10 WAYS

THE BIDEN ADMINISTRATION CAN ADVANCE EQUITY FOR YOUNG LEARNERS

TODAY

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CHILDREN'S EQUITY PROJECT

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Millions of U.S. children are at risk of missing out on quality equitable early learning experiences.

They deserve urgency.

The Build Back Better Act, passed by the House of Representatives, marks an unprecedented step forward in expanding access to early care and education through a universal prekindergarten program and greatly increased child care supports for working families, along with a host of additional supports that directly benefit children and families, including extending the child tax credit and creating a federal paid family leave program. The Senate's version of the bill, however, has stalled indefinitely, threatening its chance of passage.

This situation is frustrating—and familiar. Fifty years ago, on December 10, 1971, the United States came incredibly close to creating a national system of early care and education, when the Comprehensive Child Development Act passed both the Senate and House with overwhelming margins, only to be vetoed by President Nixon.[1] Fifty years later, this promise to America's young children and families remains unfulfilled, and we find ourselves yet again tantalizingly close to—and yet infuriatingly far from—delivering a need that must be addressed now.

Unfortunately, children's lives have not paused to wait for congressional activity—least of all in a still-untamed pandemic. Millions of U.S. children are at risk of missing out on quality equitable early learning experiences.[2] They deserve urgency. So, as the country waits to see if current efforts to build a universal early care and education system in the United States finally succeed, there are several actions the executive branch can take to advance equity in early learning systems *now* and improve the conditions in which children are learning *tomorrow*, and importantly, to prepare a stronger foundation for the possibility of a much improved, universally accessible system.

Building on our two previously published Start with Equity agendas, *Start With Equity, from the Early Years to the Early Grades: Data, Research, and an Actionable Child Equity Policy Agenda* and *Start With Equity: 14 Priorities to Dismantle Systemic Racism in Early Care and Education*, this brief outlines key "now actions."

ONE

REQUIRE EQUITY PLANS ACROSS ALL APPLICATIONS FOR NEW FUNDING.

An equitable learning system will be realized only when equity is the expectation; when progress toward that expectation is tied directly to funding and accountability; and when states, localities, and nongovernmental organizations are financially supported in reaching that expectation.[3] This begins with the Departments of Education (ED) and Health and Human Services (HHS) requiring that all federal reporting and new applications for federal funding to serve young learners include an actionable equity plan.

Actionable plans require concrete, measurable strategies to **close gaps in 1) access to resources and services** experienced by historically marginalized communities — including Black, Latine, Indigenous, Asian American and Pacific Islander, low-income, and immigrant communities and children with disabilities; **2) address inequities in the quality of experiences children have in learning settings;** and **3) identify and address disparities in outcomes where they exist.**

TWO

UPDATE EXISTING AND PUBLISH NEW EQUITY POLICY STATEMENTS TO GUIDE STATE POLICY.

During the Obama administration, HHS and the ED published several policy statements addressing equity issues in the early care and learning system, including eliminating exclusionary discipline and its disproportionate application (2014), expanding inclusion of children with disabilities (2015), better supporting dual language learners (2016), and promoting greater family engagement (2016).[4] HHS and ED should update and improve each of these Obama-era policy statements and accompanying guidance. There are several years of new data and research that should be accounted for in updated statements. In addition, the significant changes the early care and education system has undergone (and may once again undergo in the near future) merit a reframing of these policies. And, importantly, the infusion of new resources into the early care and education system makes it much more possible to address research-based supports to teachers and other practitioners to engage in more fair, equitable practices that positively benefit all children, especially those who have been historically marginalized. For example, new funding makes it much more feasible to recommend the implementation of early childhood mental health consultation, shown to be effective and cost-efficient in multiple statewide randomized controlled evaluations.[5] Specifically, these dollars are the necessary—and long-awaited—resources to support teachers and providers in ending exclusionary discipline.

HHS and ED could update the **preschool discipline policy statement** in light of this new funding, and more strongly encourage states and localities to utilize American Rescue Plan Act resources—such as those allocated under the child care stabilization section and existing resources like Title IV ESSA funding and CCDBG quality funding—to create robust systems of early childhood mental health supports, attend to bias and disproportionality in discipline decisions, and ultimately eliminate expulsions and suspensions in early learning programs. In line with this, ED and the Department of Justice could update and reinstate their K-12 discipline guidance to continue toward addressing disproportionate harsh, exclusionary discipline practices.

