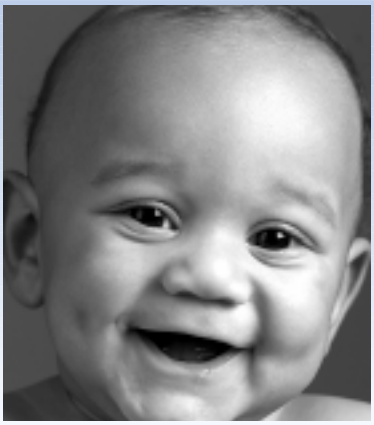

# Creating a System of High-Quality Child Care for Babies and Toddlers

## Linking to Good Start, Grow Smart

**Author: Rebecca Parlakian, ZERO TO THREE**

**We all have the duty to call attention to the science and seriousness of early childhood cognitive development—because the [years] between birth and age five are the foundation upon which successful lives are built.**

—Laura Bush, White House Summit on Early Childhood Cognitive Development, July 26, 2001 (in *Early Childhood-Head Start Task Force*, 2002, p. iii)

In April 2002, President Bush introduced the early childhood initiative *Good Start, Grow Smart*. This effort was launched to support young children's school readiness from ages 3 to 5. Because the foundation for school readiness skills takes root before age 3, infant and toddler child care programs and providers are critical stakeholders—along with States, preschool programs, and schools—in *Good Start, Grow Smart* initiatives.

To ensure that all States are working to improve the quality of care for young children, *Good Start, Grow Smart* encourages States to develop plans that include the following components:

- *early learning guidelines*—voluntary State guidelines on literacy, language, pre-reading and pre-math skills activities for children ages 3 to 5 that align with State K-12 standards. These guidelines should be applicable to a variety of child care settings. While the Child Care Bureau has not focused on early learning guidelines for infants and toddlers, many States are choosing to do so voluntarily in an effort to enhance the quality of services to young children and their families;
- *professional development*—a State plan for offering education and training activities to child care and pre-school teachers and administrators, which can also include Federally funded training initiatives; and
- *program coordination*—a State plan for coordinating at least four early childhood programs, which may include such programs as the Child Care and Development Fund (CCDF), Head Start, programs in the public schools, and Temporary Assistance to Needy Families (TANF), among others.

This publication will discuss how these three key areas—early learning guidelines, professional development, and program coordination—may be used to improve the quality of infant and toddler care. To do this, let us begin by thinking about the profound learning and development that occurs in the first 3 years of life. In 36 months, children establish their first relationships with others, learn to communicate, become mobile, and begin to reason and use logic. This development occurs in an integrated fashion as "all domains of development are interrelated. Each is a thread in the same cloth; pull one, and the others will follow" (Parlakian, p. 4, 2003).

Learning in the first 3 years of life is an exciting and joyful process as infants and toddlers actively explore the world around them. Most importantly, these learning and discovery activities best occur in the context of warm, supportive relationships with the important adults in children's lives—parents, family members, and child care providers. For very young children, learning and loving happen together. As researcher Barbara Bowman states, the care and education of infants and toddlers are "two sides of the same coin" (Bowman et al., 2001).

Child Care Bureau

National Infant & Toddler Child Care Initiative

Published by the National Infant & Toddler Child Care Initiative @ ZERO TO THREE under the direction of the Child Care Bureau, Administration on Children, Youth and Families, Administration for Children and Families, Department of Health and Human Services.

# 1. Early Learning Guidelines

The administration's *Good Start, Grow Smart* initiative envisions a Federal partnership with States, designed to strengthen efforts to support early learning. One major thrust of the plan is the development of early learning guidelines, which are expectations about what children should know and be able to do. Under *Good Start, Grow Smart,* States are encouraged to develop such preschool guidelines in four major areas: literacy, language, pre-reading, and pre-math skills. Many States are also establishing guidelines for additional domains, for example, social and emotional development. These guidelines are valuable for those professionals involved in early childhood systems as their role in supporting children's school readiness is clearly articulated; the guidelines are also valuable to the State's children, who receive the support and rich learning opportunities they need to succeed in school. Currently, the phrase "early learning guidelines" is used for preschool children. There is great discussion concerning what term to use to describe the expectable developmental achievements of infants and toddlers. As there is not yet consensus on this issue, this paper will use the term "early learning guidelines," with the caveat that a new descriptor may emerge. States find that early learning guidelines help articulate to parents, providers, and policy makers how findings from brain development research translate to better caregiving practices for infants and toddlers.

