



Beyond Child Care Centers: Infant and Toddler Child Care

Peg Oliveira, PhD

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I. Beyond Child Care Centers

Connecticut is an acknowledged leader in early care and education for preschoolers (3 and 4 year olds). It also invests significant resources in maternal and newborn health care. However, a major gap in public investment has emerged – for the children in the “forgotten” earliest years from birth to age three. Connecticut’s early care and education system is not equipped to meet the child care needs of all infants and toddlers through child care centers. Importantly, many families also willingly choose alternative ways of meeting their varied and complicated child care needs for infants and toddlers, such as using home based child care options as well as staying home to care for their own children.

This is the *second*¹ in a series of briefs that offer recommendations that reach beyond child care centers to strengthen Connecticut’s early care and education reform agenda so that it addresses the complicated needs of families with infants and toddlers. Simply put, Connecticut is turning a blind eye to the really tough challenges of how best to help families cope with the financial burdens of infant and toddler child care and how best to assure the quality of that care. The purpose of this report is not to spark a “mother care” versus “other care” debate or to debate the benefits of family day care versus child care centers, but rather to provide a basis for prudent policy development that respects and protects parental choice to either stay home in their children’s earliest years or go to work assured that their children are safe and in high quality care that will maximize their developmental potential, regardless of the setting they choose.

II. All Children are Born Learners

That infants and toddlers are not a meaningful part of Connecticut’s “early care” agenda is curious, since the research on which all school readiness advocacy relies demonstrates that every aspect of a child’s development, from brain circuitry to socio-emotional growth, progresses in a cumulative manner starting during the prenatal period through the early childhood years.² Like building a house, brain architecture follows the simple rule that a strong or weak foundation will define the overall integrity of the structure. Importantly, during the first few years, a child’s brain grows more rapidly than ever again and has a superior “plasticity,” making the very young uniquely responsive to environmental influences. A growing body of research, including important reports such as *Neurons to Neighborhoods*³ and *Starting Points: Meeting the Needs of*

While 85% of a child’s core brain structure is formed by age three, less than 4% of public investments on education and development have occurred by that time.

¹ The series introduction and first report, *From Programmatic Duct Tape to Real System Reform*, are available at www.ctkidslink.org/pub_detail_335.html.

² B. Patel. *Connecting Brain Development Research to State Early Childhood Policy* (National Conference of State Legislatures, 2002), available at www.ncsl.org/programs/cyf/research.htm

³ J.P. Shonkoff & D.A. Phillips, eds. *From Neurons to Neighborhoods: The Science of Early Childhood Development* (National Academy Press, 2000).

*Our Youngest Children*⁴, supports the fact that early brain development is rapid and that impoverished conditions such as poverty, exposure to violence, and abuse or neglect can cause developmental delays.

III. Investments in the Early Years Pay Off

Unfortunately, the early learning environments that children experience differ dramatically across socioeconomic groups. These differences often contribute to large gaps in future educational and life outcomes. By preschool, children from lower socioeconomic groups tend to have fewer skills than children from higher socioeconomic groups.⁵ These early differences can persist and result in reduced levels of academic attainment and increased stress on the social welfare system. So to be “ready by five, and fine by nine” necessarily requires that Connecticut invest just as much in the care of its infants and toddlers as its preschoolers, if not *more*.

Research has shown that the return on a dollar of public investment is higher in human capital when that dollar is spent on the young than when it is spent on the old.⁶ And yet, in Connecticut we do exactly the opposite; public investments in children incrementally *increase* with age from birth through high school.⁷

Citing early brain development research, the Connecticut legislature passed the School Readiness legislation in 1997 to promote school readiness for children from birth to kindergarten entry. Ironically, only a small proportion of School Readiness Program funding can be used for children younger than three years old; none of the child care spaces funded by the School Readiness program can be used for children under age three (only preschoolers are eligible). More recently, in 2006, the Early Childhood Education Cabinet also cited the importance of early investments into quality child care on children’s brain development.⁸ However, despite identifying infant and toddler care as a priority, no comprehensive plan of action has yet been recommended, though a report has been issued recommending investments in other areas of early care and education.

IV. Many Connecticut Babies are At Risk

In 2005, according to the United States Census 2005 Population Estimates, there were 125,816 children under age three living in Connecticut.⁹ These children compose about one quarter of the state’s total child population. On average, there are about 42,500 babies born in Connecticut each year. As shown in Table 1, of all children born in Connecticut between 2000 and 2003, 70% were White, Non-Hispanic, 12% were Black, Non-Hispanic, and 16% were Hispanic.

