



A Tool to Examine State Child Care Subsidy Policies and Promote Stable, Quality Care for Low-Income Babies and Toddlers

November 2009

Purpose of this Tool: This tool is designed to provide a policy framework that lays out ideas for increasing access for low-income babies and toddlers to high quality child care settings through state child care subsidy systems. It is a product of CLASP's *Charting Progress for Babies in Child Care* project, which is based on four key principles of what babies in child care need: nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn; healthy and safe environments in which to explore and learn; their parents, providers, and caregivers supported by and linked to community resources; and their families to have access to quality options for their care.

Using this tool, state leaders can:

- Use a policy framework to understand how key aspects of child care subsidy policy can have a positive impact on the developmental needs of babies and toddlers.
- Review a list of child care subsidy policies—ranging from simple to substantial changes—that can be implemented to better support babies and toddlers and their families.
- Identify and examine their state's current state child care subsidy policies.
- Strategize what state child care subsidy policy changes could be made, whether to work toward those changes in the short- or longer-term, and whether those changes need state gubernatorial action (e.g. an Executive Order), legislative action, or an administrative or regulatory change (e.g. state child care administrator could take action).
- Link to additional online resources and examples of state policy initiatives.



Free assistance in using this tool is available from CLASP. Please contact **Danielle Ewen** at 202-906-8004 or dewen@clasp.org.

How to Use this Tool: This tool is organized as a matrix with four columns. In the first two columns, CLASP has identified a series of policy goals and examples of state child care subsidy policies that can move toward these goals. Users can download and save a copy of this tool, then open the tool in Microsoft Word, and fill in the appropriate columns with their state’s current policies and opportunities for change. To fill in state information, click on any of the editable regions (denoted with a yellow background) and begin typing. Note that users must start typing at the top of a cell in the table, but that the table will expand to accommodate all inserted text, which may flow across page lines.

Navigate directly to the section of the tool for each policy goal:

- Establish payment levels that allow families to access high-quality infant/toddler care.
- Pay providers in a timely manner that supports financial stability.
- Help families obtain and maintain subsidies.
- Minimize disruptions in subsidy eligibility.
- Promote cultural competency of the subsidy system.
- Connect comprehensive services to babies and toddlers in subsidized care.
- Ensure subsidy providers and caregivers have knowledge, skills, and qualifications to care for babies and toddlers.
- Ensure the health and safety of babies and toddlers in subsidized child care.
- Promote the quality of infant/toddler child care purchased with subsidies.
- Establish baseline data on babies and toddlers receiving child care subsidies.

Explore policy goals further in the Relevant Online Resources section.

Policy Goal & Rationale	State Child Care Subsidy Policies That Can Promote More Stable, Quality Care for Babies and Toddlers	Current State Policies	Opportunities for Change <i>Consider specific policy changes and the strategy, e.g. through changes at the gubernatorial, legislative, or administrative level</i>
<p>Goal: Establish payment levels that allow families to access high-quality infant/toddler care.</p> <p><i>The cost of providing infant/toddler care is higher than for older age groups due to associated costs of more staff required for fewer children, smaller group sizes, and the need for additional space and equipment, such as cribs, diaper changing areas, and safety devices.</i></p>	<ul style="list-style-type: none"> • Ensure that the methodology of the state child care market rate survey adequately addresses the infant/toddler care market by collecting and separately analyzing this data as well as ensuring that high-quality providers are included in the survey design. • Pay infant/toddler providers at least the 75th percentile of the current market rate for infant/toddler care. • Automatically link infant/toddler subsidy payment rate increases to inflation. • Pay higher rates for infants (up to at least 12 months of age) and toddlers (from 13 to 36 months of age) than for other age groups. Pay the highest rate for infant care. • Pay higher infant care rates to providers who offer continuity of care for children to stay with the same caregiver from birth to age three. • Pay higher subsidy rates to infant and toddler child care providers who are meeting and sustaining high-quality program standards specific to care of infants and toddlers [for example, federal Program Performance 	<p>Begin typing here.</p>	<p>Begin typing here.</p>

