

# Improving Infant and Toddler Child Care



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# Executive Summary

This report is part of an ongoing effort to provide a strategic plan for Improving Infant and Toddler Child Care in Louisiana. The Department of Children and Family Services' (DCFS) Child Development and Early Childhood Section initiated the planning process in September of 2009. The National Infant and Toddler Child Care Initiative at Zero to Three has provided technical assistance for this planning endeavor.

A Strategic Planning Committee was formed from infant and toddler experts throughout the state and from a variety of disciplines and program focuses. This committee reviewed 13 Key Elements of an Early Childhood System identified by Zero to Three and chose three elements as priorities for Improving Infant and Toddler Child Care. These are *Public Knowledge and Engagement*, *Licensing and Regulation*, and *Professional Development*.

## The Philosophy of Relationship-Based Care

While the three identified areas of priority should be addressed through specific action plans, a fourth, and perhaps a greater, priority emerged with a potentially crucial impact on the quality of care for infants and toddlers. This priority is for true collaboration in understanding, supporting and providing relationship-based care.

For guidance in developing this underlying philosophy, leaders in the state should look at:

- Recommendations in national initiatives such as the *Charting Progress for Babies in Child Care Project*. (A project of the Center for Law and Social Policy<sup>38</sup> and Zero to Three<sup>1</sup>; see the 4 Key Principles for “babies in care” on page 25 of this report and the 15 state policy recommendations at <http://www.clasp.org/babiesinchildcare/>)
- Language from Louisiana’s Early Learning Guidelines<sup>8</sup> such as the information on the *Link Between School Readiness and High Quality Care for Infants and Toddlers*.

*School readiness is often defined within only a few dimensions of development. True readiness for school should include a foundation of social and emotional competence and a curiosity to continually seek out “what, why, and how.” True readiness is not a measurable set of criteria but a foundation for later learning built on rich experiences.*

*High quality, relationship-based programs avoid “early-learner-burn-out” by providing opportunities for child-directed play and exploration as opposed to teacher-directed lessons and projects. Expectations for behavior are based on relationships, modeling, and arrangement of the physical environment. Knowledge of individual temperaments and the richness of learning through doing together make acceptance of children who need a high level of activity an easier task than requiring a child to sit so she can be taught a lesson or skill.*

- Language used to define “a routines-based approach” and “curriculum” in the Child Care and Activities section of this report:

*...in a routine based approach, “routines and play” are the curriculum. Activities are in the context of routines, and emerge as a product of a reflective curriculum process where caregivers look at the child’s needs and interests.*

*...A relationship-based, emerging curriculum, one that has components of play and routines, is recommended and embedded throughout the Early Learning Guidelines...*

**Louisiana must adopt the philosophy of relationship-based care to move forward in improving infant and toddler care and thus education opportunities for all young children.**

*Research has shown that the quality of the relationship between children and those who care for them influences every aspect of young children’s development, including intelligence, language, emotions, and social competence. States can implement child care licensing, subsidy, and quality enhancement policies that improve the opportunities for babies and toddlers in child care to experience the nurturing, responsive care that will help them thrive (CLASP Policy Framework<sup>38</sup>).*

**Identified Priorities for Action**

Recommendations were gathered throughout the planning process through a variety of formats and opportunities for input. A condensed summary of those recommendations for the three priority elements appears here with more detail for these and the remaining Key Elements in the body of the report.

**Licensing** Specific infant and toddler language should be added to licensing requirements and some form of licensing should be created for Family Child Care providers.

We should continue to strive for lower ratios, smaller total group size, and increased requirements for teacher training that are specific to the needs of infants and toddlers. Innovative funding streams and “braiding” should be available to help providers comply with these requirements.

Licensing requirements should be aligned with the use of our Program Standards and Early Learning Guidelines as well as Quality Start, with Licensing continuing to be the set of minimum standards and the other initiatives addressing higher levels.

Data regarding what centers serve infants and toddlers should be available onthrough the DCFS/Licensing website as well as through the Quality Start website.

Perhaps the greatest impact on quality could be achieved by eliminating the two-tiered system of Class A and Class B.

**Professional Development** Efforts toward improving professional development must occur collaboratively with other initiatives such as the National Governor’s Association (NGA) Ready States initiative and occur through a Professional Development Workgroup under the auspices of the Early Childhood Advisory Committee. This initiative addresses professional development in the broader context of Early Childhood Education (generally from birth to five) and through the development of Core Knowledge and Competencies. However, there is a strong voice to continue to carve out Core Knowledge and Competencies that address the needs of those who work with infants and toddlers, specifically the ages from birth to three, in a group setting.

The overarching recommendation is for a professional development **system** which

- represents a continuum of opportunities and career levels,
- is carefully aligned to our Early Learning Guidelines and to Quality Start,
- is built on specific infant and toddler Core Competencies and Knowledge,
- contains in-depth and specific study in the care of infants and toddlers in groups, and
- includes specialization in infant and toddler study at both the provider and trainer levels.

This system should address requirements for the infant and toddler workforce as well as those who educate and support the early care and education workforce.

### **Public Knowledge and Engagement**

The recommended long-term outcome for Public Knowledge and Engagement is for *the People of Louisiana to recognize, support and invest in high quality early care and education for infants and toddlers.*

Recommendations to accomplish this goal center on the formation of **one message** that a variety of entities throughout the state can use and promote. This succinct message should explain the importance of relationship-based care for infants and toddlers, tie the quality of experience in care to school readiness, and echo the philosophy of “relationship-based care as delineated previously in this summary.

Further recommendations include the use of professionals to develop a media campaign that uses a variety of media formats and appeals to a wide variety of recipients. Consideration should be given to innovative and collaborative funding to support this effort and to alignment with other initiatives that promote quality such as the Early Learning Guidelines and Quality Start.

# The Planning Process

In September of 2009, the background work began to support quality improvements in infant and toddler care through a Strategic Planning process. The Child Development and Early Childhood Section in the Office of Family Support of the Louisiana Department of Children and Family Services (DCFS) requested the Technical Assistance services of the National Infant and Toddler Child Care Initiative @ Zero to Three (NITCCI).<sup>1</sup>

A small group, the Planning Design Group, formed to help design the planning process. This group adopted a planning process by NITCCI designed to maximize involvement of stakeholders while minimizing face-to-face meeting requirements

The initial tasks of the Planning Design Group included:

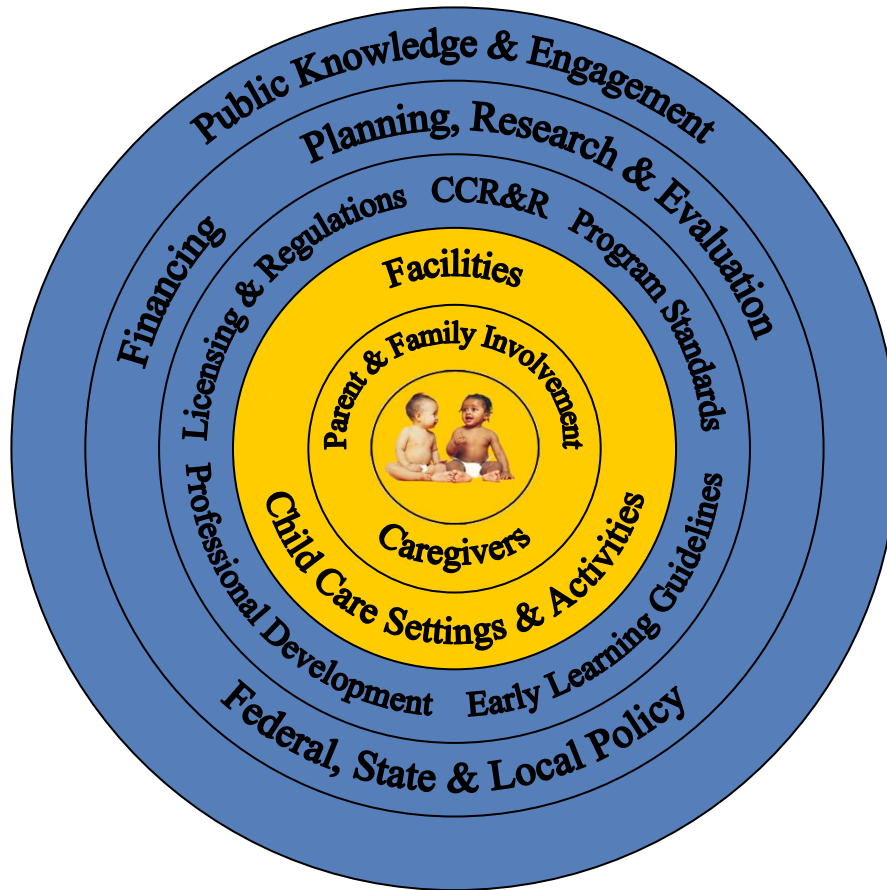
- Identifying the individuals who will be invited to serve on the larger committee
- Identifying state data sources that describe the issue
- Planning and assigning all logistics for the larger planning group
- Completing the draft of the Key Elements tool focusing on the current status of 13 key elements and defining a philosophy of quality infant and toddler care
- Adopting the Logic Model as a part of the planning process
- Identifying background information and documents that will help members understand the issue

Information relative to infant and toddler care was gathered from the members of the larger Strategic Planning Committee through an interview process including phone calls and e-mails. The summary of that information is included in this report.

The planning process continued as Strategic Planning Committee members met in April and May of 2010 to formulate and prioritize goals, outcomes and strategies to achieve those goals. The committee identified three priorities: Public Knowledge and Engagement, Licensing, and Professional Development. Small groups continued this work using a combination of e-mails, GoToMeeting and conference phone calls. In June of 2010, individual members shared ideas regarding the proposed Licensing changes with DCFS staff. The Logic Model and Action Plans for the remaining two priorities, Public Knowledge and Engagement and Professional Development, were begun and are still in development. For information regarding the documents used in this planning process, please see the Strategic Planning Tool Kit at [http://nitcci.nccic.acf.hhs.gov/resources/strategic\\_planning\\_toolkit.htm](http://nitcci.nccic.acf.hhs.gov/resources/strategic_planning_toolkit.htm).

Our Strategic Plan is still a work in progress. In this report, recommendations and ideas for all Key Elements appear in the early phases as answers to “current status” questions. Additional suggestions are in the “What would you change?” section on page 26 and in “Thoughts from the field...” (from the member interviews, the meetings and conference calls and comments from the early group work) on page 33. Recommendations and draft ideas for action plans for Professional Development and Public Knowledge and Engagement can be found on page 28 as well as in the executive summary. The next meeting for this Strategic Planning group is not yet scheduled, but the group may reconvene at the request of DCFS and/or the Early Childhood Advisory Council.

# Key Elements of an Early Childhood System



NITCCI<sup>2</sup>

The National Infant & Toddler Child Care Initiative @ Zero to Three has described key elements of early care and education systems that support quality care for infants and toddlers. More information about these key elements is found on the [publications](#) page of the Initiative's website.

The following is an overview of key system elements and their characteristics that reflect how an early care and education system can offer quality childcare to infants, toddlers and their families. These elements were used to provide a framework for thinking strategically about Louisiana's systems that support this quality.<sup>3</sup>

The definition of each element is followed by a summary of the current status of that element in the State of Louisiana and key recommendations. Comments or thoughts gathered during the interview process and subsequent discussions<sup>4</sup> appear near the end of the document beginning on page 33. Those responses have been re-organized as they relate to the key elements and some syntax re-formatted to assist readability. Additional comments and recommendations are included from discussions during conference calls, small group work and larger Strategic Planning Committee meetings. Some comments may be used in more than one element as applicable.

## Public Knowledge and Engagement

The Definition of this Element: A public education and engagement strategy exists that informs the public about the importance of high quality care and builds support for improving the quality of infant and toddler childcare.

The Status of this Element in Louisiana: Current efforts to inform the public of the importance of Early Childhood care and education and specifically of quality infant and toddler care are rare and efforts that do exist are limited and sporadic.

Early Head Start (EHS) grantees <sup>5</sup> provide this information through parent education sessions with existing EHS eligible families. Louisiana's regional Child Care Resource and Referral Agencies (CCR&R) <sup>6</sup> provide brochures on quality from the National Association for the Education of Young Children (NAEYC). <sup>7</sup>

Louisiana's Early Learning Guidelines and Program Standards (ELGs) <sup>8</sup> were written with all stakeholders, including parents, in mind, but no specific effort exists to disseminate this document to defined groups other than caregivers. Discussion has occurred about publishing a series of parent brochures linked to the ELGs. The content of the ELGs could provide a framework for public knowledge and engagement activities.

The availability of tax credits through Quality Start present some "quality" information to parents and information about this initiative could be expanded.

Potential Partners to assist in public knowledge and engagement efforts include, but are not limited to:

LA Community and Technical College System  
Early Childhood Supports and Services  
Pathways  
Infant Mental Health consultants  
Tulane Institute of Infant and Early Childhood  
Mental Health  
All contractors  
ECAC / Bright Start

American Academy of Pediatrics  
Part C providers  
DCFS  
CCR&Rs  
Trainers  
EHS grantees  
Child Care Centers and providers  
Children's Trust Fund

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## Planning, Research and Evaluation

The Definition of this Element: Planning efforts bring together a broad coalition of participants with interest and knowledge about infants and toddlers to determine what services and supports are most needed. Planning builds upon prior and current system development efforts. Research and evaluation are also used to assess infant and toddler childcare demand, supply, quality, and available resources. Results are used to coordinate decisions about program development and the allocation of funds. Benchmarks are established and used to evaluate progress.



