

## CARING FOR RHODE ISLAND'S INFANTS AND TODDLERS

### LEARNING BEGINS AT BIRTH

Infants and toddlers need a supportive, nurturing, safe environment to grow up healthy and strong. The early years lay the foundation for the child's later cognitive achievements, mastery of social skills, self-confidence and respect for others.<sup>1</sup> Healthy child development depends on strong relationships with adults who are attentive and responsive to the infant's or toddler's concerns, discoveries and achievements.<sup>2,3,4,5,6</sup>

Investments designed to improve school readiness need to include supports for the healthy development of infants and toddlers, who are mastering the social, emotional and cognitive skills required for success in school and beyond. Supporting parents and caregivers in building strong healthy relationships with the young children in their care is one of the earliest and most important school readiness strategies.<sup>7,8</sup>

Healthy, prepared parents are critical to an infant's health and well-being. The need for safe nurturing environments and healthy strong relationships extends to the people that care for infants and toddlers while parents work.<sup>9,10</sup> The quality of care provided by child care centers, family child care homes and the informal care provided by friends, relatives and neighbors is critical to the healthy development and school readiness of Rhode Island's youngest children.<sup>11,12</sup>

### THE FIRST THREE YEARS OF LIFE

*"Dramatic development takes place during the first three years of life, which turns the dependent human newborn into a sophisticated three-year-old who walks, talks, solves problems, and manages relationships with adults and other children.*

*Because the early years are a period of considerable opportunity for growth and vulnerability to harm, society wisely does not take for granted the well-being of young children. Instead, we share responsibility as adults to guarantee for each child the opportunity to thrive in the early years of life."*

Ross A. Thompson, "Development in the First Years of Life" in *The Future of Children: Caring for Infants and Toddlers* (2001).

**BIRTHS BY CITY/TOWN  
RHODE ISLAND, 2003**

City/Town	# of Births
Barrington	164
Bristol	196
Burrillville	150
Central Falls	401
Charlestown	81
Coventry	407
Cranston	913
Cumberland	322
East Greenwich	114
East Providence	539
Exeter	72
Foster	39
Glocester	82
Hopkinton	94
Jamestown	45
Johnston	294
Lincoln	189
Little Compton	20
Middletown	204
Narragansett	131
New Shoreham	16
Newport	290
North Kingstown	278
North Providence	368
North Smithfield	97
Pawtucket	1,047
Portsmouth	158
Providence	2,978
Richmond	108
Scituate	86
Smithfield	136
South Kingstown	272
Tiverton	77
Warren	99
Warwick	887
West Greenwich	62
West Warwick	408
Westerly	261
Woonsocket	605
<b>TOTAL</b>	<b>12,690</b>
<b>Core Cities</b>	<b>5,729</b>
<b>Rest of RI</b>	<b>6,961</b>

Note: Data are provisional and do not include births among Rhode Island residents that occurred out of state (approximately 450). Source: Maternal and Child Health Database, Division of Family Health, Rhode Island Department of Health, 2003.



**RHODE ISLAND'S  
INFANTS AND TODDLERS**

*The first three years of life build a social and emotional foundation that supports the infant's lifelong learning and social interactions. From infancy through the preschool years, development proceeds at a pace exceeding that of any subsequent stage of life.*

In 2003, there were 13,140 babies born to Rhode Island residents.<sup>13</sup>

- ◆ 8,799 were born at Women and Infants Hospital.
- ◆ 1,132 were born at Kent County Memorial Hospital.
- ◆ 647 were born at Newport Hospital.
- ◆ 645 were born at Memorial Hospital in Pawtucket.
- ◆ 569 were born at South County Hospital.
- ◆ 554 were born at Landmark Hospital.
- ◆ 314 were born at Westerly Hospital.
- ◆ 20 were born at home.
- ◆ 10 were born at other hospitals in Rhode Island.
- ◆ 450 were born out of state.



