

Infant and Toddler State-Level Caregiver Training and Workforce Initiatives: A Massachusetts Capacity Study Report



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Introduction and Background

Over the past decade there has been a renewed energy within the early education and care field behind efforts to strengthen the qualifications and quality of those working directly with children. Those efforts have been intensified as a result of three major factors:

Brain Development Research - In the late 1990's a plethora of research on early childhood brain development emerged, much of which made the case for high quality early care and education opportunities for infants and toddlers, including the National Research Council's *From Neurons to Neighborhood: The Science of Early Childhood Development* and the federal Department of Education's *Eager to Learn: Educating Our Preschoolers*. Both documents make a compelling case that high quality child care for infants and toddlers has long term benefits.

An Increased Focus on Quality - That research and the resulting national, state, and local initiatives have led to a number of efforts to improve the qualifications and quality of the workforce currently caring for infants and toddlers in early care and education settings, including center-based programs and family child care homes. While some studies, particularly those based on brain development, focused more intently on the first three years of life, others (NICHD, Cost/Quality, Abecedarian) made the case for improving access to high quality education for children birth through preschool. State administrators and those in the field began focusing on quality improvement for all ages, including the development of a stronger workforce. In addition to workforce development initiatives through the Early Head Start program, some states are using Child Care and Development Fund quality set-aside dollars (including the infant-toddler set-aside) for workforce development. In fact, according to the Child Care Bureau over 90% of states and territories use the earmark to support professional development. [Source: Administration for Children and Families/Child Care Bureau, *Keys to High Quality Child Care for Babies and Toddlers: CCDF Quality Infant/Toddler Earmark*, updated July 27, 2004]

Expanding Resources for Early Education - At the same time, a national focus on the expansion of pre-k programs emerged and created new resources for quality improvement that, while they were focused specifically on programs for pre-school aged children, inevitably also reached programs serving infants and toddlers. In Illinois, for example, law-makers established an infant and toddler earmark within any new funding allocated for expanding pre-kindergarten programs. The success of the Early Head Start Program has also provided new opportunities to create and strengthen training and workforce development initiatives specifically targeted to those caring for infants and toddlers.

This report of the Massachusetts Capacity Study describes four models of infant/toddler workforce initiatives used by different states, and then addresses the specific Massachusetts initiatives and opportunities.

Models of Infant/Toddler Workforce Initiatives

In September 1998, the National Child Care Information Center sponsored a Leadership Forum on Quality Care for Infants and Toddlers. Among the recommendations that emerged were improving licensing and regulatory standards, including staff qualifications; raising the level of training expected of all infant/toddler caregivers; and increasing compensation and benefits to the infant/toddler workforce. These strategies are reflected in previous and subsequent efforts at the national, state, and local levels in infant/toddler workforce initiatives. The models outlined below are by no means the only strategies for building the infant/toddler workforce. They are, however, the approaches that emerged most frequently in exploring this topic nationally.

I. Model 1: State Training Initiatives

Among the most popular approaches to improving the qualifications of those working directly with infants and toddlers is to provide voluntary or mandatory training opportunities. These opportunities take a variety of forms as illustrated by the examples below:

The Conrad N. Hilton Foundation, the federal Head Start Bureau, and the California Institute on Human Services (CIHS) at Sonoma State University have formed a partnership to provide a national series of trainings designed specifically to help Early Head Start (EHS) and Migrant and Seasonal Head Start (MSHS) Programs work more effectively with infants and toddlers who have significant disabilities, and with their families. The initiative requires that teams from individual EHS and MSHS programs, including parents and administrators, participate in the training, which are a combination one-time off-site trainings and ongoing trainings at the program. The Hilton/Early Head Start Training Program serves EHS and MSHS programs in all 50 states, Puerto Rico and the District of Columbia. [sources: National Center for Children in Poverty web site (www.nccp.org), Hilton/Early Head Start Training Program web site (<http://www.specialquest.org/>)]