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	<p>Standards applying to Early Head Start (Early Head Start standards), national accreditation, or a higher levels of the state quality rating and improvement system (QRIS)].</p> <ul style="list-style-type: none"> • Allow and encourage providers to layer subsidy dollars with other early care and education program dollars, such as federal Early Head Start or other state infant/toddler program initiatives, to serve subsidy-eligible children in high-quality settings. • Provide payments directly to some providers through grants/contracts based on their documentation of the cost of meeting high-quality program standards specific to care of infants and toddlers (for example, Early Head Start standards, national accreditation, or high level ratings in the state QRIS). <p>Set payment rates for all providers using data on the cost of providing infant/toddler child care meeting high-quality program standards specific to care of infants and toddlers (for example, Early Head Start standards, national accreditation, or high level ratings of the state QRIS).</p>		

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<p>Goal: Pay providers in a timely manner that supports financial stability.</p> <p><i>How subsidy payments are made has an impact on the ability of child care providers to plan and keep to their budgets and subsequently whether providers are willing to take subsidies for low-income babies and toddlers and able to remain a stable resource in low-income communities.</i></p>	<ul style="list-style-type: none"> • Minimize delays in infant/toddler provider payments by simplifying paperwork and attendance verification requirements (for example, through automating verification), requiring provider payments to be made within four weeks of service delivery, using direct deposit, and streamlining procedures for approval. • Provide subsidy payments to providers and caregivers for all days when babies and toddlers are absent due to illness. • Allow providers to layer subsidy dollars with other early care and education program dollars, such as federal Early Head Start or other state infant/toddler program initiatives, to serve subsidy-eligible children in high-quality settings. • Contract directly with providers to offer a set of high-quality child care subsidy slots (meeting, for example, Early Head Start standards, national accreditation, or high level ratings in the state QRIS) for low-income babies and toddlers and set per child payment rates accordingly. 	<p>Begin typing here.</p>	<p>Begin typing here.</p>

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	<ul style="list-style-type: none"> • Contract directly with trusted community agencies or centers to coordinate and support networks of family child care homes that will provide a set of high-quality infant/toddler child care slots for subsidy eligible children. • Pay providers prospectively and/or regularly through direct contracts as long as slots are filled adequately. 		
<p>Goal: Help families obtain and maintain subsidies.</p> <p><i>Babies and toddlers benefit from stable care, which is difficult for low-income parents to obtain when they rely on subsidies. Low-income parents may have low literacy levels in English and</i></p>	<ul style="list-style-type: none"> • Coordinate the application and redetermination processes for child care subsidies with other social service programs, such as the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), TANF, and Medicaid. • Allow parents who have lost their jobs to remain eligible for subsidy for at least six months while seeking new work. • Simplify the recertification process, for example by reminding parents to recertify, requiring reporting only on important changes that have occurred, and giving parents an extra chance before terminating eligibility. • Send notifications of eligibility end dates to providers, as well as families, at least four weeks before the end of the eligibility period. 	<p>Begin typing here.</p>	<p>Begin typing here.</p>

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<i>frequent changes in their work status that make it hard to navigate subsidy rules and maintain eligibility.</i>	<ul style="list-style-type: none"> • Ensure that subsidy recertification notification is provided to limited English proficient (LEP) parents in their home language. • Translate subsidy information, regulations, and applications to be accessible for LEP parents. • Send administering agency staff to participating child care programs to help process redetermination paperwork. • Allow eligible pregnant women to apply and be placed on the waiting list for subsidy. • Identify families in the subsidy system that make frequent changes in child care arrangements and provide them with counseling about child care choices and the importance of stability for their children’s well-being. 		
Goal: Minimize disruptions in subsidy eligibility. <i>Babies and toddlers are more likely to form secure</i>	<ul style="list-style-type: none"> • Allow eligible families to qualify for child care subsidies without redetermination for 12 months. • Require only minimal reporting on change in family economic status for 12 months. • Allow families to report changes in status through automated phone systems, on-line mechanisms, and after hours and weekend hours at the administering agency. 	Begin typing here.	Begin typing here.

