

The Preschool Development Grant Birth-Five (PDG B-5) Offers A New Opportunity to Support Babies and Toddlers



ZERO TO THREE
Early connections last a lifetime

A Tool to Intentionally Include Infants and Toddlers in PDG B-5

The new version of the Preschool Development Grant program, PDG B-5, for the first time allows states to include infants and toddlers. PDG B-5 offers states an opportunity to strengthen coordination of existing early childhood care and education (ECCE) services and funding streams to provide equal access to more children birth through age five. At ZERO TO THREE, an organization dedicated to promoting the health and development of infants and toddlers, we urge that as you develop and implement your state's strategic plan, you focus intentionally on the settings and programs where babies are served, including Early Head Start (EHS); child care centers; family child care homes; and family, friend, and neighbor care – all critical partners in the birth to five ECCE mixed delivery system. It is equally important that states consider how they can strengthen connections between ECCE settings and the broader early childhood system, including Part C early intervention, home visiting, health, mental health, nutrition, and family support services.

We know from science that brains are built from the bottom up. During the first three years of life, the brain undergoes its most dramatic development, and children acquire the ability to think, speak, learn, and reason. The early experiences of young children will shape the architecture of their brains in enduring ways and build the foundation – whether strong or weak – for their future development. For that reason, we strongly urge you to emphasize the importance of supporting early learning beginning from birth as you plan and implement your PDG B-5 strategic plan.

This document explains how the PDG B-5 could be used to address ECCE system challenges specific to infants and toddlers and offers recommendations for specific strategies that states could include in PDG B-5 plans to improve outcomes for babies. Strategies are organized into the following sections:

- 1) Needs assessment and strategic planning (PDG B-5 activities 1 and 2)
- 2) Maximizing parental choice and involvement in the ECCE mixed delivery system (PDG B-5 activity 3)
- 3) Strengthening collaboration and coordination of existing B-5 ECCE programs (PDG B-5 activities 4 and 5)
- 4) Expanding access to and improving quality of B-5 ECCE programs (PDG B-5 activity 5)
- 5) Strengthening the B-5 ECCE workforce (PDG B-5 activity 5)

Why Should Infants and Toddlers Be A Critical Focus of PDG B-5 Grants?

The B-5 mixed delivery ECCE system is critical for babies' brain development. Second only to the family, ECCE is the setting in which development unfolds for many infants and toddlers.

- 6 million infants and toddlers in the United States spend some or all of their day being cared for by someone other than their parents (more than half of all children under age 3).
- 62% of mothers with infants are in the labor force.
- National studies show the majority of infant-toddler child care is of poor to mediocre quality.

Relationships make the difference in high-quality ECCE settings.

- The hallmarks of quality care – skilled caregivers caring for a few infants or toddlers in a small group over time.
- The quality of care ultimately boils down to the quality of the relationship between the ECCE provider; skilled and stable providers promote positive development.

The PDG B-5 offers an opportunity for states to improve families' access to high-quality, affordable ECCE that will support their infants' and toddlers' healthy brain development. States could use the PDG B-5 to address ECCE system challenges that are specific to infants and toddlers, such as:

- ECCE systems often do not adequately address the unique needs of infants and toddlers through quality standards and workforce development requirements.
- The “baby voice” is often not well represented on state or local coordinating bodies responsible for assessing and responding to families' needs.
- ECCE models that offer comprehensive child and family services, such as EHS, serve only a fraction of those eligible.
- Families' need for infant-toddler care often exceeds the supply – this problem is magnified in rural areas and during non-traditional hours, limiting parental choice.
- It is more expensive for providers to care for infants and toddlers than older children, contributing to lower supply.
- Working parents in need of ECCE for their babies and toddlers need a better understanding of the options available to them and what high-quality care looks like for babies.
- Infant-toddler care is unaffordable for many families.
 - In 33 states and Washington D.C., the cost for an infant in center-based child care costs more than college tuition at a state university.
 - 42% of infants and toddlers live in low-income families (approximately 4.9 million).
 - Child care assistance for low-income families reaches fewer than 1 out of every 6 eligible children.

1) Strategies for Including an Intentional Focus on Infants and Toddlers in Needs Assessment and Strategic Planning (PDG B-5 activities 1 and 2)

- Include stakeholders with infant-toddler expertise in needs assessment and strategic planning efforts, including:
 - Infant-toddler ECCE providers representing EHS, child care centers, family child care homes, and family, friend, and neighbor care
 - Staff working with infants and toddlers from programs in the broader early childhood system, such as home visiting, health and mental health, Part C early intervention, and child welfare
 - Birth to three advocates
 - Parents and grandparents
 - For a comprehensive list of suggested stakeholders to include, consult this [list](#) originally developed as a companion to ZERO TO THREE's Infant-Toddler State Self-Assessment Tool.
- Utilize a tool focused specifically on infants and toddlers, such as the ZERO TO THREE's [Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit For States](#) and companion [Family Survey](#) (available in English and Spanish) to identify strengths and opportunities to improve the ECCE system to better support babies.
- Incorporate findings from related needs assessments and strategic plans focused on children birth to three, such as those for Early Childhood Comprehensive Systems (ECCS); Maternal, Infant and Early Childhood Home Visiting (MIECHV); and Project LAUNCH (Linking Unmet Needs for Children's Health).

