistent, and loving.



*Ensuring that babies have good health, strong families, and positive early learning experiences will lay the foundation for success throughout their lives.*

**- ZERO TO THREE: National Center for Infants, Toddlers, and Families**

Unfortunately, when parents face obstacles—like poverty, mental health issues, lack of education, or poor parenting models—babies may not develop secure attachments, and are likely to become “preschoolers unable to control their behaviors and kindergartners who have difficulty engaging in the process of learning.”<sup>ii</sup> Even parents, especially first-time parents, who do not face serious obstacles often are overwhelmed by the enormity of parenting. They want and need help and support.

### **Social and Emotional Competence**

Social and emotional development lays the foundation for healthy growth into adulthood and is essential to every other area of development - physical development and health, communication and language, as well as memory and cognition.

*Elementary teachers indicate that social and emotional skills are more important to school readiness than cognitive skills.*



Social and emotional competence is shaped by the interactions babies have with their parents and other caregivers. Any kindergarten teacher can tell you that “readiness” is more than knowing letters and numbers. In fact, elementary teachers emphasize that social and emotional skills--the ability to follow directions, cooperate with children and adults, and focus on tasks--may be more important than cognitive skills.

For example, a survey of Milwaukee Public School kindergarten teachers in March 2009 ranked social and emotional development as the number one skill needed as children entered

kindergarten, higher than communication and language learning, cognition and general knowledge, physical well-being and motor development, and approaches to learning.<sup>iii</sup>

A child's first relationships form the foundation for a good start in life, including:

- development of self-regulation, self-esteem, and self-confidence;
- ability to form healthy and secure relationships with others;
- capacity to experience and express a wide range of emotions; and
- confidence to explore environments.

These skills are particularly essential to school readiness.

## Early Learning and the Achievement Gap

Research confirms that the first three years are critically important for healthy brain development. According to the National Scientific Council on the Developing Child, early environments and early experiences have an “exceptionally strong” influence on the developing brain.<sup>iv</sup>

Children who grow up in disadvantaged environments show a 1 to 2.5-year delay in development by the time they are 4 years old.<sup>v</sup> The achievement gap begins early and is likely to increase without intervention.

*Vocabulary at age 3 predicts first grade reading success; first grade vocabulary predicts eleventh grade reading level.*

Disparities are particularly clear in language development. Researchers Hart and Risley found a marked difference in language development by age 3, strongly associated with social and economic circumstances.<sup>vi</sup> Research confirms a strong correlation between vocabulary at age 3 and 11<sup>th</sup> grade reading levels. According to literary expert Andrew Biemiller, “Vocabulary at age 3 predicts first grade reading success; first grade vocabulary predicts eleventh grade reading level.”<sup>vii</sup> The richness of language that children are exposed to appears to be a cornerstone of emotional, social and intellectual development.

## Secure Attachment and Self-Regulation

When babies are born they are not able to regulate their feelings and arousal states, and rely completely on their caregivers. As the caregivers provide sensitive, responsive care, babies get a chance to experience consistency and reliability. This motivates them to try to replicate the experience on their own. Eventually, babies learn how to manage their states and emotions. In fact, studies show that babies of parents who provide timely, sensitive, and consistent care learn to self-regulate earlier than their peers.

While researchers have studied secure attachment for decades, more recent advances in brain science show that strong early relationships build important neurological patterns in a baby's brain. Specific neurological patterns are formed in the brain in response to the type of care the child receives. Responsive caregiving helps strengthen the positive pathways of the brain. Lack of responsive caregiver or excessive stress is toxic to a baby's developing brain, and can lead to serious disorders.

*The ability to control one's emotions, developed through relationships in infancy, is the first step in the creation of a securely attached child, and sets the stage for how that child will go forth into the world.*

Ounce of Prevention Fund

Dr. Bruce Perry, a noted expert on childhood trauma, argues that the capacity to get pleasure from relationships with others creates a major positive learning tool for infants and young children. But, if a child does not have nurturing, sensitive, responsive care, then not only is the child at risk for a variety of problems, but the natural capacity to experience pleasure from human relationships is missing. Emotionally neglected or traumatized children often feel little or no joy from approval and little remorse from disapproval, and are more likely to have difficulty responding in a pro-social and empathetic way to their peers.