**RHODE ISLAND'S  
YOUNGEST CHILDREN**

According to *Census 2000*:

- ◆ There are 12,206 infants (birth to age 1) and 25,569 toddlers (ages 1 and 2) in Rhode Island.
- ◆ The majority of young children have working parents. Two out of three Rhode Island women (67%) with children under the age of 6 are in the labor force.
- ◆ More than 40% of Rhode Island's 37,775 infants and toddlers live in one of the six core cities with the highest rates of child poverty.
- ◆ Of all children under age 3 in Rhode Island, 69% are White, non-Hispanic, 17% are Hispanic, 5% are Black, 3% are Asian, 1% are some other race, and 4% are two or more races.

## INFANTS AT HIGH RISK

The earliest years are important for all children, but certain groups of children are at much higher risk for poor developmental outcomes. Research shows that high-quality interventions in the early years can help all children realize their inborn potential and support the healthy cognitive, social and emotional development that is so critical to success in school and in life.<sup>14</sup>

Of the 12,441 Rhode Island infants born in 2002,<sup>15</sup>

- ◆ 91 died before their first birthday
- ◆ 248 were born to a teen who was already a mother
- ◆ 409 were born to a teen mother ages 12 to 17
- ◆ 986 were born with low birthweight
- ◆ 1,941 were born to a woman with less than a high school education
- ◆ 2,401 were born into poverty

*We know that many infants are at developmental risk due to maternal depression, substance abuse, parent's mental illness or domestic violence but accurate numbers are not available.*<sup>16</sup>

## HEALTHY DEVELOPMENT OF INFANTS AND TODDLERS

### THE GROWTH OF THE BODY

The rapid growth of infants and toddlers means that a nutritionally adequate diet is one of the most crucial requirements for early physical growth. Young children's rapid brain development makes them especially vulnerable to exposure to infectious diseases, drugs, and environmental toxins, such as lead.

Physical environments friendly to the needs and interests of infants and young children promote healthy development. Accidents are the leading cause of injury and death in young children.

### THE GROWTH OF THE MIND

Early childhood establishes the basis for complex human reasoning, communication and problem-solving.

Newborns have a natural capacity for discriminating speech sounds that are used in all of the world's languages. A three-year-old is already

putting words together into simple sentences, mastering grammatical rules, and acquiring new words at an amazing rate.

Numerical reasoning begins to emerge as an early awareness of the differences between small quantities grows into an awareness of number concepts long before a child learns to count.

### THE GROWTH OF THE PERSON

The infant-toddler years provide the early lessons in conflict management, cooperation, and understanding and concern for other's feelings.

Sensitive, responsive caregiving provides the foundation for positive relationships with peers and teachers, a healthy self-concept, and emotional and moral understanding.

Adapted from: Ross A. Thompson, "Development in the First Years of Life" in *The Future of Children: Caring for Infants and Toddlers* (2001).



## HIGH-QUALITY CHILD CARE

*“Second only to the immediate family, child care is the context in which early development unfolds, starting in infancy and continuing through school entry, for the vast majority of young children in the United States.”<sup>17</sup>*

Affordable high-quality child care is critical to the healthy development and learning of infants and toddlers. Early care has a long-lasting impact on how young children develop, on their ability to learn, and on their capacity to regulate their own emotions.<sup>18</sup>

Recent studies indicate that the experiences and interactions a child has during the first three years of life have a decisive impact on brain development. Supportive, nurturing care in the early years of life promotes self-confidence and social competence and lays the foundation for cognitive development and school success.<sup>19</sup>

Quality child care enhances child development and poor care impairs it. Babies and young children learn

and take their cues from the adults around them – their parents, their child care providers, and other important adults in their lives. Children learn in the context of important relationships with adults.<sup>20, 21</sup>

Compared to children in lower-quality child care settings, children in higher-quality settings have more advanced language and pre-math skills, more advanced social skills, and warmer relationships with their teachers.<sup>22, 23, 24</sup>