The Departments can also update the **dual language learner policy statement** by going further in encouraging learning approaches that foster multilingual education, including Indigenous heritage languages, considering the robust research base supporting the benefits of these approaches and recommend using new state funds to grow the linguistic diversity of the early care and learning workforce.[6] The research base on children who speak a variety of English, such as African American English, Appalachian English, and other varieties continues to grow. HHS and ED should affirmatively state that children who speak different varieties of English, while also learning General American English, exhibit strengths and may need unique supports.[7]

The **inclusion policy statement** should push further in promoting inclusive learning for children with disabilities and for explicitly integrating existing, antiquated self-contained systems.[8] Accompanying statements could be published that address other issues young children with delays and disabilities face, including equitable access to timely, high-quality early intervention and preschool special education services in sufficient dosage, appropriate identification, and challenges associated with uneven eligibility criteria across states.

The administration should go further by developing new research-based policy statements specifically addressing 1) workforce equity, with attention to the racial pay and position gap within the profession, and inequities in power and resources across providers from and serving historically marginalized communities;[9] and 2) operationalizing culturally affirming curriculum, assessment, and pedagogy.[10]

THREE

UPDATE AND STRENGTHEN MONITORING SYSTEMS.

There are some standards in federally funded early childhood programs that have the potential to advance equity, such as the expulsion prohibition in Head Start Program Performance Standards and the provisions in the Child Care and Development Block Grant that require building quality and supply of child care in underserved communities. But standards are only effective if they are tied to accountability systems.[11] Accountability systems rely on effective monitoring. ED and HHS should ensure their monitoring protocols for early learning programs address equity. Although monitoring protocols look differently across programs and monitoring happens at different levels, it should uniformly include clear equity expectations and measurable equity indicators that address concerns, including gaps in access to services, quality of experiences, and disparities in outcomes.

☑ **The Office of Head Start (OHS)** can review their monitoring protocol to determine whether equity-specific standards are being monitored clearly and consistently, and hold as much weight as other standards. Equity-specific standards may include those that disproportionately affect children from historically marginalized communities, and often, children who belong to more than one historically marginalized community, such as immigrant dual language learners from low-income households or Black children with disabilities.

OHS should ensure via their monitoring system that access to bilingual staff and programming is available to dual language learners and, if it is not, that grantees have a detailed plan for promptly securing those staff and providing those services. They should confirm that short-term suspensions occur only as outlined in the Head Start Program Performance Standards (HSPPS) and are not disproportionately applied to Black children, children with disabilities, or any other groups. They should ensure that all children have school readiness goals and receive *individualized* supports to meet those goals, including children with disabilities, dual language learners, and others who speak a different variety of English. OHS should also require grantees to report any disparities in child outcomes, by race, language, and otherwise, and a plan to close those disparities through individualized services, professional development, data tracking, and policy change.

☑ **The Office of Child Care (OCC)** should require states to include more detailed information in their annual quality progress reports regarding how they are using quality funds to advance equity and close disparities, and specifically, how they are meeting the law's requirement to increase the supply and quality of child care in underserved areas. OCC should require state plans to describe how states identify underserved geographic areas and how they plan to bridge gaps in access to subsidy and access to quality care in these areas. More detailed information should also be required regarding the language access provisions in the law, including how they facilitate access and continued enrollment, as appropriate, for families who speak a language other than English.

Importantly, OCC should provide transparency in how they exercise their authority to grant states waivers from legal requirements under CCDF. This authority has been used repeatedly during the pandemic and the public has little information on how states have sought to preserve child well-being while also seeking flexibility from certain aspects of federal law.

In addition, OCC should require state plans to include more detailed information on their policies and plans to address child care suspension and expulsion. Since the Secretary of HHS has the authority to collect additional information from states, OCC should collect data on expulsions from child care programs of children served under CCDF. They should also collect data on children who exit the subsidy system, including the demographics of these children and reasons for exiting.

☑ **The Office for Special Education and Rehabilitative Programs** should include adherence to the least restrictive environment in preschool and K–12 settings (indicators 5 and 6), as factors for state funding determinations in monitoring. ED should also track racial, language, geographical, and disability type disparities and their intersectionality in such placements, publish findings, and require states to access technical assistance to address disparities where they exist. Inclusion is a civil right and should be part of the federal government's determination of a state's demonstrated competence to receive funding and administer Individuals with Disabilities Education Act (IDEA) programs. Considering the influential role that preschool placement decisions have on children's long-term trajectories, ED should lend additional scrutiny to placement patterns in IDEA Parts C and B 619 services. The Department should also include Preschool Skills (indicator 7), in their state determinations for funding, and require that states report disaggregated data to enable an analysis of disparities in outcomes and to deploy appropriate supports, as applicable.

