Science has strongly linked high quality infant and toddler child care to children’s long-term healthy development, higher vocabulary scores, improved math and language abilities, and success in school. But high quality infant and toddler care is costly to provide, and like many states, Illinois must see past its economic crisis to make the investments that its youngest children need and deserve now.

**Infants & Toddlers in Illinois**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants &amp; Toddlers, Total</td>
<td>476,638</td>
</tr>
<tr>
<td>Infants &amp; Toddlers in Non-Parental Child Care</td>
<td>244,000 (estimate)</td>
</tr>
<tr>
<td>Infants &amp; Toddlers with IL Child Care Assistance</td>
<td>37,435</td>
</tr>
</tbody>
</table>

**Challenges to Providing Quality Infant-Toddler Care**

Child care for infants and toddlers is more expensive and more difficult to provide than care for older children. Lower child to caregiver ratios, stimulating and developmentally appropriate environments, and specialized training and education of providers are costly elements to fund.

Given the challenge of supporting infant and toddler care with scarce resources, policy decisions must be made wisely and be informed by those most affected by the changes. During the winter and spring of 2013, Illinois Action for Children held 11 dialogues around the state with child care providers who care for infants and toddlers. They told us what supports they most need and what policy changes would have the biggest impact on the quality of care being offered.
The Importance of Quality Infant and Toddler Care

Positive early experiences are critical to healthy brain architecture, whereas adverse experiences in early childhood threaten children with lifelong consequences.

A high quality early learning experience promotes several aspects of brain development:

- **Language and Cognitive Development.** A high level of language stimulation is an important benefit of quality child care. Children who receive more supportive verbal stimulation generally show more advanced cognitive and language development.¹

- **Social and Emotional Development.** Research links higher quality care to more positive peer relationships, better problem-solving skills, empathy, sharing and relating. These skills are evident during early childhood and continue into the school years.²

- **Later school success.** Research on high quality early child care initiatives across the nation have consistently shown children’s improvements on numerous skills that positively impact later school success – including communication, verbal IQ, cognition, behavior and social emotional skills. Quality child care is also a predictor of higher math and language scores.³

- **Profound impact on children from low-income families.** Low-income children often enter school lagging behind their peers. In a landmark study, *From Neurons to Neighborhoods*, the National Research Council and Institute of Medicine showed that the positive effects of very high quality child care can endure into the adult years, particularly for children from the lowest income families.⁴ Unfortunately, low-income and at-risk infants and toddlers often do not have access to high quality child care. In fact, one study found that more than 40% of infants and toddlers are in child care classrooms of poor quality.⁵

What is “Quality” Infant and Toddler Care?

*Charting Progress for Babies in Child Care Project: Building the Supply of Quality Care* summarizes common characteristics of quality infant/toddler care across all types of child care settings – center care, home-based care, and family, friend & neighbor care.⁶

- Small group size and lower caregiver-to-child ratios
- Compassionate child-rearing beliefs of caregivers
- Safe, clean and stimulating environments
- Education of caregivers with specialized training in early childhood development

**Consistency of care** is generally considered by experts to be an essential component of quality care for infants and toddlers.⁷ Having one primary caregiver for more than a year, and optimally from entry into child care until the child is at least 3 years of age, is critical for an infant’s emotional development. When a child experiences too many changes in caregivers, it can lead to reluctance to form new relationships.⁸

**Skilled, stable, responsive and caring infant and toddler child care providers** help foster children’s healthy growth and development. They can address the unique personality and individual needs of each child.
Provider Perspectives in Illinois

During the dialogues, child care providers described the challenges they face to providing high quality infant-toddler care and the resources or supports they would need to improve their quality of care. Several common themes emerged.

**Ratios & Group Size** Providers believe that the ratio of children-to-staff should be lower and group sizes should be smaller. More children in a room contribute to heightened noise, stimulation and confusion, which is stressful for young children and staff. It also prevents intimate, individual attention that babies crave and need. Unfortunately, most program directors and owners acknowledged that the cost of implementing lower ratios and smaller group sizes was financially impossible, particularly since the reimbursement rate to care for infants and toddlers in the state’s Child Care Assistance Program is so low.

**Proper Nutrition** Providers note the importance of proper nutrition for a child to be happy, healthy and ready to learn. Some providers said it is expensive to provide enough healthy food to the children in their care. Many providers want more education on proper nutrition as well as training on how to prepare healthy food, particularly for the infants and toddlers in their care.

**Relationships with Parents** Providers consistently emphasize the importance of having strong relationships and open communication with parents and families. Providers want training on how to engage parents on difficult topics. Some suggested that parents should be required to attend small group meetings to learn about child development, social and emotional issues, practices of the child care program, and rules related to the Child Care Assistance Program.