We know that learning begins at birth. Indeed, recent brain research has found that by age 3, roughly 85% of the brain's core structure is formed (Bruner, Goldberg, & Kot, 1999). Though humans continue to learn and brain connections continue to be formed and discarded throughout life, the early years offer a unique and important opportunity to promote healthy growth in all domains of a child's development.

Indeed, in the first 3 years, children's learning occurs in all domains at once. For example, children develop emergent literacy skills by manipulating books, looking at pictures, and listening to stories. These activities also help to develop children's visual tracking, fine motor, social-emotional, and hand-eye coordination skills. This early learning often masquerades as "simply" play but, indeed, play *is* learning for infants and toddlers. Researchers Ramey and Ramey (2003) agree: "Learning is not at odds with play and enjoyment."

Many States have begun thinking about how best to organize and articulate early learning guidelines for their youngest citizens—guidelines that are both meaningful and useful and that recognize the unique strengths and needs of infants and toddlers. The State of Arkansas' experience, outlined in the following case study, offers several key lessons learned for drafting early learning guidelines:

1. Ensure that guidelines reflect the cross-domain development that occurs in the early years.
2. Be creative in using and disseminating early learning guidelines. Arkansas has applied the concepts outlined in its guidelines to a parent information booklet.
3. Provide clear explanations of "best practice" for caregivers who are implementing the early learning guidelines.

### CASE EXAMPLE
### State of Arkansas

The *Arkansas Framework for Infant and Toddler Care* is unique because of its comprehensive approach to articulating the components of a quality care environment for infants and toddlers. The framework consists of two major pieces. First are the five key elements deemed essential to establishing high quality child care environments for very young children. These elements include *relationships, the environment, healthy and safety, children's experiences,* and *diversity.* Each element is clearly defined with descriptions of "best practice" approaches for caregivers. For example, under the "relationships" element, there are concrete suggestions for supporting caregiver-family, caregiver-child, and child-child relationships. These suggestions begin by articulating the core belief that "Caregivers understand that the family is the primary source of knowledge concerning the child," and go on to make recommendations including the following:

- "Relationships with families are supportive and encourage family members to seek and receive assistance as needed in developing parenting skills, understanding the growth and development of their children, and accessing community resources;"
- "Caregivers and families are partners in ongoing communication about the child's care and development;"
- "Caregivers understand the importance of parent-child attachment and support the family-child relationship;" and
- "Caregivers respect and support family preferences and values in caregiving behaviors."

While the elements address the skills of caregiving staff and aspects of the caregiving environment, the second half of the Arkansas framework examines the needs and abilities of infants and toddlers themselves. *Developmental strands* refer to the various domains of development that emerge across the first three years of life. These include:

- ✔ Self concept development (learning about oneself)
- ✔ Emotional development (learning about one's feelings)
- ✔ Social development (learning about other people)
- ✔ Language development (learning to communicate)
- ✔ Physical development (learning to move and do)
- ✔ Cognitive development (learning to think)

These developmental strands offer child care providers a holistic, cross-domain picture of a child's development in the early years. Each of these

**LESSONS LEARNED**

### Thoughts from Arkansas

"Our Framework has become a starting point for expanding our efforts in the area of infant and toddler care. Arkansas has identified expansion of high quality infant and toddler programs as a priority during the coming year and the framework makes it so easy to explain the needs of our youngest children. As we work across disciplines, involving Mental Health Professionals, Parent Educators, Health Professionals, Social Workers, Higher Education and Economic Developers, we use the framework as our foundation and start our work together."

—Kathy Stegall, Program Administrator, Arkansas Division of Child Care and Early Childhood Education

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strands is defined through concrete descriptions of children's behavior, skills, and capabilities, as well as through accompanying vignettes that provide a "snapshot" of age-appropriate development. The definition of each strand also includes suggested strategies and activities that caregivers may use to help children learn and grow in these areas. For example, in the social development strand (learning about others), suggestions for caregivers include "modeling appropriate social behaviors," "understanding the role of attachment in social development," and "providing children with experiences to interact with other children, and supporting emerging skills such as sharing and empathy." The vignettes included in this strand illustrate how infants come to develop trusting relationships with their caregivers; how caregivers can facilitate toddlers' sharing skills; and how caregivers can encourage children's development of empathy, caring, and concern for others.

