NCSL State Legislative Report: Analysis of State Actions on Infant and Toddler Care

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Based on a new publication of the National Conference of State Legislatures, this chapter reviews several strategies that states are using to (a) ensure safe and healthy care for infants and toddlers, (b) improve the supply of quality infant and toddler care, and (c) support families with young children. For example, several states have lowered the ratio of children to adults in child care, supplemented Early Head Start funding, and launched innovative provider training and compensation. States have also taken steps to include children with special needs.

The growing number of women in the labor force with children under age 3 has been one of the most significant social changes of the past few decades. Increasingly, very young children are spending part of their day in settings outside of their own home. In 2000, 61% of mothers with children under age 3 were in the workforce (Committee on Ways and Means, 2000). State policymakers are recognizing the importance of a good start for very young children and the long-term value of focusing on programs early in a child's life.

Some states are focusing on children under age 3 when funding school readiness or early learning initiatives. As reflected by a variety of recent state enactments and policy initiatives, a growing state legislative awareness of the early years is emerging. Since infants and toddlers need comprehensive supports, the following discussion focuses on

- ensuring safe and healthy care for infants and toddlers,
- improving the supply of quality infant and toddler care, and
- supporting families with very young children.

Ensuring Safe and Healthy Care

Regulatory Improvements

A national study of center-based infant and toddler care found that more than half of infants and toddlers were in poor quality centers and some 40% of the care provided was of such poor quality that it jeopardized children's health, safety, and development (Cost, Quality and Outcomes Study Team, 1995). To assist states in improving child care licensing standards, the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services funded the development of two guides that states can use to review and improve their licensing standards in several critical areas, including infant and toddler care.

Recognizing the need for higher infant and toddler care quality, some states, such as Florida, Tennessee, Utah, and New York, have strengthened their regulations to require lower child-to-adult ratios. A study of the impact of the Florida law showed benefits, including better child intellectual and emotional development and more teacher sensitivity toward the children in their care (Howes, Smith & Galinksy, 1995). Several other states in recent years have increased the number of licensors in order to improve enforcement and monitoring.

Health Consultation

Some states are recognizing that health consultants from public health or child care resource and referral agencies can provide a range of services including on-site training and technical assistance to promote health and safety in child care. In addition, some states have set up health hotlines for providers and parents. To help train health consultants, the U.S. Maternal and Child Health Bureau funded the National Training Institute for Child Care Health Consultants. As of March 2001, 39 states had participated in the training (National Training Institute for Child Care Health Consultants, 2001). North Carolina combines child care and maternal and child health funds to provide grants for hiring health consultants for infant and toddler child care.

Inclusion of Children with Special Needs

Several states have taken important steps to include children with special needs, including increasing reimbursement rates, providing disability coordinators in resource and referral agencies, and providing special funding for equipment to meet licensing standards. Examples include legislative action in Illinois, inclusive services in Hawaii, and provider training funds in Washington, DC. Yet there continues to be a need for additional supports, such as training and consultation for child care providers to be able to help screen very young children and provide both prevention and intervention services.

Improving Quality and Supply

Early Head Start

Created in 1995, the federal Early Head Start Program, currently funded at $558 million, provides comprehensive services including health, education, and family support services through home-based and center-based programs to poor families with infants and toddlers.

Early Head Start, consisting of more than 600 community-based programs serving 45,000 children, has yielded positive benefits for children.

Six states use either state or federal welfare dollars to supplement Early Head Start.

As with the Head Start preschool program, states have begun to invest in Early Head Start expansion. According to the National Center for Children in Poverty, six states use either state dollars or federal welfare funds to supplement Early Head Start, including Kansas, Missouri, North Dakota, North Carolina, Minnesota and Oklahoma. The Kansas Legislature and the Missouri General Assembly each invested $5 million in Early Head Start (Kansas Department of Social and Rehabilitative Services, 1999). Nevada and New Mexico have also expanded the program.

Provider Training and Support

Because the relationship between infants and toddlers and their providers is one of the most important ingredients of quality child care, state leaders are looking to increase support for training and appropriate compensation. Using the federal Child Care and Development Block Grant and other funds, states have established innovative training and compensation initiatives for center and family child care, friends, and relative providers.

States such as Georgia and Rhode Island have funded specialized training for infant and toddler providers, Montana links such training to higher compensation, and Oregon requires training about healthy brain development in the first three years of a child's life. Other states, such as Delaware and New Hampshire, have integrated specialized college course credits for training in infant and toddler care. Some states, such as Wisconsin and Wyoming, have established credentials for infant and toddler care staff.

Because the provider is one of the most important ingredients in quality child care, states are supporting training and compensation initiatives.

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