The Status of this Element in Louisiana:

**What is known about I/T care in the State?**

Information and data in regards to infant and toddler care is random, at best. EHS Technical Assistance (TA) specialists are assisting EHS and other centers and gaining feedback from the field. One CCR&R offers the Program for Infant Toddler Care (PITC)<sup>9</sup> training on a limited basis and works with those centers specifically to improve infant and toddler care. Many caregivers who completed the entire course are no longer in childcare. Other CCR&R agencies also provide training and TA for centers serving infants and toddlers, but data specific to infant and toddler care may not be available

ITERS (Infant and Toddler Environment Rating Scale)<sup>10</sup> assessments are provided for centers in our quality rating system, Quality Start.<sup>11</sup> These assessors have some data and information about infant and toddler care. Participation in Quality Start by centers is voluntary. In the period between January 1, 2008 and June 30, 2010, approximately 950 ITERS observations were completed in 404 centers across the state [as reported by the Director of the Environment Rating Scales (ERS) Teams]. This number represents approximately 22% of licensed childcare centers.

Infant Mental Health (IMH)<sup>12</sup> consultants are also working with centers and are collecting observational and anecdotal documentation. The supervisory staff of Louisiana's IMH Consultants reports, "We are always needed in the 18 month-36 month rooms." No formal data is being collected in regards to addressing infant and toddler care.

Additionally, some information is available in the 2009 Market Rate Survey<sup>13</sup> showing that infant and toddler care is slightly more expensive in larger metropolitan areas of the state. Other information in the Market Survey is not specific to infant and toddler care.

Licensing information (from a list available on the DCFS website) does not specify infant and toddler care or providers.

It is obvious that both quantitative and qualitative data would help to define this response and might serve as a priority concern. Additional information may be available upon completion of an infant and toddler pilot, Beginning with Babies, currently in process.

**What is known about the I/T provider base?**

Pathways<sup>14</sup> has information on the status of CDA<sup>15</sup> and AA degrees from child care providers and the types of training they have completed, particularly on providers who participate in Quality Start. This information was not easily available for this report. The question as to how many providers have some official designation specific to infants and toddlers and how many trainers report infant and toddler expertise remains unanswered.

Some information on providers may be available through the CCR&R database. All CCR&Rs have recently begun using the same database software through NACCRR<sup>16</sup> and the capacity to generate specific reports does exist.

EHS provides information on infant and toddler caregivers (number of providers and their degrees) by state on a yearly basis through the Head Start Program Information Report

(PIR).<sup>17</sup> For the 2008-2009 Program Year, Louisiana had 15 Early Head Start programs and a total of 214 classroom teachers and 13 assistant teachers. Level of education is reported as follows (numbers are as reported with no explanation as to duplicative totals):

2	classroom teachers have advanced degrees in Early Childhood Education (ECE)
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9	classroom teachers have a Baccalaureate Degree in ECE
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23	classroom teachers have a Baccalaureate Degree in "Any Related Field"
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70	classroom teachers have an Associate Degree in ECE
----	--

3	classroom teachers have an Associate Degree in "Any Related Field"
---	--

1	classroom teacher has an Associate Degree and is enrolled in Baccalaureate program
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82	classroom teachers have a Child Development Associate (CDA) <sup>15</sup>
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2	classroom teachers have a CDA and are enrolled in Baccalaureate program
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9	classroom teachers have a CDA and are enrolled in an Associate degree program
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25	classroom teachers have no credential
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1	classroom teachers has no credential but is enrolled in Baccalaureate program
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16	classroom teachers have no credential but are enrolled in CDA or "Related Training"
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1	assistant teacher has an Associate degree in "Any Related Field"
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3	assistant teachers have a CDA
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1	assistant teacher has a CDA and is enrolled in Associate ECE or "Related Field"
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9	assistant teachers have no credential
---	---------------------------------------

1	assistant teacher has no credential but is enrolled in CDA or "Related Training"
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Data regarding specific infant and toddler expertise or education was not evident.

**What is known about the availability and quality of childcare settings for infants and toddlers, including Family, Friend and Neighbor (FFN)?**

Availability of childcare settings is tracked through the CCR&Rs database on an individual basis. A referral is completed for either center or Family Child Care<sup>18</sup> based on the parents' needs (geographic location, age of the child, hours, rates, days open per week, etc.) A list of centers fitting those needs is generated, but the referral agencies do not currently have the capability of including which sites may have vacancies. DCFS gathers this information on a yearly basis, and the possibility of a custom report exists. Sixty-four percent (64%) of all the requests for child care to the child care resource and referral programs were for infant and toddler care (as reported by NITCCI from Child Care in America: 2008 State Facts, NACCRRA).<sup>19</sup>

The 2009 Market Survey shows numbers of licensed centers and their capacity (both Class A and B), numbers of Registered Family Child Care Homes, and numbers of certified In-Home

Child Care Providers by parish, but no information is evident specifically to capacity of care for infants and toddlers. Family, Friend and Neighbor Care<sup>20</sup> is not addressed.

The Head Start Program Information Report (PIR)<sup>17</sup> for the 2008-2009 program year reports 15 EHS Programs with 189 classrooms serving a total of 1025 Families and 1,132 children (ages birth through three). Capacity for EHS should increase greatly for the next program year, as newly awarded programs/grantees are operational.

Little is known about the quality of infant and toddler care in general. Those centers enrolled in Quality Start are certainly working to increase quality, but information is not specific to infant and toddler care at this time. The possibility to link a setting to a specific teacher – linking training and ITERS score does exist. “Star Reports” are shared with CCR&R agencies for use in referrals and currently come out every few months.

Licensing records of non-compliance issues or of “No deficiencies were cited on this date” do not necessarily indicate a lack of or verification of quality.

Early Head Start Grantees have quality indicators reported through Federal Monitoring results.

#### **What research and evaluation opportunities exist to examine infant/toddler care?**

ITERS assessments are conducted in some infant and toddler classrooms for those centers participating in Quality Start. This presents an opportunity to examine care and to collect data. Issues to consider in strengthening this data include:

1. Broadening the scope of information collected by using the entire ITERS and/or using it in every infant and toddler classroom. Currently, only part of the scale is used for lower levels of stars.
2. Increasing the number of centers participating in Quality Start. Currently, participation is voluntary. One way to increase participation is to require participation from all centers serving children under the Child Care Assistance Program (CCAP).<sup>21</sup>
3. Including other scales, such as the CLASS 2 (Classroom Assessment Scoring System by Teachstone. An infant/toddler version is scheduled for publication in the coming year).

Louisiana’s Infant Mental Health consultation program<sup>12</sup> provides another opportunity for research and evaluation opportunities. Increasing the capacity of these consultants would provide additional observational and anecdotal documentation that could be included in an evaluation design.

EHS Impact Studies (nation-wide) may provide a framework for additional research and evaluation efforts.

## **How is quality to be defined in infant/toddler care?**

While quality in infant and toddler settings is yet to be specifically defined, several elements exist upon which a definition of quality can be based.

Quality Start rated centers with 3-5 stars are defined as quality centers. Including specific requirements for infant and toddler classrooms and teachers would add strength to the validity of this quality rating system.

ITERS scores are used as an indicator of program quality. Increasing the use of this scale and using the entire scale would add to our definition of quality.

Our Early Learning Guidelines give us five Program Standards that are identified as the “base for quality”:

1. Close Caring Relationships
2. Safe and Healthy Practices
3. Connections with Families
4. Knowledgeable Responsive Caregivers
5. Professional Growth

Further defining and using these standards as a framework for professional development will assist in formulating a unified “quality message”.

Nationally, quality is defined through the EHS Performance Standards which include practices and systems of care closely aligned with Louisiana’s ELGs.

NAEYC Accreditation can also be an indicator of quality. Louisiana’s 2009 Market Survey reports that as of May 2009, the NAEYC website showed 32 (only 2%) of the state’s 1,837 licensed centers were NAEYC-accredited. However, of the Class A and B centers responding to the survey, 89 (7%) reported having NAEYC accreditation, indicating confusion among some centers about the definition and process of national accreditation.<sup>13</sup> As of July 2010, the number of accredited centers reported on the NAEYC website has dropped to 26.

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## **Financing**

The Definition of this Element: Financing is re-examined to review how existing resources are allocated, investigate how to add flexibility to categorical programs, get the most out of state and federal dollars, and create partnerships to find new funding sources. Funding for high quality infant and toddler childcare is supported by public and private sources, including parents, employers, government, civic groups and foundations.

The Status of this Element in Louisiana:

### **How are existing fiscal resources allocated? Do allocations meet funding priorities?**

Currently, no comprehensive plan exists to guide the allocation of resources for infant and toddler issues.

For Fiscal Year 2008, the Federal CCDF Quality Infant and Toddler Targeted Funds<sup>23</sup> allocation was \$2,052,754.

According to the 2007-2009 CCDF State Plans, the funds are used in the following ways to enhance the Louisiana infant and toddler childcare system (additional funds may be used to support these activities).<sup>24</sup>

- Separate higher maximum rates may be paid for the care of Infants/Toddlers (children under age 3) if the childcare provider charges a higher rate for those children.
- A multi-agency team of the National Infant & Toddler Child Care Initiative developed strategies for the dissemination and implementation of the Louisiana Early Learning Guidelines and Program Standards Birth-Three, that including mailing a copy to every child care center in the state. These Early Learning Guidelines and Program Standards were developed to guide practice and policy in childcare centers and family child day care homes. (Note: This initiative has been completed. A project to complete a revision of the ELGs is currently proposed.)
- A statewide training contract focuses on the developmental needs and care for Infants/Toddlers. The PITC program and other specialized trainings are provided by Excellence for Children. (Note: This contract is no longer in effect and this training is currently provided on a limited basis in one CCR&R.)
- Infant/Toddler experts participated in the development of the QRS and are included in the development of ongoing policies in the model revision scheduled for 2011.

Several allocations are proposed or in process at this time using ARRA<sup>25</sup> Funds:

- \$795,000 for Beginning with Babies, a statewide infant/toddler pilot project that will provide CDA training with a focus on the social-emotional development of children before age three. The state is also providing \$540,000 for stipends to teachers to participate in the project.
- Louisiana is using \$180,000 to provide equipment and materials to enhance the environments of infants and toddlers as well as improve environmental rating scale scores after training through the Beginning with Babies pilot.
- Louisiana is using \$150,000 to develop an infant/toddler strategic plan and revise the State's Early Learning Guidelines to include the development and production of training materials and \$350,000 for a Beginning with Babies conference.

A thorough review of possible funding sources would help this effort. For example, EHS has allocated funds for additional programs. Could these funds be used to assist in improving quality? It is the hope of the Planning Design Group that the priorities in this strategic plan will be used to guide and coordinate allocations from a variety of resources.

#### **Can additional resources be leveraged to support aspects of a comprehensive system?**

Additional resources may be leveraged through a reorganization of DCFS and a strategic initiative related to High Risk Infants (Toddlers and Preschoolers are included).<sup>27</sup>

The Office of Head Start (U.S. Department of Health and Human Services, Administration for

Children and Families) requires collaboration with child-care-partners to share training opportunities and forge relationships for before-and-after-care services if needed. EHS can collaborate with childcare centers.

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## Federal, State and Local Policy

The Definition of this Element: Policies support parental choice and involvement, and higher standards of care. Family leave policies allow parents the choice to be home with their babies and subsidy policies provide incentives for programs and providers that meet higher standards of care. Policies encourage and reward collaboration with related services and infant toddler earmark funds are used strategically and effectively.

The Status of this Element in Louisiana:

### **What State policies exist that support quality for infants and toddlers in care?**

Licensing provides a minimum base (upon which quality can be built), although much of licensing is not infant and toddler specific. A comprehensive revision is in process at this time and may include regulations specific to infants and toddlers. Strategic Planning members hope to share thoughts collectively and/or individually with administration on the proposed changes.

ELGs exist, but may not be widely used. While the use of strategies and practices in the ELGs can influence quality, no policy requires their use.

Louisiana's quality rating system, Quality Start, offers a wonderful opportunity to move toward quality care. At this time, Quality Start does not contain specific policies for infant and toddler care. It is also a voluntary system.

### **What State policies are needed to support quality enhancements for infants and toddlers in care?**

Policies needed to support quality enhancements for infants and toddlers focus on improving parts of the system that are already in place. These policy changes may be relatively easy to accomplish.

#### 1. Quality Start

- a. Add infant and toddler specific information to Quality Start and build in the use of infant and toddler systems of care into higher star levels. For example, a 5-star center would be able to demonstrate the use of a "continuity of care."
- b. Use the entire ITERS for observing all infant and toddler classrooms.
- c. Require Quality Start participation for all centers with CCAP/foster children.
- d. Tie required topics for professional development to concepts in Quality Start.

#### 2. Early Learning Guidelines

- a. Require statewide ELG training at a more in-depth level.
- b. Align training in the ELGs to technical assistance efforts.
- c. Use the ELGs as a framework for professional development, aligned with ITERS, Quality Start, etc.

3. Licensing
  - a. Add infant and toddler specific requirements to licensing.
  - b. Review teacher child ratios and limits of group size similar to EHS.
  - c. Review funding to assist childcare programs to maintain lower ratios.
  
