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# Emerging State and Community Strategies to Improve Infant and Toddler Services

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By Rachel Herzfeldt-Kamprath and Katie Hamm

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# Introduction and summary

Decades of research on brain development and outcomes from early learning interventions have clearly demonstrated that children thrive when they have consistent access to high-quality early childhood programs starting at birth or even before and continuing until they enter kindergarten. Yet too often, programs that target young children provide services in isolation, are underfunded, and fail to meet the needs of all eligible families. Creating a continuum of services that are intentionally aligned to reach children for as long as possible can help ensure that early childhood services and programs effectively support all aspects of young children’s healthy development.

States and communities are increasingly recognizing the importance of creating a coordinated system of services that supports all aspects of infant and toddler development from birth to age 5. Since young children’s developmental needs are uniquely intertwined, it is critical that infants and toddlers have access to quality health care, nutritious food, and stimulating and safe environments in order to achieve positive outcomes later in life. Therefore, programs across the spectrum of public services for young children and their families must be readily accessible for all who need them. While many states and communities offer a variety of services to support young children and their families, significant barriers keep many families from accessing the resources they need.

The current mix of programs and services that provide early care and educational opportunities for infants and toddlers are underfunded across the country, and many families who qualify are unable to access the services that they need. When programs are underfunded, getting the right services to the right families can become a significant challenge. Similarly, where services are provided, they are often offered in isolation. For example, families who receive benefits through the Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC—the federally funded health and nutrition program for women and their children—may not know that they also qualify for home visiting services, meaning that these families miss out on an important opportunity.

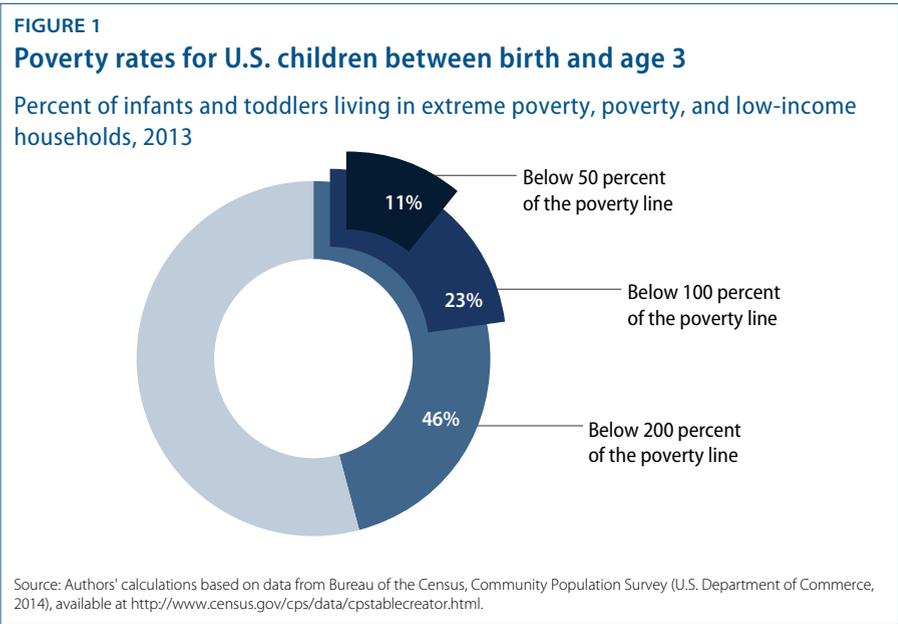
Fortunately, states and communities across the country are implementing efforts to better coordinate their infant and toddler services to support healthy development and successful transitions from one program or education setting to another during early childhood. These efforts can be supported further by federal policy actions to incent and ensure that low-income children and families receive the support that they need to thrive.

Communities across the country are working to align infant and toddler services by increasing access to available programs and resources, creating centralized intake systems, and targeting interventions to specific populations. Similarly, states are developing statewide plans to deliver a continuum of support for children from birth to age 3 and identifying standards and developmental guidelines for programs that serve young children.

As states and communities continue to make progress to reach more infants and toddlers throughout the first three years of life, federal policy should support them by increasing investments and providing long-term and continuous funding; making funding sources more flexible to support service alignment efforts; continuing to build momentum for private-sector investments; providing guidance for weaving together disparate funding; streamlining grant applications and reporting; and initiating a permanent cross-agency office at the federal level that would focus specifically on infants and toddlers.

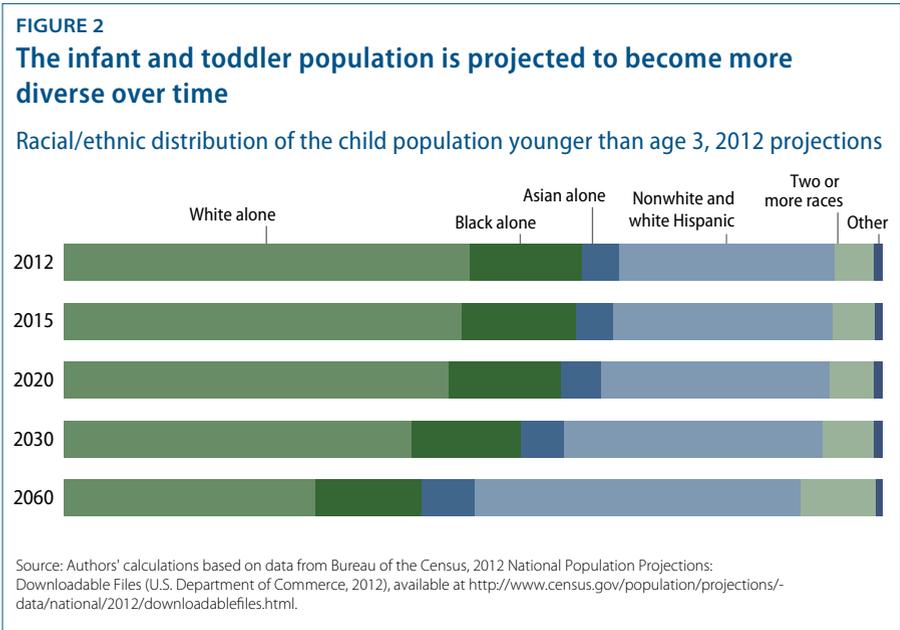
# Background

Enriching environments and nurturing relationships promote healthy child development and can set young children on the path to positive outcomes later in life. Research shows that healthy brain development, especially in the first three years of a child’s life, is critical for producing positive outcomes over his or her lifetime.<sup>1</sup> Yet many families are not able to provide the enriching context that young children need to thrive, meaning that some children start out at a disadvantage. The direct negative effects of poverty create a significant gap in health and development outcomes between children living in poverty and their wealthy peers even before they begin school.<sup>2</sup> As early as 18 months of age, children from lower-income households are developmentally behind children from higher-income households in early language development and processing skills.<sup>3</sup>