The Arkansas early learning guidelines for infants and toddlers provide a foundation for those guidelines designed for preschool children. For example, the social-emotional development strand for preschoolers includes creating opportunities that support children's efforts to act independently, experience success, and interact socially—building on the goals established for the birth-to-three population.

In the example above, it is clear how the elements and developmental strands come together. Within each element—relationships, environment, experiences, etc.—there are many opportunities to support growth and learning in each developmental strand. Thus, social development (a strand) is supported through nurturing relationships (an element), supportive, caring experiences with caregivers (an element), and environments that are structured to promote cooperativeness (an element).

The framework includes a self-assessment and quality management component. By providing clear, practice-oriented definitions of the elements of high-quality care and articulating caregivers' roles and responsibilities in promoting young children's development, providers can assess their own style and settings and make changes when necessary. Furthermore, program leaders can use these indicators as a tool for driving continuous improvement.

Arkansas has also used the framework as the foundation for a booklet designed for parents that discusses infant and toddler development. The booklet provides suggestions for how parents can support their children's early learning and helps parents know what to look for in a high-quality care environment. In this way, the framework becomes a shared language between parents and providers, in which all stakeholders are working toward a consistent vision of high-quality care for infants and toddlers.

## 2. Professional Development

The second key focus area of the *Good Start, Grow Smart* initiative is professional development, a system of providing ongoing educational and learning opportunities to child care providers.

Once States develop early learning guidelines, they should then examine the professional development opportunities available to caregivers. Assessing whether these training and development experiences are aligned with the content necessary to support the healthy development of babies and toddlers is an important step in establishing an effective professional development system. A focus on the health and safety and development needs of infants and toddlers should be embedded in all training designed for caregivers of this age group. Ideally, professional development opportunities support early learning guidelines and offer caregivers the knowledge they need to implement the guidelines in their work with infants and toddlers.

Professional development opportunities make a real difference in the quality of care that child care professionals provide to the very young children in their programs. Both formal, general education levels and current, specialized training in child development have been consistently found to be associated with high-quality interactions and children's development in center-based, family child care and even in in-home care arrangements (National Research Council and Institute of Medicine, 2000, p. 316). In fact, research has found that even "small improvements in [children to caregiver] ratios and education" result in "more sensitive, appropriate, and warm care giving" (ibid., p. 314).

In addition to providing training and development activities to child care

providers, states can also use credentialing and qualifications as a means to assess a program's quality, an individual's professional achievement, or both. Credentialing and qualifications, as a tool for tracking individuals' career progression, may include the following:

- preservice requirements (e.g., the minimum qualifications that staff must possess upon hire);
- continuing education requirements (e.g., ongoing training that staff must obtain to remain in their positions); and/or
- credentials that demonstrate that a provider has fulfilled a defined set of requirements (e.g., infant and toddler credentials or family child care credentials).

Quality assurance is a critical piece in a state's professional development system. This process ensures that trainers are skilled, competent, and knowledgeable and that training experiences are rich, relevant, and reflective of participants' needs. Quality assurance must also include an evaluation mechanism to determine the effect of professional development on participants and systems.

A high-quality professional development system must be based on research and theory, as well as meet the needs of infant and toddler caregivers and provide practical approaches to improve practice. Some states have achieved this and offer lessons learned for other States to consider when establishing early childhood professional development systems:

1. A cadre of trainers who are well versed in infant and toddler issues and able to customize training curricula to meet community needs is critical to the system's success.
2. An articulated vision of high-quality caregiving through the creation of a State-supported infant and toddler child care credential provides a central mission and vision for the system.
3. Enhanced income opportunities (through stipends) to child care professionals who receive the State certification are crucial, as they create an incentive for completing the credentialing process.

**LESSONS LEARNED**

## Thoughts from Montana

"Believing that nurturing, enriching infant and toddler care is the foundation for a happy, productive life, we have made it a priority to develop a comprehensive first class infant and toddler system in Montana. Because trained caregivers are more likely to provide high quality care and are more likely to continue in the field, we have focused our efforts on making training available. We now look forward to building on what we have learned in the last four years from our demonstration projects to further expand and enhance our comprehensive system of infant and toddler care."