4. Professional Development
  - a. Offer Statewide PITC training.
  - b. Hire or Contract with Infant and Toddler Specialists.
  - c. Consider formation of a Technical Assistance network tied to Professional Development.

A State policy to promote better public awareness would also enhance quality.

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## Licensing and Regulations

The Definition of this Element: Licensing and Regulations are formulated to match the unique needs of infants and toddlers. Training requirements begin with health and safety, and incorporate knowledge and skills specific to infant and toddler care. Standards for providers and programs are high, and are supported by a consistent and rigorous monitoring and enforcement program.

The Status of this Element in Louisiana:

**What aspects of quality for infants and toddlers are supported through current licensing regulations?**

The ratio of children to caregivers has been lowered in recent years and the new draft calls for continuation of that trend.

**What licensing or regulatory change that would positively impact quality for infants and toddlers would be easiest to implement in your state?**

To influence quality, a requirement is needed stating that teachers who work with infants and toddlers must have training that is specific to meet the needs of that age group. Because of frequent turnover and reassignment of staff, perhaps all teachers should be required to take training that is specific to infants and toddlers,

A system or network of infant and toddler Specialists could affect quality. The planned pilot, Beginning with Babies, may offer the start of such a network as well as data in regards to the effectiveness of Infant and Toddler Specialists.

Requiring more in-depth training and the use of current Program Standards and the Early Learning Guidelines would be easy to implement, as would providing guidance on outdoor environments for infants and toddlers.

**What licensing or regulatory change seems “beyond reach” but has the potential to make a significant impact on quality for infants and toddlers?**

Changes to Licensing or regulations that may be difficult, but should be considered in long term plans include:

- Requiring an “Infant and Toddler” certification.
- Requiring specific training for all job titles related to the development of social emotional skills as part of an entire Professional Development system.
- Increasing reimbursement rates to providers so they can afford to implement ELGs (program standards, continuity of care, etc.) and/or lower ratios.

The biggest change needed is to eliminate our two-tiered system of “Class A” and “Class B” licensing and require both FFC<sup>18</sup> and FFN<sup>20</sup> providers to have a minimum licensure. This will significantly affect the quality of care for all children in Louisiana.

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## Program Standards

The Definition of this Element: Program Standards are research-based indicators of quality care that go beyond standards set forth by licensing and regulations. Examples of existing voluntary standards include state or national accreditation standards, those set forth by state quality rating systems and Early Head Start Performance Standards. The standards are applicable across program areas, including childcare, Head Start and Part C services.

The Status of this Element in Louisiana:

**What program standards are used in your state for I/T care?**

The Early Learning Guidelines (ELGs) give us five Program Standards for infant and toddler care that “are the base” for quality. These Standards provide programs with examples of policy decisions to consider while providing relationship-based care and to support ELGs and the included strategies. The use of these standards is recommended at the state level, but not required. The five Standards focus on:

- Close Caring Relationships
- Safe and Healthy Practices
- Connections with Families
- Knowledgeable Responsive Caregivers
- Professional Growth

These standards could be further defined, included in more in-depth training and added to Quality Start at higher levels.

Licensing requires minimum standards for all programs, but are not infant and toddler specific.



There are 10 program standards to meet NAEYC accreditation<sup>7</sup>. Currently, only 2% of licensed programs in Louisiana meet these standards.

Early Head Start Programs must meet the Office of Head Start's Performance Standards, which includes requirements specific to programs for infants and toddlers (birth to three years-old).

**Does the State have a Quality Rating and Improvement System that includes key indicators of quality for infant and toddler care?**

Louisiana's quality rating and improvement system is Quality Start<sup>11</sup>. This program is currently voluntary and does not include requirements that are specific to the care of infants and toddlers.

A five-year trial period for the Quality Start model will soon expire and revisions to the model may be made. Inclusion of elements that are specific to the care of infants and toddlers should be considered. Examples include:

- a given percent of staff with a CDA with an Infant and Toddler Endorsement,
- implementation of certain systems of care such as "primary care" or "continuity of care",
- evidence of implementation of strategies and practices in the Early Learning Guidelines, and
- requiring participation for those centers receiving childcare assistance funds for serving infants and toddlers.
- requiring that all infant or toddler classes have an ITERS evaluation.

**How can standards that support quality be encouraged in FFN care?**

Louisiana does not currently address Family, Friend and Neighbor (FFN) care. All standards could be applied to Family Child Care (FCC) through training and by including a FCC component in Quality Start.

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## Early Learning Guidelines

The Definition of this Element: Early Learning Guidelines are child outcomes for babies and toddlers that are flexible, age-appropriate and applicable across all childcare settings. The guidelines provide a framework for continuity between home, childcare, preschool and school. Training and education for all caregivers incorporate the guidelines. Materials are available for parents and informal caregivers that explain the guidelines and how they can be implemented in home settings.

The Status of this Element in Louisiana:

**Does the State have ELGs for infants and toddlers?**

Louisiana's Early Learning Guidelines and Program Standards: Birth through Three was completed in October of 2005. Each licensed center in Louisiana at that time received a copy.

### **How are ELGs used to support quality for infants and toddlers?**

The ELGs contain practices and strategies to assist caregivers in supporting quality, but the practical use of the document is not definitively known. Anecdotal reports by trainers and consultants point to “little or no use” following the introductory training currently provided by CCR&Rs (as a requirement for higher points in Quality Start). At least one CCR&R agency offers more in-depth training on the ELGs, although it is limited in scope and frequency.

While the format was chosen to make the ELGs user-friendly and a national expert offered verification of that approach,<sup>28</sup> the question of “use” needs further study. As the Child Development and Early Childhood Education Section moves forward with revisions to the current ELGs, consideration should be given to collecting data regarding the format and the use of the ELGs. In addition to responding to these findings, providing more in-depth training opportunities might increase the use of the ELGs. This training should assist caregivers in using reflective practices to assess their use of specific ideas and strategies, to set goals, and to plan for individual professional development needs.

Early Head Start programs are beginning to be trained to incorporate the ELGs in their classrooms as they become enrolled in Quality Start. The ELGs contain many elements that are also in the Head Start Performance Standards. Providing a correlation between these two documents, as well as a correlation to NAEYC’s Accreditation Standards and ITERS might increase the use of the ELGs.

### **How do ELGs intersect with other elements in the current State system and structure for infant/toddler care?**

The ELGs currently intersect with the quality rating system only at an introductory level. One 3 hour class introduces both the ELGs and “Louisiana Standards for Programs Serving Four-Year-Old Children: Bulletin 105”<sup>29</sup> (DOE). Even though these two documents are promulgated by different agencies; their alignment was closely considered and accomplished through collaboration during development. Several participants worked on both documents and the ELGs contain a section for those working with 3-year-olds that follows the format of the 4-year-old standards and an introduction to that developmental transition.

Intersection with other elements of the State system occurs through individual efforts, but is not coordinated through any state initiative. There are several opportunities for such coordination using the ELGs as a framework for infant and toddler specific professional development and as a framework for higher quality in Quality Start.

Training and technical assistance activities can be planned around a variety of topics, ideas, strategies and/or practices recommended within the ELGs and correlated with ITERS observations, IMH consultation, and individual professional growth plans.

Implementation of topics, ideas, strategies and/or practices recommended within the ELGs should be a basis for higher points in Quality Start. A correlation document might be considered during the revision process demonstrating practices found in the ELGs that support higher ITERS scores.

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## Professional Development

The Definition of this Element: Professional Development increases caregivers' knowledge about infant and toddler development, and develops and maintains a cadre of individuals (e.g. infant toddler specialists) that can train providers on the latest developments in infant and toddler care. A core body of knowledge that infant and toddler providers must have is defined and a range of professional development opportunities that incorporate these core competencies is offered to caregivers in all settings. Caregivers' knowledge is recognized with multi-level infant/toddler care credentials and funding is available to assist providers in getting additional education. Increased levels of training are rewarded with greater compensation.

The Status of this Element in Louisiana:

### **What professional development systems exist within the State?**

No one system exists at this time. Early Childhood Professional Development is obtained through a variety of systems and entities, some loosely connected and some not connected at all. Efforts to define and/or align systems are ongoing and include issues of accessibility, content, and articulation. This work will be accomplished through the leadership of Louisiana's Early Childhood Advisory Council/Bright Start and will build upon efforts currently in process through DCFS and the larger Early Childhood community.

The minimum requirement for professional development in Louisiana is 12 "clock-hours" of training each year. However, a proposed licensing change<sup>30</sup> would increase that requirement to 24 "clock-hours" annually, in a "job related subject area."

CCR&R agencies offer professional development opportunities to meet this requirement usually through a workshop format. Each individual agency determines the content of these workshops. All have some infant and toddler classes listed and most offer a link to the hours required in each CDA<sup>15</sup> content area.

Louisiana Pathways approves trainers, but does not approve the content of training. At this time, infant and toddler expertise is self-reported leaving a great deal of latitude to the trainer. Many trainers contract through the CCR&R agencies, but some trainers offer professional development independently or through another entity.

In 2004, the National Prekindergarten Center<sup>31</sup> conducted a national survey of post-secondary early-childhood-teacher preparation programs that prepare those who work with children from birth through age 4. Of the 19 participating institutions of higher education in Louisiana, 42% (less than 5) offered CDA training. The percentages of programs offering content specific to infants and toddlers (at least 1 entire course, or more in the "education and care of infants and toddlers") were reported as follows:

- 37.5% of those offering CDA courses
- 63.6% of those offering an Associate's degree
- 60% of those offering a Bachelor's degree
- 28.6% of those offering a Master's degree

Currently, CDA courses are offered through 14 universities and through 9 of our community

and technical colleges as reported in the National Directory of Early Childhood Teacher Preparation Institutions.<sup>32</sup> All, but three, report the availability of “Infant and Toddler programs.” The content of these programs can vary greatly.

Pathways serves as a registry for providers working to complete a CDA. Currently, data is unavailable in regards to the number of caregivers in Louisiana holding a CDA with an Infant and Toddler endorsement.

Many EHS providers take advantage of the courses offered for CDAs in adherence to the School Readiness Act of 2007. In the 2008-2009 program year, 187 of 214 EHS classroom teachers had a CDA or a higher level of education.<sup>17</sup> Of those with higher levels of education, 79 held degrees specific to Early Childhood Education. Again, no information was evident regarding specific infant and toddler expertise or education.

In 1999, there was a constitutional amendment that created a system of all community colleges, the Louisiana Community and Technical College System (LCTCS). At that time, three standing community college and 50 technical schools offered early education. Of these schools, only five similar courses were identified. Currently all Community Colleges and Technical Schools offer the same 2-year courses. An Associate of Arts degree in Early Childhood is offered through several LCTCS member schools.

Programs for Early Childhood Education in the LCTCS were renamed Care and Development for Young Children (CDYC) as necessitated by changes in the K-12 certifications. The scope of content specific to children from birth to three-years-old is not clear.

Articulation from a CDA to a 2-year degree has been established, offering credit for at least two courses (6 credit hours). Articulation from a 2-year degree to a 4-year degree is still pending in some locations.

In 2009, the Louisiana Legislature passed Act 356 establishing a Board of Regents Transfer Council to address articulation. The subcommittees (per discipline) are made up of the deans of the disciplines across the major transfer areas. At this time, this council has not scheduled “Early Childhood” for discussion, but a small group has been convened through LCTCS leadership.

**Have recommended Core Knowledge and Competencies (CKCs) been established for I/T providers?**

Core Knowledge and Competencies are not established at this time for providers working with any age group. However, several entities are addressing this broader issue and plan to combine efforts. The Child Development and Early Childhood Section in DCFS had convened a Professional Development Advisory Committee. Members of this group hope to work with others under the Early Childhood Advisory Council to formulate a Professional Development system with the help of the National Governor’s Association grant.<sup>33</sup> This effort is still in the planning stage and will include CKCs. Members of the Infant and Toddler Strategic Planning committee are included in this collaborative effort to assist in the formulation of CKCs relevant to the care of infants and toddlers.

**If not, what are the CKCs the State feels are priorities for infant/toddler caregivers to possess?**

Priorities are yet to be determined. This part of the Professional Development system should be well defined, based on national trends and current research and aligned with the broader effort to address CKCs for all providers in early care and education.

**Does the State have an Infant/Toddler Credential to recognize and acknowledge the achievements of a prepared I/T workforce?**

No, but members of this planning committee have discussed using a CDA credential with I/T endorsement and evidence of Core Knowledge and Competencies (CKC) specific to infant and toddler care.

**Does the current professional development system offer opportunities and access to training for all providers (including FFN) that includes CKCs?**

No, these opportunities are not yet offered.

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## Child Care Resource and Referral

The Definition of this Element: Child Care Resource and Referral (CCR&R) agencies are equipped to address the needs of infants and toddlers, their families, and their caregivers. CCR&Rs provide parents and other consumers of infant and toddler childcare with information about the indicators of quality care for children in all settings. The information is provided in a variety of formats, languages and reading levels that meet consumers' needs. CCR&R services offer infant and toddler providers specialized support and assistance and use outreach to deliver training and support to caregivers in hard-to-reach home settings. A network of qualified infant and toddler specialists in CCR&R agencies works together to achieve quality improvement goals.