We now know from research that high-quality programs for infants and toddlers and their families can make a significant difference in the trajectory of their lives.

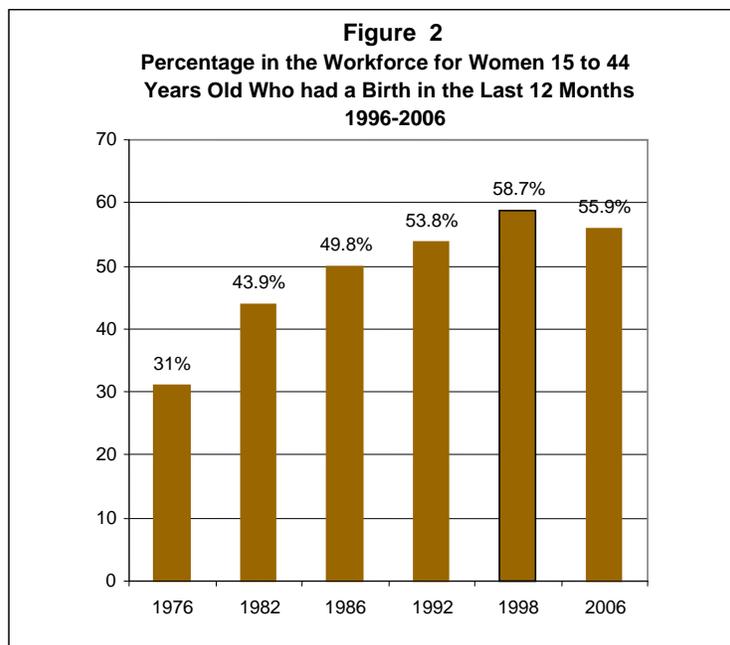
## II. WISCONSIN LANDSCAPE

### Key Wisconsin Facts and Figures Related to Infants and Toddlers

Figure 1 Demographic Data from Kids Count National Data Center	
219,990	The number of children under age 3 in Wisconsin in 2008
69,948	The number of births in Wisconsin in 2008
59,000	The number of children under age 5 in poverty in 2007 17% of Wisconsin children under age 5 were in poverty. Black or American Indian children are about 5 times more likely to be in poverty than non-Hispanic white children.
30%	The percentage of Wisconsin children in single-parent families in 2007
4,974	Low-birthweight babies in 2006 (7% of babies)
6.4	Deaths occurring to infants under 1 year of age per 1,000 live births in 2006
72%	The percentage of Wisconsin children under 6 with all available parents in workforce in 2007. Wisconsin has the 6 <sup>th</sup> highest percentage among states. (Kids Count)

## Who's Caring for Our Youngest Children

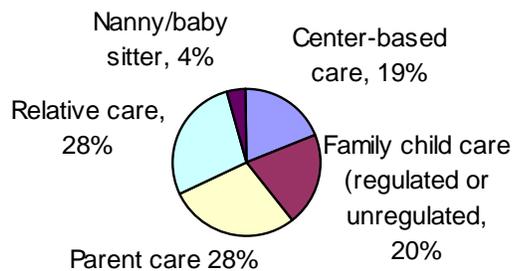
An increasing percentage of infants and toddlers are in care other than parental care. Participation in the workforce by mothers with very young children has nearly doubled since 1976. Census Bureau data released in 2008 shows the pattern over time for mothers with infants in the workforce (see Fig. 2).<sup>viii</sup>



With data showing that more than half of mothers with infants are in the workforce, it is clear that more infants and toddlers are now in non-parental care than were 30 years ago, though there has been a slight decrease since 1998. The national Early Childhood Longitudinal Study in 2004 demonstrated that about half of infants and toddlers spend a significant amount of time in some kind of regular non-parental child care arrangement at 9 months of age.<sup>ix</sup>

A 2001 study specifically examined child care arrangements in Wisconsin for children younger than 3 years old *with employed mothers*. Figure 3 shows the breakout of child care arrangements for children under 3 with employed mothers, based on 1997 data (the data are not current, but this study provides the most detailed data available on child care arrangements for infants and toddlers in Wisconsin).

