State Policies and Practices Supporting Child Care for Infants and Toddlers

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Gary Resnick, Meghan Broadstone, Heidi Rosenberg, and Sarah Kim

Importance of the First Three Years

The first three years of life are critical for children's development, but programs designed to improve developmental outcomes for these very young children often take a back seat in policy discussions that focus on school readiness and best practices for preschool-aged children. Research has clearly demonstrated the critical importance of high-quality care focused on parent-child as well as parent-caregiver interactions during children's earliest years,[i] particularly for children whose families face challenges related to poverty and other adverse conditions. Providing low-income working families with access to high-quality care for their infants and toddlers also increases the likelihood that the children will be healthy and will enter kindergarten ready to succeed. Research evidence for the association between quality infant and toddler care and language and other cognitive benefits is strong.[ii] From a financial standpoint alone, the return on investment in early childhood education ranges from three to seven dollars saved for every dollar spent.[iii]

This research brief, which is derived from a larger study on collaboration among early care and education programs at the state and local levels, summarizes states' policies, practices, and regulations specifically designed to support early care and education programs for infants and toddlers (that is, children from birth through age three). The information reported in this brief comes from publicly available data sources as well as from state child care administrators, who are charged with administering the federal Child Care and Development Block Grant (CCDBG) at the state level. The CCDBG is a federal funding stream that provides financial assistance to offset the cost of child care for low-income working parents (as well as those who attend job training or education programs).[1] Programs for infants and toddlers face unique challenges, and state Child Care and Development Fund (CCDF) Administrators are in a key position to identify and adopt statewide policies, practices, and regulations that can affect the quality of, and access to, infant and toddler care. Thus, CCDF Administrators' perceptions about the policies and practices that affect infant and toddler care can help to inform practitioners, policy makers, and researchers about which critical issues to address in order to better serve very young children and their families.

[1] The Child Care and Development Block Grant, also known as the Child Care and Development Fund, is administered by the Office of Child Care (OCC) within the Administration for Children and Families, U.S. Department of Health and Human Services. OCC administers the Child Care and Development Fund and works with state, territory, and tribal governments to "provide quality developmental support for children and their families struggling to juggle work schedules with participation in child care programs that fit household needs while preparing children to succeed in school" (OCC, ACF, undated). Low-income parents who are in job training programs or in school are also eligible to receive child care subsidies.

The Current Landscape of Infant and Toddler Child Care

Child care for infants and toddlers faces challenges that are less likely to be found in programs serving preschool-aged children. Despite high levels of demand for infant and toddler child care from working parents, there is often limited supply. A study of 13 economically disadvantaged communities found that slots in licensed or regulated centers and family child care homes for infants and toddlers were in short supply.[iv] One reason for this limited supply relates to the difficulties providers face in meeting regulatory requirements for serving very young children. For example, programs serving infants and toddlers are required to maintain a higher caregiver-to-child ratio than are programs that serve older children, which increases programs' operating costs, makes care for this age group more expensive than preschool care, and creates financial barriers for parents and programs alike, thus making such care less available.[v] In addition, providers often lack specific training for working with this age group.[vi] The average cost of full-time infant care ranges from approximately $4,560 to over $16,500 a year, depending on where a family lives and the type of care.[vii] Thus, the care that is available can be difficult to afford for even middle-class families, let alone working-class or low-income families. Overall, access to high-quality early care and education is far from universal, and is often out of reach for low-income families.[viii]

Nearly half (49%) of children under age three—5.6 million infants and toddlers—live in low-income families (families with incomes under 200% of the federal poverty level).[ix] Each month, over 400,000 children under the age of three receive child care subsidies through the CCDBG.[x] These infants and toddlers receive care through child care centers, family child care providers, and a variety of other provider types.[2] The child care subsidies are designed for low-income working parents to access full-day child care so parents can participate in the workforce and/or job training and education programs. Aside from CCDF child care subsidies, low-income parents with very young children are often eligible to receive child development and family support services through programs such as Early Head Start, home visiting services sponsored by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grant, and other community-based family support programs.[3]