⁴ The Carnegie Task Force on Meeting the Needs of Young Children. *Starting Points: Meeting the Needs of Our Youngest Children*. (Carnegie Corporation, 1994), available at www.carnegie.org/starting_points/startpt1.html

⁵ J. Ludwig & I. Sawhill. *Success by Ten: Intervening Early, Often, and Effectively in the Education of Young Children*. (The Brookings Institution, 2007), available at www.brookings.edu/views/papers/200702ludwig-sawhill.htm

⁶ J. J. Heckman. *Invest in the Very Young*. (Ounce of Prevention Fund, 2000), available at www.ounceofprevention.org

⁷ C. Bruner, V. Elias, D. Stein & S. Schaefer. *Early Learning Left Out: An Examination of Public Investments in Education and Development by Child Age*. (Voices for America’s Children and Child and Family Policy Center, 2004), available at www.voicesforamericaschildren.org/AMTemplate.cfm?Section=ELLO&Template=/ContentManagement/ContentDisplay.cfm&ContentID=3384

⁸ Connecticut Early Childhood Education Cabinet. *Ready by 5, Fine by 9: Connecticut’s Early Childhood Investment Framework*. (2006), available at ecforums.communityresultscenter.org/docs/ready5_fine9.pdf

⁹ United States Census Population 2005 Estimates, as reported by the National Infant and Toddler Child Care Initiative, available at nccic.org/itcc/pddocs/connecticutfinal.pdf. This is 4% fewer infants and toddlers than reported in the 2000 Census (130,813) (Table P14, SFI 2000 Census).

	2000	2001	2002	2003	Total Births 2000 - 2003	Percent of Total Births
White, Non-Hispanic	28,785	28,434	27,685	34,666	119,570	70%
Black, Non-Hispanic	4,946	4,929	4,932	5,050	19,857	12%
Hispanic	6,472	6,913	6,982	7,535	27,902	16%
Other	2,823	2,372	2,402	2,715	10,312	6%
Total Births	43,026	42,648	42,001	42,826	170,501	

As shown in Table 2, nearly one quarter (23%) of Connecticut’s newborns live in one of the seven cities with the highest rates of child poverty (DRG¹¹ I). Another 18% live in the next most at risk group of cities (DRG H). That means that nearly half (41%) of all newborns are born into communities with economic stressors that challenge healthy child development.

Total CT Births= 42,826			
<i>DRG I:</i>		<i>DRG H:</i>	
Bridgeport	2,237	Ansonia	283
Hartford	2,174	Danbury	1,196
New Britain	993	Derby	134
New Haven	1,974	East Hartford	674
New London	381	Meriden	843
Waterbury	1,662	Norwalk	1,298
Windham	345	Norwich	500
		Stamford	1,906
		West Haven	686
Total	9,766	Total	7,520
% Total in DRG I:	23%	% Total in DRG H:	18%

V. Most Mothers of Infants and Toddlers Work

According to a National Institute of Child Health and Development study of early child care, most mothers return to work, by choice or otherwise, within the first three to five months of their newborns’ births.¹² Further, welfare reform has required, and continues to require, mothers of very young children to work. According to the 2000 United States Census, 59% of all mothers with children under one year of age were either employed or actively seeking employment in 1998, almost double the percentage from 31% in 1976.¹³ Consistent with national trends, in 2001, 59% of women in Connecticut with children under the age of three were in the labor force.

These trends do not reflect parental and/or societal preference. Public opinion does not correspond with these trends in increased rates of working mothers. By margins of at least 3:1 the American public prefers that a parent remain home to care for very young children (except if by working, the mother’s income

¹⁰ Connecticut Department of Public Health. *Annual Registration Reports*. (2000, 2001, 2002, 2003), available at: www.state.ct.us/dph

¹¹ District Reference Groups are groups of school districts that have similar student and family background characteristics. See www.csde.state.ct.us/public/cedar/edfacts/drags.htm.

