STATE CCDF PLANS:

Levers to Expand Access, Enhance Quality, and Advance Equity

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Introduction

The earliest years are a unique and critical time of development in which children's brains, bodies, and social-emotional skills are holistically and rapidly developing. Decades of neuroscience and research has shown that participating in quality early care and education (ECE) sets children on a positive lifelong trajectory, resulting in both positive short-term and long-term outcomes such as improved health, social, emotional, and academic outcomes; better elementary school performance including outperforming peers who did not attend high-quality early learning programs; and intergenerational benefits, specifically in research on the impact of Head Start!

These impressive positive outcomes are reliant upon access to and quality of ECE programs. Yet, universal access to high quality early learning opportunities for our youngest children remains elusive in the United States, disproportionately impacting children from historically marginalized groups. Indeed, data indicate that 51% of the nation's population live in areas where there are not enough child care slots within reasonable distance to home or work for families who need them, creating barriers in access? An analysis of child care supply across 35 states found that there was a child care gap of more than 31% of the potential need which represents families of an estimated 3.4 million children that do not have access to child care.³ Moreover, the quality of these programs varies significantly across states and localities, program type, and funding stream. Our nation's youngest learners and their families deserve reliable access to quality ECE that supports their development and fosters lifelong learning to help them flourish and thrive.

Often, ECE systems across states are fragmented and lack adequate resources and funding, resulting in low and uneven access to child care across demographic groups and varying and inconsistent quality of children's experiences in these settings.⁴ These systemic shortfalls and fundamental inequities in opportunity—influenced heavily by systemic racism, sexism, and ableism—contribute to disparities in child outcomes across an array of learning domains, breaking down unfairly across race, ethnicity, income, disability, language, and other factors.⁵ As the nation's primary and largest federal child care program which provides federal funds to every state and territory, the Child Care and Development Fund (CCDF) under the Child Care and Development Block Grant (CCDBG) is a key lever to ensuring children and families have equitable access to quality ECE and that states and territories can actively plan to address these long-standing inequities.

National Academies of Sciences, Engineering, and Medicine. (2023). Closing the opportunity gap for young children. The National Academies Press. <u>https://doi.org/10.17226/26743;</u> U.S. Department of Health and Human Services. (2010). Head Start impact study: Final report, executive summary. Office of Head Start, Administration for Children and Families. <u>www.acf.hhs.gov/sites/default/files/documents/opre/executive_summary_final_508.pdf;</u> Weiland, C., & Yoshikawa, H. (2013). Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills. *Child Development, 84*(6), 212–2130. <u>https://doi.org/10.1111/cdev.12099</u>; Vandenbroucke, L, Spilt, J., Verschueren, K., Piccinin, C., & Baeyens, D. (2018). The classroom as a developmental context for cognitive development. A meta-analysis on the importance of teacher-student interactions for children's executive functions. *Review of Educational Research, 88*(1), 125–164. <u>https://doi.org/10.3102/0034654317743200</u>; Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M.R, Espinosa, L.M, Gormley, W.T., Ludwig, J., Magnuson, K.A., Phillips, D., & Zaslow, M.J. (2013). Investing in our future: The evidence base on preschool education. *Society for Research in Child Development*. <u>www.fcd-us.org/wp-</u> <u>content/uploads/2016/04/Evidence-Base-on-Preschool-Education-FINALpdf</u>.

² Center for American Progress. (2023). Data dashboard: An overview of child care and early learning in the United States. <u>www.americanprogress.org/article/data-</u> dashboard-an-overview-of-child-care-and-early-learning-in-the-united-states.

³ Smith, L, Bagley, A, & Wolters, B. (2021). Child care in 35 states: What we know and don't know - Quantifying the supply of, potential need for, and gaps in child care across the country. Bipartisan Policy Center. https://childcaregap.org/report.html.

⁴ Adams, G. & Pratt, E. (2021). Assessing child care subsidies through an equity lens: A review of policies and practices in the Child Care and Development Fund. Urban Institute. www.urban.org/sites/default/files/publication/104777/assessing-child-care-subsidies-through-an-equity-lens.pdf; Dobbins, D., McCready, M., & Rackas, L. (2016). Unequal access: Barriers to early childhood education for boys of color. Child Care Aware of America. www.childcareaware.org/boysofcolor/; Friedman-Krauss, A.H., Barnett, W.S., Hodges, K.S., Garver, K.A., Jost, T.M., Weisenfeld, G., & Duer J. (2024). The state of preschool 2023: State preschool yearbook. National Institute for Early Education Research. <u>https://nieer.org/yearbook/2023</u>; Ullrich, R., Schmit, S., & Cosse, R. (2019). Inequitable access to child care subsidies. Center for Law and Social Policy. <u>www.clasp.org/sites/default/files/publications/2019/04/2019_inequitableaccess.pdf</u>.

⁵ Iruka, I.U., Gardner-Neblett, N., Telfer, N.A., Ibekwe-Okafor, N., Curenton, S.M., Sims, J., Sansbury, A.B., & Neblett, E.W. (2022). Effects of racism on child development: Advancing antiracist developmental science. Annual Review of Developmental Psychology, 4, 109–132. <u>https://doi.org/10.1146/annurev-devpsych-121020-031339</u>; Meek, S.E., Smith, L., Allen, R., Catherine, E., Edyburn, K., Williams, C., Fabes, R., McIntosh, K., Garcia, E., Takanishi, R., Gordon, L., Jimenez-Castellanos, O., Hemmeter, M., Gilliam, W., Pontier, R. (2020). Start with equity: From the early years to the early grades. The Children's Equity Project. <u>https://cep.asu.edu/resources/start-with-equity</u>.

In fiscal year 2021, CCDF reached more than 1.3 million children infant up to age 13 across the United States.⁶ An estimated 10.9 million children were eligible for child care assistance under federal rules in 2020.⁷ However, since states have the authority to exercise more restrictive eligibility criteria and often do, only an estimated 7.5 million children were eligible under state rules.⁸ In turn, only around 16% of all children eligible under federal rules and 23% of all children eligible under state rules received child care support from CCDF in an average month⁹—leaving a potential unserved gap of 6 million children eligible for and being served by other programs like Head Start or state pre-Kindergarten programs. Families receiving child care subsidies among states range from 5% in Washington, D.C. to 32% in Iowa of eligible children under state eligibility criteria and only 4% to 18% under federal eligibility.¹⁰

In addition, data show that there are certain demographics of families known to experience barriers in access to quality child care including emergent bilinguals; children with disabilities; parents who work non-traditional hours that are typically outside of the operation hours of most local child care facilities; parents of infants and toddlers who often have fewer age-specific slots available; and families living in rural communities where availability, distance, and transportation can pose challenges to accessing services." For example, one analysis found that, in states that collect disaggregated data, only 1% of Latine and 4% of Black children were enrolled in high-quality state preschool in 2019.¹² Black, Latine, and Indigenous children are also more likely to experience poverty due to the legacies and current day manifestations of systemic racism. Of note, research shows that children living in poverty and children with disabilities may uniquely benefit from high-quality ECE.³

Further, a recent report from the National Academies of Sciences, Engineering, and Medicine (NASEM) found that families of color, immigrant families, and families with children with disabilities report greater difficulty accessing quality child care.¹⁴ The report also found that children from these historically and contemporarily marginalized communities are less likely to have positive experiences in early learning settings and that they faced an array of biases that permeated relationships, discipline practices, language of instruction and availability of bilingual support, and the willingness and ability of programs to include children with disabilities.¹⁵

11 Henly, J.R. & Adams, G. (2018). Increasing access to quality child care for four priority populations. Urban Institute.

www.urban.org/sites/default/files/publication/99150/increasing_access_to_quality_child_care_for_four_priority_populations_report_0.pdf.

⁶ Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund (CCDF), 89 Fed. Reg. 15366-15417 (2024) (to be codified at 45 C.F.R. part 98). <u>www.govinfo.gov/content/pkg/FR-2024-03-01/pdf/2024-04139.pdf</u>.

⁷ Chien, N. (2024). Estimates of child care eligibility & receipt for Fiscal Year 2020 [data point]. Office of Human Services Policy, Assistant Secretary for Planning and Evaluation. <u>https://aspe.hhs.gov/sites/default/files/documents/6f20fef035a916028bc35b6577678233/cy2020-child-care-subsidy-eligibility.pdf</u>.

⁸ Chien, N. (2024). Estimates of child care eligibility & receipt for Fiscal Year 2020 [data point]. Office of Human Services Policy, Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/sites/default/files/documents/6f20fef035a916028bc35b6577678233/cy2020-child-care-subsidy-eligibility.pdf.

⁹ U.S. Government Accountability Office. (2023). Child care: Subsidy eligibility and use in Fiscal Year 2019 and state program changes during the pandemic. Reports & Testimonies. www.gao.gov/products/gao-23-106073.

¹⁰ U.S. Government Accountability Office. (2021). Child care: Subsidy eligibility and receipt, and wait lists. Briefing to Senate Committee on Health, Education, Labor, and Pensions and House Committee on Education and Labor. https://www.gao.gov/assets/gao-21-245r.pdf; U.S. Government Accountability Office. (2023). Child care: Subsidy eligibility and use in Fiscal Year 2019 and state program changes during the pandemic. Reports & Testimonies. www.gao.gov/assets/gao-21-245r.pdf; U.S. Government Accountability Office. (2023). Child care: Subsidy eligibility and use in Fiscal Year 2019 and state program changes during the pandemic. Reports & Testimonies. www.gao.gov/products/gao-23-106073.