While CCDF subsidies help low-income families to access child care that meets their scheduling needs, the quality of providers serving infants and toddlers varies widely. Infant and toddler child care programs in many states are lower in quality than Early Head Start programs and, overall, programs for infants and toddlers tend to be lower in quality compared with those focused on preschool-aged children.[xi] Historically, federally-subsidized child care has been designed more to address the workforce participation needs of low-income parents than to provide enrichment that specifically promotes their young children's health and development. Despite growing awareness of the importance of quality, until recently, the CCDBG Act only required states to set aside a minimum of 4% of their funds for quality improvement efforts.[4]

There are a number of high-quality specialized programs for infants and toddlers that employ evidence-based strategies for improving parent-child relationships and families' overall health and well-being. For example, high-quality home visiting programs provide services for at-risk families and communities to improve a range of outcomes including maternal and child health, child development, and child maltreatment.[xii] Early Head Start, which serves pregnant women and children from birth to age three, provides both home-based and center-based programming to help support very young children's healthy development. Yet despite the recognized need for

[2] Less commonly, children receiving child care subsidies receive care in a group home or in their own home.
[3] MIECHV provides funding for states to develop and implement evidence-based home visiting programs for at-risk families.
[4] The new reauthorization of the CCDBG Act, passed in 2014, increases the minimum quality spending requirement from 4 to 9% (to be phased in over a 5-year period, beginning FY 2016). In addition, beginning FY 2017, the reauthorized CCDBG Act will require an additional 3% quality set-aside specifically for infant and toddler quality improvements. For more information, see: http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq.

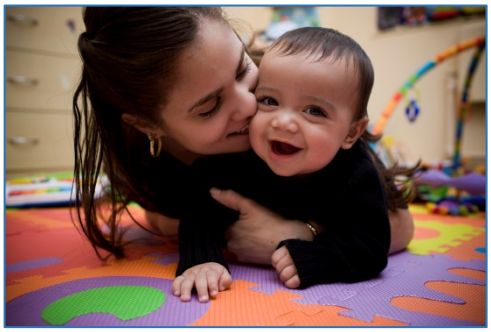
high-quality infant and toddler care, access to such providers and programs lags far behind available access for preschool-aged children. For example, while 42% of eligible children between the ages of three and five are served by Head Start, only 4% of eligible infants and toddlers are served by Early Head Start.[xiii]

In summary, the key challenge for infant and toddler programs, particularly those serving low-income families who use child care subsidies to offset the cost of care, is to increase the supply of infant and toddler slots while at the same time improving the quality of the care provided to these very young children.

Efforts to Improve Infant and Toddler Care

In recent years, federal and state policies have focused on increasing the overall number of infant and toddler child care slots and the quality of care that these very young children receive. A number of states have implemented innovative policies to create more coordinated, comprehensive systems of care for infants and toddlers.[xiv] At the same time, there has been increased attention on collaborations between child care and Early Head Start (EHS), with the aim of improving the quality of infant and toddler care. The national evaluation of EHS reported statistically significant, positive impacts on standardized measures of children's cognitive and language development for participating children.[xv] Early Head Start children were significantly less likely than control group children to score in the at-risk range of developmental functioning in these areas, suggesting that EHS may be reducing these children's risk of poor cognitive, language, and school outcomes for the future. There also were positive impacts of EHS on children's social-emotional development and on parenting outcomes. However, these impacts were relatively modest, and additional measures may be needed to improve EHS outcomes.

Recent efforts to promote partnerships between infant and toddler programs and EHS may help promote positive outcomes for infants and toddlers by improving families' access to infant and toddler slots in high-quality programs. In 2014, the Administration for Children and Families' Early Head Start-Child Care Partnerships grants awarded $500 million in order to increase families' access to high-quality infant and toddler child care that meets the Head Start Program Performance Standards. A previous initiative, the Early Head Start for Family Child Care Project, expanded EHS into more family child care homes and assisted providers to improve quality in those settings.[5]



Other policies can help increase access to, and the quality of, infant and toddler programs. One method to improve access involves increasing providers' capacity to serve infants and toddlers through policies that provide financial incentives for infant and toddler providers. This may help increase the number of infant and toddler slots that providers offer. Another policy to increase access consists of providing financial incentives for existing providers of care for preschool-aged children to begin offering care for infants and toddlers. Finally, to improve the quality of infant and toddler programs, states are beginning to establish policies to provide incentives to improve the training and educational qualifications of the workforce in caring for very young children.[xvi] Additionally, some new initiatives involve states partnering with two-year and four-year colleges to articulate coursework and practicum experiences geared toward care for infants and toddlers. Thus, state-level policies and programs may be fruitful avenues for improving access to, and the quality of, early care and education programs for infants and toddlers.