¹² National Institute of Child Health and Development. *Study of Early Child Care* (NICHD, 1997), available at www.nih.gov/news/pr/apr97/nichd-03.htm

¹³ United States Census. (2000), available at: www.uscensus.gov

keeps the family off welfare).¹⁴ Importantly, the public's "gut feeling" about working parents seems somewhat validated by the research on the effects of maternal workforce participation on child outcomes. Although the findings are complex, in general, research finds that employment by mothers before the ninth month of their child's life can be associated with poorer cognitive and verbal development for these children at age three.¹⁵ This effect is more pronounced when mothers worked thirty hours or more per week, and more pronounced for certain populations, such as for white, non-Hispanic children, for boys and for children with married parents.

Because a mother staying home in their child's first year of life has developmental benefits to the child and is a preference for many parents, many other countries have enacted laws to support this option. Here in the United States, no national legislation for paid family leave has been passed. California was the first state with expansive paid family leave coverage that allows workers to collect partial wages while they take time off to care for an infant or a seriously ill family member, but it only covers up to six weeks. This year, Washington may become the second state in the nation with paid family leave for all new working parents. The legislature approved a new family leave program to provide up to 5 weeks of time off with a stipend of \$250 per week for working parents taking leave to care for a newborn or newly adopted child. Key policy elements include coverage for all employees who have worked at least 680 hours in the previous year, job protection for workers in companies with more than 25 employees, and a start-up date of October 1, 2009 for benefits. Funding for the program is temporarily loaned from the supplemental pension fund, with a taskforce to recommend permanent funding options by the end of this year. The provisions of family leave cover all employees in the state, over three million workers in all. Self-employed individuals can elect to opt into this program.

The Minnesota Legislature has established the At-Home Infant Child Care Program that allows families who have a child under age one, are eligible for or receiving the child care subsidy, to receive a subsidy for up to one year to remain home and care for the infant. Missouri also reimburses parents who care for their infants and toddlers at home, using a portion of riverboat gambling revenues. In Connecticut, low income mothers on Temporary Family Assistance (TFA) with a child under age 1 are exempt from TFA work requirements, as is allowed by federal Temporary Assistance for Needy Families (TANF) policy. It should be noted that a recent study by the Legislature's Program Review and Investigations Committee recommended that Connecticut change this policy to 6-months rather than 1-year.¹⁶ However, because the mother is not working, she is *not* eligible for the child care subsidy unless she chooses to return to work or training.

VI. Licensed Child Care Supply is Inadequate to Meet the Child Care Needs of Connecticut's Working Families with Infants and Toddlers

The increase in the number of working mothers brings with it an increased need for child care. In 2003, 22% of all requests for child care to the child care resource and referral agency, 2-1-1 Child Care, were for infant and toddler care. In 2006 this percentage nearly doubled, to 41%.¹⁷ Nationally, about 72% of infants and toddlers of employed mothers are primarily cared for by someone other than a parent while

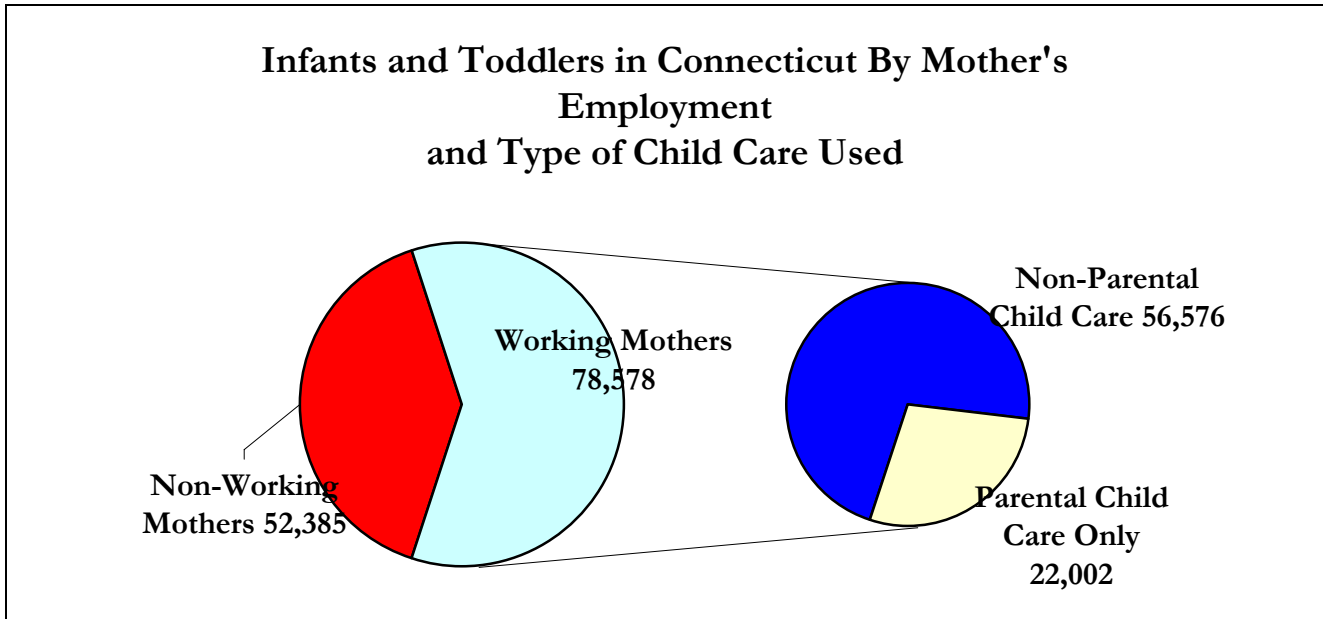
¹⁴ The David and Luckile Packard Foundation. *Caring for Infants and Toddlers*. (The Future of Children, 2001), available at www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=79324