–Linda Fillinger, Chief, Early Childhood Services Bureau
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**CASE EXAMPLE**

## State of Montana

Montana has been working to improve the quality and supply of care for very young children through the development of a comprehensive infant and toddler child care system. The state has been especially planful and strategic in its efforts to ensure that training and development experiences for caregivers communicate the needs of infants and toddlers. In so doing, Montana has been able to create a truly integrated system to support infant-toddler caregivers. The keystone of the system is its emphasis on offering high-quality professional development experiences to child care providers. For Montana, this emphasis means training trainers to train providers. With the University of Montana-Western, the State's 16 infant and toddler trainers have developed curricula, available for college credit, that meet the needs of the Montana child care community. Most recently, these efforts have focused on embedding inclusion strategies (including children with disabilities in child care programs) into the curriculum, as well as presenting findings from the latest in brain research.

All infant and toddler trainers have also been certified through the WestEd Program for Infant/Toddler Caregivers, a nationally recognized training system for both center-based caregivers and family child care providers. The training covers four modules: social-emotional growth and socialization; group care; learning and development; and culture, family, and providers (for more information, see: www.pitc.org/pub/pitc_docs/tr_modules.html, accessed 8/30/2003).

The State of Montana has also worked to enhance infant and toddler care through its Infant/Toddler Demonstration Project, developed in 1999. The goals of this project are threefold: to improve the quality of care for children aged birth to 3, to increase the number of spaces available for care in this age group, and to retain skilled infant and toddler caregivers. In addition to requiring demonstration project sites to become accredited through the National Association for Family Child Care (NAFCC) or the National Association for the Education of Young Children (NAEYC) within two years, the project used several additional strategies to emphasize the importance of professional development, including the creation of

- State infant and toddler certification credential. To receive this certification, providers must complete specific training requirements (e.g., successful completion of child development associate coursework, an associate's or bachelor's degree in early childhood and child development,

or successful completion of the WestEd Program for Infant/Toddler Caregivers). Currently, Montana has trained more than 180 infant and toddler certified caregivers.

- Infant and toddler teacher stipends. Low wages are the primary determinant of staff turnover in the child care field (National Research Council, 2000, p. 317). Aimed at stemming high rates of attrition in infant-toddler settings and maintaining a low staff to infant/toddler ratio, Montana's infant and toddler stipend of $105 per month per child aged 0-3 years was introduced in 2000. These funds are earmarked to pay higher wages and benefits to State-certified caregivers of infants and toddlers working in demonstration project sites. Research findings support investments such as these because caregiver stability and skill seem to go hand in hand. More stable providers have been found to engage in more appropriate, attentive, and engaged interactions with the children in their care (National Research Council, 2000, p. 315).

The early assessment of the demonstration project is showing promising results. Montana has been able to increase the number of openings for infants and toddlers, increase the quality of care through accreditation, and increase the number of caregivers certified as Infant Toddler caregivers.

## 3. Program Coordination

The third key area of the *Good Start, Grow Smart* initiative is program coordination, which refers to a State's plan for coordinating at least four early childhood programs. The programs include CCDF, Head Start, programs in public schools, and TANF, among others.

Children and families have multiple needs that are best met in a comprehensive, coordinated and flexible manner (Hayes, 2002). States' efforts at coordination help to ensure that programs and funding streams reach as many children and families as possible, while continuing to meet the needs of the community being served. Though many States face a challenging fiscal environment, program coordination can result in a more strategic use of resources, maximizing available dollars. The range of best practice strategies that can be used to enhance coordination among programs and funding streams include shifting funding from less to more effective programs, blending funding streams, and building public-private partnerships (Hayes, 2002, pp. 15-16).

Once a collaboration has begun, the participating organizations must shift their focus to the issues of sustainability and effectiveness. First, what are the critical components that help sustain program coordination across the long term? The following elements have been identified as vital to successful interagency collaborations (Research and Training for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, & University of South Florida, 1998).

- Multi-level participation. It is necessary to involve multiple levels of agency personnel in collaborative efforts; this includes agency heads, mid-level administrators who direct programs and services; and direct service staff who implement the collaboration's goals through their day-to-day service delivery.
- Time. Collaborative efforts take time to develop, as participants shift their focus from individual action toward joint, cooperative processes. Collaborations can evoke feelings of risk or vulnerability as each partner must compromise on some aspect of the project. This does not happen in one meeting, but only over time and with patience, mutual respect, and a foundation of trust.
- Families as full partners. The research by the Center for Effective Collaboration found that the emergence of families as full partners is the key to true and lasting collaborations. This means moving away from viewing family members as outsiders to the service delivery process and, instead, involving them in the collaboration's work at a strategic level.

