



114TH & 115TH CONGRESS

2016 - 2017

PUBLIC POLICY AGENDA



ABOUT CHILD CARE AWARE® OF AMERICA

Child Care Aware® of America is a national membership-based nonprofit organization working to advance affordability, accessibility, development and learning of children in child care in the United States. Founded in 1987, we work with more than 400 state and local Child Care Resource & Referral (CCR&R) agencies nationwide to help ensure that families in 99 percent of all populated ZIP codes in the United States have access to high-quality, affordable child care.

VISION

Every family in the United States has access to a high quality, affordable child care system.

MISSION

We advance a child care system that effectively serves all children and families.

The child care system supports children's growth, development and educational advancement and creates positive economic impact for families and communities.

Our work is strengthened by a national network of child care resource and referral agencies and diverse members and partners.

PRINCIPLES

We believe the earliest years of a child's life are the most critical and represent the single most important investment for communities, states and the nation, requiring significant leadership, focus, and funding.

We believe families are children's most important teachers. In partnership with families, nurturing, responsive, knowledgeable child care teachers create dynamic learning opportunities and are essential to creating the foundation for children's long term success.

We believe the public and private sector must invest in and promote the quality and availability of child care programs that support children's health and development. Families and child care businesses should not bear the full cost of quality child care.

We believe - because of disparities among groups of children - programs and policies should be designed, resourced and implemented to deliver equitable outcomes for all children in all communities. We believe that strategic partnerships with like-minded organizations are essential to proactively leverage resources, maximize expertise, and create greater gains for children and families.

We believe decision-makers on child care systems, services, policies and funding must have access to clear data and strong research to inform their choices.



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ABOUT CHILD CARE AWARE OF AMERICA'S AGENDA

Over the past several years, Child Care Aware® of America has surveyed and conducted focus groups with parents of young children, grandparents, national child advocacy organizations, and state and local Child Care Resource and Referral (CCR&R) agencies.

During those conversations it was underscored that child care is an essential building block of any community and that investments in child care are investments in our children, our economy, and our future. Child care plays an important role in the economy, helping to generate 15 million jobs and more than \$500 billion in income annually.¹ Families need child care so that they can work and children need a safe place to be where they can learn, thrive, and continue their healthy development.

What we have learned about child care in the United States from our member agencies, reports, state surveys and national polling:

1. Child care is expensive.

The cost of child care in every state rivals families' annual expenditures on housing, transportation, and the cost of tuition at a four-year, public university. Further, in 38 states, the cost of infant care exceeds 10 percent of the state's median income for a two-parent family. While many families are able to take advantage of child care subsidies offered by state and federal organizations, there is not enough funding to cover all need. In fact, Child Care Aware® of America estimates that child care assistance funds reach fewer than 18 percent of eligible children. Families who earn between \$25,000 and \$50,000 annually are among those who stand to benefit most from increased and expanded subsidy support for child care, as these families tend not to be eligible for subsidies, and therefore rely on unlicensed, unsafe, or unreliable care.

Parents also rely on federal tax credits—for both families and employers—to help pay for child care. However, available tax credits are piecemeal, vary significantly from state to state, and provide an average benefit of only \$550 per year – well short of average child care costs. Further, benefits such as the Dependent Care Tax Credit (DCTC) are not available for parents who attend school part-time, which means that parents who both work and attempt to improve their economic condition through furthering their education are unable to receive additional support, thus fostering an unending cycle of poverty.

2. Quality child care must begin early.

Early, quality child care provides a solid foundation for children's academic and behavioral success. For instance, research has demonstrated that children and families who attend Early Head Start programs fare better than their peers in several domains; however, Early Head Start is underfunded to the point that it can only serve four percent of eligible children.

Vulnerable populations, in particular, struggle to gain access to quality early child care due to barriers such as lack of transportation options and irregular work schedules. Existing child care centers in underserved areas must work to address these issues by expanding child care hours and working with state and federal agencies to secure access for all families. Without these measures, families may be forced to rely on

unlicensed care providers that may not be able to provide the emotional and academic support children need in order to be school-ready by the time they enter Kindergarten.

3. The quality of care varies widely by state.

Despite the reauthorization of the CCDBG—which increases requirements related to children’s health in child care settings—states are still not doing enough to ensure that all children are afforded access to safe, healthy care settings. Children in unlicensed care may not be protected by regulations concerning physical activity time, developmental screening practices, or food safety guidelines. This lack of oversight exposes children to unnecessary risks that could potentially lead to long-term health problems or lifelong negative consequences.

4. Child care providers must receive adequate training and compensation.

On average, child care providers earn less per hour than many other professions within the personal care industry, including barbers, hairdressers, baggage porters, and manicurists. Further, investments in professional development for child care providers are minimal, at best. And yet, research indicates that there is a direct link between caregiver training and quality of care. Adults who received quality care as children tend to fare better than their peers on metrics such as high school completion, annual salary, and participation in criminal behavior. Yet to date, sustained investments in child care providers—both through compensation and training—have not been sufficient to ensure that all providers, including those who receive federal reimbursement for their services, meet even minimal quality standards. It’s important that education is adequate to ensure optimal child outcomes, and that compensation is appropriate for the level of education achieved.

To ensure access to affordable, quality child care, Child Care Aware® of America proposes the adoption of a comprehensive Public Policy Agenda to address these documented issues:

- *Affordable Quality Child Care for Families;*
- *Equitable Child Care for Underserved Populations;*
- *Healthy Child Care;*
- *Professional Development and Compensation; and,*
- *CCDBG Implementation.*

AFFORDABLE, QUALITY CHILD CARE FOR FAMILIES

Improving access to affordable, quality child care is one of Child Care Aware® of America's top priorities. Child care is essential for America's working families. Unfortunately, child care costs have nearly doubled in the last quarter century, according to a U.S. Census Bureau report [Who's Minding the Kids? Child Care Arrangements: Spring 2011](#). The growing costs of child care pose a crippling burden for families with young children.

"Perhaps the most critical decision parents make in balancing their work and home life is choosing the type of care to provide for their children while they work," said report author Lynda Laughlin, a family demographer in the Census Bureau's Fertility and Family Statistics Branch. "Child care arrangements and the financial burden they impose on families are important issues for policymakers and anyone concerned about the welfare of children."²

The average cost of child care varies widely across states and often reflects the cost of living in a given area rather than the quality of the experience for children and families. For this reason Child Care Aware® of America calculates the cost of child care relative to the state median income for married couples with children and for single mothers in all 50 states. In every area, child care costs rival families' annual expenditures on housing, transportation, and even tuition and fees for public colleges. These costs are even harder to shoulder for low-income families and single parents. Across all 50 states, the cost of center-based infant care averaged over 40 percent of the state median income for single mothers.³

Child care is expensive because it is a labor-intensive service. Most of the cost of a child care program is related to the wages of child care staff; however, such individuals are among the lowest paid workers in the United States. Often this level of pay is reflective of the worker's level of education, but not always; even highly educated personnel earn lower wages than their similarly-educated peers in other education settings. Only 35 of 1,312 occupations reported by the United States Bureau of Labor Statistics have lower average wages than child care workers, who earn an average of \$10.44 per hour and barely exceed the federal poverty level.⁴

Other jobs in the personal care industry pay more per hour, but as important as these jobs are, they do not involve protecting, educating, and caring for children.⁵

- Barbers earn an average hourly wage of \$13.67.
- Hairdressers, hairstylists, and cosmetologists earn an average hourly wage of \$13.43.
- Baggage porters and bellhops earn an average wage of \$11.48.
- Manicurists and pedicurists earn an average hourly wage of \$10.82.

Every year, Child Care Aware® of America reports on child care prices based on surveys of Child Care Resources and Referral (CCR&R) State Networks, who collect price data in their states. The 2014 report on the costs of child care confirmed the following:

1. Child Care Costs are High

- The average annual cost of full-time child care for an infant in a center in 2013 ranged from just under \$5,500 in *Mississippi* to more than \$16,500 in *Massachusetts*.
- The average annual cost of full-time care for a 4-year-old child in a center in 2013 ranged from about \$4,800 in *Mississippi* to more than \$17,300 in the *District of Columbia*.
- The average annual cost for a school-age child in 2013 for part-time care in a center ranged from about \$1,100 in *Louisiana* to over \$11,350 in *New York*.
- The average annual cost for full-time care in 2013 for a 4-year-old child in a family child care home ranged from about \$4,000 in *South Carolina* to just under \$10,000 in *New York*.
- The average annual cost for part-time care in a family child home for a school-age child in 2013 ranged from about \$1,800 in *South Carolina* to more than \$9,800 in *New York*.

2. Child Care Costs are Rising

- The cost of child care increased up to eight times the rate of increases in family income from 2011 to 2012 and eclipsed every other household expense in the Northeast, Midwest, and South for families with two children attending a center-based program full-time.
- Between 2012 and 2013, the cost of care for an infant in center-based care increased by 0.9 percent, while the cost of infant care in a family child care home increased 1.9 percent.
- Between 2010 and 2011, the cost of care for a 4-year-old in center-based care increased by 4.2 percent and 4.8 percent in family child care homes.

3. Child Care Costs Compared to Family Income

- In 38 states, the average annual cost of center-based infant care exceeded 10 percent of the state's median income for a two-parent family.
- In New York, the average annual cost of center-based care for a school-age child exceeded 12 percent of state median income—for part-time care. This cost is 44 percent of the state median income for a single mother.

4. Child Care Costs Compared to Household Expenses

- In every U.S. region, the average center-based child care fees for an infant are more than double the average amount that families spend on food.
- Center-based child care fees for an infant exceeded average annual rent payments in 22 states and the *District of Columbia* in 2013.

5. Child Care Costs Compared to College Costs

- In 2013, the average annual cost for an infant in center-based care was higher than a year's tuition and fees at a four-year public college in 31 states and the *District of Columbia*.⁶

Only 17 percent of the 14.3 million children eligible for federal child care assistance received it in 2011.⁷ Close to 2.6 million children received federal subsidies through one of several funding sources including the Child Care and Development Block Grant (CCDBG), Temporary Assistance for Needy Families (TANF) and the Social Services Block Grant (SSBG). CCDBG is the primary source of public funding for child care. Through this program, the federal government provides grants to states to provide monthly subsidies or vouchers to low-income families (up to 185 percent of the state median income) to help them pay for child care; with parents paying a co-payment equal to on average 10 percent of the cost of care.