¹⁵ J. Brooks-Gunn, W. Han & J. Waldfogel. *Maternal Employment and Child Cognitive Outcomes in the First Three Years of Life: The NICHD Study of Early Child Care* (Child Development, 2002), p 1052-1072.

¹⁶ HB 07240 HS_APP032007 (2007). *An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee Concerning the State's Welfare Reform Initiative*. www.cga.ct.gov/2007/TOB/H/2007HB-07240-R02-HB.htm.

¹⁷ National Infant & Toddler Child Care Initiative. *Key Facts About Connecticut*. (United States Department of Health and Human Services Administration for Children and Families & Child Care Bureau, 2004), available at www.nccic.org/itcc/PDFdocs/ConnecticutFINAL.pdf

their mother is working.¹⁸ If this pattern holds true for Connecticut, and 72% of the 78,578 infants and toddlers of employed mothers are in need of child care, then approximately 56,576 infants and toddlers of employed mothers are primarily cared for by someone other than a parent while their mother is working.



In 2003, a capacity analysis found that Connecticut could serve only 15% of its infants and toddlers in licensed child care spaces, as shown in Table 4.¹⁹ Accordingly, the use of unregulated care for infants and toddlers is *necessary* and *prevalent* in Connecticut, and may be meeting the child care needs of as many as 30,000 or more infants and toddlers, based on these estimations of need and capacity. Importantly, the use of unregulated care is particularly high among low income families. The 2002 Urban Institute's National Survey of America's Families found that among low income families (below 200% of poverty), 89% reported using some form of care other than a licensed child care provider, compared to only 68% of families above 200% of poverty.²⁰ In addition, among immigrant working families, 39% of infants and toddlers were more likely to be in unregulated family, friend and neighbor care.

Licensed I/T Spaces	Available spaces per 100 I/T
19,903	15.1

VII. High Quality Child Care Matters

As stated previously, research suggests that, in general, children with mothers employed during the first 9 months of age are at a greater risk for lower cognitive scores than those with mothers not employed during these early years.²¹ Importantly, as shown in Table 5²², an interaction between the quality of care

¹⁸ J. Capizzano & R. Main. *Many Young Children Spend Long Hours in Child Care* (Urban Institute, 2005) http://www.urban.org/UploadedPDF/311154_snapshots3_no22.pdf.

¹⁹ Child Health and Development Institute, *Keeping Children on the Path to School Success: How is Connecticut Doing?* (Early Childhood Data CONNections, 2003), available at www.chdi.org

²⁰ *National Survey of America's Families*. (Urban Institute, 2002), available at www.urban.org/center/anf/nsaf.cfm

²¹ These effects are present even after controlling for a range of individual and family characteristics that affect child development, including those that are likely to be correlated with maternal employment, such as breast-feeding and the use of nonmaternal child care.