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<i>attachments to providers whom they are with throughout the first three years of life. Disruptions in subsidy receipt can lead to changes in caregivers and unstable care arrangements.</i>	<ul style="list-style-type: none"> • Match eligibility periods to those of the federal Early Head Start program, especially when providers are layering child care subsidy dollars and Early Head Start. • Send notifications of eligibility end dates to providers as well as families at least four weeks before the end of the eligibility period. • Send administering agency staff to participating child care programs to help process redetermination paperwork. 		
Goal: Promote cultural competency of the subsidy system. <i>Infants and toddlers are the most diverse age group. A quarter of babies and toddlers live in immigrant</i>	<ul style="list-style-type: none"> • Review subsidy intake procedures and materials to ensure their cultural sensitivity and competence, including materials that answer common myths about documentation or requirements for participation. • Require subsidy intake agencies to have plans to address the needs of LEP providers and parents, including hiring bilingual staff and using qualified interpreters. • Partner with family literacy and immigrant serving programs to help appropriately disseminate information to parents of babies 	Begin typing here.	Begin typing here.

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<p><i>families from a variety of cultural backgrounds. One in seven of all infants and toddlers has a limited English proficient (LEP) parent.</i></p>	<p>and toddlers about state child care subsidy programs and the application processes.</p> <ul style="list-style-type: none"> ● Partner with other state agencies, including offices devoted to refugee and immigrant affairs, to develop language access plans and outreach strategies for child care subsidies. ● Ensure that rules and procedures for subsidy eligibility regarding citizenship and immigration status are in accordance with federal regulations, and not more restrictive, including that eligibility for CCDBG-funded child care is based on the immigration status of the child, and not the parent. ● Provide guidance to local child care agencies about immigrant eligibility for child care assistance and language access for LEP parents. ● Translate all important communication, such as subsidy outreach information, regulations, and applications, so that they it is accessible in the primary languages spoken in the communities served. ● Ensure that subsidy recertification notification is provided to limited English proficient (LEP) parents in their home language. 		

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	<ul style="list-style-type: none"> • Ensure language assistance is available at all points of contact with the subsidy program, including in person and by telephone. 		
<p>Goal: Connect comprehensive services to babies and toddlers in subsidized care.</p> <p><i>Babies and toddlers develop within the context of their physical and mental health and their relationships with their families. Coming from a low-income family is associated with additional vulnerabilities for early childhood development, many of which can</i></p>	<ul style="list-style-type: none"> • Provide a single enrollment form that includes eligibility for child care subsidies, SNAP, WIC, TANF, state child health insurance programs, and other social service support programs. • Allow family, friend, and neighbor caregivers receiving child care subsidies to participate in the Child and Adult Care Food Program (CACFP) and put in place policies that make it easier for all providers and caregivers to have continuous access to CACFP. • Fund infant/toddler specialists and/or child care health consultants to work with subsidized child care providers in linking vulnerable babies and toddlers with needed comprehensive services. • Pay higher payment rates for subsidy providers who deliver or create linkages to comprehensive services such as those required in Early Head Start standards for vulnerable babies and toddlers in child care. 	<p>Begin typing here.</p>	<p>Begin typing here.</p>

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<i>be prevented or lessened if identified and addressed early.</i>	<ul style="list-style-type: none"> ● Provide additional funds to create local partnerships between providers caring for infants/toddlers receiving subsidy and health specialists to deliver comprehensive screenings that are linguistically, culturally, and age appropriate, and that include motor, language, mental health, social, cognitive, perceptual, emotional, sensory, and behavioral skills, within 45 days of an infant or toddler entering child care. ● Fund partnerships between subsidy providers and local Early Head Start programs to buy the same federally required comprehensive screenings, access to services, and follow-up tracking and assistance for low-income children in subsidized child care. ● Provide higher subsidy payment rates for infants and toddlers who have been identified with developmental delays or other special needs. ● Provide training opportunities and support for subsidized child care providers and caregivers on how to recognize, work with, make referrals for, and follow up with vulnerable families, including those struggling with poverty, 		