¹² The Education Trust. (2019). No state provides both high-quality and high-access state-funded preschool for Black and Latino 3- and 4-year-olds. Press Room. https://edtrust.org/press-release/no-state-provides-both-high-quality-and-high-access-state-funded-preschool-for-black-and-latino-3-and-4-year-olds/.
¹³ Ansari, A. & Winsler, A. (2022). The long-term benefits of Montessori Pre-K for Latinx children from low-income families. *Applied Developmental Science*, *26*(2), 252-266. https://doi.org/10.1080/108886912020.1781632; Bassok, D. (2010). Do Black and Latine(o/a) children benefit more from preschool? Understanding differences in preschool effects across racial groups. *Child Development*, *81*(6), 1828-1845. https://doi.org/10.1111/j.1467-8624.2010.01513.x; Xie, Y., Near, C., Xu, H., & Song, X. (2020). Heterogeneous treatment effects on children's cognitive/non-cognitive skills: A reevaluation of an influential early childhood intervention. *Social Science Research*, *86*(102389. https://doi.org/10.1016/j.ssresearch.2019.102389; Iruka, I. U., Gardner-Neblett, N., Telfer, N. A., Ibekwe-Okafor, N., Curenton, S. M., Sims, J., Sansbury, A.B., & Neblett, E. W. (2022). Effects of racism on child development: Advancing antiracist developmental science. *Annual Review of Developmental Psychology*, *4*, 109-132. https://doi.org/10.1146/annurev-devpsych-121020-031339.

¹⁴ National Academies of Sciences, Engineering, and Medicine. (2023). Closing the opportunity gap for young children. The National Academies Press. https://doi.org/10.17226/26743.

¹⁵ National Academies of Sciences, Engineering, and Medicine. (2023). Closing the opportunity gap for young children. The National Academies Press. https://doi.org/10.17226/26743.

To address these challenges, Lead Agencies can thoughtfully design their child care systems to prioritize access, quality, and equity. Every three years, states and territories are required to submit their state child care plans (i.e., CCDF Plans) to the federal government, as a condition of receiving federal child care funds. The CCDF Plan serves as a common entry point for states and territories even amidst the backdrop of variations in data, technology, staffing, and community needs across states and territories. Lead Agencies have a timely opportunity to leverage their 2025-2027 Plans for the CCDF—the nation's largest federal child care program—to build more accessible, equitable, quality child care systems. The U.S. Department of Health and Human Services (HHS) recently published a new regulation governing child care systems and made revisions to requirements in state CCDF Plans.

In this brief, we provide specific recommendations for CCDF Lead Agencies to leverage the CCDF Plan to address dimensions of access, quality, and equity. We highlight sections and questions throughout the Plan in which states and territories can thoughtfully develop targeted strategies and activities. Lead Agencies should go above and beyond simply meeting the minimum federal requirements for CCDF. Federal requirements are a floor, not a ceiling. These recommendations can also be used to guide amendments to the 2025-2027 Plan since Lead Agencies have the flexibility to modify or amend their program Plan with the Office of Child Care (OCC) at any time after submission.

Overview of the CCDF Plan

The CCDF Plan is a key mechanism that CCDF Lead Agencies use to describe how they will administer CCDF, plan their child care activities, create goals to ensure effective implementation, and develop measures of accountability to ensure progress towards those goals. CCDF is administered by the OCC at the Administration for Children and Families (ACF) in HHS. The OCC uses the CCDF Plan to determine state and territory compliance with the requirements of the law and rule and align, monitor, and provide technical assistance and support to ensure states and territories effectively achieve the CCDF policy goals and that the child care subsidy program meets the needs of children and families.

The Plan template was revised for 2025-2027. Key changes include an expansion from 8 to ten sections reorganized around key policy themes including questions aligned with the 2024 CCDF final rule, more direct questions along with checkboxes and multiple choice responses, and the removal of the need for states and territories to submit additional documentation beyond their Plan submission!⁶

In Fall 2023 and Spring 2024, HHS issued a notice of proposed rulemaking to amend the CCDF rule with a focus on improving child care access, affordability, and stability. The final rule made regulatory changes to the CCDF effective April 30, 2024. States and territories that are not in compliance with the provisions of the final rule can request a temporary transitional and legislative waiver for an extension of up to two years if needed.⁷⁷ This allowance acknowledges that implementing some of the provisions will require administrative and legislative processes such as data and technology system enhancements, improvements to eligibility policies, or coordination among agencies.¹⁸

¹⁶ U.S. Department of Health and Human Services. (2024). Federal register publication of the FY 2025-2027 Child Care and Development Fund (CCDF) plan preprint. News. Office of Child Care, Administration for Children and Families. <u>ww.acf.hhs.gov/occ/news/federal-register-publication-fy-2025-2027-child-care-and-development-fund-plan-preprint</u>; U.S. Department of Health and Human Services. (2024). FY 2025-2027 Child Care and Development Fund (CCDF) plan for states and territories. Policy Guidance. Office of Child Care, Administration for Children and Families. <u>https://www.acf.hhs.gov/occ/policy-guidance/fy-2025-2027-ccdf-plan-states-and-territories-ccdf-acf-pi-2024-01</u>.

plan-states-and-territories-ccdf-act-pi-2024-01. Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund (CCDF), 89 Fed. Reg. 15366-15417 (2024) (to be codified at 45 C.F.R. part 98). www.govinfo.gov/content/pkg/FR-2024-03-01/pdf/2024-04139.pdf; U.S. Department of Health and Human Services. (2024). 2024 Child Care and Development Fund final rule. Outreach Material. Office of Child Care, Administration for Children and Families. www.acf.hhs.gov/occ/outreach-material/2024-ccdffinal-rule.

¹⁸ Ferrette, T., Girouard, D., Estlund, M., Wilensky, R., Saxena, A., & Schulman, K. (2024). The Child Care and Development Fund 2024 rule: Detailed summary and state examples. Child Care and Early Education. The Center for Law and Social Policy. <u>www.clasp.org/publications/report/brief/the-child-care-and-development-fund-</u> 2024-rule-detailed-summary-and-state-examples/.

The 2024 CCDF final rule¹⁹:

- Limits how much families pay in co-payments to no more than 7% of household income.
- Allows Lead Agencies flexibility to waive co-payments for more families from specific populations, including children with disabilities, children experiencing homelessness, children in foster or kinship care, and those enrolled in Head Start or Early Head Start.
- Requires Lead Agencies to make on-time payments to child care providers, cover the cost of providing quality care, and pay based on enrollment rather than attendance.
- Requires Lead Agencies to use grants and contracts options for some direct services and encourages prospective payments to providers.
- Clarifies that Lead Agencies have flexibility in presumptive eligibility to allow more families to start quickly and allows the use of public benefit enrollment as an eligibility determination without additional documentation.

In late 2023, HHS also released a notice of proposed rulemaking for changes to the Head Start Program Performance Standards focused on boosting the compensation, benefits, and support provided to the Head Start workforce and improving access for families in low-income households such as allowing for presumptive family eligibility using public benefit enrollment as a determiner without additional documentation—which is allowable under the CCDF rule, too. For nearly six decades, Head Start has been the exemplary model of comprehensive early childhood development and health services, reaching children and families in every zip code in the nation. The breadth and robustness of the Performance Standards serve as a national guiding star for quality through a comprehensive approach, innovative practices, and decision-making and leadership rooted in communities.

With access, quality, and equity in mind, states and territories can use the CCDF Plan to plan activities to better reach eligible children and families in low-income households through subsidies, and especially those who have been historically and contemporarily marginalized, including Black, Indigenous, Latine, Asian, and other children of color; children with disabilities; emerging bilingual children; and children from under-resourced communities.

We provide nine overarching recommendations that Lead Agencies should consider in the development and amendment of their 2025-2027 CCDF Plans.

- 1. Improve Parent Affordability and Access to Quality Care
- 2. Stabilize the Child Care System through Grants and Contracts
- 3. Enhance Quality Improvement Activities
- 4. Boost Health and Safety
- 5. Improve Access to and Quality of Inclusive Child Care for Children with Disabilities
- 6. Expand Access and Quality for Emergent Bilinguals
- 7. Promote Emotional Well-Being through the Prevention of Suspension and Expulsion
- 8. Improve Data Systems and Publicly Report Data
- 9. Align with Equity Priorities and Use the Equity Strategic Plan Template

¹⁹ U.S. Department of Health and Human Services. (2024). 2024 Child Care and Development Fund (CCDF) final rule fact sheet. OCC Fact Sheet. Office of Child Care, Administration for Children and Families. <u>https://www.acf.hhs.gov/occ/fact-sheet/2024-ccdf-final-rule-fact-sheet</u>; U.S. Department of Health and Human Services. (2024). Comparison between 2023 Child Care and Development Fund (CCDF) NPRM and 2024 CCDF final rule. Office of Child Care, Administration for Children and Families. <u>www.acf.hhs.gov/sites/default/files/documents/occ/COMPARISON_BETWEEN_2023_CCDF_CCDF_NPRM_AND_2024_CCDF_FINAL_RULE.pdf</u>.