Of these, about 1.45 million children receive assistance through CCDBG, representing approximately one out of every six eligible children.⁸ Unfortunately, since federal funding has not kept pace with inflation or demand, the gap between those eligible and those served has continued to widen, and in 2014 the number of children served reached a 15-year low.⁹

This is of particular concern since the majority of children and families served through this program are at or below the poverty level. According to the most recent data from HHS, in FY 2013, 52 percent of families receiving child care assistance through CCDBG funding had an annual income below the federal poverty level (\$19,530 for a family of three). This percentage has increased by 2 percent since 2011). Unfortunately, while the nationwide income eligibility threshold for child care assistance is low the cost of care is high. According to the National Women’s Law Center, 21 states had waiting lists or frozen intake in 2015. In a number of states, waiting lists are quite long—over 25,000 children in Massachusetts, 31,000 children in North Carolina, and over 51,000 children in Florida as of early 2015.¹⁰ In addition, some families decide against joining a waiting list once they hear how many families are on it, others withdraw their name once they have found another form of child care which may or may not be licensed and regulated, or the quality of care sought by the family.

Current state subsidy policies are especially challenging for lower middle-income families with incomes between \$25,000 and \$50,000 who generally are not eligible for subsidies yet cannot afford to pay the market rate for care in their community. This is the group of families most likely to use informal, unlicensed arrangements that may or may not be safe or reliable. They have few choices. They need to work. These are the families also whose children are least likely to be enrolled in preschool of any type, and who may be at risk of starting school behind their peers.

IN ORDER TO BETTER MEET THE NEEDS OF AMERICA’S WORKING FAMILIES, CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Increase significant federal investments in child care assistance for eligible children and increase requirements for states’ use of federal funds toward quality improvement efforts.
- Provide resources for planning and developing child care capacity to increase the availability of and access to high-quality child care options for working families.
- Reduce barriers in the subsidy administration process.
- Require HHS to undertake a study of high-quality child care to assist all families with young children in affording quality child care.
- Ensure that developmentally appropriate public pre-kindergarten programs are designed to meet the developmentally appropriate child care needs of working families. Including the use of partnership models with market-based child care.

Supporting and Funding Child Care for All Families

Investing in quality child care and early childhood development is the most effective way to break the cycle of poverty. These investments lay a foundation for success later in school, career, and life. The type of environment and the quality of interaction to which children are exposed in the first five years of life greatly influence the outcomes of their adult lives.

Ensuring children's access to high-quality and affordable early childhood programs prepares them for school and success later in life while helping their parents meet obligations at work. Research shows that money spent on young children is an effective investment, and a recent report on the "Economics of Early Childhood" indicates that investments in high-quality early education generate economic returns of over \$8 for every \$1 spent.

Recent research suggests the need for improved support for access to quality child care:

- According to the Department of Health and Human Services (HHS), child care subsidies help low-income families with children under age 13 pay for child care so that parents can work or participate in training or education activities.
- Preliminary data from FY 2013 reveal that 1.45 million children and 874,000 families received child care assistance each month during FY 2013. Of these families, 52 percent were below the federal poverty level and/or resided in a group home (1 percent had invalid data or did not report).
- 84 percent of children receiving subsidies were cared for in regulated settings while 15 percent were in a setting that was legally operating but without regulation.
- 93 percent of families cited either employment or education and training as the reason for needing child care.
- Nationally, 415,107 child care providers served children receiving CCDF subsidies. 22 percent of providers receiving subsidies were child care centers.
- 70 percent of children receiving subsidies were cared for in a child care center, 19 percent were in family child care homes, and 4 percent were in the child's own home.

Yet, despite the mounting evidence of the importance of investing in children, Congress is cutting funding from child-focused services more than twice as fast as overall spending, and federal funding for children's initiatives have fallen to below 8 percent of the federal budget. According to First Focus's 2015 Children's Budget analysis, inflation-adjusted spending on children is down about decreased approximately 9.4 percent from 2011 to 2015, while other overall spending dropped was reduced by just only 4 percent over the same period.¹¹

This disconnect cannot continue if we are serious about bridging achievement gaps and ensuring that all children are developmentally and academically prepared to enter school and to take full advantage of the educational opportunities that are made available to them. Congress must adequately fund what has already been required and invest in addressing the quality challenges that evade a legislative mandate. To leverage investments of the size required to achieve these outcomes, a combination of state, local, governmental, and innovative funding mechanisms will be required.

Child Care Tax Provisions to Help Working Families

Families bear the majority of the burden for child care costs. While some public funding is available for child care, the incomplete patchwork of support often does not provide enough assistance for families, particularly low-income families who lack access to high-quality licensed child care and may therefore place their child in an informal or unlicensed child care setting.

Parents and businesses can take advantage of federal tax credits for supporting child care, including the Earned Income Tax Credit, the Child Tax Credit, the Child and Dependent Care Tax Credit, Dependent Care Flexible Spending Account (FSA) and Dependent Care Assistance Programs. Unlike a deduction, credits don't just lower the amount of taxable income; they actually lower the bottom line of tax liability.¹² Many states also provide tax assistance through credits and deductions, with benefits varying depending on the state and the income of the family.¹³

Tax credits are also available to help defray the tax burden for businesses that support child care either directly to their employees, by subsidizing the cost of child care for their employees, or by providing child care on site as a work support.

For example, in Louisiana, a business can be eligible for tax credits for supporting child care centers that are part of the state's Quality Start QRIS, with higher credits for higher quality rating levels. There is also a credit of up to \$5,000 available to businesses that make donations to child care resource and referral agencies.¹⁴

The Child and Dependent Care Tax Credit (CDCTC) allows taxpayers with work-related child and dependent care expenses for their children under age 13 to reduce the amount of their tax liability by claiming up to \$3,000 of dependent care expenses for one child/dependent and \$6,000 for two or more dependent children per year. The credit is worth between 20 percent and 35 percent of these expenses, depending on a family's income. While the CDCTC tax credit is targeted to lower income families (it phases down at higher income levels), it, unlike the Earned Income Tax Credit and the Child Tax Credit, is not refundable.¹⁵ This means that if a family does not earn enough money to owe federal income taxes, it cannot benefit from the credit. Currently, 24 states have enacted state CDCTCs and of those, eight are at least partially refundable.¹⁶

Unfortunately, with the cost of infant and toddler care rivaling the cost of college in many states, the average child care tax benefit of \$550 per year falls well short of what is needed to provide meaningful help to working families. The Child and Dependent Care Tax Credit and child care flexible spending accounts are also unnecessarily complex, often requiring significant paperwork and advanced planning for families to receive the full benefits.

As a result, parents who want to improve their economic condition by continuing their studies, but are only able to do so part-time, are unable to take advantage of this benefit. Current policies prevent many parents who would like to further their education from doing so. Child Care Aware® of America would like to see these issues revisited.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Expand the Child and Dependent Care Tax Credit (CDCTC) to help working families cover the rising cost of child care. The credit should be improved through the following changes: To help low-income families, the credit should be made refundable. To help middle-income families, the percentage of expenses used to determine the amount of the credit should be increased to 50 percent of expenses for families with incomes of \$35,000 or less, decreasing as income increases on the same sliding scale as under current law. To help all families, the current expense limits of the credit should be increased to more accurately reflect the actual costs of care.
- Review and consider what policy options are available to help families offset the rising cost of child care, including, but not limited to raising dependent care limits for deductions or providing additional tax credits for families and providers, creating public-private partnerships, and looking to states that have already developed successful financing models.
- Simplify the process whereby families qualify for these various child care tax incentives so they can easily access them.
- Ensure that parents who are enrolled in and attend college full or part-time are permitted to take advantage of the Dependent Care Tax Credit.



Family and Community Engagement

Families are children's most important first and lifelong teachers, especially during the initial five years of life, when social, emotional, physical, and cognitive development occurs at exponential rates. A child's early experiences shape their brain architecture and set them up for early life achievements as well as lifelong success. Each family is unique in their core values and culture, which contributes greatly to the collective diversity of the United States. The richness of each family's heritage and the capacity of families to develop nurturing relationships with their children is of vast understated importance.

Having policies in place that support the implementation of effective family engagement practices can produce multiple positive ripple effects through a continuum of settings that stem from the home and extend out to child care, other early child education, and community environments. Engaged, supported and empowered families are foundationally critical to the health of our country as families raise their children in multiple settings, across time and in collaboration with many others and children become future leaders in their own communities, in our nation and throughout the world.

CHILD CARE AWARE® OF AMERICA RECOMMENDS POLICIES THAT:

- Build and expand capacity at the state and local levels for family, child care, and community engagement.
- Urge government and community agencies and organizations to encourage and provide meaningful and culturally respectful organizational supports to families that allow them to be the best first teacher for their children.
- Create awareness surrounding the importance of family engagement and empower families to take steps to optimize their children's learning and development.
- Work to bridge gaps of inequalities for the most vulnerable children, support the service needs of children with developmental delays, and provide supportive infrastructure for family circumstances that fall outside the traditional two-parent home environment (e.g., homeless, single parent, multi-generation, refugee, etc.).

EQUITABLE CHILD CARE FOR UNDERSERVED POPULATIONS

Equity in child care across different communities and socioeconomic classes is a measure of achievement and a sign of fairness in how we fund child care and early education. Ensuring that children have access to high quality and affordable early childhood programs can help children prepare for school and succeed in later life and supports the workforce in every community. High quality child care is especially important for historically vulnerable and underserved populations that often encounter barriers to funding and accessing care.

Culturally and Linguistically Responsive Child Care

Both the children in child care and the adults who care for them are very diverse, and projected to become more so in coming decades. Children of new Americans, refugees, and immigrants now account for 25 percent of the 23 million children under the age of six, compared to 14 percent in 1990. California, Texas, New York, Florida, and Illinois account for half of the number of children in immigrant families. Research has shown that these young children, especially dual language learners, benefit from quality child care that is culturally and linguistically responsive. The continued growth of immigrant populations highlights the need for settings that consider the language and culture of the children being served.

Child care programs serving diverse populations need to build their capacity to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

CHILD CARE AWARE® OF AMERICA SUPPORTS POLICIES THAT:

- Fund and promote models that adapt to geographical, cultural, and linguistic experiences. Locally-designed options should also be considered as the foundation for a new research-base on the efficacy of models designed specifically for populations of children and families with particular profiles of risks and strengths including encouraging bilingual/bicultural staff.
- Promote National Association Education Young Child (NAEYC)'s four underlying principles of cultural competence standards.¹⁷

Tribal Child Care

Heightened factors in tribal communities for children such as poverty, low birth weight, unemployment, and educational attainment levels among mothers drive the need to invest in quality child care. American Indians and Alaska Natives experience exceptionally high unemployment levels compared to the rest of the nation. In 2010, unemployment on Indian reservations was at approximately 50 percent, and 49 percent of American Indian children lived with parents who lacked secure employment, compared to approximately 33 percent of the total U.S. population. In Alaska, unemployment among Alaska Natives is often more than double the statewide rate.