The final phase of the collaboration is to ask: Was it effective? Evaluation helps to answer this question through the process of systematically collecting, analyzing and interpreting outcome information (Taylor-Powell, Rossing, & Geran, 1998). Evaluation begins as soon as a collaboration is established. Participating organizations must identify a shared vision and agree on a progression of goals that will support this vision. This includes articulating the specific community changes and/or outcomes the collaborating partners wish to achieve.

Evaluation should proceed as a shared process that involves all collaborative partners and key stakeholders such as clients, represented agencies, or citizens. Rather than something that is done *to* a collaborative, evaluation becomes part *of* the collaborative, integrated into its daily work and processes (Taylor-Powell, Rossing, & Geran, 1998). On an ongoing basis, collaborating partners should track outcomes, ask questions related to feasibility and sustainability, and learn from past actions. This "learning as you go" improves the collaboration's ability to adapt in the midst of inevitable changes in the community and/or its member organizations (Mattessich, 2003).

The final step in the evaluation process is interpreting data in an impartial and careful manner, and presenting this information in an easily accessible format. Communicating these results to key stakeholders concludes the evaluation, and helps provide a basis for organizational development and improvement. This data can also be used to inform the decision-making process or build consensus for needed changes.

Already, States have made much progress toward coordinating the programs serving infants, toddlers, and their families. The case study outlined below, featuring the State of Washington, offers three key lessons learned to States working to enhance their efforts at interagency collaboration.

1. Blend funding streams to ensure that program investments are substantial, lasting, and reliable.
2. Seek creative opportunities to partner with entities, such as state and local health jurisdictions, that affect the lives of babies and toddlers but are not typically involved in initiatives focusing on child care settings. Use existing networks to ease the process of implementing statewide infant and family initiatives.
3. Recognize that building strong relationships between partners is a critical priority for the long-term success of the collaboration, and commit to rigorous evaluation of project results to ensure that the collaboration's work is sustained over time.

**LESSONS LEARNED**

## Thoughts from Washington State

"We have worked hard to come this far and our success is in great part due to recognizing the importance of building relationships and real "two-way" partnership that help address this special infant-toddler population and all their needs in out-of-home care. Our exciting evaluation work now shows that we have outcomes improving the health and safety of infants and toddlers at both the individual level and at the population-based level."

—Lorrie Grevstad, RN MN, Healthy Child Care Washington & Early Childhood, Maternal and Child Health, Washington State Department of Health
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**CASE EXAMPLE**

## State of Washington

Healthy Child Care Washington (HCCW) is a statewide system of child care health consulting through community partnerships in which highly trained public health professionals from public health jurisdictions (i.e., local health departments or districts) provide health consulting to child care providers in the community. HCCW is a program of the Washington State Department of Health with the goal of improving the quality of child care by promoting and integrating health and safety in child care and early childhood programs.

Partners in this effort include the Department of Social and Health Services, the Division of Child Care and Early Learning, Washington State Child Care Resource & Referral Network, the University of Washington, and consulting and evaluation experts. HCCW was initially funded in 1995 through the Maternal and Child Health Bureau and the Child Care Bureau's Healthy Child Care America campaign. This small systems grant became the foundation for building Healthy Child Care Washington's system to link health and safety in child care and early childhood programs. In 1998, Washington's Office of Child Care Policy identified health and safety issues in the infant-toddler population to be a priority and provided a portion of CCDF funds earmarked to improve the quality and quantity of child care to assist HCCW in building a statewide system with a special focus on infant and toddler care. In later years, funds were blended from various sources, including TANF reinvestment funds, Washington State's Maternal and Child Health Block Grant, and the Head Start State Collaboration Project to allow HCCW's work to continue.

HCCW's Infant/Toddler Initiative promotes policies, practices, programs, and systems-building efforts to address the unique needs of infants and toddlers in out-of-home caregiving settings. This is accomplished through the following:

- coordination of a statewide child care health consulting system with child care health consultants (CCHCs) in all 35 local health jurisdictions;
- training and consulting for child care providers and parents;
- promotion of up-to-date and accessible immunizations;
- promotion of activities regarding access to high-quality health, dental, and developmental screenings and follow-up; and
- health and mental health consultation, support, and education for families, children, and child care providers.