FOUR

IMPROVE DATA.

The current state of federal data for the purposes of understanding equity in learning settings has several concerning gaps. These include an array of issues, from failing to require disaggregated data in some indicators (e.g. IDEA preschool program outcomes) to neglecting to collect data on young children at all in other indicators (e.g. restraint and seclusion in Civil Rights Data Collection). In other areas of the federal early care and education landscape, like child care, very little data is collected at all, making it difficult or impossible to examine inequities. Many of these gaps can be addressed by federal agencies. Specifically:

☑ ED should require states to include preschool children in its Consolidated State Performance Reports under ESSA.

☑ ED's Office for Civil Rights should modify Civil Rights Data Collection (CRDC) reporting to require states to identify which of their public schools offer bilingual and/or dual language learning opportunities (starting in preschool) to better understand equitable access to bilingual learning for dual language and English learners. More broadly, they should also collect data on preschool children for all applicable items in CRDC, including and especially measures of harsh discipline that are currently not collected, including restraint and seclusion.

☑ ED's Office of Special Education and Rehabilitation Services should require that states report disaggregated data by race, language, income, and disability categories on child outcome indicators.

☑ HHS should update the Head Start's Program Information Report system and allow disaggregation at the classroom level to better understand issues associated with socioeconomic and racial integration, teacher-child racial/ethnic and language match, and to more effectively target supports. It should also include a new equity section, aligned with the HSPPS, that would include the disaggregated number of suspensions, Classroom Language Models used, and the ratios of bilingual children to teachers, as applicable. Additionally, it should report staff positions disaggregated by demographic data for the examination of potential disparities in teacher, teacher aide, and director positions. Data should be reported, at a minimum, at the site level.

☑ HHS' Office of Child Care should publish guidance and require more detailed reporting in annual quality expenditure reports and in triennial state plans specifically on the requirement to expand supply and quality of child care services in underserved communities.

☑ Major federally funded data collection efforts, such as FACES, the National Survey for Early Care and Education, and the National Household Education Survey, should be reviewed with an equity lens. All data should be able to be disaggregated and all variables should be able to be examined in the context of demographic characteristics and geography to better understand inequities in access and experiences, and disparities in outcomes, including concentrated disadvantage and underinvestment at the community level. These data collection efforts should ensure that marginalized and underrepresented communities can access the data and that interpretations and recommendations incorporate their perspectives. Attention should also be paid to ensure data collection efforts and measurement instruments consider the cultural wealth of children, families, the workforce, and communities.

FIVE

GROW THE EARLY HEAD START-CHILD CARE PARTNERSHIPS AND EXPAND THE MODEL TO PRESCHOOL CHILDREN.

HHS should incentivize more Early Head Start-Child Care Partnerships by ascribing greater competitive points to these models in funding opportunity announcements. Considering research supporting this type of model in preschool systems,[12] HHS should also pilot and evaluate public pre-K – Head Start Partnerships to inform broader expansion of the model. To have a robust and equitable system that works for children and families, we must have a mixed delivery system that leverages the best of child care, Head Start, and pre-K. Creating a cohesive early care and education system could address the persistent uneven quality in the system, and ensure that all children have positive, fair, and holistic experiences, regardless of what funding stream supports their seat. The EHS-CCP model has been effective in boosting quality for infants and toddlers, and can be used as a blueprint to similarly even and increase the quality landscape in preschool settings.

SIX

PUBLISH GUIDANCE ON BUILDING EQUITABLE QUALITY RATING AND IMPROVEMENT SYSTEMS (QRIS).

QRIS exists in most states across the country and plays an influential role in how quality resources are expended. Many states are investing in modifying or updating their QRIS with American Rescue Plan Act and other pandemic recovery funds. And, if the child care system is meaningfully expanded in the coming years, these frameworks will likely play an important role in resource allocation and supports for existing and new providers. Unfortunately, the existing QRIS has several equity concerns. Their content, that is, the actual indicators across quality tiers, generally do a poor job of encompassing equity and in studies they have generally not been associated with gains in child outcomes, except for at higher levels. In most states, a program can have a track record of expelling Black children or segregating children with disabilities and still be considered "high quality." Accessibility to the system is another challenge, with many providers of color, under-resourced providers, and providers who serve historically marginalized children facing greater, historically rooted barriers to accessing the system, and as a result, the financial and professional development supports it offers. Monitoring is another challenge, with the concerns of bias influencing how monitors assess programs led by or serving historically marginalized communities. HHS and ED should develop joint guidance on building more accessible, equity grounded QRIS that more accurately capture the experiences of all children. This guidance should also consider equity and biases, including those associated with language access, embedded in state licensing systems, as in many states, state licensing is a required step or the first tier in rating systems.