Improve Parent Affordability & Access to Quality Care

All families should have access to the quality child care they want and need with a variety of diverse options for type of setting regardless of income, socio-economic status, and geographical location. Yet, access to quality child care is uneven across states. Average state funding levels for preschool were not substantially different in 2023 than rates from two decades ago, and few states funded at the level that would cover the cost of quality.²⁰ Moreover, only five states across the nation (11%) met ten of the ten benchmarks for quality according to the National Institute for Early Education Research (NIEER). More than 1/4 of states met half or fewer of the benchmarks.²¹ The NIEER report also found that children were twice as likely to attend a preschool program that met less than half of the quality benchmarks than those meeting nine or 10.²²

Even with the infusion of federal relief funding for ECE over the past few years which has helped stabilize the field, the cost of child care still takes a significant amount of a family's annual income, disproportionately impacting families with lower incomes and leaving child care often unaffordable for working parents. According to an analysis of the National Database of Childcare Prices, median annual care costs for one child range from \$5,357 to \$17,171, varying by child's age, type of child care provider, and county²³ Child care costs have even exceeded the cost of college tuition in many regions, highlighting a broken market-based system that heavily relies on parents paying tuition costs due to inadequate state and federal funding and the cost of care often being subsidized by low wages for the early childhood workforce.²⁴ What's more, because of low wages, more than half of the child care workforce nationally uses public benefits, and many early childhood educators are likely income-eligible for child care subsidies under federal rules.²⁵

Lead Agencies can build upon programs like child care worker categorical eligibility established under funding from the American Rescue Plan Act (ARPA) pandemic funding to improve access to quality child care for early childhood educators and the child care workforce. For example, in 2022 Kentucky updated its statute to allow any child care worker in a licensed or family child care program to be eligible for the state's child care assistance program, benefiting 3,200 early childhood educators and 5,600 children in its first year.²⁶ Arizona's CCDF Lead Agency established the Arizona Education Workforce Scholarship Program using ARPA funds which fully covered the cost of child care at programs rated as high in quality by the state's quality rating system, for educators, child care workers, and employees in the Pre-Kindergarten to 12th Grade public school system²⁷ Further, the strategy of waiving co-payments for child care workers has recently yielded positive results in the U.S. Air Force, where in FY2023 direct-care employees working in the military child development program

27 Arizona Department of Economic Security. (2024). Arizona education workforce scholarship program. Child Care Grants and Scholarships. Division of Child Care. https://des.az.gov/services/child-and-family/child-care/grants-scholarships/arizona-education-workforce-scholarship-program.

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²⁰ Friedman-Krauss, A.H., Barnett, W.S., Hodges, K.S., Garver, K.A., Jost, T.M., Weisenfeld, G., & Duer J. (2024). The state of preschool 2023: State preschool yearbook. National Institute for Early Education Research. <u>https://niee.org/yearbook/2023</u>. University of the state of preschool 2023: State preschool yearbook. National Institute for Early Education Research. <u>https://niee.org/yearbook/2023</u>. University of the state of preschool 2023. State preschool yearbook. National Institute for Early Education Research. <u>https://niee.org/yearbook/2023</u>. University of the state of preschool 2023. State preschool yearbook. National Institute for Early Education Research. <u>https://niee.org/yearbook/2023</u>. University of the state of preschool 2023. State preschool yearbook. National Institute for Early Education Research. <u>https://niee.org/yearbook/2023</u>. University of the state of preschool 2023. State preschool yearbook. National Institute for Early Education Research. <u>https://niee.org/yearbook/2023</u>. University of the state of preschool 2023. State preschool yearbook. National Institute for Early Education Research. <u>https://niee.org/yearbook/2023</u>. University of the state of preschool 2023. State preschool yearbook. National Institute for Early Education Research. <u>https://niee.org/yearbook/2023</u>.

²¹ Friedman-Krauss, A.H., Barnett, W.S., Hodges, K.S., Garver, K.A., Jost, T.M., Weisenfeld, G., & Duer J. (2024). The state of preschool 2023: State preschool yearbook. National Institute for Early Education Research. <u>https://nieer.org/yearbook/2023</u>.

²² Friedman-Krauss, A.H., Barnett, W.S., Hodges, K.S., Garver, K.A., Jost, T.M., Weisenfeld, G., & Duer J. (2024). The state of preschool 2023: State preschool yearbook. National Institute for Early Education Research. <u>https://nieer.org/yearbook/2023</u>.

²³ U.S. Department of Labor. (2023). Childcare prices in local areas: Initial findings from the national database of childcare prices [issue brief]. Women's Bureau. www.dol.gov/sites/dolgov/files/WB/NDCP/508_WB_IssueBrief-NDCP-20230213.pdf.

²⁴ Workman, S. (2021). The true cost of high-quality child care across the United States [report]. Center for American Progress. <u>www.americanprogress.org/article/true-cost-high-quality-child-care-across-united-states/</u>.

²⁵ Coffey, M. (2022). Still underpaid and unequal: Early childhood educators face low pay and a worsening wage gap. Center for American Progress.

www.americanprogress.org/article/still-underpaid-and-unequal; McLean, C., Austin, LJ.E., Whitebook, M., & Olson, K.L. (2021). Early childhood workforce index 2020. Center for the Study of Child Care Employment, University of California, Berkeley. <u>https://cscce.berkeley.edu/workforce-index-2020/Report-pdf</u>.

²⁶ Child Care Assistance Program, Title 922 KAR Chapter 2 Regulation 160 (2022). <u>https://appslegislature.ky.gov/law/kar/titles/922/002/160/;</u> Powell, A. & Dade, A. (2023). What the Bluegrass State can teach us about increasing access to child care: How other states could follow Kentucky's lead. Center for the Study of Child Care Employment. <u>https://cscce.berkeley.edu/publications/brief/kentucky-model/</u>.

received a full child care fee waiver for their first child and a 25% discount for each additional child enrolled.²⁸ This has resulted in a reported 5% increase in retention rates of military child care workers.²⁹

Recommendations to Improve Parent Affordability & Access to Quality Care

1. Allow presumptive family eligibility using public benefit enrollment as a determiner without additional documentation, in line with the recent notice of proposed rulemaking for the Head Start rule.

• This can be addressed in the <u>CCDF 2025-2027 Plan template</u> under 2.1 Reducing Barriers to Family Enrollment and Redetermination > 2.1.1 Eligibility practices to reduce barriers to enrollment > 2.1.1.a.i Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? (page 13).

2. Waive co-payments for eligible child care workers, Head Start employees, and other early childhood educators providing direct services to young children.

- This can be addressed in the Plan under 3.3 Waiving Family Co-payment > 3.3.1 Waiving family co-payment. Does the Lead Agency waive family contributions or co-payments? > 3.1.1.vi Families meeting other criteria established by the Lead Agency (pages 34-35).
- 2

Stabilize the Child Care System through Grants & Contracts

The CCDF rule acknowledges that grants and contracts are a strategy states and territories can use to build child care supply, especially to address the need for more slots for infants, toddlers, children with disabilities, children living in rural areas, and settings providing non-traditional hours for parents such as night or weekend care. Moreover, adequately funded grants and contracts are an important mechanism to provide consistent, reliable funding to early learning programs, thus bringing more stability to the child care system and potentially incentivizing new providers to contract with the Lead Agency to provide CCDF services.³⁰ Indeed, a 2023 study of nationally representative data on state CCDF subsidy policies showed that contracts were predictive of higher child care provider participation in the subsidy system, along with tiered reimbursement and paying for child absences.³¹ In addition, grants and contracts can be a powerful tool to boost quality in the child care system by embedding quality assumptions in funding formulas, such as fair wages and benefits for providers, better ratios and smaller group sizes, professional development and coaching, and the provision of infant and early childhood mental health consultation.

 ²⁸ Secretary of the Air Force Public Affairs. (2022). DAF adds additional financial incentives to recruit child and youth program employees. Newsroom. United States Air Force. https://www.af.mil/News/Article-Display/Article/3176362/daf-adds-additional-financial-incentives-to-recruit-child-and-youth-program-empl/.
 29 Roza, D. (2023). Where and why the Air Force is building 5 new child development centers. Air & Space Forces Magazine. Air & Space Forces Association.
 www.airandspaceforces.com/air-force-new-child-development-centers/.

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 Morrissey, T. & Workman, S.A. (2020). Grants and contracts: A strategy for building the supply of subsidized infant and toddler child care. Center for American Progress. https://cdn.americanprogress.org/content/uploads/2020/08/03112628/Grants-and-Contracts.pdf.

³¹ Slicker, G., Areizaga Barbieri, C., & Hustedt, J.T. (2023). The role of state subsidy policies in early education programs' decisions to accept subsidies: Evidence from nationally representative data. *Early Education and Development*, 35(4), 859-877. <u>https://doi.org/10.1080/10409289.2023.2244859</u>.

According to the 2022-2024 CCDF Plans, 14 Lead Agencies indicated that they provided child care services through grants or contracts for child care slots statewide, and 8 additional states reported grants and contracts in some jurisdictions but not statewide.³² However, the most recently published data from FY2020 show only ten states and territories reported using grants and contracts as the payment method for direct child care services despite it being allowable under the previous 2016 CCDF rule. Of those ten states and territories, four reported that grants and contracts served less than 3% of children receiving subsidy, four states reached about 1/3 of children (California, Massachusetts, New York) or 1/5 of children (Nevada) receiving subsidy through grants and contracts, while Puerto Rico and the Virgin Islands had the highest use at 80% and 100% respectively, a result from decisions made in their CCDF Plans on how states and territories will pay for direct child care services.³³

Further, Lead Agencies can build on the infrastructure developed to implement their child care stabilization grant programs through federal pandemic relief funds. They can also consider establishing programs modeled after Early Head Start-Child Care Partnerships (EHS-CCPs) which are direct grants and contracts with providers that agree to meet consistent quality standards and provide comprehensive early learning, health, and family support programming. Six states have been EHS-CCP grantees and utilized various forms of this approach³⁴ It allows a mechanism for states to align the quality of child care services to a unified quality framework—the national set of Head Start Program Performance Standards—by building into grants and contracts funding formulas that account for higher wages and improved benefits for early childhood educators, smaller ratios which can improve the quality of teacher-child interactions, and early childhood health, nutrition, and mental health resources for children, their families, and the child care workforce³⁵

States and territories should review the reports "<u>A State Roadmap for Building EHS-CCPs</u>" and "<u>State</u> <u>Recommendations to Build and Expand EHS-CCPs</u>", published by the Children's Equity Project (CEP), Bipartisan Policy Center, and Start Early, to build and implement this approach.