[5] For more information on the Early Head Start for Family Child Care project, please see http://www.mathematica-mpr.com/~/media/publications/PDFs/earlychildhood/ehs_fcc_evalrpt.pdf.

Analytic Goals

As part of the Child Care Collaboration Study, EDC researchers collected and analyzed data related to the extent to which states use various policy levers or regulations that are designed to improve early care and education programs for infants and toddlers. These descriptive analyses were designed to identify potentially promising strategies that states can initiate, including

- providing specialized infant and toddler training for providers,
- providing ongoing technical assistance to infant and toddler providers,
- offering an infant/toddler child care professional credential,
- increasing the number of infant and toddler specialists,
- developing infant and toddler early learning guidelines,
- supporting EHS-child care partnerships,
- offering higher "incentive" subsidy reimbursement rates for infants and toddlers,
- providing tiered reimbursement linked to higher quality care, and
- providing funds for infant and toddler equipment and facilities enhancements.

In addition, the analyses explored barriers that states may face in increasing the supply and quality of infant and toddler care, as well as factors that may enable implementation of initiatives to assist early care and education programming for infants and toddlers.

Methods

EDC researchers examined state-level policies and programs for infant and toddler child care, using both quantitative and qualitative approaches. The research team sent an online survey to 52 state and territory CCDF Administrators[6] and received 48 responses, for a response rate of 92%. In addition to the survey, the research team conducted content analyses of publicly available reports, particularly the 2014–2015 CCDF state and territory plans (referred to as "CCDF state plans") and the National Center for Children in Poverty's state profiles of policies for infant and toddler care. The research team examined selected sections from the CCDF state plans regarding the CCDF lead agency's policies related to infant and toddler care and identified specific themes across the state plans. Because the amount of detail varied widely in the CCDF state plans, the full range of infant and toddler-focused policies and programs that CCDF lead agencies have enacted may not be represented in this brief.

Findings

Analyses of CCDF State and Territory Plans

In the CCDF state plans, CCDF lead agencies were asked to report how they planned to use their minimum 4% set-aside of funds for improving quality, of which some were targeted for infant and toddler care. The research team analyzed lead agencies' descriptions of the activities they planned to support with these funds and categorized whether funds were described as being used for the following purposes:

[6] While there are CCDF Administrators in 56 U.S. states and territories, the Child Care Collaboration Study focused on the states and territories that also contained a Head Start State Collaboration Office, which narrowed the number of possible respondents to 52 (the 50 states plus the District of Columbia and Puerto Rico).

- Investing in screening/assessment tools designed for infants and toddlers
- Increasing the number of infant and toddler specialists in the state
- Providing professional development specific to the needs of infants and toddlers
- Allowing funds to be used as additional "incentive dollars" to be added to the typical reimbursement rate for infant and toddler child care slots[7]

The majority of states (77%) reported that they planned to use quality set-aside funds to invest in professional development targeted for the needs of infants and toddlers. One-fifth of the states, or fewer, planned to invest in the other three listed strategies for improving infant and toddler care. It is notable that the second-largest percentage of states (21%) planned to invest in screening or assessment tools for infants and toddlers, which may reflect states' increasing interest in being able to identify children with special needs as early as possible, or to track children's developmental outcomes.

In their state plans, CCDF lead agencies also reported on their implementation of two specific strategies designed to improve the quality of infant and toddler care in their state: (a) whether the lead agency has quality standards with provisions about the care of infants and toddlers, and (b) whether (and in what form) lead agencies provide targeted training and technical assistance related to infant and toddler care. Most states indicated that they implemented both of these strategies, although a larger percentage (92%) reported that they provided targeted training and technical assistance related to infant and toddler care than did those who reported that their quality standards have provisions for the care of infants and toddlers (71%). The types of targeted training and technical assistance reported by states primarily involved training (92%), followed by on-site consultation (90%), and the provision of information or written materials (88%).