**Figure 3**  
**Child Care Arrangements for Children Under 3 With Employed Mothers in Wisconsin - 1997 data**



The study found that at that time 39 percent of the children were in family child care (regulated or unregulated) or center-based child care settings, 28 percent were cared for by relatives, and 4 percent by a nanny or babysitter. The parent care category (28 percent) was assigned when mothers did not report a nonparental child care arrangement while she worked (This type of care could be provided by the other parent, the mother while she works, or a self-employed mother at home).



As the percentage of young children with all available parents working continues to rise in Wisconsin –it’s up to 72 percent as of 2007-- it is likely that even more young children are in non-relative care today.

The percentage of Wisconsin children ages birth to 3 in formal early care and education settings—like regulated child care, Early Head Start, and the Birth to 3 Intervention Program—is unclear. This uncertainty is due to duplicated counts of children who are in more than one setting. Our best estimate is that approximately 60,000 infants and toddlers, or 27 percent of infants and toddlers in the state, are in regulated or publicly-run early care and education settings.

## Services for Infants and Toddlers

Some services and programs for infants and toddlers are provided universally to all children, while many are designed to address potentially high-risk situations. Four services are particularly noteworthy: (1) child care, (2) Early Head Start, (3) the Birth to Three Early Intervention Program, and (4) home visiting.

### 1. Child Care

#### Supply

The number of children served by licensed or certified child care programs has grown rapidly over the last two decades, but there is no solid data on how many infants and toddlers are served. Licensing provides a permit to operate child care programs serving four or more children under age 7 unrelated to the provider. Certification is a form of regulation designed to assure accountability for public funding going to child care providers not required to be licensed (small family child care programs).

According to the Wisconsin Department of Children and Families, 5,353 out of 5,782 licensed child care centers and family child care programs are licensed to include infants and toddlers. About 1,680 children under age 3 are cared for in certified family child care as of early 2010, representing about 30 percent of children in certified care.

As we discussed earlier, there are 219,900 infants and toddlers in the state. It is a reasonable assumption that about half of them are cared for by parents and relatives: 109,950. That leaves the other half in care by someone other than a relative: 109,950. If we assume (based on data available) that about 90 percent of them are in child care settings, we can estimate that about 99,000 infants and toddlers are in child care settings in Wisconsin. However, we don't have good data on what proportion of those children are in *regulated* child care (licensed or certified) or in unregulated child care. Our estimate is that about 50,000 are in regulated child care settings. However, we cannot be very confident about our estimates because of the scarcity of solid data by age groups.

#### Affordability of Infant/Toddler Child Care

Child care for infants and toddlers is expensive. According to a national study from 2008, of child care costs, full-time infant care cost an average of \$10,400 per year at a Wisconsin child care center, ranking Wisconsin as the 9<sup>th</sup> least affordable state. <sup>x</sup> Full-time child care accredited as meeting high quality standards costs even more: \$12,220 per year.

#### Infants and Toddlers Funded By Wisconsin Shares

The Wisconsin Shares child care subsidy program provides financial assistance to help low-income working families afford child care. Based on data from the Department of Children and Families, 22,645 children under age 3 were served in the 2nd quarter of 2009, nearly 30 percent of all children served.

## **2. Early Head Start**

Early Head Start, geared toward babies and toddlers, grew out of the federal Head Start program. Like Head Start, it focuses on children from disadvantaged backgrounds or those with special needs. The program provides continuous, intensive and enriching opportunities for child development and family support services for low-income pregnant women and families with children under age 3. The program design recognizes that infants and toddlers develop in an integrated fashion, with emotional well-being, social competence and early learning all essential to later development.