The EHS-CCP model resources local child care providers with federal Head Start funding to increase access to quality care for infants and toddlers, which is a priority population for supply building under CCDF. The EHS-CCP model includes provisions that are all essential in providing high-quality services for young children and their families.³⁶ These include:

- Training and coaching for the child care workforce
- Early childhood mental health consultation
- Inclusion of children with disabilities including a requirement to serve at least 10% of enrolled children with disabilities
- Family engagement and parent advocacy
- Wrap-around resources like connecting families with healthcare, job training and education, transportation, and housing services

³² U.S. Department of Health and Human Services.(2021). Preliminary reports from FY2022-2024 state and territory CCDF plan preprint. Data & Funding. Office of Child Care, Administration for Children and Families. www.acf.hbs.gov/occ/report/preprint/environments-ft/2022-2024-state-and-territory-cccd-plan-preprint/.

³³ U.S. Department of Health and Human Services. (2022). FY 2020 Preliminary Data Table 2 - Percent of Children Served by Payment Method. Data & Funding. Office of Child Care, Administration for Children and Families. www.acf.hhs.gov/occ/data/fy-2020-preliminary-data-table-2.

³⁴ Bucher, E., Meek, S.E., Smith, L., Sanchez, Y., Cardona, M., Palomino, C. (2022). Spotlight on the EHS-CCPs During the Pandemic. The Children's Equity Project, Bipartisan Policy Center, and Start Early. https://cep.asu.edu/early-head-start-child-care-partnership-series.

³⁵ Bucher, E., Meek, S.E., Smith, L., Sanchez, Y., Cardona, M., Palomino, C. (2022). Spotlight on the EHS-CCPs During the Pandemic. The Children's Equity Project. https://cep.asu.edu/early-head-start-child-care-partnership-series.

³⁶ Cardona, M., Meek, S.E., Smith, L., Sanchez, Y., Bucher, E. (2022). State recommendations to build and expand EHS-CCPs. The Children's Equity Project, Bipartisan Policy Center, and Start Early. https://cep.asu.edu/early-head-start-child-care-partnership-series.

Recommendations to Stabilize the Child Care System through Grants & Contracts

1. Establish direct grants and contracts to providers who serve historically and contemporarily underinvested communities, communities that have been historically marginalized, and communities with low supply of high quality child care options (i.e., rural providers; tribal communities; providers serving children with disabilities and emergent bilinguals; communities with fewer infant and toddler slots than children who need care).

• This can be addressed in the Plan under 4.1 Access to Full Range of Provider Options > 4.1.1 Parent choice > Does the Lead Agency offer child care assistance through grants or contracts? (pages 35-36) and 4.5 Supply Building > 4.5.1 Child care services available through grants or contracts > Does the Lead Agency provide direct child care services through grants or contracts for child care slots? (page 46).

2. Establish grant and contract funding formulas aligned with the true cost of quality that considers fair wages and benefits for providers, ongoing coaching and professional development opportunities, better ratios and smaller group sizes, and key health and safety provisions (see Recommendation 4. Boost Health and Safety).

• This can be addressed in the Plan under 4.1 Access to Full Range of Provider Options > 4.1.1 Parent choice > Does the Lead Agency offer child care assistance through grants or contracts? (pages 35-36) and 4.5 Supply Building > 4.5.1 Child care services available through grants or contracts > Does the Lead Agency provide direct child care services through grants or contracts for child care slots? (page 46).

3. Align policies in grants and contracts with the Head Start Program Performance Standards related to capacity-building, the provision of comprehensive services, and fair compensation for child care providers.

• This can be addressed in the Plan under 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care > 8.1.1 Coordination with required and optional partners > 8.1.1.q.i State/Territory/local agencies with Early Head Start-Child Care Partnership grants (page 95).

State CCDF Plans: Levers to Expand Access, Enhance Quality, and Advance Equity The Children's Equity Project **3** Enhance Quality Improvement Activities

Lead Agencies must spend at least 12% of CCDF funds on quality improvement activities, 3% of which must be spent on the quality of infant and toddler care. CCDBG law includes a breadth of approved quality activities that Lead Agencies can use these quality set-aside funds on. This includes workforce training and professional development; early learning and developmental guidelines; tiered or enhanced quality rating and improvement system; supply and quality of infant and toddler care; child care resource and referral services; compliance with state standards; evaluation of child care quality; accreditation support; and support for other quality efforts (e.g., nutrition, mental health, etc.) or other services that impact children and families (e.g., child safety, kindergarten entry, etc.).

According to the most recent data from 2022, more than 90% of states reported addressing nearly all the stated quality activities, with one key exception of quality rating and improvement systems (QRIS) with only 32% of states indicating they would implement activities to support these.³⁷ One key distinction is that these quality activities may be funded or implemented by other agencies in the state, beyond the CCDF Lead Agency, making it difficult to discern quality activities funded specifically by CCDF dollars.

Too often, quality funds are dispersed too widely to make a meaningful impact and are invested in reforms that do not meaningfully address access, quality or equity for children and families. Further, quality funds are rarely targeted to close well-documented inequities in the child care system, either in access to or quality of child care for historically underserved groups or in the quality of care for historically marginalized groups. In the 2020 report "Start with Equity: From the Early Years to the Early Grades Data, Research, and an Actionable Child Equity Policy Agenda," the 2022 report "Equity is Quality, Quality is Equity," and the reports "Start with Equity: California" and "Start with Equity: Arizona" in 2020 and 2023 respectively, the CEP and partners outlined several ways states can prioritize quality spending to bridge gaps in access, opportunity and quality.³⁸

In the CCDF Plan, Lead Agencies should prioritize:

- Eliminating harsh discipline and providing programs with the resources they need to support educator and child mental health and understand and act to prevent bias in harsh discipline. (See the CEP report "<u>A Holistic Approach to Ending Exclusionary Discipline for Young Learners</u>" for further recommendations.)
- Expanding access to Infant and Early Childhood Mental Health Consultation (IECMHC) for child care providers, beginning with communities that currently lack access and programs that serve historically or contemporarily marginalized families.³⁹
- Protecting the rights of children with disabilities and promoting their optimal development by improving access to high-quality inclusive learning environments.

³⁷ U.S. Department of Health and Human Services. Administration for Children and Families. Office of Planning, Research and Evaluation, Minton, S., Dwyer, K., Todd, M., & Kwon, D. (2023). Child Care and Development Fund (CCDF) policies database, United States, 2009-2022. Inter-university Consortium for Political and Social Research [distributor], 2023-11-27. https://doi.org/10.3886/ICPSR38908.vl.

³⁸ Meek, S.E., Alexander, B.L., Bucher, E., Soto-Boykin, X., Catherine, E., Palomino, C., Ameley-Quaye, A. (2023). Start with equity Arizona: Increasing access, improving quality, and advancing equity in Arizona's early care and learning systems. The Children's Equity Project. https://cep.asu.edu/resources/Start-with-Equity-Arizona; Meek, S.E., Blevins, D., Catherine, E., Alexander, B.L. (2020). Start with equity: California. The Children's Equity Project. https://cep.asu.edu/resources/start-with-Equity-Arizona; Meek, S.E., Blevins, D., Catherine, E., Alexander, B.L. (2020). Start with equity: California. The Children's Equity Project. https://cep.asu.edu/resources/start-with-equity-california; Meek, S.E., Iruka, IU, Soto-Boykin, X., Blevins, D., Alexander, B.L., Cardona, M., Castro, D. (2021). Equity is quality and quality is equity: Operationalizing equity in quality rating and improvement systems. The Children's Equity Project. https://cep.asu.edu/resources/Equity-is-Quality-is-Quality-is-Quality-is-Quality-is-Equity; Meek, S.E., Smith, L., Allen, R., Catherine, E., Edyburn, K., Williams, C., Fabes, R., McIntosh, K., Garcia, E., Takanishi, R., Gordon, L., Jimenez-Castellanos, O., Hemmeter, M., Gilliam, W., Pontier, R. (2020). Start with equity: From the early grades. The Children's Equity Project. https://cep.asu.edu/resources/start-with-equity. 9 Palomino, C., Cobanoglu, A., Oppenheim, J., Catherine, E., Meek, S., Gilliam, W., & Bucher, E. (2023). *Examining the mental health of early childhood professionals and*

- Expanding access to dual language education for emergent bilinguals.
- Testing to ensure clean safe drinking water, immediately remediating any identified problems, and notifying families.
- Lowering teacher-to-child ratios and group sizes.
- Building EHS-CCPs or establishing Head Start-Child Care Partnerships, a model which would include and expand on many of the points listed above.

Additionally, Lead Agencies should work with state partners to embed equity into the state's early childhood QRIS to concretely embed issues that disproportionately impact children from marginalized communities. Too many QRIS lack definitions of quality and leave out indicators that disproportionately impact children from historically marginalized communities, such as inclusion policies, procedures, and practices that support children with disabilities in child care; the provision of dual language education which disproportionately impacts multilingual learners; discipline policies and outcomes, which disproportionately impacts Black children and children with disabilities; and culturally responsive and affirming practices. Failing to include indicators such as these essentially leaves out the experiences of large swaths of children from the state's definition of quality, and subsequent resources and efforts that support implementation of services aligned with that definition.

What's more, some states have established tiered quality rating systems that increase reimbursement rates for providers who demonstrate the highest quality of care, as defined by the state. Research has found that these tiered reimbursement systems, as currently designed, result in a cycle of inequity. For example, in Pennsylvania, researchers found that tiered reimbursement rates were associated with lower access to high quality programs for children who are Black and Latine. Additionally, providers serving Black children had the lowest amount of additional revenue through the tiered QRIS.⁴⁰ Moreover, the state definition of quality is the metric that is used for these tiered rates, and these definitions almost always leave out indicators that disproportionately impact children from marginalized communities. That means that, in theory, providers can disproportionately apply harsh discipline to Black children, exclude children with disabilities, and provide English-only instruction to emergent bilingual children, and still be rated high in quality according to state definitions. Without including indicators that impact all children, especially those who have been historically excluded, these tiered reimbursement systems run the risk of reifying inequities.