According to data from the Bureau of the Census, in 2013, nearly half of infants and toddlers in the United States lived in low-income households. More than one in five infants and toddlers lived in households with incomes below the federal poverty line—which defines poverty as \$24,250 for a family of four in 2015—and more than 1 in 10 lived in deep poverty, or below 50 percent of the poverty line. (see Figure 1) The poverty rates are disproportionately high for children of color, with 45 percent of African American, 48 percent of American Indian/Alaska Native, and 35 percent of Hispanic children younger than age 3 living in poverty. By comparison, only 15 percent of white infants and toddlers live in poverty.<sup>4</sup>

The increasing diversity of the country’s child population underscores the need for policymakers to address these inequalities. For the first time in U.S. recorded history, the cohort of children born in 2011 was majority children of color.<sup>5</sup> This demographic trend has continued, and the U.S. infant and toddler population is projected to become even more diverse, with children from Hispanic and multiracial backgrounds expected to increase the fastest over time. (see Figure 2) Adding to this trend, nearly one in every four children younger than age 3 comes from a household where one or more parent is foreign born, and about one-third of children from immigrant families are in households below the poverty line.<sup>6</sup>



Because children from diverse and immigrant backgrounds are disproportionately more likely to live in households experiencing poverty, the intersecting trends of child poverty and changing demographics—especially among the infant and toddler age groups—mean that a growing proportion of the American population may be growing up in households that lack the resources needed to support healthy child development. Children living in households below the poverty line are more likely to have health problems, face food insecurity, grow up in unsafe neighborhoods, and have parents who report being stressed by parenting.<sup>7</sup> All of these factors can contribute to the toxic stress that inhibits healthy brain development.<sup>8</sup>

In order to ensure that infants and toddlers—especially those at risk of growing up in poverty—are able to thrive as adults, policy solutions must support development and actively address the growing disparities in child outcomes. Many programs exist to address developmental needs, but they are often underfunded, fail to meet demand, and can be inconsistent in their quality for families in need. These types of inconsistencies during the pivotal years of a child’s development can lead to school readiness and student achievement gaps later in life.

# Promising strategies to improve access and provide continuity

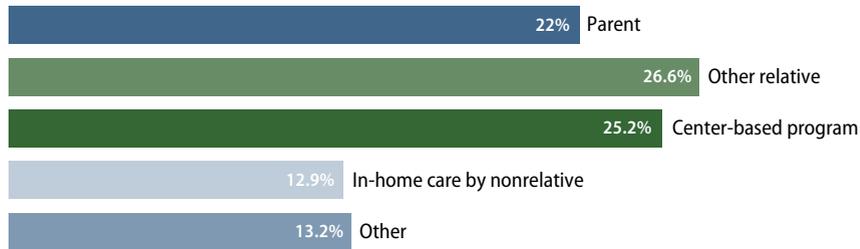
This report considers two inter-related problems facing states and communities trying to improve services for infants and toddlers: financing and providing continuity during the first three years of life. Funding is a major barrier to expanding services for infants and toddlers. In general, services for infants and toddlers are underdeveloped and underfunded compared with programs for preschool-age children and especially compared with older children in K-12 education. For example, Early Head Start is the gold standard for high-quality programming for infants and toddlers, but the program serves less than 4 percent of eligible children.<sup>9</sup> Likewise, the evidence-based Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program is so minimally funded that only one-third of high-need U.S. counties receive its federally funded services.<sup>10</sup> Programs that reach larger populations—such as WIC, which serves more than 4 million young children annually—have not been well integrated historically with early care and education programs.<sup>11</sup>

The second issue addressed by this report is the lack of continuity of services for infants and toddlers. Given the interdependency of a child’s developmental needs during the first three years of life, efforts to ensure that young children have continuous access to health care, family services, child care, adequate family income, and nutrition is a challenge. States and communities also must account for the fact that unlike children who have access to kindergarten or the formal education system, infants and toddlers develop in myriad settings where access to developmental support can vary from nonexistent to very high quality. This means that children enter kindergarten with varying skillsets and at different stages of development. (see Figure 3) For this reason, identifying effective strategies that increase funding for and access to high-quality interventions and that provide continuity through the infant and toddler years can help close the school readiness gap and achievement gap and set children on the right path for future success.

FIGURE 3

### Primary care arrangements vary for young children

Preschool children younger than age 5 with employed mothers, 2011



Source: Lynda Laughlin, "Who's Minding the Kids? Child Care Arrangements: Spring 2011" (Washington: Bureau of the Census, 2013), available at <http://www.census.gov/content/dam/Census/library/publications/2013/demo/p70-135.pdf>.

A scan of states, cities, counties, and school districts produced a number of emerging strategies to address both funding and continuity for infants and toddlers. Promising strategies and approaches to bring together the various resources and services that promote healthy development include: creative financing; community focal points for service delivery; and continuity in programs and standards. Examples of these approaches are discussed in the following sections.

# Financing infant and toddler programs

One of the critical barriers to ensuring continuity and access to infant and toddler services is insufficient funding resources. As a consequence, many communities draw upon multiple funding sources to support infant and toddler services. While this approach has helped states bolster their capacity to provide services, the patchwork system of funding sources is not ideal. The administrative burden of remaining accountable to the various requirements of each funding source can be a significant challenge. While the end goals may be similar, the array of funding streams can vary and even conflict within the populations they target or the mandated reporting and evaluation mechanisms, quality and instruction standards, and/or time frame for reporting. Similarly, since many of the funding sources are in the form of grant programs or philanthropic contributions, the sustainability of resources is not guaranteed, which can inhibit long-term planning at the state and local administrative levels.

Developing a better and more comprehensive approach to funding infant and toddler services would ensure that existing programs are adequately funded to serve the entire eligible population of children and families. However, the current patchwork system fails to fund enough slots in any given program to meet 100 percent of need. In the absence of sufficient funding, some communities have blended funding sources by centralizing their program delivery and creating processes and relationships that establish early childhood systems that can leverage the various funding opportunities. Communities that have had success with this approach typically offer a mix of services—such as health care, child care, and home visiting—that work collaboratively to support children across programs over time. Communities are taking advantage of federal funding sources, state funding sources, and philanthropic and private partnerships in order to support the continuum of infant and toddler services to expand access to high-quality programs.

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## Federal funding sources

There are several federal funding sources to support infant and toddler services. Funding opportunities are available through many different federal agencies to support key aspects of child development, including the Department of Health and Human Services, the Department of Education, and the Department of Agriculture. (see Table 1) Although each funding source aims to address a specific issue or set of issues, the interventions that support healthy development often produce a variety of outcomes in a person's life that achieve the goals of multiple funding streams. For example, home visiting services have been proven to support school readiness, decrease child abuse and neglect, improve maternal and child health, reduce crime and domestic violence, and improve family economic stability.<sup>12</sup> For this reason, communities across the country are using a variety of funding sources to support home visiting initiatives and infrastructure, including funds specifically designed to support home visiting, such as the MIECHV program; dedicated state appropriations; philanthropic support; and other sources that aim to produce the same outcomes such as Early Head Start; the Race to the Top – Early Learning Challenge; Temporary Assistance for Needy Families, or TANF; Medicaid; the Child Health Insurance Program, or CHIP; and the Maternal and Child Health Block Grant, or MCH.<sup>13</sup> A list of prominent federal funding streams that have been leveraged to support infants and toddlers is presented in Table 1.