The Status of this Element in Louisiana:

**Does the training and TA provided by the CCR&R system address the training needs of infant/toddler providers?**

Each CCR&R agency develops its own training or contracts with approved trainers who develop and provide training. Specific expertise related to infant and toddler childcare is generally lacking in CCR&R workforce.

The amount of technical assistance available through the CCR&R agencies has recently been cut making it difficult to meet the needs of infant and toddler providers.

**What role does/will the CCR&R system play in supporting quality among infant/toddler care providers?**

The CCR&R agencies could provide consistent training across state using evidence-based content specific to infant and toddler care such as the Program for Infant and Toddler Care and training available from the Center for Social Emotional Foundations of Early Learning (CSEFEL).<sup>34</sup> Several certified trainers are available in the state for both programs.

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## Child Care Settings and Activities

The Definition of this Element: There is a range of high quality settings for infants and toddlers, including informal caregivers, family childcare homes, and childcare centers. All settings are recognized and supported by the early care and education system, and special efforts are made to reach and support informal providers. Comprehensive services, such as Early Head Start, are available in multiple settings to low income and vulnerable families. Activities with infants and toddlers occur in the context of relationships and are embedded in everyday routines. The interactions between the caregiver and the child support the child's development and are informed by early learning guidelines.

The Status of this Element in Louisiana:

**How do infant/toddler child care settings benefit from the larger State systems supporting quality care?**

When quality care is identified, supported and encouraged by state systems, all settings will benefit. While Licensing is a set of minimum standards, Quality Start has made a big difference by setting quality standards. This initiative has made resources available to programs to spend as needed and has rewarded programs, staff and parents for their efforts toward achieving quality.

**How is the range of childcare settings (from FFN to childcare centers) supported through State systems?**

Training through the CCR&R agencies is open to all Family Day Care providers and Class A Licensed centers. Resources are currently focused on licensed care participating in Quality Start.

**Do State systems and supports encourage a routines-based approach to infant/toddler activities?**

The Planning Design Group for this Strategic Plan felt a need to define a "routines based approach" as follows

In a routine based approach, "routines and play" are the curriculum. Activities are in the context of routines, and emerge as a product of a reflective curriculum process where caregivers look at the child's needs and interests.

Some "systems and supports" do encourage this approach, but many are still assuming a "watered-down" preschool curriculum or approach will meet the needs of younger children.

The Early Learning Guidelines do support this approach and provide specific caregiver

strategies to assist in implementation of this support. Louisiana's Mental Health Consultants, EarlySteps,<sup>35</sup> Early Head Start as well as some individual trainers/trainings support this approach.

Support of this approach should be included in Quality Start at higher quality levels.

**Does the State encourage or require the use of an appropriate curriculum with infants or toddlers?**

A relationship-based, emerging curriculum, one that has components of play and routines, is recommended and embedded throughout the ELGs (see the definition above). Mental Health Consultants stress a developmentally appropriate curriculum. Members of the Planning Design Group were clear that a "canned" curriculum would not be considered appropriate or supported at the State level.

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## Facilities

The Definition of this Element: Caregivers and programs can expand their services to meet demand for infant and toddler care by making spaces for this age group, and they can improve their services to increase the quality of care available to infants and toddlers. Grant and loan programs exist, and technical assistance is available to help providers finance, design and implement appropriate environments for infants and toddlers.

The Status of this Element in Louisiana:

**How can the State support health, safety and quality in infant/toddler settings?**

More training that is specific is needed on appropriate environments/settings in combination with Technical Assistance tied to that training. Caregivers need information on why an infant and toddler setting should look different from a preschool setting and how the setting dictates how the children react and interact.

Safety issues often occur when facilities are overcrowded or in disrepair. Provider or center stipends for improvements in facilities are a great need. Budget cuts recently eliminated grants for facility improvements. Quality Start quarterly bonuses and tax credits could be used, but only if a center chooses to participate.

**What resources (e.g., grant and loan programs) can be made available to providers for improving their facilities and homes?**

There is currently a pilot program in process that includes infant and toddler program grants (ARRA money) and is tied to professional development. Research is needed to identify other potential resources.

**Is technical assistance available to and accessible by all providers (including FFN)?**

The amount of TA available has been recently cut. Family Child Care providers and licensed centers can request TA. The TA that is available is general rather than infant and toddler focused. The focus may depend on the expertise of the TA specialist.

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## Parent and Family Involvement

The Definition of this Element: Information and support about infant and toddler development is available to parents and other family members involved in the child's care. Parents are involved in planning and system development efforts and partner with caregivers to support the development of their children in childcare.

The Status of this Element in Louisiana:

### **How does the State support and promote parent and family involvement in infant/toddler care?**

The ELGs were written with all stakeholders, including parents, in mind. Parent fact sheets are needed that align with the ELGs.

The newly completed Quality Start website could be a resource for parents. This website is now available at <http://www.qrslouisiana.org/>.

Mental Health Consultants promote family involvement and are available for parents.

### **What consumer education is provided to parents to support their use of infant/toddler care?**

Discussion has occurred about a series of parent brochures linked to the ELGs. Parents can obtain a tax credit if their child is in a Quality Rated Center. Their knowledge of the Quality Start system supports the use of quality care.

Agenda for Children provides resources and information to families including a data book compiled each year.<sup>36</sup>

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## Caregivers

The Definition of this Element: Providers in all infant and toddler childcare settings are knowledgeable, connected to resources and have access to training opportunities. This most commonly occurs in the context of the element of professional development.

The Status of this Element in Louisiana:

### **What is known about caregivers within the State?**

Some information on caregivers is available through the CCR&R database and through Pathways for caregivers whose centers participate in Quality Start. Consideration should be given to make this data more easily accessible in any future revisions.

Early Head Start's Program Information Report (PIR) provides numbers and degrees for teaching staff.

Please see the section under Planning, Research and Development and entitled "What is known about the I/T provider base?" earlier in this report.



### **Does the State have an Infant/Toddler Specialist Network to support caregivers?**

There are no designated Infant/Toddler Specialists or a network at this time. Consideration should be given to emerging models in other states that have structured consulting networks to address multiple issues using a variety of disciplines.<sup>37</sup>

EHS's State Based Infant and Toddler Specialist provides monthly conference calls; teachers have been on the calls.

### **What systems exist within the State to support infant/toddler caregivers?**

At least one CCR&R agency offers PITC training, but it is not part of a training contract on a statewide level.

Mental Health Consultants offer great support to centers, but again, this service is not specific to infants and toddlers.

### **How can systems include FFN caregivers?**

FFN care is not generally addressed in Louisiana at this time. However, many of the same quality supports that are offered to center-based providers could apply to both Family Child Care providers and Family, Friend and Neighbor care. A first step would be to structure some level of licensing for both types of providers. Quality supports such as Infant Mental Health consultants, infant and toddler training and perhaps even Quality Start could include those providers who are licensed.

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## **Collaborative Partners and Systems**

The Definition of this Element: Strong links exist between the components of the early care and education system and related systems. Developing partnerships is recognized as a necessity, and is done both informally and formally. Programs and caregivers that serve infants, toddlers, and families partner to share resources and expertise, improve services and make access easier. Collaboration is not represented graphically in the Initiative's system model, but it is an integral component within each element if they are to function together as a system.

The Status of this Element in Louisiana:

### **What other systems and programs in the State intersect with infant/toddler childcare?**

Other programs and entities within the state that are not under the governance of or contracted to DCFS can help to support quality efforts. These programs should include, but are not limited to EarlySteps, Early Head Start, the Ready States Professional Development initiative, the Ready States Data Collection initiative, the Louisiana Community and Technical College System (LCTCS), and the Louisiana Early Childhood Advisory Council.

## **How can the I/T system partner with these external systems to effectively reach and support infant/toddler caregivers?**

The ECAC provides a timely vehicle for collaboration at the state and policy level.

An invaluable resource to help guide collaborative policies is the Policy Framework from the *Charting Progress for Babies in Child Care Project* (a project of the Center for Law and Social Policy<sup>38</sup> and Zero to Three<sup>1</sup>). The project links research to policy ideas and examples to improve the quality of care for our youngest consumers. The policy framework identifies four key principles.

7. Babies in care need nurturing and responsive providers and caregivers to care for them as they grow and learn.
8. Babies in care need healthy and safe environments in which to explore and learn.
9. Babies in care need parents, providers and caregivers supported by and linked to community resources.
10. Babies in care need their families to have access to quality options for their care.

This framework also includes 15 recommendations for states to consider. By adopting this framework, collaborative efforts will be moving in one direction.

On a practical level, collaboration can continue or emerge in many venues. EarlySteps provides Early Intervention Services to individual infants and toddlers in child care programs through a variety of disciplines. EarlySteps is under the governance of the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities. Collaboration between Early Steps and DCFS should exist across several elements and most particularly in Professional Development and Child Care Settings and Activities.

The intersection of these intervention service providers with childcare providers in cross-training efforts can have mutual benefits. By collaborating in professional development activities, caregivers in both center and home settings come to recognize abilities of individual children and can apply appropriate teaching methods to meet each child's needs according to the child's unique abilities. Early intervention staff gain knowledge regarding how the infant or toddler may function within the context of the group, and knowledge of appropriate approaches for meeting the needs of the individual child based upon his or her temperament. These concepts and skills should be present within classes and workshops, but may be most effective in a technical assistance format where the individual infant or toddler is the focus. EarlySteps might work with Early Intervention Providers to become Pathways certified trainers. Early Interventionists who meet the requirements for Pathways certification should be considered a part of any training or technical assistance efforts that are focused on inclusion issues.

Collaboration of this nature will also affect childcare settings and activities. All who touch the lives of infants and toddlers in childcare settings should share a common philosophy that provides:

- activities with infants and toddlers that occur in the context of relationships,
- activities that are embedded in everyday routines,
- interactions between the caregiver and the child to support the child's development, and

- activities and interactions that are informed by early learning guidelines (from the Zero to Three definition of the Key Element of Child Care Settings and Activities).

Collaboration with Early Head Start will certainly strengthen the quality of care for infants and toddlers. Correlation of Performance Standards specific to infants and toddlers with our own ELGs is one approach. Working toward agreements to assist in the provision of wrap-around care is recommended at the federal level. Early Head Start has begun to enroll in Louisiana's Quality Start. Other efforts for collaboration should be explored.

The National Governors' Association has selected Louisiana as one of six states in a new initiative entitled *Ready States: A Project to Develop Key Components of State Early Childhood Infrastructure*. Over a 10-month period, the selected states will develop an action plan for state early childhood development infrastructure in governance, program quality, professional development or data systems, and work with a team of national experts to develop effective policy change strategies. Louisiana has set professional development as a priority and will address data systems and collection to some degree. The technical assistance offered for Early Childhood Professional Development is in conjunction with NAEYC's Policy Center and will include Core Knowledge and Competencies for those working with children from birth through five years of age.

Collaboration with this initiative will include participation of select members from Louisiana's Strategic Planning Committee (SPC) for Improving Infant and Toddler Child Care. While the SPC set Professional Development as a priority, completion of the Logic Model and Action Plans must be within the context of this larger initiative. There has been much discussion in regards to the need for a separate set of Core Knowledge and Competencies for those working with infants and toddlers, birth to three years of age, specifically. Competencies for those working with groups of infants and toddlers will differ from those working with three, four, and five year olds. This issue will require much more intense discussion, collaboration, and scrutiny.

Collaboration with entities such as LCTCS should revolve around this same initiative.

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## What would you change?

Strategic Planning Committee members worked in small groups to identify areas of need and answer the question "What would you change to improve the quality of infant and toddler care?" Their responses are grouped into four broad categories.

### **Data collection, Analysis and Policy Development**

- Use data, research and promising practices to drive decisions and growth.
- Allocate stable funding for significant data collection that links infant and toddler care to positive outcomes in later education.
- Work as a team and collaborate so that we can improve the system, raise public awareness and do a better job of data collection and setting priorities.

### **Professional Development, Core Knowledge and Competencies, and Certification**

- Coaching/ Shoulder to Shoulder/ Consultation/ Modeling.
- 0-5 certification for teachers with an emphasis on infants and toddlers.
- Stable funding for infant and toddler programs such as:
  - training – all levels, and
  - certification.
- Would like to see infant and toddler child-care providers receive orientation training and continuing education trainings specifically focused on infants and toddlers (PITC).
- All infant and toddler caregivers will have core training and follow-up technical assistance based on relationship based care and the principles of the Program for Infant and Toddler Care and Louisiana's Early Learning Guidelines and Program Standards.
- All relate to best interest of children – education for teachers as well as parents.
- We need to help child-care providers gain knowledge of social emotional development in very young children.
- Implement age specific training for infant and toddler teachers.
- System that is integrated with cross-competencies and departments.
- System of professional development for directors and infant and toddler teachers (minimum qualifications, on-going training, credentials, college coursework).
- We need more infant and toddler specific training required for caregivers who work with this age group by qualified instructors.

### **Systems of Care that support Relationship based care**

- More social-interactions between caregivers and infants and toddlers.
- Change the focus of infant and toddler care to building relationships with young children and infants.
- Pay attention to quality of interactions between caregivers and infants and toddlers – use data gathered from an instrument such as CLASS or CLASS II.
- Ratios and group-size need to continue to improve.
- Include primary care, group size, and continuity of care in QRS. and in licensing regs.
- Teach caregivers how to individualize care.
- Get the word out about the importance of PITC.
- We need specialized therapeutic childcare with an opportunity for parental involvement (coaching/mentoring?).
- Recognition by the childcare community of the unique needs of infants and toddlers in group care (individualized schedules, opportunities for learning and exploration, realistic expectations. etc.)
- We need better toddler ratios in centers and an understanding of small group size.