Findings from Other Existing Data Sources

In addition to reviewing the CCDF state plans, the research team also examined other secondary data sources to identify state policies designed to promote high-quality infant and toddler care. One source consisted of the Early Childhood Profiles series, produced by the National Center for Children in Poverty, which features state-specific data related to states' allocations of state or federal funds for infant and toddler care. For example, the Early Childhood Profiles identify whether state or federal funds were allocated for a network of infant/toddler specialists within states; whether states had early learning standards for infants and toddlers in place; and whether states offered an infant/toddler child care credential.[xvii] Based on the most recent data compiled by CLASP (Center for Law and Social Policy)[xviii] and the National Association for Regulatory Administration,[xix] and reported by the National Center for Children in Poverty, we determined that

- 88% of states had early learning standards or developmental guidelines for infants and toddlers,
- 51% of states allocated state or federal funds for a network of infant and toddler specialists to assist child care providers,
- 45% of states required, through regulation, infants and toddlers in child care centers to be assigned to a consistent primary caregiver, and

[7] Note that CCDF lead agencies were not asked to indicate whether they were using funds for these specified reasons, but rather were prompted by the plan's guidance to describe what they planned to do with such funds. The research team coded their responses according to a list of the most commonly mentioned set of activities across all CCDF state plans. As the degree of detail provided in this section of the plans varied across states, it is possible that states were using funds for one or more of these specific purposes but did not provide this information in their plan.

- 43% of states have an infant/toddler credential.

Analyses of the National Survey of CCDF Administrators

As part of the larger Child Care Collaboration Study, the research team administered an online survey to CCDF Administrators across the country.[8] The following results are based on CCDF Administrators' responses to survey items related to infant and toddler policies and actions.[9] Analyses of the survey data complemented the information obtained from the CCDF state plans and other secondary sources.

The research team asked CCDF Administrators about the significance of a series of policies, practices, or regulations that could help to increase the supply of high-quality infant and toddler care.[10] Respondents rated the significance of these actions, from "most," to "somewhat," to "less" significant. The list of policies, practices, or regulations was based on existing research[xx] and input from experts in the field[11] about the factors that influence the supply and quality of infant and toddler care, and included the following actions:

- Provide specialized infant and toddler training for providers.
- Provide ongoing technical assistance to infant and toddler providers.
- Offer an infant/toddler credential.
- Increase the number of infant and toddler specialists.
- Develop infant and toddler early learning guidelines.
- Support EHS-child care partnerships.
- Offer higher "incentive" subsidy reimbursement rates for infants and toddlers.
- Provide tiered reimbursement linked to higher quality care.
- Provide funds for infant and toddler equipment and facilities enhancements.

Figure 1, below, summarizes the percentage of CCDF Administrator respondents (each of whom represents a specific state or territory)[12] from the national survey that identified each action as "most significant." Three of the nine factors received ratings of "most significant" from over half of the respondents. Policies, programs, or regulations related to providing more money, including higher reimbursement rates and higher subsidy rates for infant and toddler care, were rated as "most significant" by a majority of respondents (75% and 57%, respectively). Additionally, actions linked to improving *quality*, such as technical assistance and specialized training to providers, were rated "most significant" by half or close to half of all respondents (50% and 45%, respectively). This finding is consistent with the emphasis from CCDF state plans on providing training and technical assistance, noted earlier.

[8] For the full Child Care Collaboration study, the research team surveyed three groups of state-level early care and education leaders: CCDF Administrators, Head Start State Collaboration Office Directors, and state Early Childhood Specialists. However, only the CCDF Administrators' version of the survey contained questions about infant and toddler policies and actions.
[9] Percentages reported in this section were based on the number of valid, non-missing responses.
[10] Note that CCDF Administrators were asked to rate how significant they thought each policy, practice, or regulation could be in increasing the supply and quality of infant and toddler care. The survey did not capture whether the policies, practices, or regulations listed had actually been enacted within a given state.
[11] Experts included Diane Schilder, Senior Research Scientist at EDC, as well as members of the Child Care Collaboration Study's advisory board, which was composed of researchers and practitioners with expertise in early care and education.
[12] Note that respondents represent individual states and territories, since there is only one CCDF Administrator per state or territory.