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	domestic violence, substance abuse, child abuse, and neglect.		
<p>Goal: Ensure subsidy providers and caregivers have knowledge, skills, and qualifications to care for babies and toddlers.</p> <p><i>Caring for babies and toddlers requires specific knowledge and skills that can be promoted through professional development and supports. State subsidy policies can be designed to promote and pay for training,</i></p>	<ul style="list-style-type: none"> • Use a portion of subsidy dollars to create a compensation initiative to reward infant/toddler providers who complete approved state training, credentials, or college coursework on infant/toddler development and care. • Create incentives, including differential payment rates, for subsidy providers working with infants and toddlers who ensure completion of coursework or training on cultural competence or have a bilingual endorsement for staff. • Pay higher payment rates to subsidy providers who achieve high ratings on the state QRIS and ensure the QRIS specifies that infant/toddler providers have high levels of knowledge, skill, and qualifications. • Contract directly with providers for infant/toddler slots and build in requirements and funding for increased higher education and training for staff who care for babies and toddlers. 	Begin typing here.	Begin typing here.

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<i>education, and supports that are specific to infants and toddlers.</i>	<ul style="list-style-type: none"> • Contract directly with networks of family child care providers for infant/toddler slots and build in requirements and funding for increased training and higher education for family child care providers who care for babies and toddlers. • Require family, friend, and neighbor caregivers to complete appropriate state-approved training on infant/toddler development and caregiving techniques in order to receive subsidy, and provide resources to assist caregivers in meeting this requirement. • Target a portion of relevant quality enhancement activities, such as scholarships and compensation initiatives tied to qualifications, to providers in the subsidy system caring for babies and toddlers. 		
Goal: Ensure the health and safety of babies and toddlers in subsidized child care.	<ul style="list-style-type: none"> • Require health and safety training that is particularly relevant for infant/toddler care— e.g. hand washing, SIDS prevention, feeding— for licensed providers and all family, friend, and neighbor caregivers who receive child care subsidies, prior to caring for infants and toddlers. 	Begin typing here.	Begin typing here.

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<p><i>Babies and toddlers are particularly susceptible to illness and injuries due to their stage of development. State subsidy systems purchase both licensed and unlicensed care that has varying degrees of health and safety regulation and oversight. State subsidy systems can implement policies that provide additional oversight to ensure the health and safety of babies and toddlers.</i></p>	<ul style="list-style-type: none"> ● Require certification in infant CPR, child CPR, and pediatric first aid for all infant and toddler licensed providers and all family, friend, and neighbor caregivers who receive child care subsidies, prior to caring for infants and toddlers. ● Require fingerprints, criminal background checks, and checks of child abuse and neglect registries and sex offender registers for all licensed providers, plus family, friend, and neighbor caregivers in order to receive child care subsidies to care for babies and toddlers. ● Require and provide supports for all licensed providers, plus family, friend, and neighbor caregivers who receive child care subsidies, to be screened for tuberculosis and to provide certification of up-to-date immune status prior to working with infants and toddlers. ● Hire additional licensors and/or train current licensors specifically to assess the health and safety of infant/toddler child care, and require regular on-site inspections, to ensure rigorous and effective monitoring of subsidized infant/toddler child care in licensed settings. 		

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	<ul style="list-style-type: none"> Pay higher payment rates and/or provide support grants to subsidy providers to help them meet and maintain the most critical health and safety standards recommended in the National Resource Center for Health and Safety of Children in Child Care and Early Education document <i>Stepping Stones</i>. 		
<p>Goal: Promote the quality of infant/toddler child care purchased with subsidies.</p> <p><i>Research has demonstrated that certain program standards and continuity of care promote healthy development of babies and toddlers. States can use subsidy policies to ensure families have</i></p>	<ul style="list-style-type: none"> Allow providers to layer subsidy dollars with other early care and education program dollars, such as federal Early Head Start or other state infant/toddler program initiatives, to serve subsidy-eligible children in high-quality settings. Raise child care subsidy payments to exceed the 75th percentile to centers and family child care homes that implement high-quality program standards, such as those that meet recommended provider:child ratios and group sizes, provider qualifications, or other program standards specific to care of infants and toddlers (for example, Early Head Start standards, national accreditation, or a high level rating in the state QRIS). Contract directly with providers to offer a set of high-quality child care subsidy slots 	<p>Begin typing here.</p>	<p>Begin typing here.</p>