Child care is an important support for American Indian families seeking to access education, training, and employment. It is also an essential component of economic development planning in tribal communities since demand for workers cannot be met without the support of child care services.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS AND HHS:

- Increase the CCDBG Tribal CCDF Funding set aside from 2 percent to not less than 5 percent (Currently at 2 percent).
- Update OCC's Tribal Health and Safety Standards in consultations with Tribes and the ability to incorporate tribal culture, customs and traditional care.
- Support legislation for the rights and abilities of tribes to participate in federal domestic assistance programs.
- Encourage relationships between tribes and states in order to support tribes' abilities to fully implement needed services for children and families.

Nontraditional Hours for Child Care

Over one-fifth of parents with children under age 13 work nonstandard schedules.¹⁸ Most of these workers have lower pay and fewer benefits.¹⁹ Today's job market requires many employees to work shifts that start or end after most child care programs open or close. More and more businesses operate around the clock. Many companies work in shifts, which means that employees work in the early mornings, evenings, nights, rotating schedules, weekends, holidays or extended hours. Some employees also face unpredictable and inconsistent schedules that make accessing, arranging, and paying for child care difficult.

More low-income workers operate on nonstandard schedules than do other workers: 28 percent compared with 20 percent, respectively.²⁰ These low-income families face irregular, unpredictable schedules that often require last-minute adjustments to child care arrangements and disrupt family routines so critical to the lives of developing young children.²¹ Women are more likely than men to work nonstandard hours, especially women with incomes below 200 percent of Federal Poverty Line (FPL) and single parents are especially affected, unable to rely on spouses, they often rely on relatives and neighbors for child care.²²

Most child care centers operate Monday through Friday during regular business hours, yet parents need child care during their working hours, whenever that may be. There are currently few center-based child care programs that can meet the needs of families that need care during nontraditional hours. Many families that work nontraditional hours do so on a part-time basis, yet, because of budgeting concerns, many providers avoid enrolling children for less than full-time. The result for low-income parents working irregular schedules

may discourage them from seeking child care subsidies because such subsidies may require a minimum or consistent number of work hours per week further limiting realistic choices to meet their needs.²³²⁴

Despite the growing need for care during nonstandard hours, there is very little recent research on how states and communities are supporting families in this situation. Some communities are addressing the difficulty of finding child care for nontraditional hours through a variety of traditional and innovative approaches. The recent reauthorization of the Child Care Development Block Grant requires states to build strategies to increase the supply of various types of child care, including care outside of traditional work hours and this is an opportunity to help families with fluctuating schedules maintain steady access to child care subsidies.

CHILD CARE AWARE® OF AMERICA SUPPORTS POLICIES THAT:

- Address the child care stability of parents who work nonstandard schedules because such families experience a multiplicity of care arrangements.
- Fund research on assistance policies, funding streams, licensing requirements for child care providers, reimbursement rates, and other factors that impact low-income, nonstandard schedule parents' access to child care.
- Increase the availability of flexible, convenient child care during the evening, night and weekend. Meeting the nonstandard-schedule parents' child care needs will likely involve a focus on meeting family demand for all types of child care programs.

Before and After School Care

According to the After School Alliance, “After school programs keep kids safe, inspire them to learn and help working families. For every child in a program, two are waiting to get in.” Although sizeable gains have been made in afterschool program quality and participation, the unmet demand for afterschool programs continues to rise. In 2004, the parents of 15.3 million children said they would enroll their child in an afterschool program if one were available; today that number stands at 19.4 million children. And, while the number of children alone and unsupervised after school has decreased over the last 10 years, there are still 11.3 million children headed for an unsupervised environment after the last school bell rings.²⁵ Studies have shown that quality programs give students the academic, social and career-ready skills they need to succeed. Child Care Aware® of America seeks to ensure that all children have access to affordable, quality afterschool programs that keep children safe, improve academic performance and help working families across America.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Expand the 21st Century Community Learning Centers (21st CCLC) program, which is the only federal funding source dedicated exclusively to afterschool programs.
- Reauthorize funds for Expanded Learning Time (ELT). Expanded learning time—adding time to the school day, week or year—is a relatively new approach to expanded learning opportunities. ELT is a key issue in Elementary and State Education Agency reauthorization and in the out of school time field.

- Increase STEM in after school because 80 percent of future jobs will require STEM literacy and skills. Proficiency in Science, Technology, Engineering, and Mathematics (STEM) is crucial in successful participation within contemporary society and the workplace.
- Expand the Investment in Afterschool Programs Act. Afterschool programs are uniquely positioned to meet the needs of young people in rural communities. In light of this the Afterschool Alliance is working with Congress to create a funding stream specifically for afterschool programs in rural communities.
- Expand Active Hours Afterschool, which provides tools and information on afterschool and healthy lifestyles, including local wellness policies and partnership opportunities. Programs can play an important role in promoting health, from physical activity to healthy snacks, and are therefore well-positioned to be key partners in health initiatives.

Family, Friend, and Neighbor Child Care

Family, friend, and neighbor (FFN) care is the most common form of non-parental child care in the United States.²⁶ Nearly half of all children (under the age of six) spend time in FFN care and nearly a quarter of all children who receive federal child care subsidies use FFN care (U.S. Child Care Bureau, 2006). Recognizing the widespread use of FFN care, federally funded programs, such as the Child Care and Development Fund, along with 25 percent of states, have invested public funds to support the use and enhancement of family, friend, and neighbor care.

Caring for the children of family, friends, or neighbors is very personal and an important type of care. These supports are critical to helping both children and families thrive. FFN care also ensures parents that the caregivers share similar beliefs, values, and traditions that they feel are important for their child to experience while in child care.

All Our Kin, a nonprofit in Connecticut focused on enhancing the quality of family child care providers, has found that helping FFN care providers fulfill state licensing requirements is transformative for providers resulting in higher earnings, a greater sense of professionalism, and the ability to serve children better with the equipment and training they need to provide safe, educational child care.

CHILD CARE AWARE® OF AMERICA SUPPORTS POLICIES THAT:

- Enable policymakers, funders, and family, friend, and neighbor leaders to work together to create statewide networks of local resources and supports and other options for FFN caregivers and the children in their care.
- Create and participate in private/public and collaborative FFN efforts.
- Develop new strategies to finance and sustain FFN supports. Funders and policy makers should consider devoting more funding to FFN care development efforts, including program design and innovation, provision of services and research on all aspects of this area.

- Provide incentives that encourage early learning system development leaders to include strategies to help FFN caregivers in their efforts, and build bridges with policy makers and funders engaged in work with other related systems.

Child Care Deserts

Many communities face shortages of licensed quality child care called child care deserts. Low-income and rural communities are especially likely to lack high-quality child care options. Investments in child care expansion help to ensure that children have access to safe learning environments and that parents are able to contribute to the local economy. Rural communities have unique needs and challenges far different from urban settings. The lack of licensed child care, distances to work sites, lack of transportation, and irregularity of work schedules reduce child care options available for many of these families.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Authorize funds for pilots in high poverty communities to explore strategies that blend multiple funding sources to better meet the child care needs of working parents (meeting the criteria of the strongest funding stream to ensure safe, quality care for children).
- Increase the availability of licensed care using policy strategies such as increasing subsidy rates for providers offering care in communities with child care deserts; Pursue policies that make licensed care more affordable to families to all families.



Homeless Children and Families

Children and their families who experience homelessness deal with a great many challenges. Quality child care and ECE programs buffer the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable, and nurturing environments. Supporting the well-being of young children and their families that are homeless is an urgent task and one that is critical to improving the long-term outcomes for children’s healthy development.

CHILD CARE AWARE® OF AMERICA SUPPORTS POLICIES THAT:

- Prioritize access to services for homeless families including families who are temporarily homeless due to a disaster.
- Allocate funds for activities that improve access to child care services, and support procedures to permit enrollment of homeless children (after an initial eligibility determination) while required documentation is obtained.
- Institute a grace period that allows children experiencing homelessness to receive child care while their families take action to comply with immunization and other health and safety requirements.
- Provide training and technical assistance on identifying and serving homeless children and their families, and specific outreach to homeless families.
- Coordinate services with early childhood programs serving children experiencing homelessness.
- Establish a sliding fee scale that is not a barrier to families receiving federal child care assistance.
- Require states to collect and submit data on homeless children receiving federal child care assistance.

Infants and Toddlers Living in Poverty

Nearly 64 percent of infants and toddlers participating in CCDBG live in families with household incomes below the federal poverty level, which was \$20,090 for a family of three in 2015.²⁷ Young children need developmentally appropriate care with higher staff-to-child ratios and smaller group sizes than those for older children. Infants and toddlers from low-income families are more likely than their peers to lack the key resources needed for a good start on the school readiness path and to ensure they not fall behind even before arriving at pre-kindergarten. It is essential that public policies are developed to ensure that children are ready for school and lifetime success by meeting their educational, developmental, health, and nutritional needs during these crucial years and by partnering with their families to ensure they are supported in their role as their child’s first and most important teacher.

According to ZERO TO THREE, home visiting has been shown to be an effective method of supporting families, particularly as part of a comprehensive and coordinated system of services. These voluntary programs match parents with trained professionals to provide information and support during pregnancy and throughout their child’s first years—a critical developmental period. Although home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, child abuse prevention, and early intervention and education services for young children and their families. Families that elect to participate in local home visiting programs receive advice, guidance, and other help from health, social service, and child development professionals. Through regular, planned home visits,

parents learn how to improve their family's health and provide better opportunities for their children. The *Maternal, Infant, and Early Childhood Home Visiting (MIECHV)* program represents a smart federal investment that is supporting child development, expanding parental capacity to be fully engaged in that development, and providing an important impetus for states and localities to build strong systems for young children.

(MIECHV) has provided more than 1.4 million home visits since 2012, and, in FY 2014, served approximately 115,500 parents and children in all 50 States, the District of Columbia and five territories.

CHILD CARE AWARE® OF AMERICA SUPPORTS POLICIES THAT:

- Provide adequate funding to create systemic supports for improving the quality of child care services for infants and toddlers by promoting the establishment of high quality services designed for their unique needs in neighborhoods where such services are lacking.
- Establish a statewide network of infant and toddler specialists who provide technical assistance and support to individuals who are providing care to children under the age of four.
- Provide adequate CCDF funding to allow states to set rates at levels sufficient for families to access high quality infant and toddler care.
- Support a federally funded MIECHV program which is necessary for healthy development of infants and toddlers, and extend this program by March 2017.