SEVEN

DEVELOP A FEDERAL EQUITY TECHNICAL ASSISTANCE STRATEGIC PLAN.

Technical assistance plays a major role in systems improvement and professional development efforts. There are several federally funded technical assistance centers across ED and HHS that focus on early care and education issues. All of these technical assistance centers should come together to develop an equity strategic plan that details system-wide equity goals centered around ensuring equitable access to services; culturally responsive and sustaining instruction and assessments; positive, fair experiences for all children, including and especially those who have been historically marginalized; and closing disparities in child outcomes. They should develop coordinated technical assistance plans, with specific timelines and actors responsible, delivered to the field via a variety of modes and mechanisms, using research-based approaches to professional development (e.g., job-embedded, practice-based coaching). They should track their progress in advancing equity in the field and make strategic adjustments as necessary to ensure continued growth.

EIGHT

DEVELOP A ROBUST RESEARCH AGENDA THAT ADDRESSES INEQUITIES AND THEIR HISTORICAL ROOTS.

It is critical that research agendas such as the Head Start Research Agenda and the Child Care and Early Education Policy and Research Analysis be examined through an equity lens. This means that all questions must be addressed in the context of demographics and geography, with an understanding of the historical roots of inequities. These agendas must attend to the impact of racism and systemic inequities, while also capturing the assets of children, families, and communities to ensure that conclusions and recommendations address injustices and leverage the cultural wealth of marginalized communities.

These agendas should also have a more pronounced emphasis on mental health, bias, and the impacts of racism on child development.[13] Considering the ongoing pandemic, and continuous and long-standing stressors children from historically marginalized communities face, ED and HHS should focus their research agenda planning for the subsequent period on effective and scalable models addressing mental health needs of children and teachers in early care and education systems.[14]

Data also show that bias influences adults' perceptions of children's behavior, the expectations they hold, the opportunities they afford, and the discipline decisions they make. The negative repercussions of these biases are disproportionately experienced by Black, Indigenous, and Latine children and children with disabilities. And, although the challenge is clear, the specific interventions that work to address biases, are less clear. As such, the federal research agenda moving forward should focus on effective and scalable interventions to address implicit bias in adults in the early care and learning systems.

In addition, efforts to build a diverse, competent, and well-compensated workforce should be a top priority. Considerably more and better data are needed regarding the recruitment and retention of a diverse workforce, as well as models

for promoting their overall health and wellbeing. Data collection in this area should take a broad and intersectional approach to diversity, encompassing—at a minimum—racial, ethnic, disability, and linguistic diversity.

Finally, substantially more attention is needed to better understand common components of high-quality bilingual learning models for young children, including models for Native language preservation, maintenance, and revitalization designed by and for Indigenous people, how to best capture the skills and knowledge of young dual language learners and children who speak other varieties of English through valid assessment, and what the core dimensions are of a competent workforce who can support the development of this population of children.

NINE

PRIORITIZE BILINGUALISM AND BILITERACY FOR DLLS.

Research is clear that DLL and EL children's emerging bilingual abilities are assets to be fostered, not a problem to be resolved into English-only monolingualism.[15] These students do best when they receive dual instruction in their home language and English.[16] A distinct, but important group of emergent bilingual children are Indigenous children learning heritage Native American, Alaska Native, Pacific Islander, or other Indigenous languages. Research finds that teaching tribal languages in educational settings is associated with academic gains and improved mental health. Language preservation, maintenance, and revitalization efforts should be an important priority and strategy toward countering the effects of assimilation policies. Dual language and English learners, speakers of heritage Indigenous languages, and speakers of different varieties of English are all distinct groups with strengths and unique needs that warrant dedicated and individualized attention and funding. Indeed, it remains critical that all children receive instruction and assessments that do not discriminate against their language identities.[17] HHS and ED should make this a priority, realized through policy statements, funding priorities, technical assistance, and research agendas.

- ☑ ED and HHS should strengthen their support for multilingual and multidialectal learning, and Native language preservation, maintenance, and revitalization by updating their joint policy statement, alongside conducting an audit of research, technical assistance, and policies to ensure that they are supporting bilingualism and positive outcomes for dual language and English learners, including Indigenous children, as well as children who speak different varieties of English.

- ☑ The White House should promptly appoint a new director of the Office of English Language Acquisition. ED should then rename the office to the Office of Multilingual Learning to communicate the value of multilingualism, rather than only focusing on English at the detriment of children's home languages.