**Consistent Caregiver** Providers report that inadequate compensation and lack of benefits creates significant staff turnover. Infants who are learning to trust and form relationships need consistent and reliable adult caregivers to develop a sense of security. Parents, particularly low-income parents, move their children from one program to another in search of more affordable care options. Both changes in caregivers and in other children can affect a child’s sense of security and ability to form stable relationships. Parents and providers need:

1. help paying for the high cost of consistent infant-toddler care,
2. longer approval periods in the Child Care Assistance Program for stable care,
3. education about the importance of early stable relationships on a child’s social-emotional development.

**More Visits from Specialists** Infant-Toddler Child Care Specialists and Early Childhood Mental Health Consultants are in high demand among the child care provider community. Providers report benefiting immensely from the expertise and guidance of these specialists. They gain ways to encourage growth and learning in children as well as effective techniques to deal with problems. Consultants teach them how to achieve child development goals without using expensive resources (toys, equipment, etc.). Specialists also provide invaluable guidance on how to communicate and build relationships with parents. Unfortunately, both center and home providers often have to wait weeks for a specialist to visit their program. They feel strongly that there should be more specialists, particularly more bilingual specialists, available. Providers consistently say that on-site visits, training, and guidance are among the most effective ways to improve their program.

**Professional Development & Training** Providers endorse the need for more education and training, specifically related to the care of infants and toddlers and meeting their social and emotional needs. Yet, providers reported that professional development and training opportunities are expensive and hard to get to. Providers recommended that DCFS make its required trainings more accessible and more productive, and in particular:

1. Offer more training online.
2. Encourage or require providers to take new courses rather than take the same courses year after year. Some providers recommend that the number of required formal training hours each year be increased beyond the current 15 hours.
Policy Recommendations

1. **Strengthen existing child care licensing standards to support the distinct needs of infants and toddlers.** Child care licensing is a critical function that ensures children are being cared for in an environment that is healthy, safe and developmentally appropriate. Illinois has made strides to recognize the needs of infants and toddlers through the state licensing standards, such as safe sleep practices and specific training for infant and toddler staff. However, there remain critical developmental issues that are not recognized by basic licensing standards.

   One of the most salient issues providers identify is that very young children need lower child-to-staff ratios and smaller group sizes. Experts recommend ratios of 3 infants per caregiver with a group size of 6, and 4 toddlers per caregiver with a group size of 8. Increasing staff or decreasing the number of children is an expensive change that is out of reach for most child care programs.

   If Illinois licensing standards improve infant ratios to 3-to-1, it will impose higher costs on parents or providers in the range of 20 percent or more. Recommendation 5 addresses the issue of cost.

2. **Make information and supports available for providers to develop and promote continuity of care for the children in their programs.** Continuity of care means that children and caregiver remain together for more than one year, preferably for the first three years. Keeping young children with consistent, responsive, predictable caregivers for three years allows them to form secure attachments and increases the likelihood of building healthy brain architecture. Continuity of care in a child care program can be accomplished in different ways (i.e. mixed-age rooms, moving children in clusters to a new room with their current caregiver, etc.). Continuity of care is another prominent issue that can be addressed through changes to the licensing standards. Licensing standards can be changed to require centers and homes to implement continuity of care strategies that allow children to remain with their primary caregivers for three years. Policymakers can encourage continuity of care by raising reimbursement rates or creating incentives for child care programs that use continuity of care techniques.

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**Cost of Quality**

Improving child-to-staff ratios from four infants per teacher to three raises providers’ and parents’ costs. A provider that cares for 12 infants must pay 4 infant teachers instead of 3. This means 3 families, rather than 4, must shoulder the costs of each caregiver.


Policy Recommendations

3. Expand Illinois’ statewide network of Infant Toddler Child Care Specialists and Early Childhood Mental Health Consultants who provide critical training, guidance and expertise to child care providers. Infant Toddler Specialists Networks are a relatively new and promising strategy being implemented by numerous states to support caregivers in providing high quality care to infants and toddlers. Infant Toddler Child Care Specialists provide support through a variety of approaches, which may include coaching and mentoring, consultation, training, and technical assistance. In 2009, the Illinois Department of Human Services (IDHS) launched the state’s first Infant Toddler Child Care Specialist Program. The goals of this Program are to:

- Increase the quality of child care for infants, toddlers and two-year-olds with focus on at-risk children first;
- Create a network of Specialists to provide technical assistance and build capacity in child care programs.