While the program is in early phases of growth, Wisconsin has shown steady increases in Early Head Start enrollment, and recent federal funding is expected to accelerate the growth (See Figure 4). The federal American Recovery and Reinvestment Act of 2009 added another 10 Early Head Start programs, increasing enrollment by 50 percent.

<b>Year</b>	<b>Children Served</b>
1995-96	0
2000-01	686
2005-06	1,408
2007-08	1,629
2009-10	2,469

## **3. Birth to 3 Early Intervention Program**

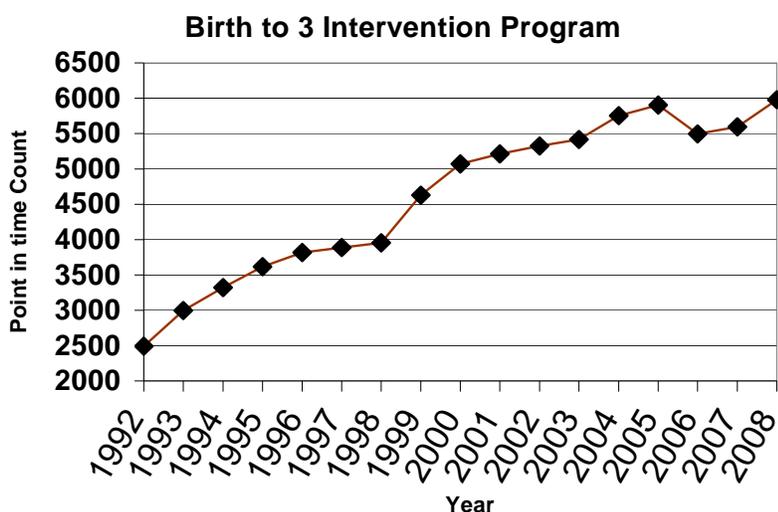
Birth to 3 is Wisconsin's early intervention program for infants and toddlers with developmental delays and disabilities from birth to 36 months. Children receive a range of services in natural environments, including the home and community settings, such as child care programs. The program served 5,980 children as of the fall of 2008.<sup>xi</sup> Wisconsin is above national averages in percentage of the population served under the federal Individuals with Disabilities Education Act (IDEA) program for ages 0-2 and 3-5.<sup>xii</sup>

The Birth to 3 program has more than doubled the number of children ages 0-2 served since 1972, as shown in Figure 5. As of 2007, Wisconsin is above the national baseline in the percentage of population served by

the Birth to 3 programs, but below the national baseline for serving infants less than 1 year of age. Federal funding and requirements for Wisconsin's Birth to 3 programs comes from IDEA, Part C.

**Figure 5**

**Children 0-2 Served:**



**4. Home Visiting**

Home visiting is a long-standing prevention strategy used by states and communities to improve the health and well-being of women, children, and families. Successful home visiting programs frequently provide comprehensive services to families from the prenatal period to age 3, with some continuing through kindergarten entry. Comprehensive home visiting is often targeted to at-risk families, and many programs are able to make less intensive services universally available or are making progress toward voluntary services to all families. Home visiting programs aim to equip parents with the tools and know-how to apply proven child development practices so that they can be their child's best resources and advocates.

In Wisconsin there are 85 agencies that provide home visiting services in 43 counties, according to the University of Wisconsin-Extension Family Living program. Different models include:

- Parents as Teachers
- Early Head Start
- Healthy Family
- Nurse Family Partnership
- HIPPY

Parents as Teachers and Early Head Start are the predominant home visiting models in Wisconsin.

The state budget funds two home visiting efforts: Family Foundations, operating in nine counties and one tribe; and Empowering Families of Milwaukee, targeting at-risk families in the city of Milwaukee.

While comprehensive information on the number of children and families served is not available, we do know the following:

- Early Head Start serves 2,469 children currently;
- Family Foundations serves 530 children; and
- Empowering Families serves 217 children.

## **Key Wisconsin Efforts to Assure Quality**

Wisconsin has in place several programs intended to help assure effective services to infants and toddlers: (1) regulation, and (2) training/education and technical assistance.