- ☑ ED should identify the development of valid assessments for measuring bilingual children's emerging proficiencies in their home languages and English as a priority in upcoming cycles of the Competitive Grants for State Assessments program. ED and HHS should also identify and direct grantees to use research-based and culturally-grounded screeners and assessments for children who speak different varieties of English (e.g., African American English, Appalachian English) to ensure that they are adequately supported to meet their educational needs.

- ☑ ED and HHS should deploy technical assistance to focus on the development of culturally and linguistically appropriate, valid assessments and interventions for DLLs with disabilities, especially bilingual children with high incidence disabilities such as autism.

PLAN FOR EQUITY IN EARLY CARE AND EDUCATION EXPANSION.

Equity should be at the center of planning as the Departments prepare for the possibility of a much-expanded pre-K and early care and education system. There are several actions the administration can take to ensure equitable implementation of new, expanded early learning opportunities. It is critical that equity is centered in all stages of planning and implementation, with clear guidance and measurable benchmarks.[18] Congress passes expanded support for early learning, the Administration's first rulemaking and guidance documents should clearly and concretely articulate how equity is built into program standards, data collection, monitoring, accountability, and evaluation plans.

Additionally, ED and HHS should partner for co-administration of any new investments to establish or expand preschool programs. It will be essential that the agencies collaborate, particularly in meeting the needs of dual language learners and children with disabilities or delays. ED and HHS should make clear what responsibilities they will undertake in supporting the infrastructure to implement universal preschool, including how to leverage their respective expertise, monitoring systems, and data collection apparatuses. If universal pre-K becomes a reality, it will be particularly important to build expertise and staff capacity—and reinstate and codify the Interagency Policy Board to ensure sustainability. The administration should also consider adding nongovernmental experts and stakeholders.

Finally, the President's budget for next year and moving forward can advance these priorities and concretely advance equity within early learning and education systems. This could include innovative pilots such as Head Start-Pre-K partnerships, or others aimed at remedying inequities of access to resources, experiences in learning systems, and disparities in outcomes. It also can and should be used to outline institutional responsibilities for co-administration and coordination of early learning systems moving forward. HHS and ED should strongly consider operationalizing equity in:

- ☑ **Coordination.** ImpImplementation of a universal preschool system must be implemented with close coordination between existing state pre-K, Head Start, child care, IDEA, and Title I systems. A mixed delivery system is critical to ensure holistic, high-quality, and equitable services that meet the needs of children and their working families. Today, no one system can individually meet those needs. This coordination can also enable greater socioeconomic integration and inclusion of children with disabilities, both found to positively influence children's experiences and outcomes.

- ☑ **Standards.** To ensure an even system that consistently prioritizes equity, HHS should develop concrete equity indicators, in line with HSPPS, that state standards must reflect in order to receive federal preschool funding. These standards should minimally address discipline, bilingual learning, the inclusion of children with disabilities, and culturally responsive practice.

- ☑ **Resource allocation planning.** In building capacity to get to universal access, the federal government should require states to describe how to equitably expand high-quality learning opportunities, measured in part by where, how, and whom applicants propose to serve. HHS and ED should require states to articulate how they will serve the lowest-resourced and historically marginalized communities first.

☑ **Funding opportunity announcement.** ED and HHS should require equity plans as part of any new funding opportunities for preschool. In addition, the Departments should encourage applicants to provide comprehensive services, particularly for children who have been historically marginalized, through formal partnerships with Head Start programs.

☑ **Data reporting and tracking.** In order to promote transparency and measure progress in advancing equity, the Departments should require states to submit data progress reports that address, at a minimum, discipline, dual language learner supports (including bilingual learning), inclusion and accommodations of children with disabilities, workforce equity (including racial pay and position gap analyses), integration at the classroom level across demographic characteristics (e.g., socioeconomic, racial, language and disability), and disaggregated child outcomes.

☑ **Evaluation.** The Departments should dedicate research funding to an equity-centered evaluation of the implementation of any new resources or preschool programs. This evaluation should include an analysis of disaggregated child and family outcomes to better understand whether services were effective in narrowing disparities by race, income, disability, and language.

CONCLUSION

There is still a present path to a universal, high-quality, equitable learning system. While we pursue it, much remains to be done to prepare for that future by shoring up existing systems. This brief calls for 10 key actions that the Biden administration can take to begin to deliver on the promise of equitable early learning opportunities for all children, especially those who have been historically marginalized and left behind.

ENDNOTES

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