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<i>equal access to high-quality child care choices when they use subsidies.</i>	<p>(meeting, for example, Early Head Start standards, national accreditation, or a high level rating in the state QRIS) for low-income babies and toddlers and set per child payment rates according to the cost of care.</p> <ul style="list-style-type: none"> ● Contract directly with trusted community agencies or centers to coordinate and support networks of family child care homes that will provide a set of high-quality infant/toddler child care slots for subsidy eligible children. ● Provide grants and technical assistance to child care centers to provide continuity of care for low-income children receiving subsidy to stay with the same primary caregiver from entry into child care to age three. ● Target a portion of relevant quality enhancement activities, such as scholarships and compensation initiatives tied to qualifications, to providers in the subsidy system caring for babies and toddlers. ● Fund home visiting models that conduct visits with family child care providers and FFN caregivers to deliver services to providers/caregivers receiving subsidy in order to improve the quality of care. 		

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<p>Goal: Establish baseline data on babies and toddlers receiving child care subsidies.</p> <p><i>Little is known about the quality of care received by infants and toddlers in the subsidy system. Additional data on current usage can help inform state policies about how best to enhance the quality of infant/toddler care paid for by the state.</i></p>	<ul style="list-style-type: none"> Analyze data collected by the state as required on federal reporting form ACF-801, for example on duration of subsidy receipt, type of care, race/ethnicity of child, amount paid to provider, hours of paid care in a month, copayment charged to family, and family income, for babies and toddlers receiving subsidy. Update data analysis regularly and use to inform policy-making. Collect language data on parents who receive child care assistance and use the data for planning and evaluation purposes to improve access for LEP families with babies and toddlers. Collect language data on child care providers who accept child care subsidies and use the data to improve provider supports and inform strategies to make the state child care subsidy and licensing systems linguistically accessible. Conduct a cost and quality study on a sample of infant/toddler child care paid for using subsidies. 	<p>Begin typing here.</p>	<p>Begin typing here.</p>

Relevant Online Resources

Establish payment levels that allow families to access high-quality infant/toddler care.

- The Oregon Child Care Research Partnership, through a federal research grant, conducted a study of state policies to establish market rates in *Practices and Policies: Market Rate Surveys in States, Territories, and Tribes* and examined the accuracy of market rate surveys in Oregon and some comparison states, including Washington, in *Study of Market Prices: Validating Child Care Market Rate Surveys*.
- Information on costs to the Department of Defense for its military child care system, renowned for its quality, has been analyzed by the National Women’s Law Center in a [report](#), as well as by RAND in a [report](#) and in a [research brief](#).

Pay providers in a timely manner that supports financial stability.

- For more discussion of the implications of subsidy payment policies on providers, see the Urban Institute’s report, *Essential but Often Ignored: Child Care Providers in the Subsidy System*.
- For information on using contract directly with providers to pay for subsidy slots, see CLASP’s report, *Ensuring Quality Care for Low-Income Babies: Contracting Directly with Providers to Expand and Improve Infant and Toddler Care*.

Help families obtain and maintain subsidies.

- Urban Institute’s report, *Designing Subsidy Systems to Meet the Needs of Families: An Overview of Policy Research Findings*, presents ways that subsidy administrators can help families access and maintain subsidies—such as linking subsidies to other programs; improving customer service; simplifying application, recertification, and reporting processes; and minimizing inadvertent termination of subsidies due to temporary changes in families’ circumstances.
- CLASP’s report, *The Challenges of Change: Learning from the Child Care and Early Education Experiences of Immigrant Families*, analyzes the barriers and suggests solutions to address immigrant families’ access to early care and education programs.

Minimize disruptions in subsidy eligibility.

- Under CCDBG regulations, states can set subsidy eligibility and redetermination policies to encourage longer duration of care for babies and toddlers within certain parameters. See [45 CFR 98.20](#) and [Policy Interpretation Question ACYF-PIQ-CC-99-02](#).

- For an analysis of the impact of voucher subsidy rules on subsidy intake agencies, providers, and families, see *Keeping the Promise: A Study of the Massachusetts Child Care Voucher System*. The report found data that informed the state's switch to 12-month determination for most families.
- Information on parent experiences applying for and retaining subsidies can be found in Urban Institute's report, *Getting and Retaining Child Care Assistance: How Policy and Practice Influence Parent's Experiences*.
- For additional information about the importance of continuity of care from birth to age 3, see CLASP's paper, *Continuity of Care*; also available are [state examples](#) on promoting continuity of care.