While many of the funding streams focus on supporting a specific type of intervention—such as Early Head Start or the Supplemental Nutrition Assistance Program, or SNAP, formerly known as food stamps—a number of the federal grants also provide funding more broadly for alignment and systems development. For instance, while MIECHV primarily funds home visiting, one of the targeted outcomes of the grant program is to improve coordination with and referrals to other community resources and supports.<sup>14</sup> Similarly, the Title V Maternal and Child Health Services Block Grant Program provides a fairly flexible funding stream that supports positive health outcomes for young children and mothers.<sup>15</sup> While Title V funds focus on child and maternal health outcomes, there is a significant amount of flexibility built into what services can be supported by the grant. States have leveraged these funds to support cross-sector systems building and home visiting services and to provide and improve health standards and quality of child care for young children.

TABLE 1

## Federal funding sources available to support infant and toddler services

Funding stream	Number of states receiving funding	Amount of funding	Explicitly supports service alignment	Type of funding
<b>U.S. Department of Health and Human Services</b>				
Maternal, Infant, and Early Childhood Home Visiting, or MIECHV	Every state, including territories and tribal communities	\$386 million awarded in 2015	Yes	Discretionary, formula and competitive grants
Medicaid/Children's Health Insurance Program, or CHIP	Every state	Not applicable	Yes	Mandatory, funded through a formula and in partnership with states
Title V Maternal and Child Health	Every state and nine jurisdictions	About \$6 billion per year with state matching funds	Yes	Discretionary, grant based with state matching funds
Early Childhood Comprehensive Systems, or ECCS	47 states and the District of Columbia; Guam; Northern Mariana Islands; Puerto Rico; Republic of Palau; and the U.S. Virgin Islands.	\$7.1 million awarded in 2014	Yes	Discretionary, grant based
Healthy Start	33 states	\$65 million awarded in 2014	Yes	Discretionary, grant based
Healthy Tomorrows	47 states, District of Columbia, Puerto Rico, and Guam	Funded eight five-year awards totaling \$377,000 in fiscal year 2014	Yes	Discretionary, grant based
Project LAUNCH	35 states and 20 cities, counties, or tribal communities since 2008	\$3.4 million anticipated in 2015	Yes	Discretionary, grant based
Temporary Assistance for Needy Families, or TANF	Every state	\$31.7 billion in federal and state maintenance of effort, or MOE, funds awarded in FY 2013	No	Discretionary, grant based with state matching funds
Community-Based Child Abuse Prevention, or CBCAP	Every state	\$41 million for 2015	Yes	Discretionary, grant based
Head Start and Early Head Start	Every state	\$8.6 billion in 2014	Yes	Discretionary, grant based
Early Head Start-Child Care, or EHS-CC, Partnerships	Specific communities in every state	\$500 million awarded by March 2015	Yes	Discretionary, grant based
<b>U.S. Department of Education</b>				
Child Care and Development Block Grant, or CCDBG	Every state	\$109 million awarded in 2014, targeted to infants and toddlers	Yes	Discretionary, grant based with state matching funds
Elementary and Secondary Education Act, or ESEA, Title I	Every state	About \$14 billion per year. For Title I, states typically use less than 5 percent for preschool.	Yes	Discretionary, grant based
Individuals with Disabilities Education Act, or IDEA, Part C	Every state, District of Columbia, and Puerto Rico	\$438 million in 2014	No	Discretionary, grant based
IDEA Part B	Every state, District of Columbia, and Puerto Rico	\$353 million in 2014	No	Discretionary, grant based
Race to the Top – Early Learning Challenge, or RTT-ELC	20 specific states picked for grants in 3 rounds	\$1 billion over three rounds in 2011, 2012, and 2013.	Yes	Discretionary, competitive grants

Funding stream	Number of states receiving funding	Amount of funding	Explicitly supports service alignment	Type of funding
U.S. Department of Agriculture				
Supplemental Nutrition Assistance Program, or SNAP	Every state	\$74 billion in 2014	No	Mandatory
Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC	Every state	\$6 billion in 2014	No	Discretionary, grant based
Child and Adult Care Food Program, or CACFP	Every state	\$3 billion in 2014	No	Discretionary, grant based

Note: The funding for Head Start and Early Head Start includes that for EHS-CC partnerships  
Source: See appendix.

Ohio, for example, uses several funding sources to support infant and toddler services through the Help Me Grow program, which is designed to ensure that all Ohio children have a healthy birth and access to the family resources they need to achieve a healthy and strong start to life.<sup>16</sup> The initiative includes both home visiting and early intervention. The home visiting services include four key components:

- Research-informed parenting curriculum
- Ongoing screenings and assessments
- Family need-based referral and resource linkages
- Transition to a development enhancing program and early care and education center<sup>17</sup>

Since its inception, the Help Me Grow program has drawn on federal funding through MIECHV; TANF; and the Individuals with Disabilities Education Act, or IDEA, Part C, funds, as well as state general revenue funds.<sup>18</sup> Ohio also recently received authorization to bill aspects of its home visiting program to Medicaid.

Besides Help Me Grow, the Ohio Office of Health Improvement and Wellness oversees additional initiatives that intersect with early childhood—such as the Project Linking Actions for Unmet Needs in Children’s Health, or LAUNCH,

grant; Patient Centered Medical Homes; Ohio’s MCH Block Grant; and WIC. Similarly, Ohio’s Division of Family and Community Health Services works closely with other agencies—such as Ohio’s Medicaid office, Department of Education, and Department of Job and Family Services—to provide a more comprehensive system of early childhood services.<sup>19</sup>

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## State and local funding

In addition to federal funding, states and communities use state- and local-level funding to support infant and toddler services. States use both general state appropriations and dedicated revenue sources. In recent years, the national attention to high-quality early learning programs has led many governors to highlight the issue in their budget proposals. Legislators in Kansas, for example, allocated state funds within their budget to establish the Kansas Early Childhood Block Grant, or ECBG, to be administered by the Kansas Children’s Cabinet and Trust Fund.<sup>20</sup> The ECBG includes a set-aside for infant and toddler services that requires at least 30 percent of funds to support programs that serve children from birth to age 3.<sup>21</sup>

States also direct specific revenue sources toward early childhood services. A number of states support their home visiting infrastructure with state tobacco settlement funds. In California, a 1998 ballot initiative established a tax on cigarettes and tobacco products.<sup>22</sup> Revenue from the taxes goes directly to support early learning opportunities and healthy child development for children and families during the first five years of their lives through the First 5 California program.<sup>23</sup>