### **Other Quality Enhancements**

- Tangible recognition for quality centers.
- Identify and reward higher quality in our infant and toddler classrooms resulting in enhanced child development and outcomes.
- Work toward higher pay for teachers.
- Provide appropriate materials and facilities for infants and toddlers.

## Expected Priority Outcomes

Three Elements were chosen as priorities for Improving Infant and Toddler Child Care. These are Licensing and Regulation, Professional Development and Public Knowledge and Engagement.

**Licensing and Regulation** As Licensing had already entered a revision process guided by the Standards Revision Workgroup,<sup>30</sup> The SPC decided to wait for the revisions to become available for public review. Many members have reported submitting individual comments, but no comments were submitted to the facilitators to be issued collectively.

Many general recommendations for Licensing and Regulation have been included in this report:

- add infant and toddler specific language to Licensing
- include information about what centers serve infants and toddlers on DCFS and Quality Start websites
- create Licensing for Family Child Care providers
- continue to work toward smaller teacher/child ratios and limit total group size such as in Early Head Start
- explore funding solutions to maintain lower ratios and group size
- add quality issues to licensing at one level and to Quality Start at a higher level – examples include primary care, small group size, continuity of care, and evidence of implementation of the ELGs
- require specific infant and toddler training
- set up regulations for Infant and Toddler Specialists and/or a network of multi-disciplinary specialists
- require use of Program Standards and Early Learning Guidelines
- require more in-depth training in Program Standards and Early Learning Guidelines
- support for the proposed change for increased hours of training from 12 to 24 clock hours
- require evidence of certain CKCs before working with infants and toddlers
- look at the ELGs to see what can be incorporated in Licensing

Several recommendations were included that might be considered for long term outcomes through Licensing and Regulation:

- require an Infant and Toddler Certification
- require specific training for all job titles related to the development of social and emotional skills as a part of the entire PD system
- increase reimbursement rates to providers so they can afford to implement quality elements in the Program Standards and ELGs including lower ratios
- eliminate the 2 tiered system of Class A and Class B licensing
- require some level of licensing for FCC and FFN care

**Professional Development** Professional Development for those working with infants and toddlers must be examined in the context of the broader age group of Early Childhood, from birth to age five. However, there are particularly sets of Core Knowledge and Competencies that apply specifically to the care of groups of younger children. Examples include issues such as Sudden Infant Death Syndrome, approaches to use with children to meet the needs of individual temperaments, room arrangement to meet the needs of a “cruiser,” appropriate guidance techniques for infants and toddlers, the biochemical link between stress and early brain development, and systems of care that ensure secure attachment and relationships. While many of these issues will also relate to the care of older children, the content will be different for quality care of our youngest children.

In order to address Professional Development appropriately, the SPC must work in collaboration with the Ready States Initiative on Early Childhood Professional Development and in concert with the Early Childhood Advisory Council’s initiatives.

Following the May 2010 meeting of the Strategic Planning Committee for Improving Infant and Toddler Child Care, the following long-term outcome was drafted:

The infant and toddler early care and education work force will have the knowledge, skills, and attributes to support and provide high quality care.

Both Intermediate and Immediate outcomes are still in draft form, but include the following concepts:

Intermediate Outcomes:

- Professional development initiatives will
  - be coordinated, and
  - include
    - Louisiana’s Early Learning Guidelines and
    - specific infant and toddler core knowledge and competencies.
- Professionals who educate and support the early care and education workforce will
  - prepare the workforce to achieve appropriate infant and toddler education and credentials specific to their position.
  - successfully incorporate the following to guide their practice/work
    - Louisiana’s Early Learning Guidelines and
    - specific infant and toddler core knowledge and competencies.
- The infant and toddler early care and education workforce will
  - acquire the appropriate infant and toddler education and credentials specific to their position,
  - support, use, and apply the principles of the following when caring for children
    - Louisiana’s Early Learning Guidelines, and
    - specific infant and toddler core knowledge and competencies.

### Immediate Outcomes:

- The professional development system demonstrates that education and training offered to the infant and toddler workforce increases their knowledge, learning, and skills.
- Members of Louisiana's early care and education professional development initiatives will
  - share a common knowledge and
  - understand the unique needs of
    - infants and toddlers, as well as that of
    - the infant and toddler workforce.
- Professionals who educate and support the early care and education workforce will
  - have the necessary knowledge, education, and skills to effectively prepare the infant and toddler workforce
  - demonstrate the knowledge, and skills to prepare the workforce to
    - achieve core knowledge and competencies and
    - use early learning guidelines.
- The infant and toddler workforce will
  - progress on their educational pathway to increase their knowledge and skills, and
  - acquire the understanding, knowledge, and skills to demonstrate practices and strategies that support infant and toddler growth and development.

Further development of these outcomes will continue as this group continues their works in collaboration with the Ready States initiative.

General recommendations in regards to Professional Development gathered from this planning process are focused on a need for a true **system** of professional development that

- addresses issues of
  - accessibility
  - content and
  - articulation
- includes levels of achievement ranging from
  - a new minimum requirement of 24 hours to
  - a CDA with infant and toddler endorsement to
  - an Infant and Toddler Caregiver Certification to
  - an AA, BA, Master's or Doctoral level degree
- makes data regarding the provider base available to a variety of users
- requires all initiatives to use a set of Core Knowledge and Competencies that are
  - specific to the care of infants and toddlers in group care
  - well defined
  - based on national trends, best and evidence-based practices and current research
  - aligned with the broader effort for all providers in early care and education
  - aligned with our ELGs

- ... a true **system** of professional development that (continued)
- includes approaches from
    - workshop to classroom to online formats
    - direct instruction to focused technical assistance to mentoring/coaching
  - includes expected expertise of trainers aligned with CK & C as well as the information in the ELGs

One comment particularly summarizes thoughts from the group:

There needs to be a real system with articulation from certificates - to credentials – to degrees. Content needs to be consistent based on core knowledge and competencies with different levels of understanding and application for this specific age group that is tied to ELGs and Quality Start. Compensation should be based on educational attainment as well as implementation evidenced by quality measures. We need to add to or change what we have – not re-invent the wheel.

**Public Knowledge and Engagement** Public Knowledge and Engagement strategies should inform the public about the importance of high quality care and can help build support for improving the quality of infant and toddler childcare.

The SPC has drafted the following long-term outcome:

The people of Louisiana recognize, support, and invest in high quality early care and education for infants and toddlers.

Both Intermediate and Immediate outcomes were divided into the three main categories within the long-term outcomes.

Intermediate Outcomes:

- Recognize - People of Louisiana will use a common language and message relating to early care and education for infants and toddlers.
- Support - People of Louisiana will support higher standards for infant and toddler early care and education.
- Invest - Funding in Louisiana will increase over the next 3 years for improvements in quality early care and education for infants and toddlers.

Immediate Outcomes:

- Recognize - People of Louisiana will be aware of and understand common messages and language about early care and education for infants and toddlers.
- Support - People of Louisiana understand the importance of the first three years and how it affects future educational success and the workforce.
- Invest - The people of Louisiana will speak to the importance of the first three years of life and advocate towards securing funding to support early care and education for infants and toddlers.



The planning committee hopes for two tangible outputs as a result of this process:

- A common message using simple language that explains the importance of quality early care and education for infants and toddlers, perhaps tied to our ELGs.
- A media campaign that disseminates the common message using a variety of outlets such as flyers/brochures, billboards, the internet, and television.

The action plan for these outcomes is yet to be addressed.

## Next Steps

Just as the recommendations from the three priority Key Elements will continue to evolve, so will the many recommendations and thoughts surrounding the remaining Key Elements contained throughout this report.

This work has just begun and has opened a number of rich dialogues throughout the state. It will continue -- as we will only continue to see changes if we continue to collaborate and to plan effectively. Much of the work of this planning committee will depend on that of the ECAC.

Our thanks to each of the participants for their hard work and incredible devotion to improving the quality of care for infants and toddlers; to the leadership of the Child Development and Early Childhood Section within the Office of Family Support, Department of Children and Family Services; and to the Technical Assistants of the National Infant and Toddler Child Care Initiative at Zero to Three.

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## Thoughts from the field ...

Comments or thoughts gathered during the interview process and subsequent discussions<sup>4</sup> appear in this section. Responses have been re-organized as they relate to the key elements and some syntax re-formatted to assist readability (the language may be somewhat informal). Additional comments and recommendations are included from discussions during conference calls, small group work and larger Strategic Planning Committee meetings. Some comments may be used in more than one element as applicable.

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### Thoughts from the field related to

#### Public Knowledge and Engagement:

- We need to create buy-in within the community. We want to get others to understand the importance of infant and toddler care through education.
- LA has made a huge jump in helping the public see the importance of the first years though new leadership and integration of those with child care/early childhood education in government system – not just policy individuals.
- There needs to be a paradigm shift. We need to change how people view infant and toddler care. A lot of these childcare providers (and parents) don't see that there is anything they need to do to meet the child's basic need. People need to change how they view infant and toddler childcare and how they support it.
- I just feel like we need to have collaboration between all the different agencies, to strengthen what we bring to the field. We need to increase public awareness! There is not enough knowledge easily available for people to buy into what we are saying.
- Knowledge of quality care and the importance of this age group are essential to fixing everything else in LA – it should start with prenatal work, baby and so on.
- Infant and toddler care is critical!
- People's perceptions revolve around the old ways of thinking about caring for infants.
- Public awareness is a challenge.
- A continued challenge is the cost involved in quality infant and toddler care as well as the availability. I have hopes to raise awareness.
- This initiative can lend awareness to the need for trained and educated caregivers for this age.
- We need to work toward educating the public in what to look for in a quality center, not just price.
- We need to speak with one message to parents, policy-makers, caregivers, directors, administration, etc. Our message should clearly define elements of quality and focus on relationship based care for infants and toddlers.

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### Thoughts from the field related to

#### Planning, Research and Evaluation:

- The recognition that quality is an issue within infant and toddler childcare is becoming known now, more than any other time. People are recognizing there is a need for real quality.

- The department's (DCFS) commitment towards improving childcare, particularly for infants and toddlers is evident. Recent development of the program for mental health consultants has improved quality. Data needs to be collected and analyzed.
- We collect data particularly about mental health consultation including many self-reported types of data (satisfaction survey). There is also observational data (not a lot of great measures for looking at infants and caregivers). We use a caregiver relationship scale, but are not happy with it/not sure it is good data. Not sure it is good enough data to share. Going forward, the CLASS – CLASSII goes down to around 20 months. If we used that, we would have more information.
- In centers that are receiving mental health consultation, we use a caregiver interaction scale. I'm not sure how sound it is. We use ITERS with centers to achieve a star rating or to help centers see where they are and where to plan for improvement.
- We should incorporate using systems of care such as "continuity of care" that have been used nationally and are based on research.
- Training has been a major way to change quality. I would like to see research on training efforts.
- I think the Quality Start program is a great step and we need to continue to raise the bar high, try to bring people to those levels. We need to collect data on this.
- Doing a better job of data collection and getting a handle on what is going on out there, quantitatively and qualitatively would help LA to get funding and set priorities for current funding.
- Quality Start is the best thing that ever happened to childcare in LA. It helped staff to move up the education ladder. Caregivers really have to understand "what best practice is" and preparing for classes makes them more aware. We see changes in the centers. We need a better way to track this progress.
- The proposed Beginning with Babies<sup>22</sup> initiative could offer one way to collect data around providers, quality and/or methods of teacher training and instruction.
- We collect professional development data such as "who has received an Infant/Toddler CDA." This is only collected on those caregivers that have registered with us. We also collect data such as "who is taking infant and toddler courses in college (used in Quality Start)." Yes, we could make it available. Also, we can provide which colleges, universities are offering infant and toddler courses.
- Tulane keeps data on ITERS and ECERS (Early Childhood Environment Rating Scale). Some data collection at parish level, but not specific to infants and toddlers. Of course we also collect star level of different childcare levels, but not specific to infants and toddlers.
- We compile a State needs assessment (65-page document) and yes, we would be willing to share. It pulls existing data such as licensing, health care report cards, and Head Start Program Information Report (PIR) data that include EHS staff qualifications.

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### Thoughts from the field related to

#### Financing:

- The Early Childhood Advisory Council <sup>26</sup> has applied for ARRA funds available to LA for coordination of efforts by the council. As much as \$2 million is available if we can get the match. Many of the Key Elements will be impacted positively if the effort to get funding is successful.