Quality care is important for all children and is even more critical for at-risk children. Research indicates that the strongest effects of quality child care are found with at-risk children – children from homes with the fewest resources and under the greatest stress.<sup>25, 26</sup>

### CHILD CARE SUBSIDIES: FAMILY ECONOMIC SECURITY AND CHILD DEVELOPMENT

*Parents of children who receive child care subsidies are more likely to remain employed longer, increasing the likelihood of advancement, promotion, real wage growth and economic security.<sup>27</sup>*

◆ The availability of child care subsidies is a critical support to low-income and moderate-income working families and an essential element of effective welfare reform. Parents need to find care for their infants and toddlers while they work or participate in training or education.<sup>28</sup>

◆ In Rhode Island, working families with income up to 225% of federal poverty level are entitled to child care subsidies for children up to age 16. Families enrolled in Family Independence Program are exempt from the work requirement if they have an infant under age 1. Appropriate child care must be made available for all children through age 12 before a parent is required to participate in any work, training or education activity.

◆ 3,354 infants and toddlers received subsidies in 2003, representing one-quarter of the 13,666 children receiving subsidized child care in Rhode Island.<sup>29</sup>

◆ In 2003 in Rhode Island, 62% of infants and toddlers in families using child care subsidies were enrolled in licensed child care centers and 28% were in registered family child care homes. The remaining 10% were receiving care from a non-certified provider (a relative or in-home care provider).<sup>30</sup>

◆ There is an insufficient supply of high-quality child care for infants and toddlers.<sup>31</sup>



## WHAT IS QUALITY CHILD CARE FOR INFANTS AND TODDLERS?

*“The heart of any good child care program is the relationship between the children and the provider, and the relationship between the provider and the parents.”*

– Joan Lombardi, *Time to Care: Redesigning Child Care to Promote Education, Support Families and Build Communities (2003)*.

The hallmark of quality care is not very different from quality of care by mothers or fathers: warm, responsive, consistent caregiving geared to the needs of individual children. Studies find that the characteristics of quality go together. Providers who have one of these characteristics are likely to have others. In other words, providers who are intentional in their approach provide more sensitive and responsive care and education.<sup>32</sup>

The capacity of providers to offer responsive care on a consistent basis hinges, in part, on the laws, regulations, funding, licensing and training that create a context for quality. In particular quality is affected by state regulations. Children who live in states with high regulatory standards have higher quality early care and education than children who live in states with low standards.<sup>33</sup>



## QUALITY IN CHILD CARE CENTERS

Researchers have identified specific, interrelated characteristics of high quality center-based settings that achieve better results for children. These include:

- ◆ A sufficient number of adults for each child (i.e. high staff-to-child ratios).
- ◆ Small group size.
- ◆ Higher levels of staff education and specialized training.

- ◆ Low staff turnover and administrative stability.
- ◆ Higher levels of staff compensation.

Source: Rima Shore (1997). *Rethinking the Brain*. New York: Families and Work Institute.



## QUALITY IN FAMILY CHILD CARE HOMES

In family child care, children fare better emotionally and cognitively when their caregivers:

- ◆ Are committed to taking care of children and are doing so from a sense that this work is important and it is what they want to be doing.
- ◆ Seek out opportunities to learn about children's development and child care, have higher levels of education, and participate in family child care training.
- ◆ Think ahead about what the children are going to do and plan experiences for them.

- ◆ Seek out the support of others who are providing care.
- ◆ Are regulated by the state.
- ◆ Have groups of three to six children.
- ◆ Follow standard business and safety practices.

Source: Rima Shore (1997). *Rethinking the Brain*. New York: Families and Work Institute.