CHILD CARE AWARE® OF AMERICA SUPPORTS THE FOLLOWING POLICIES TO HELP FAMILIES AND RECOMMENDS THAT CONGRESS:

- Promote early identification and treatment of developmental disabilities and emotional and behavioral disorders in children, including expansion of Part C of the Individuals with Disabilities Education Act (IDEA), the Section 619 Preschool Program, and the Children's Mental Health Services Grant Program.
- Increase funding for the Child Care Access Means Parents in School (CCAMPIS) program to \$250 million per year. Over 25 percent of undergraduate students and two-thirds of nondependent women students have children.
- Provide paid leave under the Family and Medical Leave Act (FMLA) and expand FMLA to cover all workers. Current law provides unpaid leave for those who work in companies of 50 or more employees only.
- Pass the Healthy Families Act to require employers to provide at least seven sick days per year for full-time employees – enabling employees to care for themselves, or their children, when necessary.
- Authorize new funding or tax credits to support at-home infant care. This funding should be separately authorized, and should not come out of current funding streams for child care programs designed to help make child care more affordable for low-wage workers.

Supporting and Expanding Child Care Partnerships

The science of early childhood development clearly demonstrates that brain development is most rapid in the first years of life.²⁸ Early childhood programs play a prime role in these formative years. In fact, the Early Childhood Longitudinal Study – Birth Cohort, which followed a nationally representative group of children from infancy through their preschool years, found that nearly half of infants and toddlers in America were in some form of non-parental care.^{1, 2} Of infants in care, 75 percent of these were in low or mediocre quality care. A National Institute of Child Health and Human Development (NICHD) Study of Early Child Care found that children who were in high quality care from birth through 54 months scored higher than their peers who were in consistently low-quality care in language, reading, and math. These studies, together with a growing body of research, indicate that children’s earliest experiences have profound impacts on brain development and child outcomes.

The Early Head Start – Child Care (EHS-CC) partnerships were created by the FY2014 Federal budget bill, which provided \$500 million to the new program. The Early Head Start – Child Care Partnership is a competitive opportunity for communities to plan how they can expand access to high-quality early care and education for low-income children and families. The program is also designed to support states and communities in expanding high-quality early learning to tens of thousands of infants and toddlers through the Early Head Start – Child Care Partnerships. In addition to high-quality early learning experiences, Early Head Start programs provide high quality comprehensive services that benefit children, families, and teachers, including:

- Health, developmental, and behavioral screenings.
- Higher health, safety, and nutrition standards.
- Increased professional development opportunities for teachers.
- Increased parent engagement opportunities.

Preschool and child care partnership programs across states are another way to expand access and promote quality options for parents. These partnerships would have to meet common and consistent standards for quality across all programs, including well-trained teachers, who are paid comparably to K-12.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Support HHS to implement the revised Head Start performance standards.
- Provide sufficient funds both to serve more eligible children in Head Start and Early Head Start and Head Start/ Early Head Start Child Care Partnerships to expand the number of programs operating full-day, full week.
- Provide sufficient funds for child care-PreK and Early Head Start and Head Start Child Care partnerships.
- Continue State Early Learning Councils and require that all councils include CCR&Rs to ensure that resource and referral plays a key role in working with parents to access early learning settings for their children.

HEALTHY CHILD CARE

Child care programs can play an important role in promoting healthy habits in young children by providing healthy and nutritious food, and by ensuring developmentally appropriate engagement and physical activity in a safe environment.

Childhood obesity in the United States has tripled in the past 30 years. The Center for Disease Control's (CDC) most recent Childhood Obesity data shows that in 2011, 8.4 percent of children ages two to five and 17.7 percent of children ages six to 11 were obese;²⁹ an additional 23 percent of children ages two to five were overweight.³⁰ These rates are alarming because we now understand that childhood obesity has life-long consequences. Children who are overweight or obese are likely to be obese as adults, placing them at higher risk for heart disease, hypertension, type 2 diabetes, stroke, asthma and osteoarthritis — both during childhood and as they age.³¹

Children develop healthy habits at a very early age. With the widespread use of child care, it is important that families and child care providers understand the important role that child care settings can play in starting children off on a healthy track. Some federal programs such as the Child and Adult Care Food Program (CACFP) and Head Start require and provide nutritious meals and snacks for children. Aside from these programs, state policies vary greatly with regard to promoting healthy habits through nutrition, physical activity, and limited screen time.

Most states have few regulations related to obesity prevention for child care centers and family child care homes.⁵⁵ Many do not require child care centers to offer activities that promote growth in key developmental domains. Recent public awareness of the problem of childhood obesity has highlighted the importance of providing young children with opportunities for physical activity throughout the day. Children need activities that let them exercise both body and mind to learn and grow.

In Child Care Aware® of America's bi-annual reports, *We Can Do Better (2013)* and *Leaving Children to Chance (2012)*, we revealed that while it appears that many states have some requirements in state law and/or regulations, those requirements are often vague, require little of providers, or have minimal compliance standards to ensure enforcement. In addition, there are multiple states that currently do not have any requirements on these topics, at any level, as part of their state measures for family child care homes.

- Eight states (Alabama, California, Florida, Idaho, Louisiana, South Carolina, South Dakota, and Texas) – have no requirement for addressing physical activity as part of their state measures for family child care homes.
- Five states (California, Idaho, South Carolina, Wisconsin, and Wyoming) – have no requirement for addressing healthy food/nutrition.

Congress's 2014 reauthorization of the Child Care and Development Block Grant (CCDBG) mandated new requirements for child care providers around health in child care. The law requires states to develop a consumer information site which will include information on other programs that benefit families and children, including the Supplemental Nutrition Assistance Program (SNAP) and CACFP. The consumer information site must also provide information, research, and best practices relating to healthy eating and physical activity.

States are also able to include training and other requirements related to nutrition and physical activity within their health and safety requirements as a part of their plan for how they will use quality set-aside funds provided through CCDBG. This set-aside provides an important opportunity for states to fully fund best practices as part of their state plans.

Child Care Aware® of America believes that quality child care settings are ones that are provided in healthy environments and that develop age-appropriate healthy habits. We encourage quality health policies and practices in the following areas that support child health and development and prevent obesity.

Child Nutrition

Child Care Aware® of America believes that healthy nutrition should start young. The Healthy, Hunger-Free Kids Act and the Women, Infants, and Children programs support child nutrition programs, including CACFP. According to the United States Department of Agriculture (USDA), 3.8 million children receive nutritious meals and snacks through CACFP.³² Funding from these programs provide critical access to nutritious foods for low-income children. Research has consistently demonstrated that children who have access to healthy foods tend to succeed in school, preparing them for college.

To that end, Child Care Aware® of America supports the proposed revision to the CAFP meal pattern that reimburses child care programs that provide mothers a place to nurse their children on-site. The revised meal pattern reduces the amount of sugar allowable in cereals and increases the number of servings of whole grains and vegetables, alterations which provide children with healthier meals.

While CACFP provides healthy and nutritious meals to 3.8 million children, that number is far below the 15 million children who are accessing child care. It is important to ensure that *all* children participating in child care receive healthy and nutritious foods. Child Care Aware® of America encourages states to adopt policies and practices that encourage all child care programs to provide meals and snacks that are in line with the CACFP requirements and, encourage states to, whenever possible, exceed the proposed meal plan requirements and strive to meet USDA best practices for school food providers and state agencies.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Reauthorize the Healthy, Hunger-Free Kids Act of 2010, and continue to expand access to healthy foods in preschool and child care settings.
- Reauthorize the Child Nutrition and WIC Reauthorization Act which authorizes all of the federal child nutrition programs, including School Breakfast, National School Lunch, Child and Adult Care Food, Summer Food Service, the Fresh Fruit and Vegetable Programs, and WIC.

Physical Activity Requirements and Screen Time

Many children in child care do not spend the recommended amount of time engaged in physical activity.³³ Child Care Aware® of America recommends that programs meet the standards issued in the 2011 edition of the National Health and Safety Performance Standards: Guidelines for Out-of-Home Childcare (a collaborative project of the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Childcare).³⁴ Child Care Aware® of America also recommends that child care centers and family child care homes include opportunities for children to engage in moderate to vigorous physical activity, of no fewer than 60 minutes in total for children under three and no fewer than 90 minutes in total for children over three. There should be flexibility for programs and providers when a child is in the program for less than four hours per day. Physical activity should include opportunities for outdoor play and structured or staff-lead games that promote movement.

According to the Mayo Clinic³⁵, the effect of too much screen time has been well documented and linked to increased risk of becoming overweight, increased trouble falling asleep, behavioral problems, impaired academic performance, and a desensitization of children to violence. Yet, most states' licensing schemes do not regulate the time allotted for the viewing of media (i.e., television, video, DVDs or other visual recordings), or use of computers, including tablets and related devices.³⁶ Programs should meet the standards issued in the 2011 edition of the National Health and Safety Performance Standards: Guidelines for Out-of-Home Childcare (a collaborative project of the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Childcare).³⁷ This document recommends that children under the age of 12 months should not spend any time viewing media.

Viewing of media should be limited to educational or physical activity use only, and content should be free of advertising and brand placement. Computer use, for educational activities only, should be limited to 20 minute increments, except for children with special health care needs who require and consistently use assistive and adaptive computer technology. We concur with ZERO TO THREE's findings that the context of media consumption does matter. To that end, Child Care Aware® of America encourages providers and families to ensure that screen time is interactive. Studies show that when screen time is interactive and involves both the caregiver and the child, children are able to learn more from the media content than if they were to view it alone.³⁸

Universal Developmental Screening

Child care settings are places where children explore, play, and develop skills. Infants, toddlers, and children grow and develop at different paces and it can be difficult to determine if a child is behind by comparing him or her to the other children in the class. Universal developmental screening is important because it allows caregivers to periodically check the child's growth against standard developmental benchmarks.

According to the CDC, as many as one in four children through the age of five are at risk for a developmental delay or disability.³⁹ Universal screening is a timely way to identify children who are behind their peers developmentally and need additional support in their growth and development. Early identification of developmental delays allows parents and providers to intervene earlier, which is critical. Earlier intervention leads to more effective and lower cost treatments. Delays in intervention can result in higher cost special education services as the child ages. Child Care Aware® of America recommends that child care programs include universal developmental screenings as a part of their ongoing services to children. Additionally, we encourage the inclusion of Universal Developmental Screening requirements in licensure regulations and in program standards, as appropriate.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Support early identification and treatment of developmental disabilities and emotional and behavioral disorders in children, including expansion of Part C of the Individuals with Disabilities Education Act (IDEA), the Section 619 Preschool Program, and the Children's Mental Health Services Grant Program.
- Expand funding for child care providers to access developmental screening in child care settings.

Child Abuse Prevention

The Child Abuse Prevention and Treatment Act (CAPTA) allocates funds to states for the identification, investigation, and prevention of child abuse. CAPTA requires certain professionals to report suspected maltreatment or child abuse to a state child protective services agency. Under this law, Child care providers are deemed “mandatory reporters,” which means that they are required by law to report suspected child abuse. According to the most recent data from HHS (2011), 3.4 million referrals alleging child maltreatment of 6.2 million children were made to child protective services agencies. More than 60 percent of referrals were screened in for investigation.