Some states have opted to use Child Care and Development Fund Dollars and state dollars to provide private training and train-the-trainer opportunities through educational organizations such as WestEd. WestEd is a national non-profit organization specializing in educational research, development and services. In the early childhood field WestEd, and other organizations like it, provide widely used curricula and strategies for improving the quality of education and caregiving. In particular, WestEd's Program for Infant/Toddler Caregivers (PITC) is widely used throughout the country. For example, PITC is being used statewide in California through the system of Community Colleges. In rural regions, PITC's "train the trainer" program allows states to invest in an infrastructure that will reach providers in remote areas. South Dakota's Department of Social Services, Iowa State University, and the North Dakota Department of Health and Human Services (in partnership with area Tribes and the North Dakota State University) all use PITC-trained individuals to reach providers caring for infants and toddlers. Training programs like those offered by WestEd can also be offered through resource and referral agencies, and can be financed through a combination of federal infant/toddler or quality set-aside dollars, additional state dollars, and private funds. The weakness of the training model is that while it provides high quality training to individuals, unless it is a regulatory staff qualification requirement the impact is not systemic. In several states, however, PITC and other training programs are provided through a system of infant and toddler specialists, who are also available to provide other technical assistance. [Sources: National Child Care Information Center, *Quality Care for Infants and Toddlers, Seven strategies to improve infant/toddler care: Possible approaches for states, tribes and communities*, September 1998 (www.NCCIC.org/pubs/qcare-it/); WestEd, Program for Infant/Toddler Caregivers

(<http://www.pitc.org/>)].

II. Model 2: Financial assistance or incentives for increased education

Among the most replicated policy initiatives related to professional development and compensation for early childhood teachers, including those who care for infants and toddlers, is North Carolina's T.E.A.C.H. and WAGE\$ combination. North Carolina's Teacher Education And Compensation Helps (T.E.A.C.H.) Early Childhood Project was launched in 1990, and has since been replicated in 21 other states. The T.E.A.C.H. initiative is attractive as a policy because it addresses the needs of the individual and the field by linking scholarships, educational attainment, increased compensation, and a commitment by the participant to remain in the field for a minimum amount of time (retention). Its companion piece, WAGE\$, began in North Carolina in 1994, and has since been replicated in Oklahoma, Florida, and Kansas. WAGE\$ focuses more directly on retention and low wages, by providing monetary rewards for increased education and job permanency.

While T.E.A.C.H. and WAGE\$ have been replicated as model programs, and have had an impact on the careers of infant and toddler teachers, they are not targeted specifically to infant and toddler teachers and do not always provide special incentives for professionals serving that age group. In North Carolina, however, the Division of Child Development does set aside a portion of T.E.A.C.H. funds for those serving infants and toddlers, and access to the T.E.A.C.H. Health Insurance Program is also available to those caregivers. In this state, as well as in Wisconsin and Minnesota, CCDF Quality Infant/Toddler earmark funds were used to support infant and toddler providers' participation in the T.E.A.C.H. program. [Source: Administration for Children and Families/Child Care Bureau, *Keys to High Quality Child Care for Babies and Toddlers: CCDF Quality Infant/Toddler Earmark*, updated July 27, 2004]

In 2000-2003, the First 5 California Children and Families Commission implemented an incentive program in two counties (Alameda and San Francisco), then in an additional 40 counties, providing child care staff with stipends based on longevity in their jobs and educational attainment. Although again this program was not specifically targeted to infant and toddler workforce, more than 60% of the individuals participating worked with infants and toddlers. The program provided stipends ranging from \$475 to \$6,700, based on staff's educational levels and additional training and development.

Another approach to professional development in the early care and education field is the development in several states of Career Ladders – systems of training that assist professionals with progressing professionally, sometimes tied to salary increases or stipends. For example, the Utah Department of Workforce Services provides cash incentives to the early care and education workforce through its career ladder initiative. As part of this system, the state provides an infant and toddler “endorsement,” which adds a \$100 bonus to the stipends tied to each of its career ladder certification levels. Infant and Toddler teachers must participate in 40 hours of specialized training through local child care resource and referral agencies in order to receive the endorsement. [source: Utah Department of Workforce Services web site (<http://jobs.utah.gov/occ/Training/ladder.pdf>)]

Montana took a slightly different approach in its Infant Toddler Demonstration Project, awarding providers who completed the Infant/Toddler Certification program a wage stipend based on the number of infants and toddlers in their direct care. [Source: Administration for Children and Families/Child Care Bureau, *Keys to High Quality Child Care for Babies and Toddlers: CCDF Quality Infant/Toddler Earmark*, updated July 27, 2004]