### **Palm Beach County, Florida**

#### **County property tax funds the Children’s Services Council of Palm Beach County**

In Palm Beach County, voters established the Children’s Services Council of Palm Beach County, or CSCPBC, which is supported with dedicated funding from a county property tax that provides 77 percent of the council’s budget.<sup>24</sup> Services provided or supported by the CSCPBC serve families during pregnancy, for children from birth to age 6, and during out-of-school time for older children.<sup>25</sup> The CSCPBC also provides targeted services in at-risk neighborhoods to coordinate community services, including home visiting, child care, parenting, and mental health support.<sup>26</sup> The CSCPBC,

an innovative model that contracts with community partners through a competitive bid process, relies on research and data to identify which community needs it should fund. The CSCPBC also closely monitors funded programs to ensure that target child outcomes are achieved.<sup>27</sup> In the 2014–2015 funded program, allocations ranged from \$35,192 to \$15,260,768.<sup>28</sup>

Legislators in California have made recent attempts to pass legislation that would establish a comprehensive and fully funded system of early learning for children from birth to age 5. In February 2014, state Sen. Carol Liu (D) introduced the Strong Families, Strong Children Act, which ultimately failed to pass the state legislature.<sup>29</sup> The bill was designed to provide funding that would expand access to high-quality early learning and parental support services for low-income families with infants and toddlers. The bill aimed to align services to support young children by transforming the general child care services for infants and toddlers into a new program named California Strong Start, which would have provided children with the following services from birth to age 3 listed in the bill:

- Parent engagement and support services that promote positive parent-child relationships
- Full-day early learning and care services
- Part-day early learning and care services
- Voluntary home visitation services
- Nutrition services; and
- Referral to services such as health and dental care, child abuse prevention, housing and early childhood mental health<sup>30</sup>

While the initiative received enough support to be considered through multiple rounds of committee referrals, concerns about the financial viability of the policy prevented the passage of the bill.<sup>31</sup> Similarly, provisions that would have altered the mandated child-to-teacher ratios raised significant concern, especially related to the effect it would have on providers' financial ability to maintain services without seeing an increase in service rates.<sup>32</sup>

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## Philanthropic and private partnerships

Many states and communities also are drawing upon private and philanthropic support to create and sustain an integrated system of services for infants and toddlers.

The Buffett Early Childhood Institute at the University of Nebraska was established through the financial support of philanthropist Susan Buffett and the resources of the University of Nebraska. The Buffett Early Childhood Institute partners with 11 school districts in the Omaha area to adopt a birth-through-third-grade approach to early childhood programming.<sup>33</sup> Twelve schools in six districts are piloting an intensive model through which schools serve as hubs for comprehensive education and support services for young children—from birth through third grade—and their families, including birth through age 3 home visiting programs.<sup>34</sup>

In addition, L.B. 1256 established the Nebraska Early Childhood Education Cash Fund, also known as Sixpence, in 2006 to bring together state agencies and private philanthropy and to increase high-quality early developmental experiences for Nebraska’s infants and toddlers at risk of failure in school.<sup>35</sup> Sixpence supports high-quality, center-based, and family engagement programs—including birth through age 3 home visiting programs—across the state. A number of the participating birth through age 3 home visiting programs are attached to schools in an effort to better align these supports with children’s ongoing early education.<sup>36</sup>

In the state of Washington, the legislature established a Home Visiting Services Account, or HVSA, which leverages public matching funds to bolster public financing to expand evidence-based home visiting services. The legislation creates a public-private partnership between the Department of Early Learning and Thrive by Five Washington, the nonprofit organization that administers the funds and raises the philanthropic match.<sup>37</sup> The HVSA is designed to support evaluation of home visiting services, the provision of technical assistance and training, and the integration of home visiting within the state’s broader birth to age 3 plan.<sup>38</sup>

Recent federal engagement on early childhood issues through the Invest In US campaign has garnered significant financial commitments from philanthropic partners and the private sector to support early childhood programs and services. For example, The California-based Heising-Simons Foundation committed \$6.6 million between 2015 and 2018 to match federal investments in early childhood programs, specifically setting aside \$2 million to support the implementation of federal investments, such as the Child Care Development Block Grant,

or CCDBG, and MIECHV.<sup>39</sup> Similarly, in Tulsa, Oklahoma, the George Kaiser Family Foundation committed \$25 million over five years to scale up a parent engagement initiative designed to connect families with parenting resources and literacy activities through communitywide engagement. The investment aims to provide services to an additional 20,000 children who are eligible for but currently not receiving services.<sup>40</sup>

# Targeting infant and toddler services

One approach to maximizing scarce financial resources and providing continuity for infants and toddlers is to concentrate services in geographic areas with the most at-risk families or to identify families that most need services through a single point of entry. With geographic targeting, states deliver comprehensive services within regions where there are high concentrations of specific risk factors—such as poverty, crime, high maternal or infant health problems, or low school performance. Alternately, some states attempt to identify vulnerable families and connect them with a broad array of services through a single entry point. Coordinating access to services through community focal points encourages more efficient and collaborative operations while focusing on comprehensive service delivery. The types of services often involved can include health services, nutrition services, family economic and employment supports, education, and home visiting.

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## Single points of entry

Several communities are developing centralized intake systems, designed to help families access multiple programs through a single entry point. This policy is gaining traction, resulting in part from an influx of federal home visiting funds through the Maternal, Infant, and Early Childhood Home Visiting program. Several states and communities developed centralized intake systems to improve access to the continuum of services available to at-risk children and families.

While centralized intake systems can vary in their scope and methodology, they typically centralize core tasks that are common to most social services, such as outreach and identification of families, screening or assessment during intake, identification of needed services, and referral to services and programs. Some centralized intake systems initiated through MIECHV funding are limited to home visiting services and aim to connect families to the home visiting model that will best meet their needs.<sup>41</sup> Other centralized intake systems offer much broader referrals to services within the various social domains that support young children and their families—including health, education, and nutrition.<sup>42</sup>

Many emerging central intake systems stem from or are closely connected to health systems and expand to reach across a variety of programs—such as early learning, social services, and nutrition—that serve children and families. Health care systems are well positioned to identify pregnant women who face risk factors and who could benefit from additional services. In Delaware, for example, results from developmental screenings are provided to the state’s centralized intake systems for referral to follow-up services. Since the process is initiated within the health care system, Medicaid funding supports the process.<sup>43</sup>

In New Jersey, the central intake model has evolved from its initial focus on linking infants and pregnant women to the state’s home visiting programs to its current expansion of intake hubs in all 21 counties of the state that provide linkages to resource and referral services designed to assist families of young children beyond pregnancy and birth.<sup>44</sup> Led by the New Jersey Department of Health and with funding support from the state Department of Education and the Race to the Top – Early Learning Challenge grant, the hubs help families access appropriate and needed services, including home visiting; prenatal care; pediatric and adult primary health care; family support and social services; Head Start and Early Head Start; and other early learning opportunities, such as high-quality child care centers.<sup>45</sup> Similar to New Jersey’s implementation of the MIECHV grant, central intake is an interagency collaboration that benefits from the input of state partners across four state departments—Health, Children and Families, Human Services, and Education—working to implement a comprehensive pregnancy to age 8 early learning plan for the state.<sup>46</sup> New Jersey’s central intake design supports systems integration and closely aligns with national systems-building initiatives that include Early Childhood Comprehensive Systems, or ECCS; Help Me Grow; and Project LAUNCH.<sup>47</sup>