## THE EARLY CHILDHOOD WORKFORCE

Essential features of effective programs for infants and toddlers:

- ◆ Service delivery to meet child and family needs.
- ◆ Quality of program implementation.
- ◆ Timing, intensity and duration of interventions.
- ◆ Provider knowledge, skills and relationship with the family.
- ◆ A family-centered, community-based, coordinated approach.

*Source: National Academy of Sciences. From *Neurons to Neighborhoods: The Science of Early Childhood Development* (2001).*

Providing high quality services for infants and toddlers requires multiple supports for infant-toddler care providers that make them more satisfied with caring for very young children, more equipped to meet the special developmental and learning needs of infants and toddlers and more likely to attend to the needs of the family as well as the child.

Many of the workforce issues cut across disciplines and affect the ability to recruit and retain qualified staff in a wide range of early childhood programs, including child care, family support, parenting education, children's mental health, Early Intervention and other programs focusing on young children and families.

The National Academy of Sciences recommends that leaders in education and in health and human services engage in a collaborative assessment of the challenge of improving the professional development of early

childhood personnel. They note that it will be critical to include representatives from a broad group of training institutions and professional organizations in this effort.<sup>34</sup>

### EDUCATION AND TRAINING

Special training is needed to care for infants and toddlers. Research shows that early education providers who have a bachelor's degree are more likely to provide high quality care.<sup>35,36</sup>

### WAGES AND BENEFITS

Pay and benefits continue to be a major barrier to retention of highly skilled, well-trained infant and toddler care providers.<sup>37</sup> While Rhode Island has made great strides in the past five years with increasing the dollars invested in child care subsidies, increased child care provider reimbursement rates and health insurance for child care staff, many early care providers earn low wages and often have no paid vacation or sick time.<sup>38</sup>

## ESSENTIAL COMPONENTS OF QUALITY: PROGRAMS THAT SUPPORT VULNERABLE YOUNG CHILDREN

In 1994, the Secretary of Health and Human Services formed the Advisory Committee on Services for Families with Infants and Toddlers to guide the design of the Early Head Start program for low-income infants and toddlers. The committee identified four cornerstones of quality early childhood programs for vulnerable infants and young children:

**Child development**, providing individualized support that honors the unique characteristics and pace of infant/toddler physical, social, emotional, cognitive, and language development, including early education and health care;

**Family development**, using individualized family development plans that attend to parenting and relationships with children, the home environment and family functioning, family health, parent involvement and economic self-sufficiency;

**Community building**, enhancing child care quality, community collaboration, and the integration of culturally responsive services and supports for families of infants and toddlers; and,

**Staff development**, needing well-trained and well-supported staff, so that the program quality is not compromised from the outset.

*Source: Advisory Committee on Services for Families with Infants and Toddlers. Statement of the Advisory Committee on Services for Infants and Toddlers. Washington, DC: Department of Health and Human Services, September 1994.*



## IMPROVING OUTCOMES BY SUPPORTING FAMILIES AT HIGH RISK

*There is good evaluation evidence that improved outcomes can be achieved for vulnerable young children and families through intensive, theory-driven programs that provide comprehensive family support, parenting skills training and high-quality early childhood development services.<sup>39, 40</sup> Recent economic analysis of program evaluations has supported the fact that quality early childhood programs are cost-effective, saving as much as \$7 for every \$1 invested.<sup>41, 42, 43</sup>*

To ensure healthy development, families with young children need access to a range of supports in their neighborhood and community. Families provide the foundation for a child's earliest relationships. Children grow and thrive in the context of close, dependable care giving relationships. Healthy families provide safe, predictable, nurturing, responsive environments that encourage exploration.