III. Model 3: Higher Education Initiatives

In some states and localities, institutions of higher education have taken the lead or collaborated with state or local government to provide workforce development opportunities for infant and toddler caregivers. In some cases those partnerships combine the efforts of colleges or universities with state training initiatives. In California, for example, PITC has trained trainers then located them at community colleges to provide more local access to training. [Source: NCCIC, *Quality Care for Infants and Children, Seven strategies to improve quality in infant/toddler care: Possible approaches for states, tribes and communities*, September 1998]

In some states, including Maine and New York, institutions of higher education have developed curricula and certificate programs specific to caring for and educating infants and toddlers. For example the State University of New York, Empire State College has offered a 12-credit program since 1998 at various locations across the state. Professionals completing the program, which is funded by the New York Office of Children and Family Services, receive an Infant/Toddler Certificate. Similarly, the Kennebec Valley Community Action Program, Southern Kennebec Child Development Corporation and the University of Maine Center for Community Inclusion have developed the Early Start Infant-Toddler Curriculum, which provides 120 education hours toward the CDA Infant-Toddler credential, as well as nine associate degree credits in early childhood education through the state's technical college system.

In New Jersey, Kean University plays a slightly different role, providing a higher education resource center for those providing care and education to infants and toddlers. The DART Center for Infants, Toddlers, and Families supports "training for Early Head Start, infant/toddler CDA and group teacher credentials, [as well as] a Mentor Teacher Supervisory training of trainers." [Source: National Infant & Toddler Child Care Initiative at Zero to Three Database (<http://www.nccic.org/itcc/>)]

In more rural areas, the early care and education community has employed technology to make higher education and training more accessible to infant and toddler teachers. For example, in Nebraska the Nebraska Department of Education, Nebraska Education Telecommunications, Nebraska Health and Human Services have collaborated to provide on-line training and technical assistance through the First Connections project. The goals of First Connections include improving the quality of infant and toddler care, improving the continuity of care through workforce retention, and increasing the professionalism among Nebraska's infant and toddler caregivers. [Source: First Connections web site (<http://www.firstconnections.nde.state.ne.us/project.htm>)]

IV. Model 4: Regulatory Requirements

Finally, some states opt for a more regulatory approach to developing the infant and toddler caregiver workforce. In these cases, those working with infants and toddlers are required to access higher education or additional training in order to meet state qualification standards. For example, in Michigan teachers are required to access a number of continuing education units or college education credits to qualify as an infant or toddler teacher or lead teacher. This approach has been used on the federal level as well. Early Head Start teachers must have the CDA Credential for Infant/Toddler Caregivers or a comparable credential within one year of hire. [Source: NCCIC, *The Quest for Quality in Infant/Toddler child Care: Elements and Indicators*, prepared by Zero to Three]

States have designed and implemented countless variations on the models outlined above, with varying degrees of success. California's Child Care Retention Incentive (CRI) described above, for example, was evaluated by Policy Analysis for California Education (PACE) at the University of California, Berkeley. PACE researchers found that CRI participants in two counties (San Francisco and Alameda) were significantly more likely to take early childhood and other higher education courses than staff who didn't receive the CRI stipend. They were also more likely to earn new or higher level Child Development Permits from the state. [*Training and Retaining Early Care and Education Staff (6710): Bay Area Child Care Retention Incentive Programs Evaluation*, Policy Analysis for California Education, October 2003].

The United States Military Child Care System has also seen some success in using a combination of resources, incentives, and regulation to raise the qualifications of its early childhood teachers, while improving wages and reducing turnover. Consistently, however, the Military System has found that key to the effectiveness of its initiatives are their universality, and the commitment of sufficient financial resources – neither of which states have been able to successfully replicate in their workforce development initiatives. [Source: The Urban Institute, *Improving Child Care Quality: A Comparison of Military and Civilian Approaches*]

While these findings are promising, the majority of workforce development efforts involving the infant and toddler child care work force have not been sufficiently evaluated to document effectiveness.