- Explore where babies are:
 - What percentage of infants and toddlers are being served in EHS; child care centers; family child care homes; and family, friend, and neighbor care?
 - What is the level of quality of these settings?
 - What services and supports are available to parents who are home with their young children?
- Examine how the existing supply of infant and toddler ECCE programs compares to the need – are there geographic differences?
- Explore how parents are making choices about ECCE for their infants and toddlers – are factors such as limited supply and high costs limiting parental choice?
- Consider how children are transitioning through the B-5 ECCE system and identify ways to strengthen transitions.
- Explore if and how funding streams supporting the B-5 ECCE system are coordinated.

2) Strategies for Including an Intentional Focus on Infants and Toddlers in Maximizing Parental Choice and Involvement in the ECCE Mixed Delivery System (PDG B-5 activity 3)

- Ensure state systems focused on establishing high-quality B-5 ECCE programs, such as quality rating and improvement systems (QRIS), support the full B-5 ECCE mixed delivery system, including less formal settings where many babies may be served.
- Educate parents on key indicators of quality for infants and toddlers and share ECCE programs' QRIS ratings and other key information, such as hours of operation, languages spoken, and cost, so parents can make informed decisions.
- Support ECCE programs to strengthen their engagement with parents, particularly around promoting their infants' and toddlers' development, navigating transitions within and among ECCE programs, and connecting to other early childhood system services, such as Part C or home visiting.

3) Strategies for Including an Intentional Focus on Infants and Toddlers in Strengthening Collaboration and Coordination of Existing ECCE Programs (PDG B-5 activities 4 and 5)

- Include individuals with specific infant-toddler expertise on state and community level early childhood coordinating and governance bodies.
- Integrate infant-toddler content into existing early childhood system-building technical assistance, coaching, and peer-to-peer learning opportunities provided to programs and communities.
- Strengthen state systems that coordinate developmental and social-emotional screening, referral, and follow-up across ECCE and other early childhood systems, including health, mental health, schools, Part C, nutrition, and family support.
- Coordinate professional development across ECCE settings and with other early childhood services, such as home visiting, Part C, and health, as appropriate, to share best practices.
- Improve data systems that track children's progress birth through school by:
 - Ensuring there are indicators specific to infants and toddlers
 - Linking ECCE data to other early childhood system data, such as home visiting, health, mental health, Part C and Part B, child welfare, etc.
 - Regularly using data to guide decision-making about the B-5 ECCE system

4) Strategies for Including an Intentional Focus on Infants and Toddlers in Expanding Access to and Improving Quality of ECCE Programs (PDG B-5 activity 5)

- Strengthen QRIS to better recognize and promote the unique developmental needs of infants and toddlers by including standards specific to their care and education, such as:
 - Infant-toddler training for caregivers
 - Approved curricula and learning approaches specific to infants and toddlers
 - Lower ratios for infants and toddlers
 - Communication with parents regarding routines
 - Assignment of a primary caregiver and continuity of care
 - Partnerships with the state Part C system
- Integrate infant-toddler early learning guidelines, core knowledge and competencies, and credentials into the QRIS.
- Offer financial incentives for participating in the QRIS and/or prioritize infant-toddler providers in tiered reimbursement systems to address the higher cost of providing care for infants and toddlers so that efforts to raise quality do not result in fewer slots for young children.
- Provide infant and early childhood mental health (IECMH) consultation to ECCE programs so that caregivers are better able to support very young children's wellbeing.
- Support family child care networks to provide quality improvement supports and services to family child care programs.
- Expand access to ECCE programs that offer comprehensive child and family supports, such as EHS and EHS-child care partnerships.
- Create new high-quality ECCE programs in areas with limited supply of infant-toddler care and/or offer incentives to existing providers to expand slots for babies.
- Provide supports to existing infant-toddler providers to improve quality.

5) Strategies for Including an Intentional Focus on Infants and Toddlers in Strengthening the B-5 ECCE Workforce (PDG B-5 activity 5)

- Offer workforce preparation and ongoing professional development on infant and toddler development, family and community relationships, cultural competence, and methods for inclusion of children with special needs.
- Provide incentives to infant-toddler caregivers to support their participation in professional development specific to serving babies and toddlers.
- Ensure the full range of infants' and toddlers' needs, and the content and skills caregivers need to support them, are articulated in state core knowledge and competencies.
- Work with institutions of higher education to incorporate infant-toddler content into existing early childhood curricula.
- Establish an infant-toddler credential to ensure individuals caring for infants and toddlers have the specialized knowledge and skills necessary.
- Create an Infant Toddler Specialist Network and/or ensure child care resource and referral staff have expertise in early childhood development so that they can support ECCE programs to deliver high-quality services for infants and toddlers.

- Address compensation disparities within the B-5 ECCE mixed delivery system, with particular attention to infant-toddler caregivers who are typically paid less than those working with older children.
- Ensure workforce development offerings are provided in languages spoken by the ECCE workforce.

Additional PDG B-5 Resources and Support from ZERO TO THREE

In addition to this tool outlining strategies for intentionally focusing on infants and toddlers in PDG B-5, ZERO TO THREE has created the following resources to support states:

- *Making the Case for Babies – Why Infants and Toddlers Should Be A Critical Focus of PDG B-5* – this PowerPoint presentation discusses the science of brain development, what happens when babies don't get a strong start in life, and how the ECCE system can promote babies' healthy development.
- *Including Infants and Toddlers in PDG B-5 Resource List* – this annotated resource list provides links to briefs, tools, and videos that go into detail about how the strategies outlined above can be implemented. It is organized into the same five areas.

All PDG B-5 resources can be found on the ZERO TO THREE website at www.zerotothree.org/pdg. If you are interested in consulting with ZERO TO THREE Policy Center staff about your PDG B-5 grant, please reach out to Barbara Gebhard, Assistant Director of Public Policy, at bgebhard@zerotothree.org.