- Implementation of School Readiness Act of 2007: mandated additional training for infant/toddler care in EHS, which may be coordinated with training for other providers.
- LA has recently received a grant from the National Governor's Association to develop a Professional Development System for Early Childhood. The efforts of this infant and toddler strategic plan should certainly be connected with that work, both in scope and financing.
- The biggest change was with budget concerns. Typically, the CCR&R agencies have an 18-month contract that has now been reduced to 12 months. We always knew there was a possibility, but didn't know what was going to happen. We are glad to have 12 months vs. no contract.
- Changes in Licensing Regulations will affect infant toddler care and the cost of that care.
- "High-risk infant" is a new focus in the past year<sup>27</sup>. There is much more explicit emphasis on infant childcare (in home and in childcare). One thing that has come up is foster children have a CCAP rate which is a flat rate. There is an agreement that centers would not charge a registration fee. Somehow, that has not been happening and foster parents were being expected to pay for this. Now some places are saying they will not serve foster children. This has a big financial impact to the system.
- There is more of a focus on setting up infant and toddler care on a larger scale. We are looking at family childcare homes that provide this care: how to assist them with more education or to structure them so they fall under some sort of licensing. A Social Services Block Grant as well as CCDF funding was used to educate home/family providers with models for providing care for infants and toddlers. We hope to eliminate negative or incorrect attitudes and help them understand how to do a better job in caring for infants and toddler, but we must provide funding, supplies, etc.
- The budget was cut in half, so TA was reduced.
- The budget was cut by \$12 million. As a result, we had to cut staff.
- There should be more financial support of programs that maintain infant/toddler classes with low ratios and a small group size. For these ages, these practices are key. Many programs have discontinued care of infants because it is so expensive.
- We must look at funding and align funding priorities.
- The State has wonderful resources and people who understand and know what is best for young children. We need to use these people.
- The people on the team have a wealth of knowledge. Stimulus money presents an opportunity for a coordinated effort.
- Financing is a challenge! There are never enough funds for anything!
- We need to look at the big picture in Financing – what do we already have that is working – Quality Start, Infant Mental Health Consultants, Technical Assistance, Early Learning Guidelines? We need to do research and evaluation and collect data on the strengths that we have or the improvements needed and build on those! We need to implement policies that support quality care and provide financial rewards to programs that strive for quality by implementing research-based, nationally recognized systems of care such as continuity of care, individualized approaches, and relationship based care!

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**Thoughts from the field related to  
Federal State and Local Policy:**

- The Department of Children and Family Services is the structured entity for licensing centers, monitoring and educating childcare providers, and providing funding for parents to access quality childcare. However, many other state policy decisions also influence quality.
- We are heavily pushing Quality Start and the Environment Rating Scale. We work with centers so they can learn what is best for babies.
- We strengthened because of the alignment between technical schools, community colleges, and four-year programs.
- There is a new clearance system that targets people who have prior child abuse records or have been accused of child neglect. They are not able to provide childcare.
- We are rewriting licensing regulations to lower child-caregiver ratios. Centers that are participating in Stars/QRIS are improving.
- BrightStart was a leader in developing our quality rating system (Quality Start). It just started in 2007. It took a year of planning and creating the model, but we hit the ground running. The system is voluntary and we have almost 50% of Class A centers participating. The system includes utilizing ITERS AND ECERS.
- Policies that address the fragmented delivery in Child protection would increase quality.
- It might be helpful for the committee to discuss its data and/or what is needed for moving forward. Not on the ground, but at the policy level. We were involved in creating the policy around QRIS and the tax credits and incentive program, but it is not specific to infants and toddlers. More general, but it gets at improving infant/toddler care and included ITERS and ECERS.
- The only way we can increase quality infant and toddler care is to include provisions into licensing, because some programs will not implement them without this.
- We need policies to back this initiative and money to support this initiative.
- We need policies that focus on infants and toddlers. If you don't pay attention to babies, you will have problems with 5 year olds. There are limitations on collaborations and I want us to work together with others. Many centers that serve children are receiving childcare assistance, but not in QRIS. Wonder about having them be part of QRIS. Would like to explore.
- Work more on different parts of system to work more smoothly. Continued focus on interactions between mental health consultants, RRs, and quality specialist (1 for each region).
- One thing I wish we could develop is to put some emphasis on specialized childcare (i.e. therapeutic childcare for babies who are born drug exposed or other medical needs). Specialized, more therapeutic childcare would be fabulous for these children. More opportunities to model what EHS does in involving the parents. Going back to the vision, is there a plan for connection to EHS? If so, I think it needs to be purposeful. Make the most of the opportunity that exists, particularly for high-risk children.
- We need policies to insure that we collect appropriate and good data. We need to make decisions based on data.

## Thoughts from the field related to Licensing and Regulation:

- Centers need help because good infant and toddler care is expensive (i.e. lower ratios, more staff time and training, and more salary and benefits).
- We need for licensing to require more knowledge and training around infant and toddler care. LA doesn't seem to have structure for training around infants. Often money keeps infants/toddlers out of childcare system. Licensing is trying to reduce ratios. Training hours are not specified (infant/toddler folks are going to school age training).
- Need more than 12 hours of training per year.
- Licensing rules are very low. Lack of education or training. Only required to do 12 clock hours per year of training, but not a lot. People need to change how they view infant and toddler childcare.
- Licensing is on the right track, but speed it up a little bit, particularly on what is required for people to know before caring for children!
- The only way we can increase infant and toddler care is if we can write them into licensing, because some programs will not implement them without.
- Should QRIS be required for those centers receiving childcare assistance funds?
- Look at the ELGs to see what can be incorporated in licensing.

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## Thoughts from the field related to Program Standards:

- Continuity across agencies with statewide elements such as program standards can help us think as one system.
- Everyone is going to have to start looking at the bigger picture instead of his or her own "smaller individual box." Look at what is overlapping or the things that no one knows about. People can't get past their own focus and look at the same goals and opportunities across the systems!
- A challenge is that there is a huge variation from program to program.
- Interactions are needed among those providing support/services to centers; more coordination as to what quality really is.
- Systems are not always at the same place as to what children need and what their best interest is.
- Work more on different parts of system to work more smoothly. Continued focus on interactions between mental health consultants, R&Rs, and quality specialist (1 for each region).
- Need to do something much more intensive and coordinated.
- Our Early Learning Guidelines contain program standards that could be the base for all programs. They are aligned with standards such as NAEYC's accreditation standards and the Head Start Performance Standards. Perhaps this alignment and the standards themselves could be better defined and explained. These standards should be incorporated into Quality Start at a higher level.

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**Thoughts from the field related to****Early Learning Guidelines:**

- The department's commitment towards improving child care, particularly for infants and toddlers ... is evidenced in some of our strengths: QRIS, recent program for mental health consultants and ELGs are introducing new ideas of what quality child care is or helping others to know that they are marching down the right path.
- The Infant and Toddler Early Learning Guidelines are a strength.
- ELGs can help Providers who are trying to understand infants and toddlers and how to work with them. They have needs more than diapering and sleeping, & eating. Many of these childcare providers don't see that there is anything they need to do to meet their basic needs.
- Provide more TA support, i.e. cribs/swings vs. interaction/tummy time. People need some help on what is appropriate with an infant. Getting providers to understand what helps to develop a child's brain. What is nurturing? Understanding a toddlers need to be independent vs. being bad. Understanding developmental stages. These things are in the ELGs, but not sure if they are widely used.
- A strength is that we are reviewing ELGs and being able to see what can be incorporated in licensing.
- The ELGs might help in educating public in what to look for in a quality center, not just price.
- The ELGs and Program Standards can be the framework for professional development and technical assistance activities. They can be correlated to ITERs, the EHS Performance Standards, and the CSEFEL training and observations provided by the Infant Mental Health Consultants. The ELGs and Program Standards can be a basis for Core Knowledge and Competency standards that are specific to infant and toddler caregivers and can be used to reflect best practice and quality at higher levels of Quality Start.

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**Thoughts from the field related to****Professional Development:**

- Some entities within LCTCS have very large, healthy programs. Until we have some statewide agreement regarding Best Practices (i.e. and agreed-upon basic competencies), there will be variability by campus location based upon local demands and circumstances. There will also be variances in students' ability to move smoothly from the associate degree level into an appropriate baccalaureate degree. So, we REALLY need the Professional Development Committee to succeed in this effort.
- Focus has been more on classrooms and centers. We currently provide scholarships for college tuition and CDA if taken through a college. Some IT courses are required as you move up the career lattice.
- We are a Class A licensed / Four-star center. We have already had key components of infant and toddler childcare including continuity of care. Our infant and toddler (PITC) training has really set the stage for achieving four stars.
- Through the Office of Head Start, our LA Head Start State Based T&TA Office has a contract in which we are charged with working with the Head Start State Collaboration

Office and Department of Children and Family Services and LA Pathways in order to look at infant and toddler care as well as staff qualifications.

- We implemented a new career ladder in 2007. Prior to that we didn't have many college courses on infants and toddlers, but worked to get some available.
- Budget was cut in half, so TA was reduced. Changes in EHS; so, now, they are requesting PITC on site. Just did a weeklong training for over 500 participants.
- We have good trainings through the CCR&R system focusing on infants and toddlers.
- The education level of the staff providing infant care is a challenge. Many are older and just want to rock babies instead of building relationships. Many centers are not accepting infants so children are being cared for in unlicensed centers.
- The misalignment of qualifications through DOE is a challenge. There seems to be a gap (Pre-k through 3rd grade certification, but can work with infants).
- Professional development needs to address ... quality interactions with children.
- The quality of staff that centers are able to attract and obtain is a challenge. They often have low educational background and not a clear understanding of their work.
- Caregivers don't understand the need for more training in infant/toddler care. It is a challenge to educate providers. We need appropriate training in colleges and in workshops that focus on IT CDA.
- So expensive (i.e. lower ratios, more staff time, and more salary and benefits). Don't think there is enough knowledge about what they really need.
- We need training around infant and toddler care. LA doesn't seem to have structure for training around infants. For Toddlers (18 months+), there is a little bit more education. Often money keeps infants/toddlers out of childcare system. Licensing is trying to reduce ratios. Training hours are not specified (infant/toddler folks are going to school age trainings).
- Need to do something much more intensive. Need more than 12 hours of training per year. Something more than what is happening now.
- Staff education must be a priority.
- Quality improvements are really needed. Very often (around infants) it is hard to get into infant rooms. Providers often want Mental Health consultants just around behaviors. Its primary relationship for this child, creating a foundation, more than rocking a baby, you are developing a relationship. Awareness of infants and toddlers is raised in childcare and in larger society where it is sometimes downplayed.
- Bring a focus to infants and toddlers.
- We need to focus on infants and toddlers.
- Mandatory orientation training required prior to providing care. 12 hours of training but doesn't have to be infant/toddler care. Specific training should be required and imposed. Increase number of training hours!
- I would like to have someone who is very knowledgeable and trained in infant/toddler care that does training. Identify who has professional training or experience in infant/toddler to do trainings. For quality training, you need quality trainers!
- Provide more TA support, i.e. cribs/swings vs. interaction/tummy time. People need some help on what is appropriate with an infant. Getting providers to understand what helps to develop a child's brain. What is nurturing? - Understanding a toddler's need to be independent vs. being bad - understanding developmental stages.
- Would like to see the child-care-world tie in more closely with higher education and community college in order to provide better education to our teachers and to some



degree with child protective services. Systems are not always at the same place as to what children need and what their best interest is.

- Would like to see us improve the LA Pathways process for infant and toddler teachers going through CDA or additional coursework. Pathways seems to be understaffed. Get the word out about opportunities, but be careful what you wish for.
- Professional development is the key.
- Increase the number of required training hours and require trainings to be in particular age group that the caregiver is working with.
- Should there be a mandatory infant/toddler training prior to working with infants and toddlers?
- Identify and utilize trainers that have background and knowledge in infant and toddler development.
- Technical Assistance needs to increase and to be a part of professional development.
- Help caregivers to know what is appropriate with infants and toddlers and the connections with brain development and nurturing.
- For caregivers to understand appropriate infant and toddler developmental stages.
- One of our strengths is the development of people. People, who go into childcare, go into it because they have nothing else to do. This could develop them into a profession and that they have skills and are not just babysitters. Employees will feel better about what they do and that will improve the overall quality. It's a chance to become educated and to be proud of what they do. It affects the community and snowballs from there.
- There needs to be a real system with articulation from certificates - to credentials – to degrees. Content needs to be consistent based on core knowledge and competencies with different levels of understanding and application and tied to ELGs and Quality Start. Compensation should be based on educational attainment as well as implementation evidenced by quality measures. We need to add to or change what we have – not re-invent the wheel.
- Higher education in our state is eliminating child development degree programs and what remains of them are being moved under education programs where infant and toddler issues and instruction for teachers of our youngest learners are not even on their radar.

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### **Thoughts from the field related to**

#### **Child Care Resource and Referral:**

- Resource and Referrals provide TA and outreach in the community. We provide trainings, particularly PITC. All infant and toddler trainers are certified in PITC.
- Providers are trying to understand how to work with infants and toddlers. The caregivers need more training that is linked to TA.
- The education of the staff providing infant care is an issue. Many are older and just want to rock babies instead of building relationships. Many centers are no longer accepting infants and children are being cared for in unlicensed centers. Specific Technical Assistance and training can help.
- CCR&Rs are trying to train directors, teachers, and teacher aides.
- I am a TA Specialist and go into centers. In TA, some people did just infants and toddlers. The budget cuts have impacted what we can do.
- We need to offer TA and training, focusing on language development as well as ages and stages of development.

- There is a huge turn over in people in centers. This is a problem for the entire system.