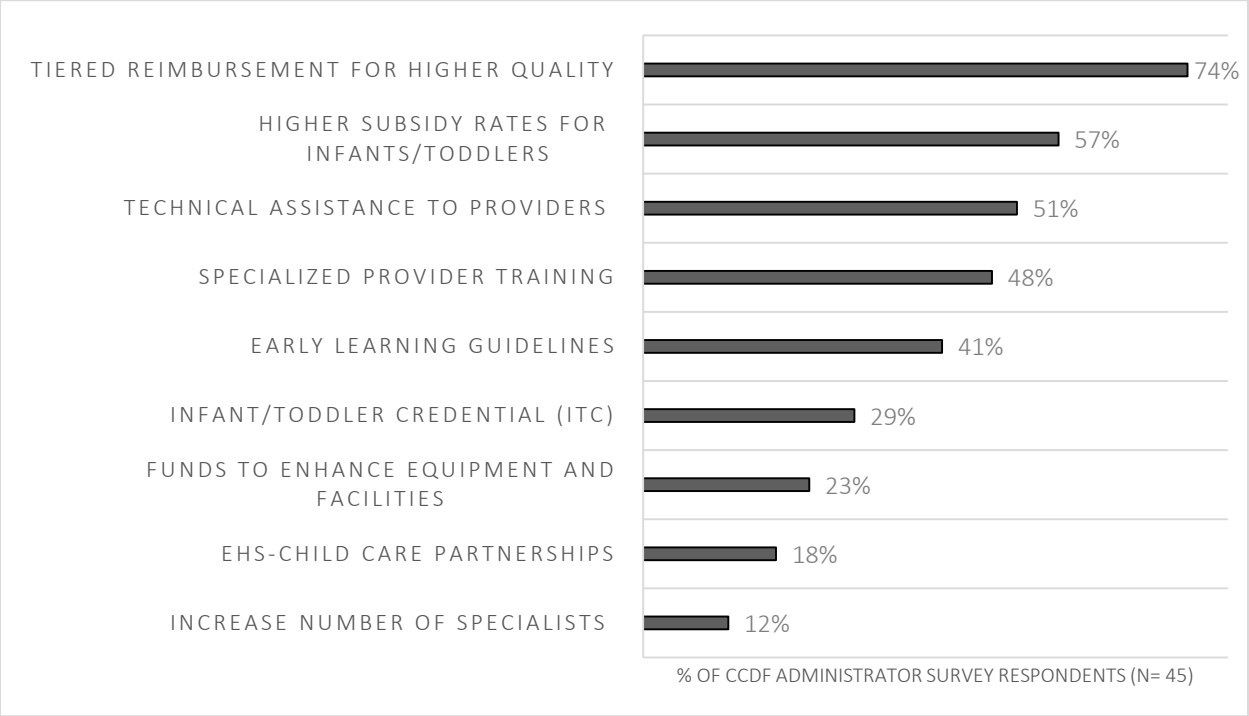


Figure 1. Actions to improve infant and toddler care rated "most significant."

CCDF Administrators were least likely to rate EHS-child care partnerships and increasing the number of infant and toddler care specialists as the "most significant" state policies, practices, or regulations (18% and 11%, respectively). The relatively low percentage of CCDF Administrators who ranked EHS-child care partnerships as "most significant" is notable, given the recent large investment ($500 million) in such partnerships by the Administration for Children and Families through its EHS–Child Care Partnerships grants.[xxi] As the money flows to eligible grant recipients in states, it will be interesting to examine whether CCDF Administrators change their perceptions of the importance of EHS–child care partnerships as a significant influence on increasing the supply of high-quality infant and toddler care.

The survey also included a list of commonly perceived barriers that may limit families' access to high-quality care for infants and toddlers. CCDF Administrators were asked to rate these barriers as "most significant," "somewhat significant," or "less significant" (Figure 2, below).