Of those, about 676,569 children were determined to be victims of child abuse or neglect. Each year, children die from abuse and neglect. In 2013, 1,520 children died from abuse and neglect, with 81 percent under age four.⁴⁰

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Support these requirements and the need for additional and better training on recognizing, responding to, and preventing incidents or suspected incidents of child abuse and neglect in child care. This includes training on best practices for addressing behavioral challenges for child care providers.

Environmental Health

The environment in which a child plays, learns, and grows has an impact on their overall development. Rates of asthma and allergies in young children are high—according to the CDC, 7 percent of children birth through age four been diagnosed with Asthma and 7.5 percent of children in that same age group have respiratory allergies.⁴¹ Exposure to allergens, mold, and chemicals can contribute to or exacerbate these conditions. It is important that children are cared for in an environment that is safe and that limits exposure to harmful chemicals, allergens, mold, lighting, and noise.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Ensure state licensing requirements include oversight of the care environment, consistent with the best practices found in *Caring for our Children: Environmental Health*.⁴²

Disaster Planning, Response, and Recovery

In 2007, Congress created the National Commission on Children and Disasters, which was tasked with examining and assessing the needs of children in relation to the preparation for, response to, and recovery from all hazards, including major disasters and emergencies. As expected, the Commission found serious deficiencies across many areas, including protection children in child care and early education settings.

In 2010, the Commission submitted a report to Congress and the administration that included a series of recommendations on how to improve the nation's capacity to address the needs of children in an event of a disaster. One of the major recommendations highlighted in the report directs Congress and the Department of Health and Human Services (HHS) to require states to develop disaster planning, training, and exercise requirements and include them in their minimum health and safety standards for child care licensure or registration. Additionally, the Commission recommends that Congress and HHS require states to develop statewide child care disaster plans in coordination with state and local emergency managers, public health, state child care administrators and regulatory agencies, and child care resource and referral agencies. The Obama administration has acted on a number of the Commission's recommendations, including codifying child care as an essential service.

When the Commission was originally authorized, only seven states required written disaster preparedness, evacuation, family reunification, and recovery plans for child care facilities. While more states have adopted written plans since then, the Child Care and Development Block Grant of 2014 now mandates that all have a child care disaster plan. Under this law, the state child care disaster plan must include the following:

- Procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions;
- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster; and
- Procedures for staff and volunteer emergency preparedness training and practice drills.

Additionally, states must address the needs of children receiving child care assistance, including the need for safe child care, for the period before, during, and after a state of emergency declared by the Governor or a major disaster or emergency.

In addition to the state's responsibility to respond to major disasters the President is also authorized to issue a Presidential Disaster Declaration when requested to do so by the Governor of an affected state. Once declared, federal disaster relief funds are released for the "critical services" necessary to restore local communities.

Economic impact studies indicate that the child care sector ranks among those top critical infrastructures in any community, along with power, water, hospitals, and schools. Rapid recovery and restoration of child care services in a community is critical to the overall recovery of the community after a disaster event. For this reason, child care is included as being eligible for reimbursement under the Category B, Emergency Protective.

The Federal Emergency Management Agency (FEMA) will reimburse eligible applicants' reasonable costs associated with the provision of child care services during federally declared major disasters and emergencies.⁴³ Eligible applicants include state, local, and tribal governments, and private nonprofit organizations which provide child care services directly or through contract. Families may be eligible for assistance if they are in a shelter as a result of the disaster, and states and local governments may be reimbursed the cost of establishing or operating standalone child care centers as emergency shelters.

In cases where FEMA has determined that the provision of child care services is an essential community service, the agency will provide assistance for the lease, purchase, or construction of temporary facilities to allow the applicant to reestablish child care services it provided prior to the disaster.

We are pleased that the 2014 CCDBG reauthorization included provisions requiring all child care employees and providers to receive training on preparation for emergencies and disasters. However, more needs to be done.

Without the timely reintroduction of child care services, communities struggling to recover in the aftermath of a major disaster face a roadblock: Jump-starting local economies requires a reliable workforce, and workers need safe, secure child care before they can get back to work.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Work with HHS to improve disaster preparedness capabilities in child care settings.
- Direct DHS/HHS to establish an inter-agency partnership to assist with temporarily shifting children into non-impact programs, and/or support temporary child care programs in shelters, if necessary.
- Require Head Start programs to develop emergency preparedness and response plans.
- Instruct FEMA to define child care as a "critical service" thereby ensuring that federal disaster relief funds are available to child care providers in the aftermath of a disaster.
- Provide timely and more flexible funding for protecting, restoring and accessing child care in emergencies.
- Provide sufficient funding to support the training of providers on emergency planning, response, and recovery needs.

PROFESSIONAL DEVELOPMENT AND COMPENSATION

The last three decades have seen increasing interest in learning about the experiences of children in child care settings: what settings are good, which ones do not benefit children, and how child care influences later school performance and behavioral patterns. In particular, we have learned a great deal in recent years about why children need high-quality child care, and how to improve programs to reach that high quality. We know that children who receive high-quality child care services benefit throughout their lives. They have better language and emerging math skills, and better social abilities than children in poorer-quality settings. They enter school ready and eager to succeed. The advantages of quality care endure to adulthood. Adults who received high quality child care services as young children:

- Are less likely to have children as teenagers;
- Are less likely to be arrested;
- Earn higher salaries; and,
- Are more likely to complete high school.⁴⁴

We also know that child care is a critical part of our economic infrastructure, allowing parents to work while preparing the next generation to be able to take advantage of educational and occupational opportunities that enable them to fully participate in society. For families who choose out-of-home child care, child care workers provide a vital partnership as they nurture and teach children of all ages in child care centers, family child care homes, and before- and afterschool programs. These workers play an important role in a child's development by caring for the child when parents are at work or away for other reasons.

Some parents enroll their children in child care programs primarily to provide them with the opportunity to interact with other children to prepare them for kindergarten entry. In every case, parents look to the nation's 1.3 million child care workers to tend to their children's basic needs and organize activities that stimulate their children's physical, emotional, intellectual, educational, and social growth.

Research indicates a direct correlation between caregiver training and the quality of care provided. Yet federal and state programs do not sufficiently address workforce development opportunities and challenges.

One reason for this lack of investment in workforce development is the relatively low wages earned by child care workers. As a nation we generally invest in what we value. While the work performed in child care is increasingly being understood as vital to child and brain development, the wages paid do not yet reflect that realization. In fact, many child care workers earn less than what is needed to be self-sufficient, and many actually fall below the poverty level.

Even though they are relatively low, wages comprise the biggest line item in most programs' budgets, primarily because of the large number of workers needed to maintain the required staff-to-child ratios and remain open for up to 12 hours each day. According to the U.S. Department of Labor Bureau of Labor Statistics, in 2012, the median pay for child care workers meeting the entry level requirement of a high school diploma or equivalent was only \$19,510 or \$9.38 per hour, hardly competitive with jobs requiring similar skills and requirements.

In addition to attracting workers, training is essential for retention and providing workers with the key information and skills needed to support children's growth and development. Well-trained providers are better prepared to offer quality care and learning opportunities to children and attract parents to their programs. In addition, offering and supporting training creates a professional environment that can help programs and centers recruit and retain providers, which is an important ingredient for child development - consistency.

To be effective, training should be ongoing, sequential, include multiple pathways, be competency-based, tied with coaching, and linked to a career ladder, and should include, at a minimum, the following topics:

- Child abuse prevention, identification and reporting;
- Child development and learning;
- Health, safety, and nutrition;
- Working with families and the community;
- Program management;
- Teaching and learning and inclusion practices;
- Observation, documentation, and assessment;
- Interactions and guidance; and,
- Business technical assistance.

To that end, ensuring that the early childhood workforce is adequately trained, supported, and prepared to help all children excel is a key strategy to support child social, emotional, and developmental potential. Unfortunately, many teachers and providers do not have sufficient training and support to meet this goal.

The 2012 National Survey of Early Care and Education indicates that only about 20 percent of teachers and providers serving children under age five reported receiving specific training on facilitating children's social and emotional growth in the past year.

Other studies have found that early learning teachers report that coping with challenging behavior is their most pressing training need. Inadequate training allows caregivers to foster social-emotional development and appropriately respond to challenging behavior, but without enough training in child development it may be difficult to distinguish behaviors that are inappropriate from those that are developmentally age appropriate. Early childhood experts posit that developmentally inappropriate behavioral expectations may lead to inappropriate labeling of child behavior as challenging or problematic. Furthermore, teachers must also be trained to recognize behaviors that may be a manifestation of a child's disability. This training is essential to ensure that children with disabilities receive reasonable modifications for their disabilities and are not impermissibly suspended or expelled for behaviors caused by disabilities.

Dialogue and federal leadership is needed on appropriate qualifications, pathways to advancement, competency based training, recruitment, retention, and wages.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Provide resources for child care providers to strengthen skills and competencies of the workforce, aligned with the National Academy of Sciences report, *Transforming the Workforce for Children for Children Birth through 8*, which offers providers the skills they need by coordinating activities with other community service providers.
- Require community-based training that is intentional, sequential, competency-based, tied with coaching and mentoring, tied to outcomes.
- Require all individuals who are paid as part of the child care workforce (i.e., caring for unrelated children on a regular basis) to have a minimum of 40 hours of training in child development and behavior guidance, learning activities, finance aid/CPR, recognizing child abuse, and basic health and safety practices prior to working with children.
- Require all individuals who are paid as part of the child care workforce (i.e., caring for unrelated children on a regular basis) to attend at least 24 hours of training annually.
- Expand minimum training requirements for directors of child care programs and ensure that their training leads to a credential for directors and administrators of early care and education programs.
- Encourage states to expand online training opportunities.
- Encourage states to expand training to better address children with special needs, and to more effectively work with children whose first language is not English.
- Expand training in other languages where a community needs assessment shows the need for training in language other than English to better meet the needs of a diverse array of providers.



Addressing Behavioral Challenges in Early Childhood Settings

The 2014 Child Care and Development Block Grant (CCDBG) reauthorization includes provisions relating to the social-emotional health of children. States will be responsible for consumer and provider education about policies for expelling children from early care and education programs, as well as developmental screenings for children at risk of cognitive or developmental delays.