Promote cultural competency of the subsidy system.

- CLASP has written a checklist, *Selected State and Local Policies to Support Immigrant and Limited English Proficient (LEP) Early Care and Education Providers*, which offers strategies and examples for improving policies in the areas of language access, training, and professional development.
- The **Program for Infant/Toddler Care (PITC)** is a training curriculum for infant and toddler providers that includes an emphasis on cultural sensitivity throughout its content. The **California Department of Education** has **implemented** the PITC model across the state in multiple languages.
- The Annie E. Casey **Race Matters** toolkit is designed to guide policymakers and other individuals in designing policies and practices that result in more equitable outcomes for all children, families, and communities.
- For additional information on the importance of cultural competency and the growing diversity of babies and toddlers, see CLASP's paper, *Supporting a Diverse and Culturally Competent Workforce*; also available are [state examples](#) on supporting diversity and cultural competence.

Connect comprehensive services to babies and toddlers in subsidized child care.

- The requirements for comprehensive services throughout the **Head Start Program Performance Standards** (which govern federally funded Early Head Start programs) provide examples of services that vulnerable infants and toddlers need.
- The **Early Head Start National Resource Center** has published a technical assistance paper, *Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs*. This paper is also available in Spanish.
- The Maternal and Child Health Bureau has awarded grants to 48 states under its **Early Childhood Comprehensive Systems (ECCS) Initiative** to help states build systems for young children with five components: access to health care and medical homes, socio-emotional and mental health, early care and education, parenting education, and family support. **Project THRIVE**

at the [National Center on Children in Poverty \(NCCP\)](#) provides additional resources to these state grantees on comprehensive systems, including [ECCS state summaries](#).

- [Part C of the Individuals with Disabilities Education Act \(IDEA\)](#) requires states to identify and serve infants and toddlers with disabilities and developmental delays. The [National Early Childhood Technical Assistance Center \(NECTAC\)](#) provides further information on states' [IDEA Part C policies, contacts, and other resources](#).
- For additional information on connecting health, mental health, and family support services to child care, see CLASP's paper, [Comprehensive Services](#); also available are [state examples](#) on promoting access to comprehensive services.

Ensure subsidy providers have knowledge, skills, and qualifications to care for babies and toddlers.

- See CLASP's fact sheet, [Reinvesting in Child Care: Establish Core Competencies](#) for recommendations on establishing what providers should know and be able to do to provide high-quality infant and toddler care.
- Examples of how states are providing education, training, and support to infant and toddlers providers and caregivers can be found on CLASP's [State Examples: Charting Progress for Babies in Child Care](#) webpage.

Ensure the health and safety of babies and toddlers in subsidized child care.

- The [National Resource Center](#) for Health and Safety in Child Care and Early Education has [comprehensive recommendations](#) for states on licensing standards developed with the American Academy of Pediatrics and the American Public Health Association and a streamlined guide to the 233 most critical of those guidelines, [Stepping Stones to Using Caring for Our Children](#).
- The [Food Research and Action Center](#) has materials explaining CACFP and how state administrators can use the program to provide nutritious meals and snacks and training/monitoring in all child care settings, including family, friend, and neighbor settings.

Promote the quality of infant/toddler child care purchased with subsidies.

- For an example of a state cost and quality study focused on infant and toddler care, see [The Cost and Quality of Full-Day, Year-Round Early Care and Education in Massachusetts: Infant and Toddler Classrooms](#).
- For additional information on how subsidy program practices impact babies and toddlers in child care, see CLASP's paper, [Stable, Quality Subsidy Policy](#); also available are [state examples](#) on using subsidy policy for stable, quality care.

Establish baseline data on babies and toddlers receiving child care subsidies.

- The U.S. Department of Health and Human Services, *Administration for Children and Families* releases national and state-by-state child care subsidy program participation and spending data for the Child Care and Development Block Grant (CCDBG). CLASP also produces *state-by-state data* on CCDBG participation and spending.
- See the Urban Institute report, *Early Care and Education for Children in Low-Income Families: Patterns of Use, Quality, and Potential Policy Implications*, for information on participation in early care and education among low-income children.