²² J. Brooks-Gunn, W. Han & J. Waldfogel. *Maternal Employment and Child Cognitive Outcomes in the First Three Years of Life: The NICHD Study of Early Child Care* (Child Development, 2002), p 1052-1072.

the child receives, at home and in child care, contributes to the effect of maternal employment on cognitive development. In sum, when the level of quality of child care is equalized, children of non-working mothers fare best. For example, for two families, both with average quality care at home and in child care, the child with the non-working mother will on average exhibit higher cognitive abilities. However, children of working mothers receiving above average care perform just as well or better on cognitive assessments as those children of non-working mothers receiving average or below average care. In other words, home and child care quality matters greatly in mediating the effect of maternal employment on children’s cognitive outcomes. While both parental care and child care are related to child outcomes, this paper will not focus on the many forms of home visitation and parenting programs available to target the home environment, but speak only to factors influencing child care quality.

Table 5. Effects of Maternal Employment		
	Measure of Child’s Cognitive Development²³ <i>(as percentile of scores on assessments of cognitive abilities)</i>	
Quality of Child Care²⁴ and Home Environment²⁵	Non-Working Mothers	Working Mothers
Above Average	56 th percentile	50 th percentile
Average	50 th percentile	44 th percentile
Below Average	43 rd percentile	37 th percentile

Be it in a licensed family day care, an unregulated home based family, friend and neighbor setting, or in a child care center, the factors that contribute to high quality child care remain consistent. Child care quality is a function of adequate funding as well as sound regulations, both of which create a context for teaching and learning. Funding that allows for, and regulations that mandate, *small group sizes, low child-to-staff ratio and high teacher training and compensation (and subsequently low staff turnover) are all predictors of high quality child care.*

<p>Predictors of High Quality Child Care</p> <ul style="list-style-type: none"> • Small group size • Low child-to-staff ratios • High teacher training • Low staff turnover
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In Connecticut, the staff-to-child ratio and group size for children aged 6 weeks to 36 months in child care centers is 1:4, i.e., one staff person for every four children, in a group of no more than 8 children. For children in family child care the ratio is 1:6, provided that in a group of six children with one provider, only two children may be under the age of two. These regulations are consistent with standards set by the National Association for the Education of Young Children as supportive of healthy child development.

Children living in states with high regulatory standards that support small group sizes and ratios, and high teacher education, have higher quality early care than children who live in states with low standards.²⁶ Setting high standards, however, is insufficient to assure high quality child care. Oversight of standards is also integral. In a recent study of child care standards and oversight by the National Association of Child Care Resource and Referral Agencies (NACCRRA),²⁷ Connecticut was rated as having higher standards than the majority of other states (11th), but ranked in the bottom five states in its oversight (48th). Specifically, weaknesses in child care center oversight in Connecticut included the following four items:

- NACCRRA recommends four monitoring visits of centers each year. Connecticut requires only one visit every two years.

²³ As assessed by Bracken School Readiness scores at 15, 24 and 36 months.

²⁴ Child care quality was assessed over the first 3 years of life

²⁵ As assessed by the Home Observation of the Measurement of the Environment Scale.

²⁶ R. Schumacher, K. Hamm, A. Goldstein & J. Lomabardi. *Starting Off Right: Promoting Child Development from Birth in State Early Care and Education Initiatives.* (Center for Law and Social Policy, 2006), available at www.clasp.org/ChildCareAndEarlyEducation/StartingOffRight/5008_Clasppdf

²⁷ National Association of Child Care Resource and Referral Agencies. *We Can Do Better: NACCRRA’s Ranking of State Child Care Center Standards and Oversight.* (NACCRA, 2007), available at <http://www.naccra.org/policy/scorecard.php>

- NACCRRA recommends that licensing staff ratios do not exceed 50:1. In Connecticut licensing staff ratios are 186:1.
- NACCRRA recommends that licensing staff have a Bachelor's degree in a related field. In Connecticut licensing staff are not even required to have an Associate's degree.
- NACCRRA recommends that online inspections and complaint reports be available to parents. Connecticut does not make its inspection reports available.

In addition, Connecticut does not have an infant and toddler caregiver credential. It does have an infant and toddler child development associates degree (CDA) but very few are issued, and the number has been declining. In 2002, 94 CDA's were issued; in 2005 this number dropped to 67.²⁸ A set of early learning guidelines for infant and toddler caregivers, *Connecticut's Guidelines for the Development of Early Learning for Infants and Toddlers*, is in development by the Department of Social Services.