Sustaining this collaboration over time has meant, in large part, sustaining the relationships involved. Notes Lorrie Grevstad, with HCCW and based at the Washington Department of Health, "I believe that a key to our success is the relationships we have built and our mutual commitment to the same outcomes." Maintaining these relationships, says Grevstad, "takes work and time." All major partners meet monthly (or more frequently) to discuss program issues, needs, and trainings; both 'system' issues as well as 'program content' issues are addressed in these meetings in order to improve the system and sustain it. When conflicts arise, partners can rely upon the strong, trusting relationships they share with one another to assist in resolving differences. Also, notes Grevstad, "where we can 'invest' not only in sharing time with one another, but sharing dollars as well, it helps to support partnership efforts." She goes on to explain: "We work hard to understand the needs of one another's programs, so we are not just interested in our 'own' agendas, but the needs of all of us. We work together, and not as isolated entities. We have spent much time and effort in learning each other's businesses and programs, so we can speak for the whole and not just the parts."

A strong evaluation component documents outcomes for CCHCs, child care providers, parents, and children. The HCCW team developed several models designed to articulate the roles of each stakeholder, the goals of the project, and the outcomes to be measured. After jointly developing reliable

data collection techniques, HCCW undertook a pilot evaluation project in seven counties over four weeks. Though this pilot was brief and included only a small number of child care settings, it established compelling results. The pilot evaluation data noted clear progress in communication between providers and parents, and in the ways that providers worked with children. In almost all consultations (93.2 percent) where practice or behavioral changes among providers were proposed, they later happened (Organizational Research Services, 2003). In addition, evaluation results have shown that health consultations improved both quality and capacity issues associated with infant and toddler care.

## Conclusion

Why are States choosing to extend early learning guidelines, professional development plans, and coordination efforts to infants and toddlers? For States that have begun this work, there have been significant benefits for all stakeholders involved in the early care and education system: for the States, for child care providers, and most importantly, for parents and children. States expect to see the return on their funding investments as children—supported by well-trained staff and high quality programs from birth onward—show enhanced cognitive and language development and communication skills over the long term (Burchinal et al., 2000). Child care providers reap the benefits of *Good Start, Grow Smart* through enhanced opportunities for professional development and a more strategic role as equal partners in collaborative efforts to support young children's healthy development. Parents can feel confident that they are discerning consumers who are able to recognize and secure high quality care for their young children. Finally, the infants and toddlers themselves flourish within nurturing relationships with caregivers and a dynamic, developmentally appropriate curriculum which supports their growth and learning across the first three years. The *Good Start, Grow Smart* Initiative's three key goals of articulating *early learning guidelines,* making the *professional development* of caregivers a priority, and maximizing the effect of programs and funding streams through *program coordination* are critical to ensuring the quality of infant-toddler care. As States increasingly begin adopting these plans for the infant-toddler population, not only do individuals and communities reap the benefits, but so, too, does the Nation.

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## Resources

### Early Learning Guidelines

Arkansas Department of Human Services. (2002, July). *Arkansas Framework for Infant and Toddler Care.* Accessed October 30, 2003, from: http://www.state.ar.us/childcare/bench.pdf

This website allows visitors to download a copy of Arkansas' framework for infant and toddler care, as profiled in this report.

Lally, J. R., Griffin, A., Fenichel, E., Segal, M., Stokes Szanton, E., & Weissbourd, B. (2003). *Caring for infants and toddlers in groups: Developmentally appropriate practice, 2003 edition.* Washington, DC: Zero to Three.

This guide outlines how best to meet the unique needs of infants and toddlers in group settings by individualizing one's caregiving approach for each child, recognizing early developmental stages, achieving health and safety standards, establishing good relationships with parents and children, ensuring continuity of care, and being sensitive to cultural and linguistic diversity.

Parlakian, R. (2003). *Before the ABCs: Promoting school readiness in infants and toddlers.* Washington, DC: Zero to Three.

This publication examines how caregivers and other infant-family professionals can promote the development of school readiness skills—early literacy, early math, and social-emotional skills—in infants and toddlers.

Quality Counts, Inc. (2002, August). *Georgia Outcome and Indicator Framework For Birth through Three-Year-Old Children and Their Families Served in Subsidized Care: Executive Summary.* Atlanta, GA: Georgia Department of Human Resources, Child Care and Parent Services Division.

This document articulates the measurable outcomes, and the indicators used to measure these outcomes, in determining the success of Georgia's programs serving children from birth through three years of age and their families.