## Serving infants and toddlers with comprehensive services through MIECHV

Capitalizing on the success of federally funded home-visiting services has provided states a unique opportunity to concentrate their efforts on aligning services for infants and toddlers. MIECHV program is a federal grant initiative to fund the expansion of evidence-based home visiting programs. It aims to improve health and developmental outcomes by connecting families with home visitors who provide guidance and support to parents through regular and voluntary home visits.<sup>48</sup> Additionally, MIECHV provides resources for states and communities to improve the coor-

dination of services targeting infants and toddlers.<sup>49</sup> Many states are working toward this goal by implementing centralized intake systems. MIECHV-funded centralized intake in some states focuses on providing a single entry point to access home visiting services in the state. In other states, administrators use MIECHV to connect program intake, screening, and referral across multiple early childhood programs.<sup>50</sup>

While MIECHV supports a variety of home visiting models, many of these models place significant emphasis on developing early cognitive skills to ensure that children are ready for preschool, kindergarten, and beyond. To achieve the goals of healthy early development and school readiness, many home visiting curricula build in transition support and planning. That is to say, as home visitors become trusted advisors for parents, they often fulfill the role of facilitators and help families with the logistics of selecting and moving into child care and early education settings, as well as with building and supporting their child's school-readiness skills. For this reason, home visiting is an important part of the continuum of services to support young children, especially those from high-need households.

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## Geographic targeting of services

Services delivered within a targeted geographic region, sometimes called hubs or zones, offer states and communities an opportunity to consolidate administrative activities, share financial resources, identify common goals, align activities and standards, and build working relationships across agencies while providing a continuum of services to a key population. Geographic targeting cuts down on duplicative efforts across sectors and frees up resources to increase service capacity, ultimately reaching more families and children in need. For instance, in Washington, D.C., the Division of Early Learning in the Office of the State Superintendent of Education is using an Early Head Start-Child Care Partnerships grant to fund neighborhood-based quality improvement hubs to provide comprehensive services and an evidence-based model of infant and toddler care that is consistent with the high-quality early learning standards outlined in Early Head Start.<sup>51</sup> Three hubs, which are in high-need wards of Washington, will support child care centers in raising their quality to meet Early Head Start standards and provide training and professional development opportunities—all while partnering with other health, social service, and home visiting agencies to ensure that families have access to available social supports through child care centers.<sup>52</sup>

## Oregon early learning hubs

Oregon is working to integrate its early childhood services by developing regional hubs across the state that will coordinate services to the communities within the region. This strategy was authorized by legislation in 2013 that directed the state's Early Learning Council to create 16 regional hubs covering the entire state.<sup>53</sup> While each regional hub has the flexibility to identify strategies that meet the needs of their particular communities, the legislation mandates that each hub must work toward the goals of aligning and coordinating an early learning system that is family centered; fostering universal kindergarten readiness; and focusing on healthy, stable, and attached families.

Each hub will bring together the early learning, health and human services, public health, education, and private sectors to develop a collective vision and strategy for achieving the overarching goals. The hubs also are charged with engaging parents and families, coordinating services, developing shared data collection and evaluation processes, and measuring the impact of collective efforts by identifying and tracking shared metrics.<sup>54</sup> In Oregon, hubs are supported by educational organizations and a variety of other community organizations working within the target sectors, including the United Way from the nonprofit sector, community colleges, and coordinated care organizations, or CCOs—umbrella organizations that aim to centralize the delivery and administration of health care services, including mental health and addiction services, physical health care, and maternal and child health services.<sup>55</sup>

Funding for Oregon's hubs is predominantly derived from state allocations in the budget, but some hubs have been able to leverage additional financial support from philanthropic sources, federal grant programs such as Race to the Top, or other state grant programs.<sup>56</sup> Hubs also are working to align their services with the CCOs that are being established in the state.<sup>57</sup> In one hub region, the local CCO provided the hub with additional financing to provide parent education and support to families and children.<sup>58</sup>

In order to address specifically the challenges faced by high-need communities or neighborhoods, intensive support provided within established zones brings together a variety of services that can include education, health, nutrition, and economic supports. In recent years, states have used Race to the Top – Early Learning Challenge, or RTT-ELC, grants to identify target communities and implement zone strategies. In its two-year progress report on RTT-ELC imple-

mentation, the Department of Education noted that 10 of the 20 grantee states are specifically targeting high-need communities, many of which are developing innovation zones.<sup>59</sup> Since then, other communities have adopted the model as well. The following text box, describes a number of current initiatives implementing this strategy. While RTT-ELC has provided states with a unique opportunity and the financial resources to implement and pilot zone strategies, grant funding was only provided for three years and was not continued in the most recent appropriations process, meaning that these initiatives could lose funding.<sup>60</sup>

## Selected zone initiatives to improve infant and toddler services through RTT-ELC

### Georgia: Early Education Empowerment Zones, or E<sup>3</sup>Zs

Georgia used RTT-ELC funds to identify and create four E<sup>3</sup>Zs, with the goals of expanding access to quality early education to children with high needs and aligning supportive services, activities, and resources. Working with the state departments of Economic Development, Community Affairs, and Education, the Georgia Department of Early Care and Learning is applying a data-driven approach to identifying the geographic areas with the highest proportion of need.<sup>61</sup> Within these identified high-need zones, Georgia is implementing tiered family copays in its child care subsidy system based on the provider's quality level.<sup>62</sup> Families that choose higher-quality care will pay less out of pocket.<sup>63</sup> These grants provide funding for additional slots in programs, which will allow providers to recruit and serve more high-risk young children.<sup>64</sup> Georgia also is planning to use its E<sup>3</sup>Zs to expand its Great Start Georgia initiative—an effort to establish a coordinated system of services for expectant parents and children from birth to age 5—by creating home visiting hubs in each zone.

### Illinois: Early Childhood Innovation Zones

Illinois established seven Innovation Zones in high-need communities that are committed to improving the quality of and access to early education services for at-risk children. Each innovation zone tests different strategies to increase participation in early education programs in targeted communities. Local collaborations lead these efforts, and the most effective strategies will be considered for statewide implementation.<sup>65</sup>

### **Maryland: Community Hubs**

Using RTT-ELC grant funds, the Maryland Department of Education will establish two Community Hubs in under-resourced communities in Baltimore to provide and coordinate existing services for children and families with children from birth to age 5.<sup>66</sup>

### **Minnesota: Transformation Zones**

Minnesota is using RTT-ELC grant funds to target services toward high-need communities. Currently, four areas that have high concentrations of childhood poverty have been identified as Transformation Zones: White Earth Reservation, Itasca County, Saint Paul Promise Neighborhood, and Northside Achievement Zone in Minneapolis. Each zone has the flexibility to create goals and design programs to fit the specific needs of the community.<sup>67</sup>