Importantly, these standards dictate what can take place in *licensed* child care settings. However, legally, children can be taken care of in their own home or in a relative's home by an *unlicensed* kith and kin provider. In Connecticut, many families with infants and toddlers are, in fact, choosing or being forced into these types of care settings. Legal but unlicensed providers are not required to meet these same requirements. The previously mentioned prevalence of unregulated care in Connecticut means that even high standards with sufficient oversight of licensed settings is not sufficient to ensure that the many infants and toddlers in unregulated child care settings receive the quality of care that predicts school readiness. Policy must ensure that *all* settings in which young children are growing and learning, including unregulated child care and parental care, are receiving the supports necessary to provide the high quality care that predicts school readiness.

VIII. High Quality Infant and Toddler Child Care is Costly

Smaller group-size and lower child-to-staff ratios for infants and toddlers are necessary to provide high quality, developmentally-appropriate care. Both, however, increase the cost, and thus the price, of providing care to this population of children. For Connecticut's infants and toddlers, United Way of Connecticut's 2-1-1 Child Care reports that full-time licensed family day care costs an average of \$162.53 weekly and full-time licensed center-based care price averages \$209.68 weekly.

With infant and toddler child care costs averaging between \$8,500 and \$11,000 per year, about 30% of the average family budget, low income families need help paying for the child care that is necessary for them to work. Yet, as previously noted, Connecticut's primary means of assisting families in need with the costs of child care, the Connecticut School Readiness program, does not provide space funding for infants and toddlers. There are, however, a few other child care assistance programs in Connecticut that do serve children in their earliest years.

A. Care4Kids, the Child Care Subsidy. Care4Kids is a primary financial support for low income working parents, including but not limited to parents receiving cash assistance through Connecticut's Temporary Family Assistance (TFA) program. It is essential to their capacity to transition off of the program. Care4Kids is administered by the Department of Social Services (DSS), and was established to provide monetary support for moderate and low-income families who need help paying for care for their infants, toddlers, preschoolers and school-age children while parents are at work, in school or training. Families may use the Care4Kids child care subsidy to help pay for care in the setting of their choice, including licensed centers, licensed family day care homes or legal but unregulated family, friend and neighbor care.

²⁸ National Infant & Toddler Child Care Initiative. *Key Facts About Connecticut*. (United States Department of Health and Human Services Administration for Children and Families & Child Care Bureau, 2004), available at www.nccic.org/itcc/PDFdocs/ConnecticutFINAL.pdf

Currently, families with incomes below 50% of State Median Income (SMI) who are working or who are in training are eligible.

In December 2006, 5,990 infants and toddlers received the Care4Kids child care subsidy in Connecticut; about a third of children of all ages receiving the subsidy. This was an increase from 22% in 1999. The majority (54%) of these infants and toddlers were cared for in a home-based child care setting, either licensed or unregulated. The balance was cared for in a licensed child care center. Consistently there has been a lag in updating Care4Kids reimbursement rates to reflect current market rates. Current rates are based on the 2001 market survey for licensed providers and the 2002 minimum wage for unlicensed providers. Outdated child care subsidy rates make it difficult for families with small children to find child care they can afford, and particularly difficult to find child care that is of high quality.

B. State Funded Child Development Centers. Since 2000, State Funded Child Development Centers have cared for about 1,000 infants and toddlers annually; up from about 250 in 1999. Importantly, although, infants and toddlers comprised only 4% of the total number of children served by State Funded Centers in 1999, in 2006 infants and toddlers made up a quarter (24%) of all children served. Given the high cost of serving children under three, if this increase in the percentage of very young children continues, State Funded Centers, which already are in financial crisis, will experience even greater financial hardship. The CT Early Childhood Education Cabinet has included, in its reform proposal, an increase in reimbursement rates to State Funded Centers serving preschoolers. The Governor's proposed FY 08 budget and the Appropriations Committee's proposed budget also include this increase. However, neither has proposed a commensurate increase in rates for infants and toddlers. Eventually the cost of serving these young children will become prohibitive because of the low rates paid by the state to State Funded Centers for these services.