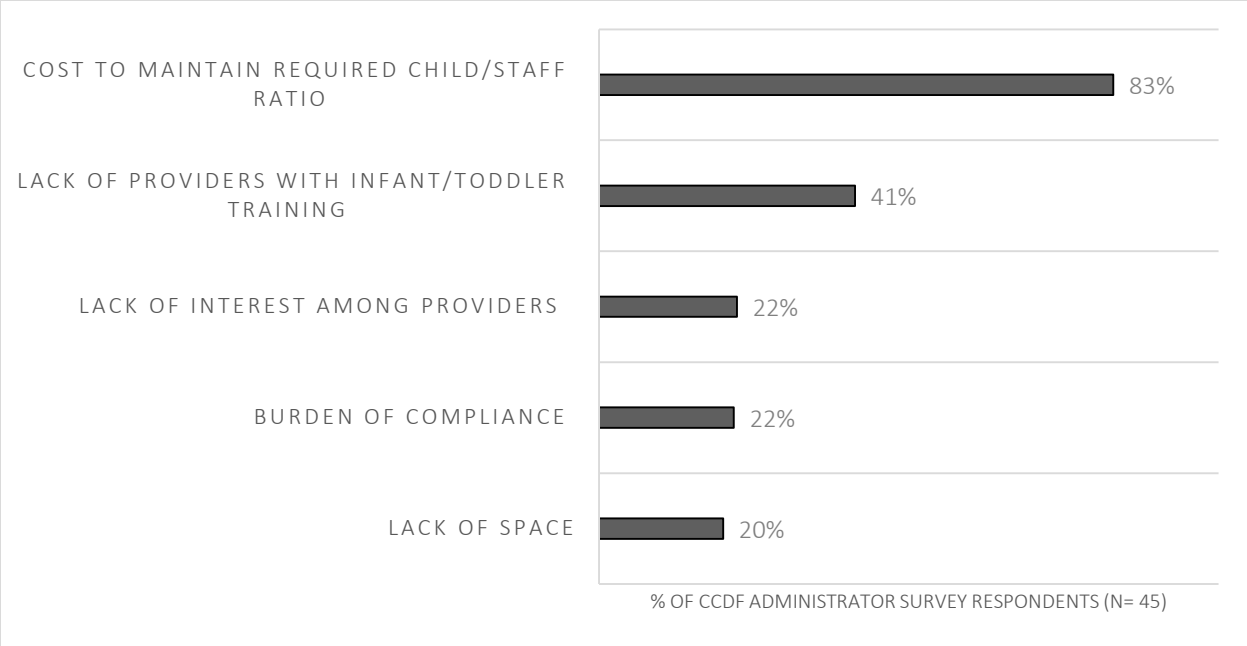


Figure 2. Barriers to improve infant and toddler care rated "most significant."

The barrier rated by the largest majority of CCDF Administrators (83%) as "most significant" was the cost to maintain the required child-staff ratio, followed by the lack of providers with infant and toddler training (41%). Barriers rated as "most significant" by relatively fewer respondents (22% or less) included (a) the lack of interest among providers in serving infants and toddlers, (b) the burden of compliance—such as additional regulations and paperwork involved in serving infants and toddlers—and (c) the lack of space suitable for infant and toddler care.

Additionally, 29% of CCDF Administrators indicated that their agency offered additional monetary incentives (e.g., higher reimbursement rates) to increase the supply of infant and toddler care, over and above the already-higher reimbursement provided for this age group. It should be noted that even though less than one-third of states reported that they provide this incentive, increased "incentive" subsidy rates were ranked second-highest among the policies, programs, and regulations that CCDF Administrators felt would help to increase the supply of high-quality infant and toddler care. Despite the rated importance of higher reimbursement rates among CCDF Administrators, many states were not yet offering these incentives.

Future Directions

The findings presented here are part of a larger study that aims to understand collaboration and its influence on increasing low-income families' access to, and the quality of, early care and education programs. This report focuses on the unique needs and issues related to child care for infants and toddlers. The findings from this analysis of state policies, practices, and regulations may provide potential strategies that states can adopt to improve access to, and the quality of, early care and education for their youngest children. In particular, the findings reported in this brief may be useful to the Infant and Toddler Specialists who serve as regional training and technical assistance providers through the Office of Child Care's State Capacity Building Center. These Infant and Toddler Specialists work directly with CCDF Administrators and other grantees to help states identify and implement policies and practices that can improve low-income families' access to, and the quality of, programs serving infants and toddlers.

As the Child Care Collaboration Study moves forward, the research team will continue to examine the context of care for infants and toddlers in two states (Vermont and Maryland), including the nature of state- and local-level collaborations and partnerships that may leverage policies, programs, and regulations to improve access to, and the quality of, infant and toddler care at the local level.

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For more information about the Child Care Collaboration Study, please contact co-Principal Investigators Gary Resnick at gresnick@edc.org and Meghan Broadstone at mbroadstone@edc.org.

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