In addition to reviewing content and the state's definitions of quality, states can examine the impacts of their tiered reimbursement systems and shift incentives to prioritize the entry of new providers, especially those who serve historically and contemporarily marginalized communities, and promote quality growth across tiers.

Of note, for the first time Lead Agencies are required to describe how they will make their annual Quality Progress Reports (QPR) and expenditure reports available to the public.⁴¹ Lead Agencies should develop and share their strategies for quality improvement activities and related expenses through their QPR with particular attention to identifying and tracking progress related to access to resources by types of providers (e.g., the level of quality improvement spending reaching family child care homes) as well as certain populations that are prioritized by the law (i.e., infants and toddlers, children with disabilities, children in underserved areas, and families working non-traditional hours).

⁴⁰ Babbs Hollett, K., & Frankenberg, E. (2022). A critical analysis of racial disparities in ECE subsidy funding. Education Policy Analysis Archives, 30(14). <u>https://doi.org/10.14507/epaa.30.7003</u>; Greenberg, E., Isaacs, J.B., Derrick-Mills, T., Michie, M., & Shantz, K. (2018). Are higher subsidy payment rates and provider-friendly payment policies associated with child care quality? Urban Institute. <u>www.urban.org/research/publication/are-higher-subsidy-payment-rates-and-provider-friendly-payment-policies-associated-child-care-quality</u>.

⁴¹ U.S. Department of Health and Human Services. Child Care and Development Fund (CCDF) plan for state/territory FFY 2025-2027. Office of Child Care, Administration for Children and Families. <u>www.acf.hhs.gov/sites/default/files/documents/occ/CCDF_Plan_for_State_and_Territories_for_FFY_2025-2027.pdf</u>.

Recommendations to Enhance Quality Improvement Activities

1. Review and adjust tiered reimbursement systems to prioritize entry into the system, especially by providers serving historically and contemporarily marginalized communities (i.e., supplying more resources to new providers entering the system) and growth in quality (i.e., supplying greater resources for providers aiming to reach a higher level of quality).

• This can be addressed in the Plan under 4.3 Adequate Payment Rates > 4.3.3 Tiered rates, differential rates, and add-ons > 4.3.3.b Has the Lead Agency chosen to implement tiered reimbursement or differential rates? (page 43) and 4.3.4 Establishing payment rates (page 44).

2. Collect data through the needs assessment process to better understand children's access, experiences, and outcomes including, at a minimum, data that can be disaggregated by race/ethnicity, language, income, disability status, and the intersections among these data.

• This can be addressed in the Plan under 7.1 Quality Activities Needs Assessment > 7.1.1 Needs assessment process and findings > 7.1.1.a a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care (page 91).

3. Invest quality improvement funds to establish and grow EHS-CCPs, leveraging the grants and contracts option as a mechanism for consistent, reliable funding to help child care providers implement quality early learning services.

• This can be addressed in the Plan under 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care > 8.1.1 Coordination with required and optional partners > 8.1.1.q.i State/Territory/local agencies with Early Head Start-Child Care Partnership grants (page 95).

4. Use quality funds to continue the child care stabilization programs established through the ARPA, prioritizing providers in rural communities and under-resourced communities and those serving children and families from the Lead Agency's identified priority populations.

• This can be addressed in the Plan under 7.2 Use of Quality Set-Aside Funds > 7.2.1 Quality improvement activities > b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities (pages 91-93).



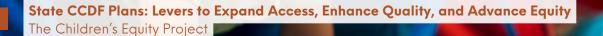
State CCDF Plans: Levers to Expand Access, Enhance Quality, and Advance Equity The Children's Equity Project

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Recommendations to Enhance Quality Improvement Activities (cont.)

- 5. Prioritize equity across areas in the CCDF quality activities including:
 - **a**. Professional development and training that equips educators to effectively serve children from historically and contemporarily marginalized backgrounds (i.e., children with disabilities; emergent bilingual children; Black, Latine, Asian, Indigenous, and multiracial children).
 - b. Aligning state early learning and developmental guidelines with the Head Start Early Learning Outcomes Framework, which includes content specific to children with disabilities, emergent bilinguals, and culturally responsive learning.
 - c. Collecting and analyzing data on the implications of tiered or enhanced QRIS reimbursement rates for access to quality care for children from marginalized communities, including those from low-income communities, historically under-invested in communities, and communities with high proportions of children of color.
 - **d**. Targeting supply and quality of infant and toddler care, particularly in areas that have been the targets of historic and contemporary disinvestment.
 - e. Focusing child care resource and referral services on embedding the voices of parents and families in child care administration.
 - f. Ensuring child care quality definitions include culturally and linguistically responsive practices, inclusion of children with disabilities, and support for staff- including compensation and professional development. Use an expanded set of child outcomes-beyond preacademic indicators-to measure quality (i.e., numbers of children with disabilities served in inclusive settings, reduction of exclusionary discipline, access to bilingual education).
 - g. Providing funding to increase the number of providers with a Child Development Associate (CDA) or comparable credential, and higher levels of education, beginning with providers serving communities that have been under resourced and historically or contemporarily marginalized.
 - h. Expanding services for CCDF populations of interest via grants and contracts (i.e., infants toddlers, children with disabilities, low child care access settings).

These can be addressed in the Plan under 7.2 Use of Quality Set-Aside Funds > 7.2.1 Quality improvement activities > b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities (pages 91-93)





At the core of the CCDBG law are requirements that ensure that child care facilities are safe and nurturing environments for young children which provides a foundation on which to build quality early learning opportunities. However, child care licensing regulations are uneven across states. Though there is substantial variation in thresholds across states, child care licensing systems generally cover a core set of health and safety dimensions, such as adult-to-child ratios, physical facility requirements, and provider education and training requirements.

An in-depth analysis in 2024 found that even with federal mandates for reporting incidents at child care facilities, "many states struggle with compliance, revealing systemic failures and challenges in ensuring child care safety" (n.p.).⁴² The report found that definitions for serious injury and abuse drastically differed from state to state and that over a dozen states failed to meet all required CCDF health and safety reporting requirements, with minimal accountability.⁴³

Lead Agencies can leverage their CCDF Plans to align requirements for health and safety across the broader early childhood system with <u>Caring for Our Children</u> (CFOC). <u>Caring for Our Children Basics</u> (CFOC Basics) is a national resource that outlines basic health and safety standards based on the more comprehensive CFOC and was published by ACF in 2015. In fact, OCC recommends state systems align their child care licensing regulations to CFOC Basics across setting types to ensure healthy and safe environments and interactions for young children.

At the same time, a changing climate presents unique threats to young children who are especially vulnerable because of their growing bodies. Things like exposure to unhealthy air pollution and poor air quality, extreme floods that damage homes and child care facilities, and extreme heat that reduces access to the outdoors, can lead to long-term negative health, mental health, and developmental consequences.⁴⁴ Addressing strategies for cleaner air, toxin-free drinking water, more green spaces and shaded areas, healthier physical facilities and buildings, and communities that are well-prepared for extreme weather events all contribute to children's and educators' health and well-being.⁴⁵

States should work on refocusing licensing standards on indicators that matter, emphasizing standards that directly impact child health and safety (e.g., testing, confirming, and ensuring safe drinking water) and de-emphasizing standards that do not have a direct impact on child health and safety (e.g., number of inches between cots). While these regulatory processes unfold at the state level, Lead Agencies should place stopgap measures to ensure that providers contracted to serve children and families through CCDF address critical health and safety issues that may not be included in existing child care licensing systems. These requirements can be written into through grants and contracts—including the necessary resources and funding that will be made available to providers to meet these

⁴² Carrazana, C. (2024). Her son died in day care. Ten years later, the system that could've saved him is still failing. The 19th News. <u>https://19thnews.org/2024/02/child-care-regulations-deaths-injury-abuse/</u>.

⁴³ Carrazana, C. (2024). Her son died in day care. Ten years later, the system that could've saved him is still failing. The 19th News. https://19thnews.org/2024/02/child-care-regulations-deaths-injury-abuse/.

⁴⁴ Sanson, A.V., Van Hoorn, J., & Burke, S.E.L. (2019). Responding to the impacts of the climate crisis on children and youth. *Child Development Perspectives, 13*(4), 201-207. https://doi.org/10.1111/cdep.12342; U.S. Early Years Climate Action Task Force. (2023). *Flourishing children, healthy communities, and a stronger nation: The U.S. early* years climate action plan. www.earlyyearsclimateplan.us; U.S. Environmental Protection Agency. (2023). *Climate change and children's health and well-being in the* United States. www.epa.gov/cira/climate-change-and-childrens-health-report.

⁴⁵ U.S. Early Years Climate Action Task Force. (2023). Flourishing children, healthy communities, and a stronger nation: The U.S. early years climate action plan. www.earlyyearsclimateplan.us.

requirements—to address the mitigation of lead in water, improved air quality, establishing preparedness and resiliency for a changing climate, and supporting ongoing training and professional development for the child care workforce. In 2024, the CEP will publish a review of the current state of licensing across the nation with recommendations to improve licensing content and the licensing process to help states operationalize equity.

Of note, accessible, clean, and sanitary water is an essential element of child care building and facility safety. Yet, a 2020 U.S. Government Accountability Office report found that over one quarter of Head Start centers in a nationally representative survey had water above the lead threshold.⁴⁶ Other reports and countless local stories indicate a large number of child care programs with unsafe water potentially impacting thousands of infants, toddlers, and preschoolers in severe and lasting ways. Even low levels of exposure to lead can lead to children suffering serious and permanent health issues like behavior and learning problems and slowed developmental growth. Research shows lead is especially dangerous to young children because their brains and nervous systems are more sensitive to its damaging effects.