C. Early Head Start. The federal Early Head Start Program provides comprehensive services including health, education and family support services through home-based and child care center-based programs for poor families with infants and toddlers. A recent study found that children enrolled in Early Head Start measured better in cognitive, socio-emotional development and language skills compared with children who did not participate in the program. There were positive parent outcomes related to participation in the program as well.²⁹ Evaluations suggest that a mixed model of services that includes home visitation and a high quality center-based child care experience are the cause of the positive outcomes of Early Head Start participants. However, despite research identifying the positive outcomes of investing in this program, in Connecticut the number of children served by Early Head Start has declined. In 2003, 440 children were served by seven Early Head Start grantees. In 2006, only 320 children were served by eight grantees.³⁰

IX. Recommendations for Connecticut's Infant and Toddler System Reform Agenda

It is tempting to use the findings presented in this report to spark a "mother care" versus "other care" debate, or to debate the benefits of family day care versus child care centers. Importantly, however, research should be used not to fuel an either/or *policy choice*, but rather to respect and protect *parental choice* for mothers and for fathers to either stay home in their children's earliest years or go to work assured that their children are safe and in high quality care that will maximize their developmental potential regardless of the setting they choose.

²⁹ *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start* (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, Head Start Bureau, 2002), available at www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/index.html

³⁰ National Infant & Toddler Child Care Initiative. *Key Facts About Connecticut*. (United States Department of Health and Human Services Administration for Children and Families & Child Care Bureau, 2004), available at www.nccic.org/itcc/PDFdocs/ConnecticutFINAL.pdf

The recommendation is to support policies that provide parents with the choice to stay home and care for children themselves as well as policies that ensure high quality child care for infants and toddlers in a variety of settings including but not limited to child care centers. In *Starting Off Right: Promoting Child Development from Birth in State Early Care and Education Initiatives*³¹ policymakers and advocates suggest that state action toward these goals would:

1. Provide support and build in accountability for high quality and best practices that promote child development from birth to three.
2. Structure governance and finance systems that include and assure ongoing inclusion of the promotion of best practices for families with infants and toddlers.

A. Provide support and build in accountability for high quality and best practices that promote child development from birth to three.

- Implement policies that promote qualified and well-compensated teachers and supported caregivers, in both licensed and unregulated settings.
- Implement incentives for providers to advance their care-taking skills and qualifications, such as through scholarship and wage enhancement strategies, expanded training opportunities, and by establishing a state infant/toddler credential.
- Couple high standards with more aggressive oversight and assistance in meeting the state's high standards. For those children who are in licensed child care, it is necessary but not sufficient to promote high quality program standards and guidelines for child care centers and licensed family child care.
- Increase the number and education of child care licensing staff.
- Increase funding and follow through to develop curriculum and support implementation of early learning guidelines for infant and toddler care.
- Include infant and toddler care in the design and implementation of a quality rating improvement system, such that reimbursement rates from Care4Kids (for both licensed and family, friend and neighbor care) are adequate for meeting the unique and costly needs of high quality infant and toddler child care.

B. Structure governance and finance systems to include and assure ongoing inclusion of the promotion of best practices for families with infants and toddlers.

- Create coordinated governance for birth to 5:
 - *Across systems* that touch families' lives (such as the discrepancy in quality requirements across the State Department of Education School Readiness Program and the Department of Social Services State Funded Centers); and
 - *Among services for each individual child* from birth to 5 to provide continuity and coordination for all children as they grow (such as the increase in only preschool care rates in State Funded Centers and lack of investment in infant and toddler care in these same sites).

California Paid Family Leave

On September 25, 2002 Governor Gray Davis of California approved SB 1661, the paid family leave bill, making California the first and only state with expansive paid family leave coverage. California's law allows workers to collect partial wages for up to six weeks while they take time off to care for an infant or a seriously ill family member. The law covers approximately 12 million workers and is employee-funded. Workers are eligible for benefits of up to 55 percent of their wages, ranging from \$50 to \$840 a week.

³¹ R. Schumacher, K. Hamm, A. Goldstein & J. Lombardi. *Starting Off Right: Promoting Child Development from Birth in State Early Care and Education Initiatives*. (Center for Law and Social Policy, 2006), available at www.clasp.org/publications/startingoffright.htm

- Implement funding strategies that support parental choice during the first years of life, including providing paid leave to parents who stay home to take care of a newborn. This could be done through a funding pool that combines public funds with contributions from employers and employees. In addition, Connecticut should extend the protections of the Family and Medical Leave Act to workers in mid-sized and small businesses.
- Update Care4Kids reimbursement rates to reflect results of the most recent Market Rate Survey by the CT Department of Social Services. Additionally, mothers receiving the one-year exemption from work requirements on TFA should be eligible to receive the Care4Kids subsidy.