The beginning years of a child's life are critical for building the early foundation of learning, health and wellness needed for success in school and later in life. During these years, children's brains are developing rapidly, influenced by the experiences, both positive and negative, that they share with their families, caregivers, teachers, peers, and in their communities. A child's early years set the trajectory for the relationships and successes they will experience for the rest of their lives, making it crucial that children's earliest experiences truly foster – and never harm – their development. As such, discipline practices employed in child care settings are critically important. Expulsion and suspension in early childhood settings, should be prevented, severely limited, and eventually eliminated. High-quality early childhood programs provide the positive experiences that nurture positive learning and development.⁴⁵

Not only do negative disciplinary practices have the potential to hinder social-emotional and behavioral development, they also remove children from early learning environments and limit the cognitively enriching experiences that contribute to healthy development and academic success later in life. Expulsion and suspension practices may also delay or interfere with the process of identifying and addressing underlying issues, which may include disabilities or mental health issues. Some of these children may have undiagnosed disabilities or behavioral health issues and may be eligible for additional services. If child care centers simply expel them, they may not receive the evaluations or referrals they need to obtain services.

According to the U.S. Department of Education, recent data indicate that expulsions and suspensions occur with regularity in preschool settings. The Civil Rights Data Collection for the 2011-12 school year shows that

more than 8,000 public preschoolers were suspended at least once, with black children and boys bearing the brunt of the discipline. This is a problematic issue given the well-established research indicating that expulsions can contribute to a number of adverse outcomes across development, health, and education, and also cause hardships for families who must then find alternative care arrangements. “If you have a preschool program and you expel the children who need it the most, you’re sabotaging your rate of return,” said Walter S. Gilliam, a Child Care Aware of America Board member and Associate Professor of Psychology at Yale who has conducted research on preschool discipline. By expelling or suspending young children, especially those under the age of five, we may hinder their social-emotional development and remove them from the very kinds of early learning programs and corresponding cognitively enriching experiences that we know contribute to academic success. [Policy Statement DHHS and DOE letter, December 10, 2014.](#)

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Invest in Workforce Preparation and Development. States have a significant role to play in ensuring that the early childhood workforce has a strong knowledge base and skills, and access to behavioral specialists or mental health consultants, to prevent expulsion, suspension, and other exclusionary discipline practices.
- Resource activities to support are behavioral management strategies and training that promote positive social-emotional development and reduces challenging behaviors and expulsion practices.
- Work with ACF to develop a program of technical assistance to connect professionals working with children, parents, and providers to offer coaching and strategies for managing expectations and child behavior, similar to the 12-year-old Early Childhood Consultation Partnership in Connecticut.
- Leverage child care resources and referral agencies as a conduit for mental health supports in training, technical assistance, and services for families’ of CCDBG.

CCDBG IMPLEMENTATION

President Obama's 2014 reauthorization of the Child Care and Development Block Grant (CCDBG) Act¹ makes expansive changes to the law. These enhancements focus on improving the health and safety of children in child care, streamlining eligibility policies, ensuring parents and the general public have transparent information about the child care choices available to them, and improving the overall quality of early learning and afterschool programs.

New program requirements included in the law are extensive and in many cases complicated, requiring adherence to strict compliance timelines and the support of technical assistance experts. Unfortunately, Congress only authorized a set-aside of up to 0.5 to 1 percent of the funding for technical assistance to help states implement the requirements and ensure compliance of the law.

Major changes requiring state action include⁴⁶:

- **Quality set-aside:** Allocations for child care quality improvement are set to increase from 4 to 9 percent over a five year period, beginning in FY 2016 at a 7 percent and incrementally rising to 9 percent by FY 2020.
- **Infant and toddler set-aside:** By FY 2017, states are required to spend a minimum of 3 percent to improve the quality of care for infants and toddlers.
- **Criminal background checks:** States must have policies and procedures in place to conduct comprehensive criminal background checks for child care staff members in place by September 30, 2017, unless they are granted an extension of up to one year.
- **State compliance with priority for services for underserved populations:** Ensure that families from areas with high poverty will have priority with respect to investments to increase access to high-quality programs.
- **Monitoring of licensing and regulatory requirements:** States must establish policies for licensing or regulating child care providers that serve children receiving CCDF subsidies by November 19, 2016. These enhanced requirements also mandate that states ensure that inspectors are qualified and receive training, and that the ratio of licensing inspectors to providers and facilities is at a level sufficient to support inspections on a timely basis.
- **Pre-licensure inspection:** These requirements apply to licensed and license-exempt providers. States must begin to determine compliance with fire, health and safety by November 19, 2016. Annual unannounced inspections also begin November 19, 2016 for licensed CCDF providers.
- **Posting results of monitoring and inspection reports:** By November 19, 2017 (or one year after the state has implemented its monitoring policies-whichever comes first), states must publish a consumer-friendly and easily accessible online repository of the results of monitoring and inspection reports, including the number of deaths, serious injuries, and instances of substantiated child abuse that occurred in child care settings each year within the state.

Additionally, states must immediately implement the following⁴⁷:

- **Licensing Exemptions:** If the state exempts providers from licensing requirements, the state shall describe how the exemption does not endanger the health, safety, or development of children.
- **Training and Professional Development:** The state shall have training and professional development requirements (as described in the CCDBG) that are applicable to all CCDF providers.
- **Child-to-Provider Ratio Standards:** The state shall have in place standards (appropriate to the setting) that include group size limits, appropriate child-staff ratios, and provider qualifications.
- **Health and Safety Requirements:** The state shall have in place requirements to protect the health and safety of children and applicable to all CCDF providers in the topic areas described in the CCDBG. (Note: Enforcement of Licensing and Other Regulatory Requirements through monitoring has a delayed effective date specified in statute). States will be required to establish health and safety requirements in 10 different topic areas (e.g., prevention of sudden infant death syndrome (SIDS), first-aid, and CPR).
- **Compliance with Child Abuse Reporting:** The state shall certify that child care providers within the state will comply with the child abuse reporting requirements of the Child Abuse Prevention and Treatment Act.
- **Meeting the Needs of Certain Populations:** The state shall develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities (as defined by the state), and children who receive care during nontraditional hours.
- **Priority for Low-Income Populations:** The state shall ensure that families from areas with high poverty and unemployment that do not have high quality programs will have priority with respect to investments to increase access to high-quality programs.
- **Infants and toddlers:** States must enforce standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.
- **Protection for Working Parents:** States shall have a redetermination period of not less than 12 months under the conditions specified by the CCDBG, including a graduated phase-out of care.
- **Coordination with Other Programs:** The state shall coordinate child care services with federal, state, and local programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care.
- **Homeless Families:** The state shall have procedures to permit enrollment (after an initial eligibility determination) of homeless children while required documentation is obtained, provide training and technical assistance on identifying and serving homeless children and their families, and provide specific outreach to homeless families.
- **Public-Private Partnerships:** The state shall encourage partnerships with other entities to leverage existing service delivery systems and to increase supply and quality of child care.
- **Payment Practices:** The state shall have in place payment practices that reflect payment practices of non CCDF providers and, to the extent possible, implement enrollment and eligibility policies that delink reimbursement rates from occasional absences due to holidays or unforeseen circumstances.
- **Early Learning and Development Guidelines:** The state shall maintain or implement early learning and development guidelines.

- **Disaster Preparedness:** The state shall address child care needs before, during, and after a state of emergency and have a statewide child care disaster plan.
- **Business Technical Assistance:** The state shall develop and implement strategies to strengthen business practices of child care providers.

Consumer Education

Of particular interest to Child Care Aware® of America are the law's provisions pertaining to consumer education. CCDBG funds a national website to disseminate consumer education information and allows search by zip code and referral for local child care providers, as well as a national hotline for reporting child abuse and neglect.

Further, the statute strengthens requirements for states to provide consumer and provider education information and assist parents in making the best child care choice for their families. The law explicitly identifies a number of items that states must provide to parents receiving CCDF assistance, the general public, and, where applicable, child care providers. This includes information about:

- The availability of child care services provided through CCDF and other child care services that families might be eligible for;
- The quality of providers, which can be based on a state quality rating and improvement system (QRIS), if available;
- Processes for licensing child care providers, conducting background checks, and monitoring of providers;
- Other financial assistance programs that families might be eligible for, including Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start.
- Programs carried out under the Individuals with Disabilities Education Act (IDEA) such as the Early Intervention Program for Infants and Toddlers with Disabilities and the Part B Preschool Grants for Children with Disabilities;
- Research and best practices concerning children's development; and
- Policies regarding the social-emotional and behavioral health of young children, including positive behavioral intervention and support models and policies about the expulsion of preschool-aged children in early childhood programs.

CHILD CARE AWARE® OF AMERICA RECOMMENDS THAT CONGRESS:

- Expanding access to child care assistance for all eligible families with children under four years of age
- Increase the resources available to the Secretary for technical assistance to ensure appropriate and timely implementation of the law as well as ongoing compliance.
- Provide sufficient funding to states to optimize/leverage child care resources and referral agencies in order to support the training, technical assistance, and services for families' of CCDBG.

CONCLUSION

The reauthorization of the Child Care and Development Block Grant in 2014 represents an enormous step forward in establishing access to quality, affordable child care for all children and families. However, more work still needs to be done to ensure that Congress and states are implementing all of the CCDBG requirements effectively, and expanding access to child care for all—regardless of race, ethnicity, socioeconomic status, or location. Child Care Aware® of America has worked closely with child care stakeholders to establish a list of policies that it believes are of most importance—and of highest value—to children and their families. In the coming years, Child Care Aware® of America will work with Congress and states to ensure that additional policies, supports and resources are implemented to further the health, safety, wellbeing, and care of ALL children in child care.



**2016-2017
PUBLIC POLICY AGENDA
SUMMARY OF RECOMMENDATIONS &
POLICY STATEMENTS OF SUPPORT**

AFFORDABLE, QUALITY CHILD CARE FOR ALL FAMILIES

CHILD CARE AWARE® OF AMERICA'S COMPREHENSIVE RECOMMENDATIONS TO CONGRESS:

- Increase significant federal investments in child care assistance for eligible children and increase quality improvement efforts.
- Provide resources for planning and developing child care capacity to increase the availability of developmentally appropriate high-quality child care options for working families.
- Reduce barriers in the subsidy administration process.
- Require HHS to undertake a study of high-quality child care to assist all families with young children in affording quality child care.
- Ensure that developmentally appropriate public pre-kindergarten programs are designed to meet the developmentally appropriate child care needs of working families. Including the use of partnership models with market-based child care. Increase both the percentage of employment-related child care expenses and the allowable amount of eligible expenses that low and middle income families are allowed to claim against their income taxes each year.
- Expand the Child and Dependent Care Tax Credit (CDCTC) to help middle class working families cover the rising cost of child care. The credit should be improved through the following changes: To help low-income families, the credit should be made refundable. To help middle-income families, the percentage of expenses used to determine the amount of the credit should be increased to 50 percent of expenses for families with incomes of \$35,000 or less, decreasing as income increases on the same sliding scale as under current law. To help all families, the current expense limits of the credit should be increased to more accurately reflect the actual costs of care.
- Review and consider what policy options are available to help families offset the rising cost of child care, including, but not limited to raising dependent care limits for deductions or providing additional tax credits for families and providers, creating public-private partnerships, and looking to states that have already developed successful financing models.
- Simplify the process whereby families qualify for these various child care tax incentives so they can easily access them.
- Ensure that parents who are enrolled in and attend college full or part-time are permitted to take advantage of the Dependent Care Tax Credit.