Children's early social and emotional development depends upon healthy families and healthy communities. Too many young children in Rhode Island live in families that are burdened with the

stresses of economic uncertainty, with unmet mental health problems, or with interpersonal violence. Parental depression, anxiety, and stress have a strong influence on the ability of a parent to provide sensitive, nurturing, responsive care to infants and toddlers.<sup>44, 45</sup>

Parents who are isolated and lack a support network are less likely to be able to provide for the health and developmental needs of their infants and toddlers. Maternal depression is more common in low-income families and among mothers with limited education, further compromising healthy child development.<sup>46</sup>



## EARLY HEAD START

Interventions for children and families identified as at-risk of poor outcomes are most effective if they begin early and work with the family over time. Early Head Start is a unique federal program that promotes healthy prenatal care for low-income women, supports early learning and child development for infants and toddlers, and fosters healthy family relationships. Early Head Start programs are models for innovative high quality infant and toddler care and comprehensive family support.

Early Head Start programs can be home-based, center based, or a combination of the two. They serve vulnerable families with income below the federal poverty level. Rhode Island has five Early Head Start programs serving infants and toddlers birth to age 3.

A national evaluation of Early Head Start found that when 2-year-old children had participated for one year or more, they performed significantly better on measures of language, cognitive, and social-emotional development.<sup>47</sup>

Parents participating in the Early Head Start program scored higher on measures of home environment, parenting behavior, and knowledge of early child development. They were also more likely to attend school or job training and reported lower levels of family conflict and parenting stress.<sup>48</sup>

*As of October 2003, there were 402 infants and toddlers enrolled in Early Head Start in Rhode Island. This is just 4% of the 9,600 Rhode Island children ages birth to three in families with income below the federal poverty threshold.<sup>49</sup>*

## EARLY HEAD START PROGRAMS AND RESOURCES

**CHILD, Inc.**  
Warwick  
401-823-3777

**Children's Friend and Service**  
Providence  
401-276-4300

**Comprehensive Community  
Action Program**  
Cranston  
401-275-5808

**East Bay Community Action  
Program**  
Riverside  
401-437-0018  
Newport  
401-367-2001

**Tri-Town Community  
Action Agency**  
Johnston  
401-351-2750

**Early Head Start National  
Resource Center**  
@Zero to Three  
[www.ehsnrc.org](http://www.ehsnrc.org)

## EARLY INTERVENTION PROGRAMS

**Children's Friend and Service**  
Providence  
401-729-0008

**Family Resources  
Community Action**  
Woonsocket  
401-766-0900

**Family Service of RI**  
Providence  
401-331-1350

**Hasbro Children's Hospital**  
Providence  
401-444-3201

**J. Arthur Trudeau Memorial  
Center**  
Warwick  
401-823-1731

**James L. Maher Center**  
Newport  
401-848-2660

**Meeting Street**  
East Providence  
401-438-9500

## RESOURCES

**EI Interagency Coordinating  
Council**  
Dawn Wardyga, Chair  
401-727-4144

**Rhode Island Parent  
Information Network**  
EI Parent Consultants  
401-727-4144

**Rhode Island Department  
of Human Services**  
Center for Child and Family  
Health  
401-462-2127

**Rhode Island Department  
of Health**  
Division of Family Health  
401-222-5929

## IMPROVING OUTCOMES THROUGH EARLY INTERVENTION

*The federal Early Intervention program for infants and toddlers was enacted in 1986 as part of the federal special education law. Like Early Head Start, this program was also a response to research findings indicating that the sooner intervention services begin for children with developmental delays, the higher the level of functioning that can be achieved.<sup>50</sup>*

## EARLY INTERVENTION: PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT

The federal Individuals with Disabilities Education Act, Part C (IDEA, Part C), requires states to identify and to provide appropriate Early Intervention Services to children from birth to age 3 who are developmentally delayed or have a physical or mental condition with a high probability of resulting in developmental delay. States may choose to serve children more broadly at risk of delay. Rhode Island's definition of the population eligible for Early Intervention does not include children who are at risk for delay.

The Early Intervention program requires that a family service plan be developed for each infant or toddler (birth to age 3) enrolled in the program. Eligible children receive a multidisciplinary assessment of their disabilities and then referrals to needed occupational, physical, communication and other therapies.