Current funding allows for 22 Specialists throughout the state. The Specialists have been so successful that they are being assigned additional roles in the Illinois’ Early Learning Challenge Grant quality initiatives and will devote increasing amounts of their time to collaborative work with Quality Specialists.

In our infant toddler dialogues, providers often expressed the need for more on-site program guidance and support. The Infant Toddler Specialists is a model that works, but more Specialists are needed to reach every child care program that cares for infants and toddlers.

In another successful program that improves care for infants and toddlers, Early Childhood Mental Health Consultants assist providers in understanding the social and emotional development and behavior of young children from birth to five. They work to build the capacity of providers to identify and address children's social-emotional and developmental needs. They offer consultation, technical assistance, training and support and identify appropriate information and referral resources for specific providers’ needs. They also support providers in partnering with each other and with parents or families. Despite a high demand for their services, Illinois currently has only 21 Early Childhood Mental Health Consultants.

More resources need to be devoted to hiring additional Infant Toddler Specialists and Early Childhood Mental Health Consultants. These programs can have widespread impact when there are enough specialists to work with child care providers across the state in linking vulnerable infants and toddlers with needed comprehensive services.

4. Improve training and compensation for providers working with infants and toddlers by fully funding Illinois’ Great START program. A child’s positive development in a child care setting depends on consistent interaction with his or her caregiver and the level of a child care professional’s education and training. Unfortunately, poor compensation makes it difficult for child care programs to attract and retain highly-trained providers to work with infants and toddlers. High turnover has become a huge barrier for child care programs striving to provide quality infant and toddler care.

Great START (Strategy to Attract and Retain Teachers) is Illinois’ wage supplement program that recognizes the work of licensed child care center directors, teachers, assistant teachers, and licensed home-based providers. Great START was created to improve the developmental and educational outcomes of children by encouraging child care professionals to increase their education and lowering staff turnover. Eligibility is determined by several criteria including the provider's level of education and training, length of employment at their program, current pay rate and program eligibility. Currently, low funding of the Great START program has created a waitlist of qualified staff that do not receive a salary enhancement.
Policy Recommendations

5. Increase child care reimbursement rates to levels that allow providers to offer quality care to families using the state’s Child Care Assistance Program (CCAP). Infant and toddler child care is already expensive and yet many Illinois child care programs cannot provide the level of quality they would like because CCAP reimburses them at a low rate. As a result, many providers significantly limit or even deny enrollment to children with CCAP in favor of children whose parents pay full price. Among providers who do accept CCAP, reimbursement rates have been too low to give staff the salary increases or benefits that would prevent high turnover, as well as too low to support improving staff ratios. The rate for infant and toddler care in certain areas of the state falls so far below the market level that the care is entirely unsustainable. Illinois needs to make a significant investment in realistic reimbursement rates to support parents who choose higher quality care.

6. Extend the typical CCAP eligibility period from 6 months to one year. The Child Care Assistance Program should extend its standard eligibility period from 6 months to 12. Currently when their 6 months of eligibility expires, many still-eligible parents do not reapply for CCAP. Some have difficulty collecting the supporting documents they need, while others misread their cancellation notice and think they cannot reapply. Whatever the cause, the consequence is that many of their children suffer inappropriate interruptions in their child care. Extending CCAP eligibility to 12 months (perhaps with a simple verification at 6 months) would keep many eligible infants and toddlers in the continuous care so critical to their healthy development.

7. Increase CACFP funding and ensure child care providers have access to adequate training and education on early childhood nutrition and meal preparation. Child care providers can play a critical role in ensuring children’s nutrition needs are met. Most providers are acutely aware of the connections between nutrition and health as well as nutrition and learning. Currently, the federal Child and Adult Care Food Program (CACFP) helps child care providers serve nutritious, healthy meals and snacks to the children in their care by reimbursing them for meals and snacks based on the type of meal served, the family’s income level, and the number of children served. Participating programs must follow menu standards set by the USDA, but CACFP reimbursement rates may not compensate many providers enough to meet the menu standards. Funding for the CACFP needs to increase in order to raise the reimbursement rate provided for meals as well as to expand education and outreach to enroll more providers in the program. On the state level, Illinois must invest in more training opportunities, particularly in-home or in-center trainings, for child care providers on how to prepare healthy meals and on early childhood nutrition.

Conclusion

With over half of Illinois’ infants and toddlers in regular, non-parental child care, the quality of that care must become a top priority for policymakers. Illinois must utilize what we know from science about the needs of infants and toddlers to create effective, evidence-based policies and practices that include adequate state resources. The recommendations included in this brief outline the top priorities of child care providers in Illinois that care for infants and toddlers along with current best practices and research.

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2. Ibid.


7. Ibid.