EQUITABLE CHILD CARE FOR UNDERSERVED POPULATIONS

CHILD CARE AWARE® OF AMERICA'S COMPREHENSIVE RECOMMENDATIONS TO CONGRESS:

- Increase the CCDBG Tribal CCDF Funding set aside from 2 percent to not less than 5 percent. (Currently at 2 percent).
- Update OCC's Tribal Health and Safety Standards in consultations with Tribes and the ability to incorporate tribal culture, customs and traditional care.
- Support legislation for the rights and abilities of tribes to participate in federal domestic assistance programs.
- Encourage relationships between tribes and states in order to support tribes' abilities to fully implement needed services for children and families.
- Expand the 21st Century Community Learning Centers (21st CCLC) program, which is the only federal funding source dedicated exclusively to afterschool programs.
- Reauthorize funds for Expanded Learning Time (ELT). Expanded learning time—adding time to the school day, week or year—is a relatively new approach to expanded learning opportunities. **ELT** is a key issue in Elementary and State Education Agency reauthorization and in the out of school time field.
- Increase STEM in after school because 80 percent of future jobs will require STEM literacy and skills. Proficiency in Science, Technology, Engineering, and Mathematics (STEM) is crucial in successful participation within contemporary society and the workplace.
- Expand the Investment in Afterschool Programs Act. Afterschool programs are uniquely positioned to meet the needs of young people in rural communities. In light of this the Afterschool Alliance is working with Congress to create a funding stream specifically for afterschool programs in rural communities.
- Expand Active Hours Afterschool, which provides tools and information on afterschool and healthy lifestyles, including local wellness policies and partnership opportunities. Programs can play an important role in promoting health, from physical activity to healthy snacks, and are therefore well-positioned to be key partners in health initiatives.
- Authorize funds for pilots in high poverty rural communities to explore strategies that blend multiple funding sources to better meet the child care needs of working parents (meeting the criteria of the strongest funding stream to ensure safe, quality care for children).
- Promote early identification and treatment of developmental disabilities and emotional and behavioral disorders in children, including expansion of Part C of the Individuals with Disabilities Education Act (IDEA), the Section 619 Preschool Program, and the Children's Mental Health Services Grant Program.

- Increase funding for the Child Care Access Means Parents in School (CCAMPIS) program to \$250 million per year. Over 25 percent of undergraduate students and two-thirds of nondependent women students have children.
- Provide paid leave under the Family and Medical Leave Act (FMLA) and expand FMLA to cover all workers. Current law provides unpaid leave for those who work in companies of 50 or more employees only.

HEALTHY CHILD CARE

CHILD CARE AWARE® OF AMERICA'S COMPREHENSIVE RECOMMENDATIONS TO CONGRESS:

- Pass the Healthy Families Act to require employers to provide at least seven sick days per year for full-time employees – enabling employees to care for themselves, or their children, when necessary.
- Authorize new funding or tax credits to support at-home infant care, to help parents who want to stay at home to care for their own infants. This funding should be separately authorized, and should not come out of current funding streams for child care programs designed to help make child care more affordable for low-wage workers. Continue State Early Learning Councils and require that all councils include CCR&Rs to ensure that resource and referral plays a key role in working with parents to access early learning settings for their children.
- Implement the revised performance standards.
- Provide sufficient funds both to serve more eligible children in Head Start and Early Head Start and Head Start/Early Head Start Child Care Partnerships to expand the number of programs operating full-day, full week.
- Provide sufficient funds for child care-PreK and Early Head Start and Head Start Child Care Partnerships.
- Reauthorize the Healthy, Hunger-Free Kids Act of 2010, and continue to expand access to healthy foods in preschool and child care settings.
- Support early identification and treatment of developmental disabilities and emotional and behavioral disorders in children, including expansion of Part C of the individuals with Disabilities
- Expand funding for child care providers to access the developmental screening in child care settings.
- Work with HHS to improve disaster preparedness capabilities in child care settings.
- Direct DHS/HHS to establish and inter-agency partnership to assist with temporarily shifting children into non-impact programs, and/or support temporary child care programs in shelters, if necessary.
- Require Head Start programs to develop emergency preparedness and response plans.
- Instruct FEMA to define child care as a “critical service” thereby ensuring that federal disaster relief funds are available to child care providers in the aftermath of a disaster.
- Provide timely and more flexible funding for protecting, restoring and accessing child care in emergencies.
- Provide sufficient funding to support the training of providers on emergency planning, response, and recovery needs.
- Education Act (IDEA), the Section 619 Preschool Program, and the Children’s Mental Health Services Grant Program.

PROFESSIONAL DEVELOPMENT AND COMPENSATION

CHILD CARE AWARE® OF AMERICA'S COMPREHENSIVE RECOMMENDATIONS TO CONGRESS:

- Provide resources for child care providers to strengthen skills and competencies of the workforce, aligned with the National Academy of Sciences report, *Transforming the Workforce for Children for Children Birth through 8*, which offers providers the skills they need by coordinating activities with other community service providers.
- Require community-based training that is intentional, sequential, competency-based, tied with coaching and mentoring, tied to outcomes.
- Require all individuals who are paid as part of the child care workforce (i.e., caring for unrelated children on a regular basis) to have a minimum of 40 hours of training in child development and behavior guidance, learning activities, finance aid/CPR, recognizing child abuse, and basic health and safety practices prior to working with children.
- Require all individuals who are paid as part of the child care workforce (i.e., caring for unrelated children on a regular basis) to attend at least 24 hours of training annually.
- Expand minimum training requirements for directors of child care programs and ensure that their training leads to a credential for directors and administrators of early care and education programs.
- Encourage states to expand online training opportunities.
- Encourage states to expand training to better address children with special needs, and to more effectively work with children whose first language is not English.
- Expand training in other languages where a community needs assessment shows the need for training in language other than English to better meet the needs of a diverse array of providers.
- Invest in Workforce Preparation and Development. States have a significant role to play in ensuring that the early childhood workforce has a strong knowledge base and skills, and access to behavioral specialists or mental health consultants, to prevent expulsion, suspension, and other exclusionary discipline practices.
- Resource activities to support are behavioral management strategies and training that promote positive social-emotional development and reduces challenging behaviors and expulsion practices.
- Work with ACF to develop a program of technical assistance to connect professionals working with children, parents, and providers to offer coaching and strategies for managing expectations and child behavior, similar to the 12-year-old Early Childhood Consultation Partnership in Connecticut.
- Leverage child care resources and referral agencies as a conduit for mental health supports in training, technical assistance, and services for families' of CCDBG.

CCDBG IMPLEMENTATION

CHILD CARE AWARE® OF AMERICA'S COMPREHENSIVE RECOMMENDATIONS TO CONGRESS:

- Increase the resources available to the Secretary for technical assistance to ensure appropriate and timely implementation of the law as well as ongoing compliance.
- Provide sufficient funding to states to optimize/leverage child care resources and referral agencies in order to support the training, technical assistance, and services for families' of CCDBG.

CHILD CARE AWARE® OF AMERICA SUPPORTS POLICIES THAT:

- Fund and promote models that adapt to their geographical, cultural, and linguistic experiences. Locally-designed options should also be considered as the foundation for a new research-base on the efficacy of models designed specifically for populations of children and families with particular profiles of risks and strengths including encouraging bilingual/bicultural staff.
- Promote National Association Education Young Child (NAEYC)'s four underlying principles of cultural competence standards.⁴⁸
- Address the child care stability of parents who work nonstandard schedules because such families experience a multiplicity of care arrangements.
- Fund research on assistance policies, funding streams, licensing requirements for child care providers, reimbursement rates, and other factors that impact low-income, nonstandard schedule parents' access to child care.
- Increase the availability of flexible, convenient child care during the evening, night and weekend. Meeting the nonstandard-schedule parents' child care needs will likely involve a focus on meeting family demand for all types of child care programs.
- Enable policymakers, funders, and family, friend and neighbor leaders to work together to create statewide networks of local resources and supports for FFN caregivers and the children in their care.
- Create and participate in private/public and collaborative FFN efforts.
- Develop new strategies to finance and sustain FFN supports are needed. Funders and policy makers should consider devoting more funding to FFN care development efforts, including program design and innovation, provision of services and research on all aspects of this new arena.
- Provide incentives that encourage early learning system development leaders to include strategies to help FFN caregivers in their efforts, and build bridges with policy makers and funders engaged in work with other related systems.
- Prioritize access to services for homeless families including families who are temporarily homeless due to a disaster.
- Allocate funds for activities that improve access to child care services, including procedures to permit enrollment of homeless children (after an initial eligibility determination) while required documentation is obtained.
- Institute a grace period that allows children experiencing homelessness to receive child care while their families take action to comply with immunization and other health and safety requirements.
- Provide training and technical assistance on identifying and serving homeless children and their families, and specific outreach to homeless families.
- Coordinate services with early childhood programs serving children experiencing homelessness.
- Establish a sliding fee scale that is not a barrier to families receiving federal child care assistance.

- Require states to collect and submit data on homeless children receiving federal child care assistance.
- Provide adequate funding to create systemic supports for improving the quality of child care services for infants and toddlers that are designed for their unique needs.
- Establish a statewide network of infant and toddler specialists who provide technical assistance and support to individuals who are providing care to children under the age of four.
- Provide adequate funding to allow states to set rates at the levels adequate to help families access high quality infant and toddler care.
- Support a federally funded MIECHV program which is necessary for healthy development of infants and toddlers, and extend this program by March 2017.
- Build and expand capacity at the state and local levels for family, child care, and community engagement.
- Urge government and community agencies and organizations to encourage and provide meaningful and culturally respectful organizational supports to families that allow them to be the best first teacher for their children.
- Create awareness surrounding the importance of family engagement and empower families to take steps to optimize their children’s learning and development.
- Work to bridge gaps of inequalities for the most vulnerable children, support the service needs of children with developmental delays, and provide supportive infrastructure for family circumstances that fall outside the traditional two-parent home environment (e.g., homeless, single parent, multi-generation, refugee, etc.).