### **North Carolina: Transformation Zone**

North Carolina's Transformation Zone selected 4 counties—out of 17 eligible counties—that are committed to providing adequate early learning services to children in poor communities to ensure that they are well equipped for kindergarten. Applying implementation science methods, the goal of the Transformation Zone is to identify effective strategies for creating systems of services to better support young children's healthy development. Each community has representatives from various early childhood agencies and a local implementation coach to ensure that the grant and services are being used effectively.<sup>68</sup>

### **New Mexico: Investment Zones**

The Children, Youth and Families Department launched a task force to gather information on the condition of the state's communities and school districts. According to the task force's findings, a significant amount of areas in New Mexico lacked development; these communities are considered Investment Zones. These zones should identify and eradicate socioeconomic and academic factors that prevent young children from being prepared for preschool and kindergarten.<sup>69</sup>

### **Pennsylvania: Community Innovation Zones**

At risk elementary schools with an innovative idea apply for the competitive Early Childhood Education Community Innovation Zone Grant of as much as \$75,000 that is offered to 50 schools and neighborhoods. The goal of the initiative is to identify best practices that can be elevated at a broader state level. Grants will support developmental screening, Kindergarten Entry Inventory implementation, alignment of early care providers and school districts, and improved family engagement.<sup>70</sup>

# Assuring continuity for infants and toddlers

Not all states are taking a geographic approach when it comes to coordinating infant and toddler services and have instead sought to create a broader culture of continuity by developing statewide plans and policies. Often, statewide plans—initiated as a result of state legislation specifically calling for more integration and coordination among services or prescribed by coalition groups, such as children’s cabinets, councils, or other interdepartmental oversight bodies—typically aim to invest in broader access to high-quality early childhood services and to address concerns related to continuity of care across a targeted age range.

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## Developing a statewide plan

### Minnesota

In Minnesota, the Children’s Cabinet—consisting of the commissioners of the departments of Education, Health, and Human Services—charged the state Department of Health with developing a statewide prenatal to age 3 policy framework that would guide its work to build a strong early learning system.<sup>71</sup> The resulting framework focuses on outcomes for children and families in five key areas: prenatal health, general health, education, and well-being, as well as service-area coordination for children from before birth to age 3.<sup>72</sup>

During phase 1 of the prenatal to age 3 planning process, the Minnesota Department of Health convened a working group to identify desired outcomes in the key areas and metrics to determine success.<sup>73</sup> Phase 2 included building partnerships with a broad team of stakeholders to identify policy recommendations to promote healthy development and early learning success among young children and their families and to raise the public profile of the importance of infant and

toddler development.<sup>74</sup> Now in phase 3, the work aims to build community capacity for innovation in reducing health inequities and promoting safe, stable, and nurturing relationships and environments, as well as social and economic security for pregnant and parenting families with very young children.<sup>75</sup>

## Washington

The state of Washington developed a comprehensive plan to align services for infants and toddlers from birth through high school graduation. In 2010, the state legislature passed a bill that required the Department of Early Learning to develop a Comprehensive Birth to 3 Plan.<sup>76</sup> This approach aims to connect programs that serve children both across ages and within age groups. Specifically, the plan provides the following: universal developmental screening services that are linked across four state agencies; a portfolio of evidence-based home visiting services; services to connect families with primary medical care providers; support for family, friend, and neighbor child care providers; increased child care choice, access, and continuity by increasing capacity through child care subsidies; and the creation of a statewide structure to coordinate the birth to age 3 programs and services.<sup>77</sup>

In addition, the plan offers key recommendations to further existing work and represents both short- and long-term investments in the birth to age 3 services, such as creating a sustainable state funding stream for infant and toddler services, increasing funding for home visiting, providing funding for infant and toddler child care consultation, and creating a standing birth-to-age 3 subcommittee of the Early Learning Advisory Council.<sup>78</sup>

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## Aligning standards, quality, and educational practices

States are working to improve the continuity of early learning programs by aligning standards and educational practices during the infant and toddler years and beyond. Aligning standards and education creates a continuous pathway of learning and development that reduces gaps or unnecessary redundancies in early learning and difficult adjustments for children moving from one level to another. Similarly, it can support a uniform learning framework that is consistent for an entire community, helping ensure that all children achieve the same developmental benchmarks before they enter preschool or kindergarten—no matter where they spend the first years of their lives.

Since access to high-quality care and parents' ability to provide a nurturing learning environment can vary significantly during the first few years of children's life, children often enter kindergarten with vastly different levels of experience and readiness to learn. Correcting for this imbalance by ensuring that quality standards are aligned across settings and connected with the K-12 system are important goals of infant and toddler alignment. Communities are approaching standards alignment by replicating effective standards and regulations from existing high-quality programs; initiating efforts to improve the quality of available settings, including informal care received from family, friends, and neighbors; and identifying developmental benchmarks that children should achieve from birth through their formal education.

Georgia uses its Race to the Top – Early Learning Challenge funding to incentivize higher quality along the spectrum of infant and toddler care providers. Administrators overseeing the implementation of Georgia's RTT-ELC funds are using their grants to provide subsidy grants to high-quality programs that serve children from birth to age 3.<sup>79</sup> To obtain one of these grants, providers must meet higher standards for quality and be in an area where Georgia pre-kindergarten programs are available to ensure continuity as children age out of infant and toddler care.<sup>80</sup>

Meanwhile, Washington, D.C., uses the Common Core as an opportunity to connect its educational standards for the K-12 system with the early learning system, including indicators for children from birth to preschool.<sup>81</sup> The District of Columbia established a set of Common Core Early Learning Standards that include guidelines and expectations for development within domains that span approaches to learning; logic and reasoning; communication and language; literacy; mathematics; scientific inquiry; social studies; the arts; social-emotional development; and physical development, health, and safety. Indicators for progress within each area of child development are identified for infants, toddlers, 2-year-olds, preschool-age children, and expectations for preschool exit.<sup>82</sup>

## Leveraging the Quality Rating and Improvement System in Illinois to align infant and toddler standards

The Quality Rating and Improvement System, or QRIS, is another policy lever that can be used to align standards and address transitions for infant and toddler development to ensure a continuum of early learning.

Illinois has established quality guidelines in its QRIS for infant and toddler child care settings and to address transitions. The QRIS includes child care standards related to the learning experience, instructional quality, child screening, environmental rating, family and community engagement, program administration, and continuous improvement. Illinois requires programs to demonstrate high-quality in all classrooms to ensure that programs cannot receive a high rating if their quality of infant and toddler classrooms and services is poor.<sup>83</sup> Specific infant and toddler quality rating standards include but are not limited to the following:

- To achieve a gold rating, a program must implement parent-teacher conferences; plan specific communications with parents; plan for family involvement; and have strategies in place for connecting families with other social, health, education, and medical services as needed.<sup>84</sup>
- To achieve a silver rating or above, settings must implement curricula that align with the Illinois Early Learning Guidelines for Children Birth to Age 3 Years, or IELG, and the Illinois Early Learning and Development Standards, or IELDS, for preschool 3 years old to kindergarten enrollment age.
- To achieve a silver rating, a program must have a policy and procedure to ensure that all children, including infants and toddlers, are screened annually for special needs and referred to other community supports as needed.
- Any child assessment tools used by a setting to evaluate a child's developmental progress must align with the state's IELG and IELDS in order for a program to qualify as a silver rated program.
- To achieve a bronze rating, at least one administrator or teacher must have received training on a curriculum aligned with the IELG and IELDS.