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**Thoughts from the field related to****Child Care Settings and Activities:**

- Institutes of Higher Education are eliminating child development degree programs and what remains of them are being moved under education programs where infant and toddler issues and instruction for teachers of our youngest learners are not even on their radar. We may lose an important infant and toddler support.
- People's perceptions and the old ways of thinking about caring for infants is a challenge.
- We need to help caregivers to know what is appropriate with infants and toddlers and the connections with brain development and nurturing.
- Caregivers need to understand appropriate infant and toddler developmental stages.
- We should identify and utilize trainers that have background and knowledge in infant and toddler development.
- Provide more TA support, i.e. cribs/swings vs. interaction/tummy time. People need some help on what is appropriate with an infant. Getting providers to understand what helps to develop a child's brain. What is nurturing? Understanding a toddlers need to be independent vs. being bad. Understanding developmental stages ...
- We should require infant and toddler specific courses as part of career professional development ladder. Encourage infant and toddler courses to be offered.
- Mental Health consultants use training based on CSEFEL (nurturing responsive relationships are the foundation)... We help centers with this and are available for follow up. Not available for therapy, but available for behavioral management.
- Understanding what is appropriate for infant and toddlers is crucial to improving quality! We must build support for a routines based approach, with a focus on forming relationships into every element of the system, into every program, into every training that touches infants and toddlers in group care!

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**Thoughts from the field related to****Facilities:**

- A challenge of infant and toddler care is affordability. We need additional Mental Health Services supporting for profit childcare centers. We need grants to improve facilities.
- The cost of quality care, adult child ratios, quality environments, and quality interactions with children are all issues that need attention
- The use of cribs/swings (as containers) vs. interaction/tummy time is a problem. People need some help on what is an appropriate environment with an infant.
- A continued challenge is the cost involved in quality infant and toddler care settings as well as the availability.

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**Thoughts from the field related to****Parent and Family Involvement:**

- DCFS provides funding for parents to access quality childcare. We need to involve parents and do a better job of educating them to recognize quality.

- We work with high-risk infants and their families to improve interactions between adult and child. A childcare / parent partnership would help us achieve our goals.
- There is an agreement that centers would not charge a registration fee to CCAP families. Somehow, that has not been happening and foster parents were being expected to pay for this. Now some places are saying they won't serve foster children. How can we help these centers and families?
- There is public recognition that there is an issue within infant and toddler childcare and it is becoming known now, more than any other time. People are recognizing there is need.
- Public Awareness needs to be addressed. Parents need to be able to recognize quality, but first we need to define it.
- We should improve community understanding of quality infant and toddler care. It is not what we are teaching them, but how we interact with them!
- Accessibility needs to be addressed, especially in rural areas and after-hours childcare other than traditional models. This is what parents need.
- We need to increase parent/family involvement in all aspects of the system!

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### Thoughts from the field related to

#### Caregivers:

- We are a Class A licensed / Four-star center. We have already had key components of infant and toddler childcare including continuity of care. Our infant and toddler (PITC) training has really set the stage for achieving four stars.
- Budget was cut in half, so TA was reduced. Changes in EHS; so, now, they are requesting PITC on site. Just did a weeklong training for over 500 participants.
- We have good trainings through the CCR&R system focusing on infants and toddlers.
- The education level of the staff providing infant care is a challenge. Many are older and just want to rock babies instead of building relationships. Many centers are not providing infant care so children are being cared for in unlicensed centers.
- The misalignment of qualifications through DOE is a challenge. There seems to be a gap (Pre-k through 3rd grade certification, but can work with infants).
- Professional development needs to address ... quality interactions with children.
- The quality of staff that centers are able to attract and obtain is a challenge. They often have low educational background and not a clear understanding of their work.
- Caregivers don't understand the need for more training in infant/toddler care. It is a challenge to educate providers and not just available in colleges - more workshops and focus on IT CDA.
- So expensive (i.e. lower ratios, more staff time, and more salary and benefits). Don't think there is enough knowledge about what they really need.
- We need training around infant and toddler care. LA doesn't seem to have structure for training around infants. For Toddlers (18 months+), there is a little bit more education. Often money keeps infants/toddlers out of childcare system. Licensing is trying to reduce ratios. Training hours are not specified (infant/toddler folks are going to school age trainings).
- Need to do something much more intensive. Need more than 12 hours of training per year. Something more than what is happening now.
- Staff education must be a priority.

- Quality improvements are really needed. Very often (around infants) it is hard to get into infant rooms. Providers often want Mental Health consultants just around behaviors. Its primary relationship for this child, creating a foundation, more than rocking a baby, you are developing a relationship. Awareness of infants and toddlers is raised in childcare and in larger society where it is sometimes downplayed.
- Bring a focus to infants and toddlers.
- We need to focus on infants and toddlers.
- Mandatory orientation training required prior to providing care. 12 hours of training but doesn't have to be infant/toddler care. Specific training should be required and imposed. Increase number of training hours!
- I would like to have someone who is very knowledgeable and trained in infant/toddler care that does training. Identify who has professional training or experience in infant/toddler to do trainings. For quality training, you need quality trainers!
- Provide more TA support, i.e. cribs/swings vs. interaction/tummy time. People need some help on what is appropriate with an infant. Getting providers to understand what helps to develop a child's brain, nurturing, understanding a toddler's need to be independent vs. being bad, understanding developmental stages.
- Would like to see the child-care-world tie in more closely with higher education and community college in order to provide better education to our teachers and to some degree with child protective services. Systems are not always at the same place as to what children need and what their best interest is.
- Would like to see us improve the LA Pathways process for infant and toddler teachers going through CDA or additional coursework. Pathways seems to be understaffed. Get the word out about opportunities, but be careful what you wish for.
- Professional development is the key.
- Increase the number of required training hours and require trainings to be in particular age group that the caregiver is working with.
- Should there be a mandatory infant/toddler training prior to working with infants and toddlers?
- Identify and utilize trainers that have background and knowledge in infant and toddler development.
- Technical Assistance needs to increase and to be a part of professional development.
- Help caregivers to know what is appropriate with infants and toddlers and the connections with brain development and nurturing.
- For caregivers to understand appropriate infant and toddler developmental stages.
- One of our strengths is the development of people. People, who go into childcare, go into it because they have nothing else to do. The knowledge that they have skills and are not just babysitters could help them grow into a profession. Employees will feel better about what they do and that will improve the overall quality. It's a chance to become educated and to be proud of what they do. It affects the community and snowballs from there.
- There needs to be a real system with articulation from certificates - to credentials – to degrees. Content needs to be consistent based on core knowledge and competencies with different levels of understanding and application and tied to ELGs and Quality Start. Compensation should be based on educational attainment as well as implementation evidenced by quality measures. We need to add to or change what we have – not re-invent the wheel.

- Higher education in our state is eliminating child development degree programs and what remains of them are being moved under education programs where infant and toddler issues and instruction for teachers of our youngest learners are not even on their radar.

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Thoughts from the field related to

### Collaboration:

- Offer PITC across the state under a training contract or through I/T Specialists to providers from all entities.
- Consistent message regardless of messenger: Pathways trainer requirements and expectations of contractors.
- MHCs unique & ongoing relationship with centers often helps guide centers through change-perhaps we can harness this “power” to support I/T caregivers and change in all arenas.
- Early Steps could work with Early Intervention Providers to become Pathways trainers.
- Just feel like we need to all have collaboration between all the different agencies, to strengthen what we bring to the field. We need to increase public awareness!
- This collaboration is wonderful and overdue. Lots of work around EC, but not specifically focused on this area as much as we could. Very timely, with ECAC and professional, data pieces. Bring a focus to infants and toddlers.
- Collaboration should include the state to back this initiative and money to support this initiative.
- Work more on different parts of system to work more smoothly. Continued focus on interactions between mental health consultants, RRs, and quality specialist (1 for each region).
- Would like to see the childcare world tie in more closely with higher education and community college to provide better education to our teachers and to some degree with child protective services. Systems are not always at the same place as to what children need and what their best interest is.
- As a team and with collaboration we will be able to improve the system and to raise public awareness. Get it out there.
- Combine Child Care and EHS funds to provide all day, year round wrap around childcare.
- We need Collaboration.
- Working together and more connections with child protective services.
- We have strong collaboration. We need access to a lot of information. Our resources are right here.
- We need to build on all the work done around QRIS system and the school readiness tax credits and Bright Start. Bringing to the table all the players including Part C and break down barriers.
- A strength toward collaboration is the setup of a group and the individuals of the group. The core group is very connected to this, professionally and passionately and the people on the larger committee are thoughtful and connected.
- A strength of our state is that there are a lot of individuals across the state who believe this is important and people who can get this done.
- That we are working towards all of this is already a strength.
- Our state has wonderful resources and people who understand and know what is best for young children.

- Strengths: The interest in doing this. The convening of this planning committee. Hoping to get dialogue going and address the issue.
  - Strengths: The people on the team and the wealth and knowledge. Stimulus money doesn't hurt either.
  - There are people from all agencies at the table. Seems to be more true collaboration and cooperation throughout the state. DHH, DOE... better opportunities.
  - A challenge is trying to pull things together. Everyone is going to have to start looking at the bigger picture instead of individual box. Look at what is overlapping or the things that no one knows about. People can't get past their own focus and look at the same goals and opportunities across the systems!
  - A challenge is getting everyone there to do this work. Still a lot of work to be done as true collaboration needs to happen. Change is hard.
  - I hope we can begin to think as one system.
- 

## References and Notes

1. **The National Infant and Toddler Child Care Initiative @ Zero to Three** is a project of the US Department of Health and Human Services, Administration for Children and Families, Child Care Bureau. <http://nitcci.nccic.acf.hhs.gov/index.htm> Zero to Three is a national, nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers.
2. **The Key Elements eco-model** was part of a Poster Session titled "CCDF Quality Infant/Toddler Earmark" at the 2004 State Administrator's Meeting July 28 and 29 in Washington, DC. Last Updated April 20, 2004.
3. **The Key Elements** document was part of a Poster Session titled "CCDF Quality Infant/Toddler Earmark" at the 2004 State Administrator's Meeting July 28 and 29 in Washington, DC. Last Updated April 20, 2004. It has been used by this Strategic Planning Committee to focus a comprehensive view of issues surrounding infant and toddler care.
4. Zero to Three personnel conducted the **interviews** via phone and e-mail. The complete list of questions is included in this report (see the Appendix).
5. There were 15 **Early Head Start (EHS)** grantees in Louisiana for the 2008-2009 program year serving approximately 1132 infants and toddlers in 189 classes or a home-based program. Data reflecting enrollment as a result of the recent expansion grants should be available soon.

- 6. Child Care Resource & Referral Agencies – (CCR&R) Organizations** contracted by DCFS to provide specific services to families, child care providers, early childhood professionals and communities statewide. Examples of services include information and consumer education for parents about available childcare services, training and other technical assistance to childcare providers.
- a. [Children's Coalition \(Monroe\)](#)
  - b. [The First Three Years \(Lafayette and Lake Charles\)](#)
  - c. [Volunteers of America \(Baton Rouge\)](#)
  - d. [Agenda for Children \(New Orleans/Thibodaux\)](#)
  - e. [Northwestern State University \(Shreveport\)](#)
- 7. National Association for the Education of Young Children (NAEYC)**  
The National Association for the Education of Young Children (NAEYC) is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8. NAEYC is committed to becoming an increasingly high performing and inclusive organization. Founded in 1926, NAEYC is the world's largest organization working on behalf of young children with nearly 90,000 members, a national network of over 300 local, state, and regional Affiliates, and a growing global alliance of like-minded organizations. Membership is open to all individuals who share a desire to serve and act on behalf of the needs and rights of all young children. Brochures may be purchased at <http://naeyc.org> NAEYC also awards an accreditation to programs meeting certain criteria. For more information on NAEYC's Accredited Programs, visit <http://www.naeyc.org/files/academy/file/OverviewStandards.pdf>
- 8. ELGs – The Louisiana Early Learning Guidelines (2005) and the accompanying Program Standards** are frameworks for high quality practices for all who care for infants and toddlers. The guidelines are indicators of what children at certain ages should be “working on” and contain ideas for caregivers for arranging the environment and using interactions and communication that best support this development. These strategies and activities are a “way to care for infants and toddlers, not what to teach infants and toddlers.” The Program Standards outline policy decisions for the program to consider supporting this relationship-based care. DCFS hopes to revise the ELGs in 2010-2011. For a copy of the current ELGs, visit <http://www.dcf.louisiana.gov/assets/docs/searchable/OFS/LAEarlyLearningGuide.pdf>
- 9. PITC - The Program for Infant/Toddler Care (PITC)** approach equates good care with trained infant/toddler care teachers who are preparing themselves and the environment so that infants can learn. This approach to care is based on relationship planning -- not lesson planning -- and emphasizes child-directed learning. The 6 program policies that anchor the work of PITC: [primary care](#); [small groups](#); [continuity](#); [individualized care](#); [cultural responsiveness](#); and, [inclusion of children with special needs](#). These policies create a climate for care that reinforces a responsive, relationship-based approach. For more information, visit the links above or <http://www.pitc.org>