To address these issues, the HHS notice of proposed rulemaking for the Head Start Program Performance Standards included new proposed requirements for Head Start grantees to sample and test levels of lead in water including frequency and connection with appropriate resources to take action if certain lead levels are detected.⁴⁸ Moreover, this supports ongoing efforts at the federal level to address and mitigate lead in water in ECE settings. For example, the U.S. Environmental Protection Agency (EPA) awards non-competitive grants to states, tribes, and territories for voluntary school and child care program lead testing and remediation in drinking water.⁴⁹ Lead Agencies should collaborate with applicable local and state health agencies, agencies managing water systems, and early childhood partners to ensure states are leveraging funds and aligning requirements effectively to reach child care providers and schools.

To build quality services as part of the overall health and safety standards required for CCDF providers, Lead Agencies should provide specific details in their Plans on the types of training and professional development that will be made available to build skills that providers need to serve children and families who are culturally and linguistically diverse, in partnership with other state and local organizations. Identifying specific equity-focused topics will also help Lead Agencies determine areas of strengths as well as areas where they should dedicate more effort and resources.

⁴⁶ U.S. Government Accountability Office. (2020). Child care facilities: Federal agencies need to enhance monitoring and collaboration to help assure drinking water is safe from lead. Reports & Testimonies. <u>https://www.gao.gov/products/gao-20-597</u>.

⁴⁷ Abdi F.M. & Andrews K. (2018). Redlining has left many communities of color exposed to lead. Child Trends. https://www.childtrends.org/blog/redlining-leftmanycommunities-color-exposedlead; American Academy of Pediatrics. (2019). Caring for our children: National health and safety performance standards, 4th edition, 236. American Public Health Association. https://nrckids.org/files/CFOC4%20pdf-%20FINALpdf; National Scientific Council on the Developing Child. (2023). Place matters: The environment we create shapes the foundations of healthy development [working paper 16]. Harvard Center on the Developing Child. https://harvardcenter.wpenginepowered.com/wp-content/uploads/2023/03/HCDC_WPI6_R2A.pdf.

 ⁴⁸ Supporting the Head Start Workforce and Consistent Quality Programming, 88 FR 80818 (proposed November 20, 2023) (to be codified at 45 C.F.R. § 1301, 1302, 1303, 1304, and 1305). https://www.federalregister.gov/documents/2023/11/20/2023-25038/supporting-the-head-start-workforce-and-consistent-quality-programming.

 ⁴⁹ U.S. Environmental Protection Agency. (2023). Willy grant: Voluntary school and child care lead testing and reduction grant program. Building the Capacity of Drinking Water Systems. U.S. Environmental Protection Agency. (2023). Willy grant: Voluntary school and child care lead testing and reduction grant program. Building the Capacity of Drinking Water Systems. <a href="https://www.epa.gov/dwcapacity/wiin-grant-voluntary-school-and-child-care-lead-testing-and-reduction-grant-program.prog

Recommendations to Boost Health & Safety

1. Develop and require a standard for ensuring clean drinking water, including lead mitigation, in partnership with the appropriate health agency, in the standard for building and physical premises safety.

• This can be addressed in the Plan under 5 Health and Safety of Child Care Settings > 5.3 Health and Safety Standards for CCDF Providers > 5.3.5 Building and physical premises safety (pages 58-59).

2. Develop and require a standard for mitigating the impacts of a changing climate, including rising temperatures and more frequent extreme weather events, in the standard for building and physical premises safety.

• This can be addressed in the Plan under 5 Health and Safety of Child Care Settings > 5.3 Health and Safety Standards for CCDF Providers > 5.3.5 Building and physical premises safety (pages 58-59).

3. Describe how training and professional development options will be addressed in partnership with any collaborating agencies to support providers to serve young children from historically and contemporarily marginalized communities including requirements for the following standards:

- a. Caring for children with disabilities (referred to as "children with special needs" in the CCDF Plan)
 - i. Referrals, screenings, and assessments of children with suspected disabilities
 - ii. Inclusive early learning environments and practices for children with disabilities
- b. Other areas necessary to promote child development and to protect children's health and safety
 - i. Culturally sustaining early care and learning practices
 - ii. Culturally sustaining family partnerships with the diverse array of families served.
 - iii. Bilingual language development and instruction for children who are emergent bilinguals
 - iv. Child development, appropriate behavioral expectations, understanding of bias as it relates to behavior and discipline, positive behavior supports, and prevention of harsh discipline

These can be addressed in the Plan under 5 Health and Safety of Child Care Settings > 5.3 Health and Safety Standards for CCDF Providers > 5.3.12 Additional optional standards (page 65)



5 Improve Access to and Quality of Inclusive Child Care for Children with Disabilities

Children with disabilities have the civil right to inclusive early learning environments under the Individuals with Disabilities Education Act (IDEA) and reaffirmed by the 2023 <u>Policy Statement on Inclusion of Children with</u> <u>Disabilities in Early Childhood Programs</u> published by HHS and the U.S. Department of Education.

Still, data indicate that nearly a third of preschoolers with disabilities received their services in environments separate from their peers without disabilities in 2020.⁵⁰ Access to child care subsidies is even more dire, with recent data indicating that nearly 40% of states and territories reported less than 0.5% of their CCDF subsidies serving children with disabilities.⁵¹ Though, it should be noted that data do not fully reflect the actual number of children with disabilities served under CCDF due to challenges states and territories have in collecting and reporting these data accurately.⁵² What's more, many state child care licensing systems include standards that enable exclusion of children with disabilities from child care-whether intentionally or not.53 Many state child care systems also fail to require training specific to serving children with disabilities in inclusive child care settings. Each of these present missed opportunities that fundamentally impact access to high quality, inclusive child care for young children with disabilities.

Developmental screenings are tools that help address concerns about a child's development, identify children who have or are at risk of having a developmental delay or disability, and determine the need for collaborative early intervention (EI) or early childhood special education (ECSE) services which can improve children's outcomes.⁵⁴



⁵⁰ U.S. Department of Education. (2022). 44th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2022. Office of Special Education and Rehabilitative Services. <u>https://sites.ed.gov/idea/2022-individuals-withdisabilities-educationact-annual-report-to-congress</u>.

⁵¹ U.S. Department of Health & Human Services. (2024). FY 2021 preliminary data table 21: Average monthly percentages of children with a disability. CCDF Data and Funding. www.acf.hhs.gov/occ/data/fy-2021-preliminary-data-table-21.

⁵² U.S. Department of Health & Human Services. (2024). FY 2021 preliminary data table 21: Average monthly percentages of children with a disability. CCDF Data and Funding. www.acf.hhs.gov/occ/data/fy-2021-preliminary-data-table-21.

⁵³ Meek, S.E., Alexander, B.L., Bucher, E., Soto-Boykin, X., Catherine, E., Palomino, C., Ameley-Quaye, A. (2023). Start with equity Arizona: Increasing access, improving quality, and advancing equity in Arizona's early care and learning systems. The Children's Equity Project.

https://cep.asu.edu/resources/Start-with-Equity-Arizona.

⁵⁴ Early Childhood Technical Assistance Center. (2024). Screening. Early Identification. https://ectacenter.org/topics/earlyid/screeneval.asp.

However, evidence shows racial disparities in developmental screening and early intervention referral and identification, with these disparities getting larger over time. For example, the national average for toddlers ages nine to 35 months who had received a developmental screening in the past year was 32.5%. However, White (36.8%) children were overrepresented in receiving developmental screeners, while Hispanic (31.1%), Black (28.6%), and Asian (27.4%) children were underrepresented.⁵⁵ To address these challenges, Lead Agencies can establish formal partnerships with IDEA-administering agencies to reach more children with suspected delays or disabilities sooner and to coordinate service delivery.

Recommendations to Improve Access to and Quality of Inclusive Child Care for Children with Disabilities

1. Describe specific planning and outreach efforts to families of children with disabilities including those in the El and ECSE systems, as well as those found ineligible for El and ECSE services, but who have developmental concerns.

2. Collect and report data on the percentage of child care programs that inclusively serve children with disabilities in addition to the percentage of children with disabilities served under CCDF to provide an estimate of the availability of care for children with disabilities.

3. Ensure state quality definitions and quality rating systems include the inclusion of children with disabilities.

4. Audit and revise state child care licensing to remove indicators that result in the exclusion of children with disabilities (e.g., toileting policies) and explicitly prohibit exclusion of children with disabilities.

5. Establish formal partnerships between the Lead Agency and the agencies administering IDEA to promote seamless service delivery across ages, systems, and settings, and to consider community-based child care appropriate inclusive settings to serve children with disabilities.

• These can be addressed in the Plan under 4.5 Supply Building > 4.5.4 Strategies to increase the supply of and improve quality of child care. How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for...? > 4.5.4.a Children with disabilities (pages 48-49).

6. Describe the intentional partnerships that will be established with agencies responsible for the implementation of IDEA Part C and Part B Section 619 to ensure information about developmental screening will be shared with families who are underrepresented in screenings and in receiving EI and ECSE services.

• This can be addressed in the Plan under 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care > 8.1.1 Coordination with required and optional partners > 8.1.1.c State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act (page 94).

⁵⁵ Cole, P., Trexberg, K., & Schaffner, M. (2023). State of babies yearbook 2023. Zero to Three. <u>https://zerotothree.wpenginepowered.com/wp-content/uploads/2023/09/SOBY2023_Yearbook_Full_v4.pdf</u>.