# Federal policy can support infant and toddler alignment

While state and local communities are taking the lead to implement promising approaches to expanding services to infants and toddlers, the federal government can and must do more to sustain these efforts and ensure that infant and toddler programs and services are more broadly available across the United States. Key policy actions taken at the federal level could bolster infant and toddler services that are already occurring in some states and communities.

Specifically, Congress must:

- Increase funding for infant and toddler services to meet demand and improve quality
- Ensure that existing federal funding streams provide more long-term and continuous investments
- Make sure that funding sources are flexible enough to support continuity of services

For its part, the Obama administration and future administrations should:

- Continue to build momentum for investments in early childhood initiatives
- Ensure that the departments overseeing the various federal funding sources leveraged to support infants and toddlers provide guidance for blending federal funding streams
- Initiate a permanent cross-agency office focused on aligning infant and toddler services
- Streamline grant applications and reporting

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## Increase funding for infant and toddler programs at the federal level

Since the majority of programs providing services for low-income children and families cannot meet the needs of all who are eligible, increasing investments to expand services is a critical first step to support continuity for infants and toddlers. Ensuring that all eligible children receive services will better position states and communities to provide a continuous pipeline of services so that more disadvantaged children enter school ready to learn and at the same developmental stage as their more affluent peers. Increasing funding for infant and toddler programs will allow them to increase capacity and serve more children and their families. All signs point to a difficult appropriations process in 2016, with the threat of cuts to many important programs. To prevent disrupting progress at the state and local levels, Congress should ensure that early childhood programs are protected from funding cuts.

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## Make funding streams permanent

While there are many different federal funding opportunities that support young children and their families, the majority of funding streams are discretionary funds or grant based, which makes them less dependable. Grant-based funds, particularly those that are competitively distributed, are not guaranteed beyond the terms of the grant. Moreover, while competitive grant programs can be an effective tool for incenting better quality and outcomes, they should be complemented by formula funds that provide a foundation of financial support to build a base level of infrastructure.

Similarly, discretionary funding streams that are subject to the annual appropriations process also can be reduced or eliminated depending on the priorities of Congress. This is a particular challenge for infant and toddler services, which are already underfunded and often underdeveloped, unable to meet the needs of all eligible families, and primarily funded at the federal level through discretionary grant programs. Uncertainty about future funding can inhibit long-term planning at the state and local levels. In recent years, partisan tension in Congress led to sequestration, a government shutdown, and short-term extensions of critical programs serving infants and toddlers, including MIECHV.

Program extensions and delayed appropriations decisions produce a great amount of uncertainty for state and local administrators. When administrators lack assurance that funding will be sustained, they may be reluctant or unable to hire or retain staff; to expand services or scale up successful efforts; or to invest in quality improvement, training, and technical assistance. Funding uncertainty also can mean that time and resources are spent on contingency planning rather than service delivery and program development.

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### Ensure flexibility within funding sources

Since the developmental needs of young children are inherently intertwined, funding sources that support the myriad domains of development should be sufficiently flexible to support initiatives that align community-level resources and services. While some funding streams are available to support broad alignment and systems building efforts, many programs and interventions still operate in isolation. Legislative language should promote collaboration and alignment and allow for a broader use of funds.

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### Continue to create momentum for investments in early childhood initiatives

The Obama administration's spotlight on the importance of early childhood interventions has leveraged the philanthropic community and private sector in meaningful ways, generating more than \$340 million in funding commitments.<sup>85</sup> The current administration, as well as future administrations, should continue to prioritize early childhood and infant and toddler alignment as a key strategy for improving the outcomes of low-income children and families and developing a future workforce that is competitive on an international scale.

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### Provide guidance on blending different sources of federal funding

Federal agencies that administer the various funding streams for infants and toddlers should provide more guidance to state and local administrators on how funds can be used to support systems building and the development of a continuum of services. Guidance should identify successful strategies and demonstrate

how these strategies can be replicated while also addressing issues of conflicting requirements. Likewise, federal agencies that administer financial support should establish high-quality standards that are aligned across the various funding streams and are attainable for state and local implementing agencies.

Federal agencies also should provide technical assistance and resources to help state and local agencies manage the administrative burden of applying for and reporting on multiple funding streams, including how to create data systems that can efficiently track metrics across various programs.

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### Consider ways to streamline grant applications and reporting for initiatives that blend funding streams

Beyond providing guidance, the federal government should consider developing a centralized process for applying for and reporting on grants and other federal funding streams. Since the current programs and services that target infants and toddlers are administered across many different federal agencies, being accountable for the various outcomes can be a significant administrative burden for state and local agencies.

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### Establish a permanent federal cross-agency office focused on infant and toddler services

To provide better oversight and support for infant and toddler alignment efforts, a cross-agency office should be established at the federal level to focus on delivering the continuum of services for young children. Such an office would mirror strategies currently implemented at the state level to provide more intentional oversight and administration of infant and toddler services. This office would develop and provide guidance and assistance to state and local agencies that apply for and implement grants targeting infant and toddler services. Similarly, the office would coordinate with the various federal agencies that oversee infant and toddler programs with the goal of streamlining reporting processes, data collection, and quality improvement efforts.

# Conclusion

States and local communities across the country are bringing together resources and expertise to create systems of support around our youngest and most vulnerable citizens. While innovation is happening on the ground locally and at the state level, the federal government can and must play a significant supporting role by amplifying and expanding promising approaches to infant and toddler services alignment. Continuing and increasing funding for programs that catalyze the healthy development of infants and toddlers is not only a smart investment but also a necessary one.

Families of color continue to disproportionately face economic and social challenges in the United States, even as they come to represent a larger share of the overall population. Therefore, policymakers must invest in proven solutions that prevent poor outcomes for the youngest and most vulnerable among us. Many of these solutions already exist but lack the funding needed to be effective. Aligning services and systems of care for infants and toddlers will allow states and communities to more efficiently use limited resources, while building on successful programs that support the healthy development of our future generations.