Services can be provided within the child's home, a child care setting or other appropriate location. Parents receive help in learning how to deal with the problems facing the child and the family.

As currently implemented, most Early Intervention programs do not directly address problems in early emotional development and do not provide comprehensive family support services.<sup>51</sup>

On a national level and in Rhode Island, there is increasing interest in benchmarks regarding outcomes, intensity and range of Early Intervention services received by children with specific impairments. There is growing consensus that such standards would aid the delivery of consistent, high quality and effective services.<sup>52</sup>

In Rhode Island, authority for the Early Intervention program was recently transferred from the Rhode Island Department of Health to the Rhode Island Department of Human Services. Program services are provided by seven agencies that serve families statewide.

*During 2003, there were 2,708 infants and toddlers enrolled in Rhode Island's seven Early Intervention programs. This is 7% of the 37,775 Rhode Island children ages birth to three.<sup>53</sup>*



## IMPROVING OUTCOMES FOR INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM

As of August 31, 2004, the Rhode Island Department of Children, Youth and Families had 632 children under the age of 3 in care. Half of these children (315) were in out-of-home placement and half (317) were at home.<sup>54</sup>



## PROMISING STRATEGIES FOR CHILDREN IN FOSTER CARE

### **Comprehensive, High Quality Health Care**

Children in the foster care system in Rhode Island have access to a full range of health and mental health services through RItE Care. Attention to appropriate developmental screening as part of well-child care is especially critical for infants and toddlers.

### **Early Intervention**

As part of the reauthorization of the Child Abuse and Prevention Treatment Act, there is a provision that requires that all children under age 3 who have been the subject of an indicated investigation for child abuse and neglect to be referred to Early Intervention for an assessment and appropriate services to meet their needs.<sup>55</sup>

### **High Quality Early Care and Education**

Quality early learning experiences can provide very young children in foster care with the opportunity to form secure attachments with teachers and/or child care providers who can provide consistent, positive learning environments that support school readiness.<sup>56,57</sup>

### **Family Support and Home Visiting**

Comprehensive early childhood programs (such as Early Head Start and other proven national models) that combine home visiting, family development, child development and community building can provide specialized services that improve child outcomes.<sup>58,59,60</sup>

### **EARLY START**

Project Early Start was created by statute to serve economically disadvantaged families with children birth to age three who are at-risk for developmental, health and social problems. The project is administered by DCYF and provides both home-based and center-based activities to enhance parenting skills and child development. Six community-based providers serve 300 families.

## FAMILIES AFFECTED BY SUBSTANCE ABUSE

**Project Connect** at Children's Friend and Service works with DCYF to keep children safe and strengthen families by helping parents achieve a substance-free lifestyle and resolve other problems that place children at risk. The program is intensive, home-based and provides aftercare support for recovering parents and their children.

**Vulnerable Infants Program – RI** is a new statewide model of coordinated care and support for drug exposed infants, women and their families. This unique program is designed to improve the community's ability to manage cases of drug-exposed children at risk for compromised development. The program provides education, training and service linkage.

**Project Link** is a comprehensive case management program for substance abusing pregnant or parenting women. The program is based at Women and Infants Hospital and provides clinical substance abuse and addiction treatment and case management services tailored to the needs of the families.

**SSTAR Birth** is a residential program for chemically dependent, pregnant, postpartum, Rhode Island women and their children. The program's goals are to improve the physical health and reduce substance abuse among mothers and children to promote safe and healthy pregnancies, improve family functioning and to reunite families. Women must commit to remaining in the residential program for at least 9-12 months.