6 Expand Access & Quality for Emergent Bilinguals

Approximately 1/3 of children under age 5 and 21% of children between ages 5 and 17 are emergent bilinguals in the United States,⁵⁶ meaning that they are learning English and their home language at the same time, or learning English after their home language (also known as dual language learners or DLLs). As of 2022, emergent bilinguals make up a large proportion of the young child population in states like California (59%), Texas (49%), New Jersey (47%), New Mexico (44%), Nevada (43%), and Arizona (40%).⁵⁷ Still, CCDF only serves less than 20% of emergent bilinguals nationwide.⁵⁸

The quality of child care is also a significant issue for emergent bilingual children. A robust body of research shows that bilingualism is associated with an array of cognitive, academic, social, and economic benefits.⁵⁹ For these benefits to be optimized, emergent bilinguals need to receive highquality dual language educational opportunities, beginning in child care and early learning systems. Children in dual language education programs receive part of their instruction in English and the other part in a partner language (e.g., Spanish). Research is clear. Preschoolers who are emergent bilinguals who participate in dual language education have more advanced bilingual skills in their ⁶⁰ early years. Once in middle school and high school, these children have higher math and reading scores, they learn English faster, and are more likely to receive the Seal & Biliteracy.

Despite these benefits, most young emergent bilingual children lack access to dual language instruction, though data are not collected at a national level. In K-12 systems, recent data indicate that only 8% of children categorized as English learners receive dual language education.⁶²

For emergent bilingual children, dual language education is a core, pillar of quality. It can impact the critical teacher-child and teacher-parent relationships, children's access to instruction and the curriculum, and children's sense of belonging, social relationships, and emotional safety. Neglecting this pillar of quality, particularly in states with high proportions of emergent bilingual children, leaves out a core dimension of quality that deeply impacts these children, their experiences, and their outcomes. In 2024, the CEP and the Century Foundation published the report "Operationalizing High-Quality Dual Language Programming: From the Early Years to the Early Grades" which outlines quality indicators across all aspects of dual language education, including programmatic structures, language allocation, workforce supports, family leadership and engagement, and more.

⁵⁶ Annie E. Casey Foundation. (2023). Children who speak a language other than English at home in the United States. Kids Count Data Center. <u>https://datacenter.aecf.org/</u>; McHugh, M. & Park, M. (2022). Learning more about emergent bilinguals. Publications. <u>www.migrationpolicy.org/content/learning-more-about-dual-language-learners</u>.

⁵⁷ McHugh, M. & Park, M. (2022). Learning more about emergent bilinguals. Publications. <u>www.migrationpolicy.org/content/learning-more-about-dual-language-</u> learners.

⁵⁸ U.S. Department of Health and Human Services. (2024). FY 2021 preliminary data table 20 - average monthly percentages of primary language spoken at home. Data & Funding. <u>www.acf.hhs.gov/occ/data/fy-2021-preliminary-data-table-20</u>.

⁵⁹ Bialystok, E. (2018). Bilingual education for young children: Review of the effects and consequences. International Journal of Bilingual Education and Bilingualism, 21(6), 666–679. https://doi.org/10.1080/13670050.2016.1203859; Bibler, A. (2021). Dual language education and student achievement. Education Finance and Policy, 16(4), 634–658. https://doi.org/10.1162/edfp_a_00320.

⁶⁰ Oliva-Olson, C. (2019). Dos métodos: Two classroom language models in Head Start. Strengthening the Diversity and Quality of the Early Care and Education Workforce Paper Series. Urban Institute. <u>www.urban.org/research/publication/ dos-metodos-two-classroom-language-models-head-start</u>.

⁶¹ Padilla, A.M., Chen, X., Swanson, E., Peterson, M., & Peruzzaro, A. (2022). Longitudinal study of Spanish Dual Language Immersion graduates: Secondary school academic and language achievement. *Foreign Language Annals*, 55(2), 408-434. <u>https://doi.org/10.1111/flan.12615</u>; Serafini, E.J., Rozell, N., & Winsler, A. (2022). Academic and English language outcomes for DLLs as a function of school bilingual education model: the role of two-way immersion and home language support. *International Journal of Bilingual Education and Bilingualism*, *25*(2), 552-570. <u>https://doi.org/10.1080/13670050.2019.1707477</u>; Steele, J.L., Slater, R.O., Zamarro, G., Miller, T., Li, J., Burkhauser, S., & Bacon, M. (2017). Effects of dual-language immersion programs on student achievement: Evidence from lottery data. *American Educational Research Journal*, *54*(1), 2825-3065. <u>https://doi.org/10.302/0002831216634463</u>.

⁶² Williams, C. P., Meek, S., Marcus, M., Zabala, J. (2023). Ensuring equitable access to dual-language immersion programs: Supporting English Learners' emerging bilingualism. The Century Foundation. <u>https://tcf.org/content/report/ensuring-equitable-access-to-dual-language-immersion-programs-supporting-english-learners-emerging-bilingualism</u>.

In 2024, NASEM published a report called "<u>A New Vision for High-Quality Preschool Curriculum</u>," in which the committee reviews the research base on bilingual learning. The report includes bilingual learning as a core dimension of quality.⁶³

The current CCDF Plan addresses only the languages in which adults access applications and other CCDF materials, the consumer website, and outreach resources. There is very limited information or guidance on emergent bilinguals, including data collected (e.g., demographics of children served, where children are served, and the languages in which they receive care); professional development specific to emergent bilinguals; how to support emergent bilinguals with suspected or identified delays or disabilities; indicators specific to the experiences of emergent bilinguals and their families in QRIS; or quality investments for expanded access to dual language programs. Most quality rating systems do not include information for parents on which programs offer dual language education, require trainings on dual language learning, or have staff who share the families' home languages. This limited information on emergent bilinguals creates a major gap between the wealth of research on the benefits of dual language education and the actual implementation and reach of child care subsidies.

Recommendations to Expand Access & Quality for Emergent Bilinguals

1. Examine whether emergent bilinguals are underserved by child care systems as compared to their proportion of the young child population, and establish them as a priority group if so.

• This can be addressed in the Plan under 2.3 Prioritizing Services for Vulnerable Children and Families > 2.3.2 Prioritization of child care services > 2.3.2.b Does the Lead Agency define any other priority groups? (page 24).

2. Collect and report data on the number of children who are emergent bilinguals with and without disabilities, the languages their families speak, where they are served, and the languages in which they receive their child care services.

• This can be addressed in the Plan under 2.3 Prioritizing Services for Vulnerable Children and Families > 2.3.2 Prioritization of child care services > 2.3.2.b Does the Lead Agency define any other priority groups? (page 24).

3. Embed quality indicators specific to the experiences of emergent bilinguals and their families in the QRIS and provide quality funding for programs using a dual language approach.

• This can be addressed in the Plan under 7.2 Use of Quality Set-Aside Funds > 7.2.1 Quality improvement activities > b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities (pages 91-93)

4. Describe how professional development will include training on how to provide emergent bilinguals with dual language education or English services with home-language support when providers do not speak children's home languages.

• This can be addressed in the Plan under 6.3 Ongoing Training and Professional Development > 6.3.3 Professional development appropriate for the diversity of children, families, and child care providers (page 89)

63 National Academies of Sciences, Engineering, and Medicine. (2024). A new vision for high-quality preschool curriculum. The National Academies Press. https://doi.org/10.17226/27429.

Recommendations to Expand Access & Quality for Emergent Bilinguals (cont.)

5. Describe how training and professional development for child development screening will be offered to assist providers to screen, evaluate, and serve children who are emergent bilinguals with suspected or identified delays or disabilities in their home language and English, with the support of interpreters as needed.

• This can be addressed in the Plan under 6.3 Ongoing Training and Professional Development > 6.3.4 Child developmental screening (page 89).

6. Collect data on providers who deliver child care services in languages other than English and share this information and the benefits of bilingualism with families as part of the provider-specific quality information on the Consumer Education website.

• This can be addressed in the Plan under 9.2 Consumer Education Website > 9.2.4 Provider-specific quality information > 9.2.4.a.vii Other (page 104).

Promote Emotional Well-Being through the Prevention of Suspension & Expulsion

Emotional safety and social-emotional well-being are defining features of positive, quality early learning environments and are associated with children's psychological and physical well-being and positive academic and social outcomes.⁶⁴ Emotional safety is developed through supportive relationships free from bias, nurturing interactions, responsive care, and clear boundaries. Child care providers must have a deep understanding of developmentally appropriate behavioral, social, and emotional expectations for children as well as a strong understanding of the well-documented biases that emerge associated with race, gender, and disability, which can contribute to preventing or reducing harsh discipline and effectively support children's health, development, and learning.⁶⁵

The use of harsh discipline, suspension, and expulsion undermines children's emotional safety, and is detrimental to children's development, health, and well-being. Racial disparities exist in the use of harsh discipline practices including restraint, seclusion, expulsion, and suspension, and harsh and exclusionary discipline disproportionately affects Black children, boys, Indigenous children, along with children in the child welfare system.⁶⁶ For example, Black children are two times more likely to be expelled from preschool programs than their White peers, despite the fact that Black children do not engage in worse or more frequent misbehavior.⁶⁷ Previous research has found that Black boys have

67 Gilliam, W.S. 2005. Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. Yale University Child Study Center. https://www.researchgate.net/publication/228701481 Prekindergarteners. Left. Behind. Expulsion. Rates in State. Prekindergarten. Systems

⁶⁴ Shean, M., & Mander, D. (2020). Building emotional safety for students in school environments: Challenges and opportunities. In R. Midford, G. Nutton, B. Hyndman, & S. Silburn (Eds.). Health and education interdependence: Thriving from birth to adulthood, (pp. 225-248). Springer. <u>https://link.springer.com/book/10.1007/978-981-15-3959-6</u>.