## Professional Development

Birth to Three Project, Training and Workforce Development Committee. (2001, August). *Credentials and Training Programs For Staff Who Work with Infants, Toddlers, and Their Families.* Chicago, IL: Ounce of Prevention Fund.

Based on interviews with representatives from thirteen states, this document outlines a range of approaches to enhancing caregivers' skill and professional development—either through the use of state credentials or certificates, or through state-run formal training programs.

Nebraska Department of Education. (n.d.). *First connections.* Accessed October 30, 2003 from http://www.firstconnections.nde.state.ne.us/

First Connections makes technology-based training opportunities available to early childhood care and education personnel working with infants and toddlers, including those with special needs, primarily in home-based child care.

State of Iowa Department of Human Services. (n.d.). Iowa program for infant and toddler caregivers: Taking steps toward…raising the quality of care for Iowa's infants and toddlers. Accessed October 30, 2003, from http://www.ehsnrc.org/inspdf/PDFS/Friday's%20Sessions/1030%20to%201200%20 Sessions/F-19.pdf

Iowa's PITC training helps caregivers design environments that are healthy and safe, while offering very young children developmental challenges. Iowa's efforts to improve the quality of infant and toddler care in the state has involved a "train the trainer" process in which trainers go out into their communities to share the special knowledge and practices uniquely necessary for working with infants, toddlers, and their families.

## Program Coordination

Fawcett, S. B., Francisco, V. T., Paine-Andrews, A., & Schultz, J. (n.d.). *Working together for healthier communities: A framework for collaboration among community partnerships, support organizations, and funders.* Retrieved October 29, 2003, from University of Kansas, Community Tool Box Web site: http://ctb.lsi.ukans.edu/tools/EN/sub_section_ main_1381.htm

This articles outlines one approach for community collaboration and explores how three key groups—community partnerships, support and intermediary organizations, and grantmakers—might work together to maximize their joint investment in time and resources. The authors address community (and systems) change and identify seven key elements in effective community collaboration.

Levine, C. (1998 June). *School-community partnerships: A lasting collaboration is more than a two-step dance.* American Association of School Administrators. Retrieved October 29, 2003, from American Association of School Administrators Web site: http://www.aasa.org/publications/sa/1998_06/ focLevine.htm

This article highlights the signs of effective school/community collaborations, such as a broad spectrum of people and organizations that share a common vision and a commitment to the long-term. The authors highlight other key components that can either "make or break" cross-organization and cross-agency partnerships.

Paulsell, D., Cohen, J., Stieglitz, A., Lurie-Hurvitz, E., Fenichel, E., & Kisker, E. (2002, March). *Partnerships for quality: Improving infant-toddler child care for low-income families.* Washington, DC: Child Care Bureau. Retrieved October 30, 2003, from Zero to Three Web site: http://www.zerotothree.org/vol23-4a.pdf

This interim report describes the findings from the first year of a study of collaborative community initiatives designed to improve low-income families' access to good-quality infant-toddler child care. Topics covered include promising strategies for building community collaborations and partnerships, as well as preliminary operational themes that may be helpful to those who seek to develop, implement, and support partnership strategies.

Paulsell, D., Nogales, R., & Cohen, J. (2003, March). *Quality child care for infants and toddlers: Case studies of three community strategies.* Washington, DC: Zero to Three. Retrieved October 30, 2003 from Mathematica Policy Research Web site: http://www.mathematica-mpr.com/PDFs/qualchildhlthes.pdf

This executive summary of the longer study above documents three case studies of partnerships that focus on infant-toddler care. Each profile highlights a collaborative infant-toddler child care initiative in one of four diverse communities. The report includes descriptions of the initiatives, the perspectives of participating parents, and key-cross site themes that emerged from the case study analysis.

Quality in Linking Together. (n.d.). *Partnership profiles.* Retrieved October 30, 2003, from Quality in Linking Together Web site: http://www.quilt.org/Home/

This web resources offers profiles of early education programs, state-level activities, and tribal programs that are utilizing creative and unique partnerships in order to provide high quality, comprehensive care to children in child care.

Quality in Linking Together. (n.d.). *Partnership tools.* Retrieved October 30, 2003, from Quality in Linking Together Web site: http://www.quilt.org/Home/

This web resource offers a range of tools to enhance child care partnerships. Topics that are addressed include: partnership planning, partnership design, partnership management, partnership agreements, communication techniques, and more.