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# Appendix: Federal funding sources for infant and toddler services

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## Maternal, Infant, and Early Childhood Home Visiting

The MIECHV grant program supports the expansion of evidence-based home visiting services for high-risk children and families in states, territories, and tribal communities. Various home visiting models supported by MIECHV provide services for young children and parents from before birth to preschool.<sup>86</sup>

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## Medicaid and the Children’s Health Insurance Program

Medicaid, CHIP, provide health insurance coverage for low-income infants and toddlers and their families. Medicaid allows eligible children to access the Early Periodic Screening, Diagnosis, and Treatment program, and CHIP provides highly flexible funds that can support comprehensive health and development benefits, as well as health insurance coverage. States also have been successful in billing aspects of maternal and infant home visiting services to Medicaid.<sup>87</sup>

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## Title V Maternal and Child Health Services Block Grant Program

Title V Maternal and Child Health program funds are provided to states through an annual formula grant to provide a foundation to ensure the health and well-being of women and young children. Specifically, Title V funds aim to ensure access to high-quality care, reduce maternal and infant mortality, provide comprehensive prenatal and postnatal care, increase child health assessments and treatment, provide access to preventive care, support community- and family-based systems of care, and provide toll-free hotlines.<sup>88</sup>

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## Early Childhood Comprehensive Systems

The ECCS grant program directs funds toward strengthening state systems to promote early childhood development. The goals of the program include increasing access to health care, identifying developmental issues, improving early care and education, educating parents, and supporting families. In 2013, the most recent grant period, the program refocused to better support early childhood initiatives, including MIECHV programs.<sup>89</sup>

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## Healthy Start

Healthy Start is a grant program that aims to reduce infant mortality by identifying new mothers in communities with the highest infant mortality rates. The goal of the program is to improve maternal health and to help parents care for their young children until they are 2 years old. Grant funds go directly to health and social service organizations to help reduce racial and ethnic disparities and to improve health outcomes for mothers and children.<sup>90</sup>

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## Healthy Tomorrows Partnership for Children Program, or HTPCP

The HTPCP aims to improve access to maternal and child health care. Projects funded by the grant must target high-need communities, represent a new initiative within a community, and serve as a demonstration that will undergo an evaluation. Interventions can address many different issues, including early childhood development; school readiness; care coordination and case management; nutrition; and physical, mental, and behavioral health.<sup>91</sup>

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## Project LAUNCH

The Project Linking Actions for Unmet Needs in Children's Health aims to promote the health and well-being of children from birth to age 8 by supporting their physical, social, emotional, cognitive, and behavioral development. Grantees can meet these goals by using grant funds to improve systems coordination, build infrastructure, increase screening and referrals, and increase access to evidence-based prevention and wellness promotion services for children and their families.<sup>92</sup>

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## Temporary Assistance for Needy Families

The TANF program awards states block grants to provide income support to low-income families with children. States receiving these federal grants also contribute additional funds toward the programs. TANF funds are intended to support families in caring for their children; to reduce dependency on social services by increasing job training, work, and marriage; to prevent out-of-marriage pregnancies; and to increase two-parent homes. TANF funds are relatively flexible, and states can use grant funds to meet the goals as they see fit. For instance, a significant portion of TANF funds are spent on providing child care, and recently, states have used TANF funds to support their home visiting initiatives.<sup>93</sup>

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## Community-Based Grants for the Prevention of Child Abuse and Neglect, or CBCAP

The CBCAP program was designed to support community-based efforts to prevent child abuse and neglect by coordinating resources and activities to strengthen and support families. To receive funds, states must identify a plan to blend federal, state, and private funds; to promote parent leadership; to foster interagency coordination; to increase their use of evidence-based programs and interventions; and to evaluate the effectiveness of their programs. These goals can be achieved by implementing services such as home visiting and community and family resource centers.<sup>94</sup>

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## Head Start and Early Head Start

Both the Head Start and Early Head Start programs support the mental, social, and emotional development of children from birth to age 5 by providing education, health, nutrition, social, and other services. Head Start promotes the role of parents as a child's first and most important teachers and works with families to support positive parent-child relationships, family well-being, and connections to peers and communities. Head Start began as a program for preschoolers, and the majority of children served are ages 3 to 4. Early Head Start serves pregnant women, infants, and toddlers through programs that are available until children turn 3 years old and transition into Head Start or other preschool programs. Early Head Start supports families through early, continuous, intensive, and comprehensive services.<sup>95</sup>

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## Early Head Start-Child Care, or EHS-CC, Partnerships

EHS-CC Partnerships grants enable new or existing Early Head Start programs to collaborate with local child care centers and high quality home-based family child care providers that serve low-income infants and toddlers to provide full-day, full-year programs for working families. These partnerships will also extend the comprehensive services provided by Early Head Start, including higher health, safety, and nutrition standards; comprehensive screenings; professional development for teachers; and parent engagement.<sup>96</sup>

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## Child Care and Development Block Grant, or CCDBG

The 2014 reauthorization of the CCDBG requires states to spend a minimum of 3 percent of their CCDBG funds to improve the quality and increase the quantity of care for infants and toddlers. Activities that can be funded through this set-aside include establishing and expanding high-quality community or neighborhood family and child development centers; improving access to provider training, technical assistance, and professional development; incorporating infant and toddler components into the state's Quality Rating and Improvement System; helping parents access high-quality child care programs; and other activities that support the healthy development of infants and toddlers.<sup>97</sup>

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## Elementary and Secondary Education Act, or ESEA, Title I

Title I of the ESEA identifies preschools as an allowable use for funds. These funds can support programs designed to improve the cognitive, health, and social-emotional outcomes for eligible children from birth to the age at which free public elementary education is provided. Children who live in areas with lower achievement rates could be eligible to participate in Title I-funded preschool programs. Title I funds also aim to promote parent engagement, support the transition of young children into kindergarten, and coordinate with other federal programs that benefit young children.<sup>98</sup>

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## Individuals with Disabilities Education Act Part C

Part C of IDEA is a state-administered program to serve infants and toddlers with developmental delays or diagnosed physical or mental conditions from birth through age 2. Its purpose is to provide free access to public education for all young children with disabilities, ensure their rights, and assist states and local entities in better serving them.<sup>99</sup>

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## IDEA Part B

Section 619 of Part B of IDEA offers states grants to provide preschool to children with disabilities from age 3 to age 5 and, at the states' discretion, to 2-year-olds with disabilities who will turn 3 years old during the school year.<sup>100</sup>

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## Race to the Top – Early Learning Challenge

The RTT-ELC is a competitive grant initiative focused on improving early learning and development programs for young children. Grants go directly to states that are working to increase the number or percentage of low-income and disadvantaged infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs. The grants also can support efforts to design and implement systems integration initiatives and to improve the quality of assessments in early childhood programs. Grants were awarded in 2011, 2012, and 2013 but were not funded beyond these years.<sup>101</sup>

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## Supplemental Nutrition Assistance Program

SNAP provides individuals and families with nutrition assistance. Individuals who qualify based on income, resources, deductions, immigration requirements, employment, and disability can apply for SNAP benefits through local SNAP offices.<sup>102</sup>

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## Special Supplemental Nutrition Program for Women, Infants, and Children

WIC provides federal grants to the states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, as well as for infants and children through age 5 who are found to be at nutritional risk.<sup>103</sup>

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## Child and Adult Care Food Program, or CACFP

CACFP provides nutritious meals and snacks to infants and children who are enrolled in a variety of child care setting, including: public and private nonprofit child care centers, Head Start programs, care centers serving children outside of school hours, other licensed or approved day care providers, and some for-profit centers serving lower income children. CACFP reimburses participating centers for the eligible meals and snacks served to enrolled children, specifically targeting those children most in need.<sup>104</sup>

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