⁶⁵ Gregory, A., Skiba, R.J., & Mediratta, K. (2017). Eliminating disparities in school discipline: A framework for intervention. *Review of Research in Education*, 41(1), 253-278. <u>https://doi.org/10.3102/0091732X1769049</u>.

⁶⁶ Meek, S., Smith, L., Allen, R., Catherine, E., Edyburn, K., Williams, C., Fabes, R., McIntosh, K., Garcia, E., Takanishi, R., Gordon, L., Jimenez-Castellanos, O., Hemmeter, M.L., Gilliam, W., & Pontier, R. (2020). Start with equity: From the early years to the early grades. The Children's Equity Project at Arizona State University. https://cep.asu.edu/resources/start-with-equity.

more conflictual relationships with their teachers, which may also undermine feelings of safety and belonging.⁶⁸ These data point to the fact that Black children, children with disabilities, and boys experience less emotionally safe child care settings than their peers.

Lead Agencies can leverage their CCDF Plans to improve emotional safety, promote social and behavioral development, and prevent harsh and exclusionary discipline through ongoing professional development and training, better disaggregated data collection, stronger and more clear policies, and improved coordination across state partners to address both rates and disparities in harsh discipline.

Recommendations to Promote Emotional Well-Being through the Prevention of Suspension & Expulsion

1. Describe how policies on suspension and expulsion prevention support emotional safety and address racial and other disparities in the disproportionate application of discipline policies.

• This can be addressed in the Plan under 9.3 Increasing Engagement and Access to Information > 9.3.7 Policies on the prevention of the suspension and expulsion of children (page 108).

2. Inform families about the suspension and expulsion prevention policies on the Consumer Website, including training, coaching, and other resources made available to providers for fostering healthy social-emotional environments.

• This can be addressed in the Plan under 9.3 Increasing Engagement and Access to Information > 9.3.6 Informing families about best practices in social and emotional health (page 108).

3. Describe an option for families to report concerns with discipline or violation of the state discipline policy to the Lead Agency through its hotline or similar reporting process through which parents can submit complaints about child care providers.

• This can be addressed in the Plan under 9.1 Parental Complaint Process > 9.1.1 Parental complaint process (page 100) and 9.3 Increasing Engagement and Access to Information > 9.3.7 Policies on the prevention of the suspension and expulsion of children (page 108).

4. Collect and report data on the number of suspensions and expulsions across providers through the Consumer Education website so that data are publicly available for families and can inform parent choice.

• This can be addressed in the Plan under 9.2 Consumer Education Website > 9.2.4 Provider-specific quality information > 9.2.4.a.vii Other (page 104) and 9.3 Increasing Engagement and Access to Information > 9.3.7 Policies on the prevention of the suspension and expulsion of children (page 108).

⁶⁸ Goldberg, M. J., & Iruka, I. U. (2022). The role of teacher-child relationship quality in Black and Latino boys' positive development. Early Childhood Education Journal, 51, 301-315. https://doi.org/10.1007/s10643-021-01300-3.

8 Improve Data Systems & Publicly Report Data

Better data are critical to understanding inequities in opportunity—including well-documented inequities in access to and experiences in child care—and to enabling states and territories to develop targeted, effective solutions to ensure that all children and the child care workforce have access to resources that help them thrive.

Data indicate that providers make near poverty wages that in part have impacted retention and recruitment of early childhood educators in the field.⁶⁹ On top of this overall inadequate pay, research has consistently documented an unfair racial and position pay gap within the child care field. For example, Black early childhood educators are paid an average of 78 cents less per hour than their White peers and up to \$1.71 less per hour in preschool settings.⁷⁰ Black and Hispanic early childhood providers are also more likely to work in lower-paid positions such as teacher aides or assistant teachers.⁷¹ Even when teachers from these groups access and complete advanced degrees, they experience pay gaps compared to White educators.⁷² It is imperative that Lead Agencies' staff compensation efforts pay particular attention to these gaps and provide appropriate support to decrease these disparities.

Currently, Lead Agencies are not required to include in their Plan how they will collect demographic data that can reveal fairness or inequities in the system, a major limitation to the public's understanding of the implementation of CCDF. While the CCDBG law prohibits any state or territory reports from containing any personally identifiable information, Lead Agencies can still maintain this requirement while also collecting and reporting disaggregated data across the categories of race, ethnicity, income, language, geographical location, and disability category aligned with IDEA categories.

Failure to do this results in states and territories, the federal government, and the public lacking information about how services are impacting outcomes for particular groups of children. With more refined, disaggregated data collection and reporting systems, Lead Agencies can make fair, data-informed, and relevant policies that directly affect the access, experiences, and outcomes of children and families and of the ECE workforce tasked with providing quality child care under CCDF.

⁶⁹ McLean, C., Austin, L.J.E., Whitebook, M., & Olson, K.L. (2021). Early childhood workforce index 2020. Center for the Study of Child Care Employment, University of California, Berkeley. <u>https://cscce.berkeley.edu/workforce-index-2020/Report-pdf</u>; National Association for the Education of Young Children. (2021). State survey data: Child care at a time of progress and peril. <u>www.naeyc.org/sites/default/files/wysiwyg/user-74/naeyc_survey_statedatawithquotes_sep2021.pdf</u>. 70 Lee, Y., Zeng, S., Douglass, A., Reyes, A., & Johnson, N. (2023). Racial and ethnic wage disparities among center-based early educators. *Early Childhood Education Journal*, 51(3), 493–502. <u>https://doi-org.ezproxyl.lib.asu.edu/10.1007/s10643-022-01317-2</u>.

A Austin, LJ.E, Edwards, B, Chávez, R, & Whitebook, M. (2019). Racial wage gaps in early education employments. Center for the Study of Child Care Employment, University of California, Berkeley. <u>https://cscce.berkeley.edu/racial-wage-gaps-in-early-education-employment/</u>; Center for the Study of Child Care Employment. (2021). Early educator pay & economic insecurity across the states. Early Childhood Workforce Index 2020. <u>https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/</u>.

⁷² McLean, C., Austin, L.J.E., Whitebook, M., & Olson, K.L. (2021). Early childhood workforce index 2020. Center for the Study of Child Care Employment, University of California, Berkeley. <u>https://cscce.berkeley.edu/workforce-index-2020/Report-pdf</u>; McLean, C., Whitebook, M., Roh, E., (2019). From unlivable wages to just pay for early educators. Center for the Study of Child Care Employment, University of California, Berkeley.

Recommendations to Improve Data Systems & Publicly Report Data

1. Develop a plan to collect and track pay gaps, especially racially-based gaps, within the workforce and use these data to inform plans to improve the compensation of the child care workforce.

• This can be addressed in the Plan under 6.1 Supporting the Child Care Workforce > 6.1.1 Strategies to improve recruitment, retention, compensation, and well-being > 6.1.1b Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce (page 85).

2. Collect and report disaggregated data for both child care supply and child care provider participation across the categories of race, ethnicity, income, language, geographical location, and disability category to the extent practical without identifiable data.

• This can be addressed in the Plan under 4.5 Supply Building > 4.5.3 Shortages in the supply of child care (page 48).



Align with Equity Priorities & Use the Equity Strategic Plan Template

Finally, embedding equity across CCDF Plans means ensuring key stakeholders who are vital carriers of knowledge and expertise are carefully integrated into all conversations about and decision-making for policy and practice. In fact, Lead Agencies are required to consult with local government representatives, the early childhood state advisory council, and tribes as part of the Plan development process and also include community input by providing the public an opportunity to comment through at least one public hearing before the Plan is submitted to ACF.⁷³ Lead Agencies should go above and beyond this by planning consistent, ongoing opportunities in which they actively seek guidance and provide strategic planning forums among early childhood partners, child care providers, parents, and tribal communities to critically examine existing policy, data, and funding landscapes collaboratively.



73 U.S. Department of Health and Human Services. (2024). FY 2025-2027 Child Care and Development Fund (CCDF) plan for states and territories. Outreach Materials. Office of Child Care, Administration for Children and Families. <u>www.acf.hhs.gov/occ/outreach-material/fy-2025-2027-child-care-and-development-fund-ccdf-</u> plan-states-and-territories.

In addition, states should incorporate in their Plans how they will identify and bridge any inequities in access to and quality of child care in the state. The CEP developed the "Early Childhood Equity Strategic Plan Template" which Lead Agencies should use to conduct a landscape analysis that documents their strengths and shortfalls in existing policy, data systems, and funding. Following the landscape analysis, this tool can then guide Lead Agencies through each of the "14 Priorities to Dismantle Systemic Racism in Early Care and Education" with an organizational structure that delineates the policy goal and accompanying benchmarks, actionable steps to achieve the goals and benchmarks, timelines, and points of contact who are responsible for each task. This strategic planning tool includes information highlighted throughout this brief, such as reducing harsh discipline, support for children with disabilities, expanding access to dual language education, and bridging workforce inequities, among others.

Closing

As the nation's largest federally-funded child care program, the CCDF reaches children and families in every single state and territory. Strategically using the CCDF Plan to expand access, enhance quality, and bridge inequities is key to ensuring states and territories live up to the promise of affordable, quality child care for parents who need and rely on it to get to work, get to school, and contribute to their family's success and economic well-being.

Lead Agencies have a key opportunity to leverage their CCDF Plan to operationalize accessible, quality child care for children, families, and the early childhood workforce, especially those from historically and contemporarily marginalized communities.

In this brief, we provided specific recommendations to guide CCDF Lead Agencies in developing their 2025-2027 CCDF Plan—and amending it over the next few years—to address inequities in child care systems and advance equitable access to quality early learning.



State CCDF Plans: Levers to Expand Access, Enhance Quality, and Advance Equity The Children's Equity Project