### **1. Regulation**

#### **Child Care Regulation**

Licensing of group child care centers (serving nine or more) and family child care centers (serving four to eight) covers basic protections for children's well-being, including requirements on health and safety, nutrition, discipline, staff training, activities to enhance development, and communication with parents.

Family child care certification rules are similar to licensing rules, but are much less detailed.

Wisconsin licensing requirements are fairly extensive, targeted specifically to infant/toddler care, with stronger regulations than most states for staff-to-child ratios and specific training required for care of infants. Wisconsin was ranked 16<sup>th</sup> among states in its oversight and regulation of child care centers by the National Association of Child Care Resource and Referral Agencies in 2009.

### **2. Training/Education and Technical Assistance**

#### **Training on Model Early Learning Standards**

In 2008 the Wisconsin Model Early Learning Standards were revised to include a focus on children birth to 3. Training is being offered across the state to those caring for infants and toddlers. The standards include the following developmental domains:

- Health and physical development
- Social and emotional development
- Language development and communication
- Approaches to learning
- Cognition and general knowledge

## Infant Toddler Credential

The Wisconsin Professional Infant Toddler Credential was launched in 1998 with funding from the federal Child Care and Development Block Grant (CCDBG) infant and toddler earmark to address the lack of a credit-based professional development program for infant and toddler teachers and child care administrators. Several state agencies (the Department of Workforce Development, the Department of Public Instruction, and the Department of Health and Family Services) and the Wisconsin Early Childhood Association (WECA) worked jointly with institutions of higher education to develop coursework for the credential.

The Wisconsin Infant Toddler Professional Credential includes 12 credits available at state technical colleges and some universities. Scholarships for the credential are available through the T.E.A.C.H. Early Childhood® WISCONSIN program, and an incentive payment is provided through the R.E.W.A.R.D.™ WISCONSIN Stipend Program, both administered by WECA. Wisconsin's infant toddler credential program is seen as a model for other states. As of November 2009, 650 individuals had completed the infant and toddler credential. Of those, 530 had help from a T.E.A.C.H. scholarship, and another 500 have taken or are currently taking courses toward an Infant Toddler Credential with help from a T.E.A.C.H. scholarship.

## Curriculum for Evidence-Based Home Visiting

The Parents as Teachers (PAT) program, operated by Parent Plus, serves more children and families than any other home visiting program in the state. PAT has a strong curriculum (Born to Learn) to train their home visiting professionals.

Curriculum developed and delivered by UW-Extension is helping to expand evidence-based practices in home visiting programs, following 12 critical elements of effective home visiting programs based on research by Deborah Daro at the University of Chicago.<sup>xiii</sup> Family Living Specialists at UW-Extension have conducted extensive home visitation trainings for two state-funded home visitation efforts: Family Foundations and Empower Families of Milwaukee. The Empowering Families of Milwaukee program uses the Parents as Teachers "Born to Learn" home visiting curriculum. Home visiting leaders in Wisconsin are committed to using rigorous research and evaluation to refine best practices in programs like Parents as Teachers, Early Head Start, and other models.



### Early Childhood Mental Health Consultation (ECMHC)

ECMHC is an intervention approach to help address mental health issues with young children and to build the capacity of caregivers to respond effectively. Consultation is implemented within a collaborative relationship between a professional consultant with early childhood mental health expertise and one or more individuals with other areas of

expertise, primarily child care center staff<sup>xiv</sup>. The goal of ECMHC is to increase the ability of staff, families, and programs to identify and reduce the occurrence of problem behaviors in children birth through age 6. Administrators, staff, and parents work together to incorporate infant mental health principles in everyday work with children and families. Research shows that teachers who have access to ongoing mental health consultation are about half as likely to report expelling a preschooler as teachers without such support.<sup>xv</sup> In addition, child care centers receiving consultation demonstrate increases in teacher-child positive interactions – a strong predictor of child care quality (Arnett Scale of Caregiver Interaction).<sup>xvi</sup>

The Wisconsin Alliance for Infant Mental Health (WI-AIMH), with the support of the Children’s Trust Fund, developed recommendations on providing early childhood mental health consultation and facilitated several pilot projects in the state. ECMHC is being used extensively in Early Head Start and Head Start. In Milwaukee, mental health consultation will be provided in the future through Project LAUNCH within specific zip codes.