## RECOMMENDATIONS

In order to improve the healthy development of Rhode Island's infants and toddlers, we must implement strategies that support all young children and families, with specific attention to those at high risk due to economic, social or health issues. High priority strategies include:

- Increase access to high quality child care for infants and toddlers.
- Increase the capacity of proven two-generation family support programs, such as Early Head Start.
- Make sure that all infants and toddlers receive regular developmental assessments and appropriate referral to services.
- Improve the linkages among infant-toddler child care, Early Intervention, Early Head Start, and Early Start.
- Develop a high-quality, accessible professional development system for early childhood providers across disciplines.
- Make sure that children in the care of DCYF receive appropriate health, developmental, educational and family support services, and Early Intervention.
- Implement a comprehensive, intensive family support program for teen parents.
- Prioritize and implement the following 12 Steps to Better Baby Care.

### 12 STEPS TO BETTER BABY CARE

*Better Baby Care is a national initiative to promote the healthy development of babies, toddlers and families. Better Baby Care provides a comprehensive, research-based approach to inform public policy, build public will, advance professional education and enhance practice in order to improve early health, family support and early learning. Zero to Three, a policy research organization in Washington, DC is the lead agency for the national Better Baby Care partnership.*

For more information: [www.betterbabycare.org](http://www.betterbabycare.org) and [www.zerotothree.org](http://www.zerotothree.org)

#### SAFE AND HEALTHY CARE

1. Ensure that all child care meets state and local licensing requirements and standards that follow the recommendations in the National Health and Safety Standards for Out-of-Home Care.
2. Provide every infant/toddler program with access to health and mental health consultation and support.
3. Promote the inclusion of children with special needs and provide on-going support to parents and providers.

#### FAMILY-CENTERED CARE

4. Help parents understand how to select and monitor the quality of care for their infants and toddlers.
5. Promote parent involvement, parent education, and family support through child care services that reflect the cultures and languages of the families served.
6. Create networks of support for family child care and kith and kin providers.

#### DEVELOPMENTALLY-APPROPRIATE CARE

7. Ensure that infant/toddler providers have specialized training in child development and family support, and receive adequate compensation.
8. Develop the capacity of all higher education institutions in the community to offer courses in infant/toddler care and supervision.
9. Provide an infant/toddler specialist to work with providers and parents in every child care resource and referral agency.

#### CRITICAL INVESTMENTS

10. Expand the supply of quality infant care through direct investments and higher reimbursement rates for accredited care.
11. Ensure that all eligible children receive access to Early Head Start.
12. Provide families with paid parental leave for the first year of a baby's life.



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## RHODE ISLAND INFANT-TODDLER RESOURCES

### **Child Care Assistance Program**

Department of Human Services  
Reeva Sullivan Murphy, 401-462-3415

### **Child Care Support Network**

Department of Health  
Jennifer McKinnon, 401-222-5372

### **Childspan**

Children's Friend and Service  
Shevaun Keogh-Walker, 401-729-0765

### **CEDARR Family Centers**

Department of Human Services  
Sharon Kernan, 401-462-3392

### **Early Head Start**

Department of Human Services  
Head Start Collaboration Project  
Larry Pucciarelli, 401-462-3071

### **Early Intervention**

Department of Human Services  
Center for Child and Family Health  
Tricia Leddy, 401-462-2127

### **Family Outreach Program**

Department of Health  
Deb Garneau, 401-222-5929

### **Options for Working Parents**

Greater Providence  
Chamber of Commerce  
Julie Anne Valladares, 401-272-7510

### **Parents as Teachers**

Rhode Island  
Parent Information Network  
Gladys Tiede, 401-727-4144

### **Project Early Start**

Department of Children, Youth  
and Families  
Nancy Herrington, 401-528-3770

### **The Providence Center**

**Early Childhood Institute**  
Simmy Carter, 401-276-4164

### **Rhode Island Association for Infant Mental Health**

Sharon Terreault, 401-438-9500

### **Successful Start**

Department of Health  
Tammy Ledoux, 401-222-4354

### **Teen-Tot Program at**

**Hasbro Children's Hospital**  
Patricia Flanagan, MD, 401-444-4712



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