- 10. Infant Toddler Environmental Rating Scale – Revised (ITERS-R)** – a research-based assessment tool that measures environmental indicators of quality in infant/toddler classrooms with children 0 – 2.5 years of age. For more information, visit <http://www.fpg.unc.edu/~ecers/>
- 11. Quality Start Child Care Rating System** – Louisiana’s voluntary quality rating system for childcare is designed to assess levels of childcare quality, support improvements of childcare centers, and communicate the level of quality in early care and education programs to parents and funders. Quality Start began awarding stars in November 2007. For more information, visit <http://www.qrslouisiana.org/>
- 12. IMH - Infant Mental Health** consultation is an innovative approach to supporting the healthy development of young children. The duties of the Mental Health Consultant (MHC) are tailored to meet the needs of the childcare center staff, including assisting caregivers in promoting healthy development, helping centers establish linkages with other agencies as well as referral sources for children with special needs, and providing proactive coaching on techniques designed to prevent the development of problematic behavior. An important part of mental health consultation involves education and training of childcare professionals in the knowledge and application of developmentally appropriate practices in classroom settings. For more information, visit the Quality Start website at <http://www.qrslouisiana.org/child-care-providers/child-care-center-mental-health-consultation>
- 13. Louisiana Child Care Market Rate Survey**  
Care Solutions, Inc., a management-consulting firm under contract with the Louisiana Department of Children and Family Services, conducted a survey of childcare providers in the spring of 2009 to determine local childcare market rates and other information about childcare providers in the state. In Louisiana, childcare is provided in a variety of settings: Class A centers, Class B centers (not eligible for federal or state funding), exempt providers (such as school-based childcare programs), registered family childcare home providers, and certified in-home childcare providers (certified to participate in the Child Care Assistance Program). Information about these settings was included. Information specific to infant and toddler care was not evident with the exception of the difference in costs in some areas. For more information, visit [http://www.DCFS.state.la.us/assets/docs/searchable/OFS/ChildcareDevelopmentFund/2009\\_Market\\_Rate\\_Survey.pdf](http://www.DCFS.state.la.us/assets/docs/searchable/OFS/ChildcareDevelopmentFund/2009_Market_Rate_Survey.pdf)
- 14. Louisiana Pathways** Child Care Career Development System (LA Pathways) – the state practitioner registry maintained by DCFS and/or its contractor. LA Pathways registers childcare providers according to requirements based on training and education, experience, and professional activities, as approved by the DCFS. Categories are established for childcare staff, childcare assistant teacher, childcare teacher, childcare assistant director and childcare director. Pathways also certifies trainers to provide instruction to childcare staff. Information on LA Pathways can be found at [the Pathways Web site](#) or [www.DCFS.state.la.us](http://www.DCFS.state.la.us). Any individual working or planning to work in the childcare industry is eligible to enroll in LA Pathways by completing an application and forwarding the required documents.



- 15. Child Development Associate (CDA) Credential** is a nationally recognized credential that can be used to meet staff qualification requirements. Specific training requirements include 120 “clock –hours”, with no fewer than 10 hours in each of the following content areas: Planning a safe, healthy, learning environment, Steps to advance children's physical and intellectual development; Positive ways to support children's social and emotional development; Strategies to establish productive relationships with families; Strategies to manage an effective program operation; Maintaining a commitment to professionalism; Observing and recording children's behavior; and Principles of child development and learning. For more information, go to <http://www.cdacouncil.org>
- 16. NACCRRRA** - The National Association of Child Care Resource & Referral Agencies works with more than 700 state and local Child Care Resource and Referral agencies nationwide to help ensure that families have access to high-quality, affordable child care. NACCRRRA leads projects that increase the quality and availability of childcare professionals, undertakes research, and advocates childcare policies that positively affect the lives of children and families. <http://www.naccrra.net/about/>
- 17. 2008 - 2009 Head Start Program Information Report (PIR) Survey Summary Report- State Level Jun 8, 2010 Region 06 Early Head Start Louisiana.** Data for the 2009-2010 program-year was not yet available.
- 18. FCC** – Family Child Care is a type of care for up to six children not related to the provider in a private residence. Providers may register with the state to receive subsidies for childcare and/or meals. The 2009 Louisiana Child Care Market Rate Survey reported 2,776 Family Child Care Providers. Many FCC providers remain unregistered.
- 19. LA State Profile (NITCCI)** <http://nitcci.nccic.acf.hhs.gov/states/Louisiana.htm>
- 20. FFN** - Family, Friend and Neighbor childcare is any regular, non-parental home-based care other than a licensed center, program, or family childcare home. FFN care thus includes relatives, friends, neighbors, and other adults. Louisiana has not included FFN care in this strategic plan at this time.
- 21. Child Care Assistance Program (CCAP)** - A program administered by the Office of Family Support that determines the household eligibility for Child Care Assistance, and makes payments for childcare services to eligible providers.
- 22. Beginning with Babies** - Beginning with Babies is a statewide infant/toddler pilot project that will provide CDA training with a focus on the social-emotional development of children before age three. This proposed project also provides stipends to teachers for participation and materials for centers.
- 23. CCDF** The Child Care and Development Fund (CCDF) is the principal source of federal funding for childcare subsidies for low-income families and for initiatives to improve the quality of childcare in states. Each state qualifies to receive an amount of federal funds each year and can receive additional federal funds by spending state dollars for childcare

subsidies and quality initiatives. For FY: 2008, the Federal CCDF Quality Infant and Toddler Targeted Funds allocation is \$2,052,754 as reported by NITCCI.

**24. Information for the CCDF Quality Infant and Toddler Targeted Funds State Plan** was reported at <http://nitcci.nccic.acf.hhs.gov/states/Louisiana.htm>

**25. ARRA** The American Recovery and Reinvestment Act of 2009, abbreviated ARRA and commonly referred to as the Stimulus or The Recovery Act, is an economic stimulus package intended to create jobs and promote investment and consumer spending during the recession. Louisiana received \$1,915,722.00 for Infant Toddler initiatives.

**26. ECAC Louisiana's Early Childhood Advisory Council** In December 2009, Governor Jindal designated BrightStart to serve as Louisiana's Early Childhood Advisory Council (ECAC). The state ECAC's are charged under federal law to develop and implement a plan to improve the coordination of programs and services for children birth to school entry. The BrightStart Advisory Council has been expanded and reconstituted to be Louisiana's ECAC. From the BrightStart website:

The designation of BrightStart as the ECAC for Louisiana marks a new phase in the work of the initiative. The expansion of BrightStart's responsibilities will provide the opportunity for BrightStart to build on its successes. Through the new BrightStart/ECAC, Louisiana will be able to continue to move forward in establishing a comprehensive, coordinated early childhood system with the appropriate infrastructure to support high quality programs and services that address the needs of our young children and their families.

For more information, please visit <http://www.brightstartla.org/>

**27. High-risk infant program** This work continues to evolve. It is primarily focused on greater attention to safety and risk factors for families served by child welfare (DCFS) that have a child under six.

**28. The comment on the format and approach** to the ELG document appears in the Introduction of the ELGs (2005) and is provided by J. Ronald Lally, Ed.D. Co-Director, WestEd, Center for Child & Family Studies and one of the founders of Zero To Three.

**29. Louisiana Standards for Programs Serving Four-Year-Old Children: Bulletin 105** This document is promulgated by the Louisiana Department of Education and is currently under revision. To see the current document, visit <http://www.louisianaschools.net/lde/uploads/5381.doc> and download the document.

**30. The Standards Revision Work Group** - This workgroup, made up of representatives of childcare programs, agencies and parents, is undertaking a comprehensive revision of the minimum standards for Class A childcare facilities. The final draft is currently available for public review.

**31. National Prekindergarten Center Report** Maxwell, K. L., Lim, C-I, and Early, D.M. (2006) Early childhood teacher preparation programs in the United States: State of Louisiana,

Chapel Hill, N.C.: The University of North Carolina, FPG Child Development Institute  
[http://www.fpg.unc.edu/~npc/pdfs/statereport\\_LA.pdf](http://www.fpg.unc.edu/~npc/pdfs/statereport_LA.pdf)

32. **National Directory of Early Childhood Teacher Preparation Institutions** as found on the National Council for Professional Recognition's (CDA) website <http://www.cdacouncil.org>
33. National Governor's Association grant for Best Practices Policy Academy: **Ready States** is a Project to Develop Key Components of State Early Childhood Infrastructure that will provide training and technical assistance on professional development for early childhood teachers/workers, although I/T specific training has not been addressed.
34. **CSEFEL** The Center on the Social Emotional Foundations of Early Learning is focused on promoting the social emotional development and school readiness of young children birth to age five. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country and housed at Vanderbilt University. For more information, visit <http://www.vanderbilt.edu/csefel/>.
35. **EarlySteps** is Louisiana's Early Intervention System under the Individuals with Disabilities Education Act, Part C. EarlySteps provides services to families with infants and toddlers from birth to three years (36 months) who have a medical condition likely to result in a developmental delay, or who have developmental delays. For more information, visit [www.laeikids.com/](http://www.laeikids.com/) or [www.earlysteps.dhh.louisiana.gov/](http://www.earlysteps.dhh.louisiana.gov/)
36. Agenda for Children's **Kids Count** [www.agendaforchildren.org](http://www.agendaforchildren.org)  
[www.kidscount.org/datacenter](http://www.kidscount.org/datacenter)
37. For more information on **Infant and Toddler Specialist Networks** and **Consulting Models**, please visit these links to the National Infant and Toddler Child Care Initiative's (NITCCI) website [http://nitcci.nccic.acf.hhs.gov/resources/ITSN\\_definitions\\_handout.pdf](http://nitcci.nccic.acf.hhs.gov/resources/ITSN_definitions_handout.pdf) and [http://nitcci.nccic.acf.hhs.gov/resources/apr10\\_webinar.htm](http://nitcci.nccic.acf.hhs.gov/resources/apr10_webinar.htm)
38. **CLASP** is the Center for Law and Social Policy. The foundation of CLASP's *Charting Progress for Babies in Child Care Project* is a Policy Framework comprised of four key principles describing what babies and toddlers in childcare need and 15 recommendations for states to move forward. CLASP developed this Policy Framework with ZERO TO THREE in the first year of the project, based on interviews with over one hundred leaders around the country. For more information see <http://www.clasp.org/babiesinchildcare/>

# Appendix

## Strategic Planning Committee Members

Name and Title	Organization
Carol Aghayan, Early Childhood Consultant Infant Toddler Specialist	
Diane Aillet, Program Director	Louisiana Pathways
Betty B. Blaize, Executive Director Infant Toddler Specialist	1 <sup>st</sup> Years / Excellence for Children
Dr. Allison Boothe, Director, Mental Health Consultants	Tulane University School of Medicine Department of Psychiatry and Neurology
Melanie Bronfin, Public Policy Analyst	Tulane University School of Medicine Institute of Infant & Early Childhood Mental Health
Kathleen Flanagan, Child Development Director	Yaamahana Child Development Center Chitimacha Tribe of Louisiana
Gina Forsman, Coordinator Quality Rating System	Volunteers of America
Ouida Forsyth, Project Director, Birth to Five	Picard Center, University of Louisiana at Lafayette
Dr. Mary Margaret Gleason, Assistant Professor of Pediatrics, Psychiatry and Neurology	Tulane University of Medicine
Dr. Rhenda Hotard Hodnett, Director, Prevention and Child Protection	Department of Children and Family Services
Dr. Mark Irabor, President	Louisiana Association for the Education of Young Children
Gail Kelso, Section Chief	Department of Children and Family Services
Dr. Angela Keyes, Director of Environment Rating Scales Assessment Team	Tulane University School of Medicine Institute of Infant & Early Childhood Mental Health
Dr. Gina Payton-Lagarde, Medical Director, Child Health Care Consultants <small>Medical Director,</small>	Department of Health and Hospitals <small>Maternal and Child Health</small>

Dr. Toni Ledet, Director of Children's Services DCFS Inclusion Contractor	ARC of Baton Rouge
Dr. Jerry Pinsel, Vice President for Academic and Student Affairs	Louisiana Community and Technical College System
Cindy Ramagos, Preschool Education Consultant	Louisiana Department of Education
Jacinta (Jay) Settoon, Program Coordinator Workforce Development	Department of Children and Family Services
Erinn Smith, Curriculum Development Specialists	1 <sup>st</sup> Years
Martha South, Early Childhood Consultant Infant Toddler Specialist	
Ashley Steele, Louisiana Technical Assistance Manager	Early Head Start and Head Start
Pam Wiltse Infant Toddler Specialist	Early Head Start and Head Start

Shaded areas indicate Planning Design Group Members.



National  
Infant & Toddler  
Child Care  
Initiative

@

ZERO TO THREE

## Louisiana Strategic Planning Interview Questions for Committee Members

*March 2010*

1. How does your program/unit/division/organization connect with infant and toddler childcare policies and initiatives in Louisiana?
2. Have there been any changes in the connection your organization has with Louisiana's infant and toddler childcare in the last year (policies, initiatives, etc.)? Are there any anticipated? Reasons for the changes?
3. What do you believe are the current strengths and challenges of infant and toddler childcare in Louisiana?
4. Do you collect any data/information about infant and toddler childcare in Louisiana? If so, what is it and can it be shared with committee members?
5. Note: This question asked for input to a draft Vision Statement and a draft mission Statement.
6. Have you had experience with improving the quality of infant and toddler childcare in Louisiana? If so, please explain.
7. What are your opinions about improving infant and toddler childcare in Louisiana?
8. What system improvements would you like to see happen as a result of this strategic planning process?
9. What do you think are the strengths, challenges, and opportunities we have as we work to improve infant and toddler childcare in Louisiana?
10. Do you have any other questions/comments?