### **Example of Infant Mental Health Consultation**

WI-AIMH has provided intensive training and on-site coaching in Fond du Lac and Rock Counties. In Rock County, 33 participants (child care teachers, other early childhood professionals, and foster parents) attended two full days of training on supporting social and emotional development for infants and young children. Child care directors and administrators overseeing participating teachers attended two brief training sessions.

All child care teachers received six on-site consultations with an Infant Mental Health specialist. Based on the Final Evaluation Report, all respondents agreed (33.3 %) or strongly agreed (66.7 %) that the training and follow up consultation helped them better support children’s healthy social and emotional development. More specifically, 66 % of participating child care teachers responded that they felt more comfortable talking to parents about the social and emotional development of their children and 77.8 % of all respondents felt that their confidence and ability to work with children who exhibit challenging behaviors had increased.

Despite its proven effectiveness, at this point ECMHC is not available universally in Wisconsin due to the lack of resources and lack of professionals competent to provide such an important service.

### **The Wisconsin Infant, Early Childhood, and Family Mental Health Certificate Program**

This is an intensive, interdisciplinary one-year continuing education program for professionals who work with children ages birth to 6 and their families. The certificate program is designed with an appreciation of the strengths and contributions of all the professions who touch the lives of young children. The participants who complete this professional development program will have gained an enhanced understanding of infant and early childhood mental health and new skills to support the social and emotional development and well-being of young children in the context of their family/caregiver relationships.

Following a cohort model, participants earn a certificate from the University of Wisconsin-Madison, Division of Continuing Studies, Department of Professional Development and Applied Studies by completing one of two pathways:

- Foundations
- Advanced Clinical Practice

Both pathways are for individuals with at least a bachelor's degree. The Foundations Pathway is for providers across disciplines that provide direct services to young children and their families in preventive intervention, early education and health care programs (e.g., Birth to 3, Early Childhood Special Education, Early Head Start, Head Start, Child Care, Child Protective Services, and Home Visiting). The Advanced Clinical Practice Pathway is for professionals who provide assessment, diagnosis, therapeutic intervention and mental health consultation services for young children, their families and other professionals. The program starts in summer of 2010.

### **Social and Emotional Foundations for Early Learning in Wisconsin**

In March of 2009, Wisconsin was awarded a training and technical assistance grant from the Center on the Social Emotional Foundations of Early Learning (CSEFEL). CSEFEL's mission is to promote social emotional development in children ages birth through 5 through implementation of the Pyramid Model. The Pyramid Model is a tiered prevention and intervention approach to prevent and address challenging behaviors through evidence-based practices.

CSEFEL staff provide technical assistance to a multi-agency collaborative leadership group in order to support/or to ensure state-wide implementation of the Pyramid Model. This leadership group includes representatives from Head Start, Wisconsin Alliance for Infant Mental Health, Department of Children and Families, Department of Health Services/Birth to 3, Children's Trust Fund, Cooperative Educational Service Agencies, Department of Public Instruction, Wisconsin Early Childhood Association, Higher Education, Parents Plus, Supporting Families Together Association, and Waisman Center.

The main goal of this initiative is to increase the competence of the professionals working with young children and their families through training and extensive on-site coaching. Three demonstration sites have been selected to showcase this program-wide implementation of the Pyramid Model. State-wide training efforts are scheduled to start in April of 2010.

### III. PROGRAMS THAT WORK

States across the nation have found ways to support and promote optimal infant/toddler development, focusing on helping parents maximize their children's development, often bringing services where the children are already being cared for. Policymakers and researchers have frequently focused on children and families from disadvantaged backgrounds, where the risk of obstacles to healthy development is greatest and where services can make the most significant difference in a child's life trajectory.