Massachusetts Infant Toddler Workforce Initiatives

Massachusetts – through the Department of Early Education and Care and the higher education community – currently offers a variety of professional development opportunities for those teaching and caring for infants and toddlers. Although initiatives at the state level are not as comprehensive as some of the models described above, there are examples of each model in place in the Commonwealth:

Training Initiatives: The Department of Early Education and Care supports through state funding a variety of training through the Massachusetts Child Care Resource and Referral Network. Trainings specific to infant and toddler care are available through Resource and Referral agencies statewide, including 40 hours of Infant/Toddler coursework through its distance learning program. [source: Massachusetts Child Care Resource and Referral Network (http://www.masschildcare.org/prof_dev.html)]

Financial Assistance and Incentives: In 2000, the Massachusetts Office of Child Care Services¹ \$25M through legislation to administer a subsidy rate increase that creates a series of quality improvement "tiers" for programs accepting child care subsidies from the Office. In order to receive the subsidy rate increase, programs are required to participate in the Literacy Curriculum Development for School Readiness Tier in order to participate in the other optional tiers. The Literacy Curriculum Tier requires the program to document their curriculum that relates to literacy development. The other three tiers are tied to requirements for program improvement through a self-assessment process, staff salary incentives for professional development, and the willingness of the program to participate in a longitudinal study. Of the programs successfully surveyed through the latter, 93% of the tiered program participants offered monetary reimbursement and/or salary incentives tied to staff development. Participation

¹ The functions of the Massachusetts Office of Child Care Services (OCCS) were combined with those of the Early Learning Services Division (ELS) at the Department of Education in the new Department of Early Education and Care (EEC), as of July 1, 2005. We use OCCS to refer to initiatives in place prior to July 1, 2005.

in the salary incentive for staff development included short-term off-site trainings (59% of respondents), college courses/non-degree (22%), college courses toward CDA (20%), and college courses toward AA (19%) and BA (17%) degrees. Some programs also tied higher educational attainment to salary increases. 66% (281) programs who responded to the survey serve infants and toddlers; however, the exact number of infant and/or toddler staff who benefited from participation in the salary incentive program is not clear.

Higher Education Initiatives: Individual public colleges and universities offer Massachusetts infant and toddler caregivers the opportunity to receive credentials and certification specific to their work. For example, Quinsigamond Community College's program in Early Childhood Education offers coursework leading to an Infant/Toddler Certificate.

Licensing and Regulatory Requirements: Massachusetts child care licensing regulations require that teachers and lead teachers working with infants and toddlers must have a minimum amount of coursework specific to that age group. Alternatively, individuals can qualify as infant and toddler teachers by achieving the Department of Public Health's Early Intervention Specialist Certificate (described below.) The Department of Early Education and Care (EEC) also offers an infant/toddler teacher Certification. Lead Teachers who qualify can be certified in Infant and Toddler Education, and can have their records kept on the Commonwealth's Teacher Qualifications Registry.

In addition, the Massachusetts Department of Early Education and Care collaborates with other agencies to enhance delivery of services to infants and toddlers, including the development of the child care work force serving this age group. For example, EEC works with the Department of Public Health's Early Intervention program to implement a system of certification for all staff members providing direct services to infants and toddlers [Source: *The Report of the Early Education and Care Advisory Committee*, December 15, 2004]. In addition, according to its CCDF State Plan for 2004-2005, the Department of Early Education and Care co-chairs the Massachusetts Infant and Toddler Services Summit, which has convened for several years to develop ways of improving and coordinating state services for infants and toddlers. According to its state plan, the Services Summit is currently focused on child care workforce initiatives and strategies for better meeting infants' and toddlers' mental health needs. [Source: Massachusetts Child Care and Development Fund Plan for FFY 2004-2005]

Conclusion

Although Massachusetts has a thriving early care and education community with a great deal of support from public and private institutions of higher education, it is in need of a more coordinated and comprehensive system of preparing its child care workforce to educate and care for the unique needs of infants and toddlers. Federal initiatives – such as Early Head Start and the Head Start-State Collaborations that led to the launching of the Massachusetts Infant and Toddler Services Summit – have certainly played a role on focusing more attention on the needs of those caring for and teaching infants and toddlers. The Commonwealth, however, has a great deal of opportunity to draw from the models outlined above and shape its future efforts to increase the capacity of high quality infant and toddler care and a build a strong workforce to take care of and educate these youngest citizens.

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