#### Home Visiting: Strengthening Families by Promoting Parenting Success

##### Research Findings

A growing body of research over the last quarter century demonstrates that home visiting programs are effective at reaching vulnerable families and supporting positive child development. Intervention programs have been found to be most effective when they reach at-risk families early—ideally even before a child is born.<sup>xvii</sup>

Research has found that evidence-based home visiting programs can result in the following outcomes, depending on the model implemented:

- Increased school readiness;
- Improved child health and development;
- Reduced child abuse and neglect; and
- Enhanced parent abilities to support their child's development, including improved language skills, social and emotional development, physical health, and early learning.<sup>xviii</sup>

##### State Example: Missouri Parents as Teachers Program

Missouri launched the Parents as Teachers (PAT) program back in the 1980s as a statewide model. Through an approach known as *Born to Learn*®, trained parent educators offer support to families from pregnancy to the time the children enter kindergarten. PAT program services include home visits to families, parent group meetings, developmental and health screening, and linkages to community resources. Today, PAT has expanded to all states, with a strong program in Wisconsin.<sup>xix</sup>

Research results on PAT programs are promising, while sometimes mixed. While the research methods did not meet the most rigorous standards, three quasi-experimental evaluations found that PAT participants outscored control group children on measures of language skills, cognitive abilities, physical development, and social development.<sup>xx</sup>

*Parents as Teachers* is an excellent example of a home visiting program, and is the approach most used in Wisconsin. Several other home visiting models are also operating in Wisconsin: Nurse-Family Partnership, Healthy Families America, Parent-Child Home Program, Home Instruction for Parents of Preschool Youngsters (HIPPOY), and Early Head Start. All these programs have developed a shared vision for effective home visiting at the national level, working together to use research and evaluation to refine best practices.

## Early Head Start: A Comprehensive Early Development Approach

### Research Findings

Research on Early Head Start (EHS) has found positive results. A rigorous national evaluation found that EHS had a favorable impact on children's cognitive and language development, on controlling children's levels of aggression, and on children's behavior. The strongest positive impacts on parents and children at age 3 were found in programs using mixed settings, combining center-based programs with home-based services, showing greater positive impacts on language development and social-emotional development.<sup>xxi</sup>

### State Example: Kansas Expansion of Early Head Start

Kansas Early Head Start is an example of how a state can promote **high standards for programs and guidelines for early learning** and **linkages to comprehensive services to support families and healthy development** for infants and toddlers. In 1998 Kansas was the first state in the nation to fund Early Head Start modeled after the Federal program, working in cooperation with the federal government.<sup>xxii</sup>

Kansas Early Head Start is an intensive program that provides grants to local Head Start programs to serve pregnant women and infants and toddlers. It offers children and families comprehensive services through weekly home visits and/or child care. The program requires that Early Head Start grantees partner with community child care providers. All grantees must meet federal performance standards.

Several other states fund comprehensive services to infants and toddlers, using Early Head Start standards (or an optional standard) in the design, including Oklahoma and Illinois.

## Infant Toddler Specialist Networks in Multiple States

### Research Findings

Research shows that teachers learn best when training is supplemented by on-the-job coaching. The work of Joyce and Showers has strongly demonstrated that training combined with on-site coaching provides far better outcomes for practitioners working with children than training alone. Similar to the way children learn by doing, teachers and caregivers solidify new knowledge and techniques when they are coached and supported onsite.<sup>xxiii</sup>

Head Start and Early Head Start, the most notable federal early learning programs, built professional development that includes both training and on-site technical assistance into the programs after careful analysis of the effectiveness of different modes of professional development.

### Infant Toddler Specialist Networks in the Midwest

As of June 2009, 22 states had established an infant/toddler specialist network. These networks usually provide a range of supports to programs, including training, consultation, coaching, and mentoring. In the

Midwest, Indiana, Iowa, Kansas, North Dakota, Ohio, and South Dakota all have networks. Most of these are housed in child care resource and referral agencies. Figure 6 provides information from the National Infant & Toddler Child Care Initiative for Midwest states.<sup>xxiv</sup>

<b>Figure 6</b>			
<b>Midwest States with Networks of Infant/Toddler Specialists</b>			
<b>State</b>	<b>Funding Sources</b>	<b>Coordinators and Specialists</b>	<b>Start-up Year</b>
Indiana	CCDF Foundation Seed \$	1 statewide coordinator 11 specialists based regionally	2002
Iowa	CCDF	1 statewide coordinator 5 specialists based regionally	2001
Kansas	CCDF Foundation \$	1 statewide director 25 specialists in 16 regions	1999
North Dakota	CCDF	1 statewide coordinator 4 infant/toddler specialists 4 health consultants	1992
Ohio	CCDF	1 statewide coordinator/director	2004
South Dakota	CCDF Bush Foundation \$	1 statewide training coordinator 11 specialists based regionally	1992
Key: CCDF= Child Care Development Fund			

### **California’s Program for Infant/Toddler Care**

In 1985, the Child Development Division of the California Department of Education launched the Program for Infant/Toddler Care (PITC) in response to concerns about the quality of infant and toddler care in the state. PITC is an evidence-based comprehensive initiative focused on a relationship-based approach to early care and development.<sup>xxv</sup>

PITC emphasizes six key program policies in its training: primary care, small groups, continuity of care, individualized care, cultural responsiveness, and inclusion of children with special needs. The training is designed for child care centers and family child care providers, and has also been used to train family, friend, and neighbor caregivers in several locations.

California’s PITC is now a \$6 million per year operation, with 15 Infant/Toddler Specialist Coordinators who work with a statewide network of Infant/Toddler Specialists to provide training, coaching, and mentoring to infant/toddler providers, emphasizing reflective practices. PITC also works with California's community colleges to integrate the PITC approach into their coursework.

## IV. OPTIONS FOR ACTION IN WISCONSIN

Based on a review of Wisconsin programs and initiatives in other states, the following options are worth considering.

### **CONDUCT A THOROUGH POLICY REVIEW RELATED TO INFANTS AND TODDLERS IN CHILD CARE**

Wisconsin should consider a careful review of policies related to infant and toddler development. Two national organizations, ZERO TO THREE and Center for Law and Social Policy, have joined together to develop a tool for states to use to review a range of policies related to child care for infants and toddlers. Leaders in the early childhood field could use this tool to evaluate Wisconsin's policies, including child care regulation, subsidy policies, and quality improvement programs.

The *Charting Progress for Babies in Child Care* tool helps states to identify policies that support the healthy development of infants and toddlers in child care settings. The policy framework sets forth four key principles that establish the foundation of supports that all babies and toddlers in child care need, as well as 15 recommendations that state child care licensing, subsidy, and quality policies should address.<sup>xxvi</sup> The four principles that drive the policy framework define what babies and toddlers in child care need:

- Healthy and safe environments in which to explore and learn.
- Nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn.
- Their families to have access to quality options for their care.
- Parents, providers, and caregivers supported by and linked to community resources.

### **EXPAND HOME VISITING**

Wisconsin could expand evidence-based home visiting programs by expanding the Family Foundations program and the Empowering Families of Milwaukee effort to support young mothers with infants and toddlers.

### **EXPAND EARLY HEAD START**

Wisconsin could expand Early Head Start or programs that follow Early Head Start performance standards to assure that vulnerable infants and toddlers have the services they need.

### **ESTABLISH AN INFANT/TODDLER SPECIALIST NETWORK**

Wisconsin could build on existing training and on-site coaching and consultation efforts to move toward a more robust statewide Infant/Toddler Specialist Network that coordinates and directs effective support to teachers and caregivers and makes the best use of existing resources. Graduates of the new infant, early childhood, and family mental health certificate program could play key roles in a specialist network.

**Infant and toddler services are often neglected in public policy discussions. It is time for Wisconsin to translate what we know from science about the needs of infants and toddlers into effective, evidence-based policies and practices.**



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