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Make It Work Campaign

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National Black Child Development Institute (NBCDI)

National Head Start Association (NHSA)

National Indian Child Care Association (NICCA)

National Women's Law Center (NWCC)

Ounce of Prevention

Save the Children

ZERO TO THREE

ENDNOTES

- ¹ Committee for Economic Development. *Child Care in State Economics: 2015 Report*. Retrieved October 9, 2015. <https://www.ced.org/childcareimpact>
- ² United State Census Bureau. *Who's Minding the Kids? Child Care Arrangements: Spring 2011*. Retrieved October 9, 2015. <https://www.census.gov/library/publications/2013/demo/p70-135.html>
- ³ Child Care Aware® of America. (2014). *Parents and the High Cost of Child Care: 2014 Report*. Retrieved August 27, 2015, from <http://www.arizonachildcare.org/pdf/2014-child-care-cost-report.pdf>
- ⁴ United States Department of Labor, Bureau of Labor Statistics. (2015, March 25). *May 2014 National Occupational Employment and Wage Estimates, United States*. Retrieved August 28, 2015. http://www.bls.gov/oes/current/oes_nat.htm#39-0000
- ⁵ Ibid.
- ⁶ College Board Advocacy & Policy Center. (2012). *Trends in college pricing: 2012*. Retrieved September 17, 2013, from http://advocacy.collegeboard.org/sites/default/files/college-pricing-2012-full-report_0.pdf
- ⁷ U.S. Department of Health and Human Services, Office of Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation. *Estimates of Child Care Eligibility and Receipt for Fiscal Year 2011*. 2015. Retrieved on October 24, 2015 from <http://aspe.hhs.gov/report/estimates-child-care-eligibility-and-receipt-fiscal-year-2011>.
- ⁸ U.S. Government Accountability Office. (2010, May 5). GAO-10-344. *Child care: Multiple factors could have contributed to the recent decline in the number of children whose families receive subsidies*. Retrieved September 5, 2013, from <http://www.gao.gov/new.items/d10344.pdf>
- ⁹ Matthews, H. and Schmit, S. (2014). *Child Care and Development Block Grant (CCDBG) Participation Continues to Fall*. The Center for Law and Social Policy. Retrieved from: <http://www.clasp.org/resources-and-publications/publication-1/CCDBG-Participation-2013-Factsheet.pdf>.
- ¹⁰ Schulman, Karen; Blank, Helen, *Building Blocks: State Child Care Assistance Policies 2015*. Washington, DC: National Women's Law Center, 2015. Retrieved on November 13, 2015 from http://www.nwlc.org/sites/default/files/pdfs/final_nwlc_2015_statechildcareassistancereport_2.pdf.
- ¹¹ First Focus. *Children's Budget 2015*. Retrieved October 9, 2015. <http://firstfocus.org/resources/report/childrens-budget-2015/>
- ¹² Blank, S. and Stoney, L. (2011). *Tax Credits for Early Care and Education: Funding Strategies for a New Economy*. Opportunities Exchange. Retrieved from: http://opportunities-exchange.org/wp-content/uploads/OpEx_IssueBrief_Tax_Final1.pdf.
- ¹³ Sloan Work and Family Research Network. (2008). *Questions and answers about Dependent Care Tax Assistance: A Sloan Work and Family Research Network fact sheet*. Retrieved October 3, 2013, from <https://workfamily.sas.upenn.edu/sites/workfamily.sas.upenn.edu/files/imported/pdfs/DCAP.pdf>
- ¹⁴ Blank, S. and Stoney, L. (2011). Op. Cit.
- ¹⁵ Campbell, N. et al. (2011). *Making Care Less Taxing: Improving State Child and Dependent Care Tax Provisions*. National Women's Law Center.
- ¹⁶ Campbell, N. et al. (2011). *Making Care Less Taxing: Improving State Child and Dependent Care Tax Provisions*. National Women's Law Center.
- ¹⁷ NAEYC Position Statement Approved by the NAEYC Governing Board July 2009 <https://www.naeyc.org/files/naeyc/file/positions/ProfPrepStandards09.pdf>
- ¹⁸ Enchautegui, M. et al. *Who Minds the Kids when Mom Works a Nonstandard Schedule?* The Urban Institute. P. 5. <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000307-Who-Minds-the-Kids-When-Mom-Works-a-Nonstandard-Schedule.pdf>
- ¹⁹ Acs, Gregory, and Pamela Loprest. 2008. *Understanding the Demand Side of the Low Wage Labor Market, Final Report*. Washington DC: Urban Institute.
- ²⁰ Enchautegui, M. et al. *Who Minds the Kids when Mom Works a Nonstandard Schedule?* The Urban Institute. P. 5. <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000307-Who-Minds-the-Kids-When-Mom-Works-a-Nonstandard-Schedule.pdf>

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- ²¹ Henly, Julia R., and Susan Lambert. 2014. Unpredictable work timing in retail jobs: Implications for employee work-life outcomes. *Industrial and Labor Relations Review* 67(3): 986-1016.
- ²² Ibid.
- ²³ Liz Ben-Ishai, Hannah Matthews and Jodie Levin-Epstein, March 2014 Scrambling for Stability: The Challenges of Job Schedule Volatility and Child Care. <http://www.clasp.org/issues/child-care-and-early-education/in-focus/scrambling-for-stability-the-challenges-of-job-schedule-volatility-and-child-care>.
- ²⁴ Burstein, N., and Jean I. Layzer. 2007. National Study of Child Care for Low- Income Families: Patterns of Child Care Use among Low-Income Families, final Report Cambridge, MA: ABT Associates. http://www.acf.hhs.gov/sites/default/files/opre/patterns_childcare.pdf
- ²⁵ After School Alliance, *America After 3pm: Afterschool Programs in Demand*. Retrieved on November 13, 2015 from http://www.afterschoolalliance.org/documents/AA3PM-2014/AA3PM_National_Report.pdf
- ²⁶ Maher & Joesch, 2005; Sonenstein, Gates, Schmidt, & Bolshun, 2002; Snyder, Adelman & Dore, 2005.
- ²⁷ Georgetown University Health Policy Institute Center for Children and Families, *2015 Federal Poverty Guidelines*. Retrieved November 13, 2015 from <http://ccf.georgetown.edu/wp-content/uploads/2015/01/2015-Federal-Poverty-Guidelines.pdf>
- ²⁸ U.S. Department of Health and Human Services, Administration for Children and Families Office of Early Childhood Development. (2013). *Early Care and Education Programs - What are we learning from research?* Retrieved October 6, 2015 from http://www.acf.hhs.gov/sites/default/files/occ/early_care_and_education_programs_research_508.pdf
- ²⁹ Center for Disease Control, *Childhood Obesity Facts*. Retrieved October 6, 2015 from <http://www.cdc.gov/obesity/data/childhood.html>
- ³⁰ Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA*. 2014 Feb 26;311(8):806-14. doi: 10.1001/jama.2014.732.
- ³¹ Freedman DS, Kettel L, Serdula MK, Dietz WH, Srinivasan SR, Berenson GS. The Relation of Childhood BMI to Adult Adiposity: The Bogalusa Heart Study *Pediatrics* 2005; 115:1 22-27
- ³² U.S. Department of Agriculture, National Level Annual Summary Tables: FY 1969-2014, Child and Adult Care Food - Participation, Meals and Costs, <http://www.fns.usda.gov/sites/default/files/pd/ccsummar.pdf>
- ³³ Healthy Eating Research and Active Living Research. *Preventing Obesity Among Preschool Children, How Can Childcare Settings Promote Healthy Eating and Physical Activity?* Research Synthesis. October 2011, p.6. Available at: www.healthyeatingresearch.org/publications-mainmenu-111/research-briefs-and-syntheses-mainmenu-114.
- ³⁴ American Academy of Pediatrics, et.al. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 2011, Standards 2.2.0.3, 3.1.3.1. Available at: http://nrckids.org/CFOC3/CFOC3_color.pdf.
- ³⁵ Mayo Clinic, *Children and TV: Limiting Your Child's Screen Time*. Retrieved October 10, 2015 from <http://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/children-and-tv/art-20047952>
- ³⁶ Healthy Eating Research and Active Living Research. *Preventing Obesity Among Preschool Children, How Can Childcare Settings Promote Healthy Eating and Physical Activity?* Research Synthesis. October 2011, p.6. Available at: www.healthyeatingresearch.org/publications-mainmenu-111/research-briefs-and-syntheses-mainmenu-114.
- ³⁷ American Academy of Pediatrics, et.al. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 2011, Standards 2.2.0.3, 3.1.3.1. Available at: http://nrckids.org/CFOC3/CFOC3_color.pdf.
- ³⁸ Screen Sense: Setting the Record Straight; Research Based Guidelines for Screen Use for Children Under 3 Years Old. Lerner, Clarie and Barr, Rachel. Zero to Three. Accessed 9/16/2015: <http://www.zerotothree.org/parenting-resources/screen-sense/?referrer=https://www.google.com/>
- ³⁹ Early Childhood Development. *Birth to 5: Watch Me Thrive!* Administration for Children & Families. <http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive>
- ⁴⁰ U.S. Department of Health and Human Services. (2015). *Child Abuse and Neglect Fatalities 2013: Statistics and Interventions*. Retrieved September 24, 2015 from: <https://www.childwelfare.gov/pubPDFs/fatality.pdf>
- ⁴¹ Center For Disease Control (2013). Summary Health Statistics for U.S. Children: National Health Interview Survey, 2012. Accessed 10/5/2015: http://www.cdc.gov/nchs/data/series/sr_10/sr10_258.pdf.
- ⁴² Caring for Our Children, Environmental Risk. Special Collection. Accessed 9/16/2015: <http://cfoc.nrckids.org/StandardView/SpcCol/Environmental-Health>

- ⁴³ FEMA. *Public Assistance for Child Care Services*. Fact Sheet 9580.107. http://www.fema.gov/media-library-data/20130726-1908-25045-4588/rp9580_107_child_care_services_fact_sheet_final_032013.pdf
- ⁴⁴ Schweinhart, L., et al (1992). *Significant Benefits: The High/Scope Perry Preschool Study Through Age 40*. Ypsilanti, MI: High/Scope Press. http://www.highscope.org/file/Research/PerryProject/specialsummary_rev2011_02_2.pdf
- ⁴⁵ U.S. Department of Health and Human Services, U.S. Department of Education. (2014). *Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings*. Retrieved October 6, 2015 from <https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>
- ⁴⁶ U.S. Department of Health and Human Services, Administration for Children and Families Office of Child Care. (2015). *CCDF Reauthorization Frequently Asked Questions*. Published March 25, 2015. Retrieved October 8, 2015 from <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>; *Program Instruction* (2015).
- ⁴⁷ U.S. Department of Health and Human Services, Administration for Children and Families Office of Child Care. (2015). *CCDF Reauthorization Frequently Asked Questions*. Published March 25, 2015. Retrieved October 6, 2015 from <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>; *Program Instruction* (2015). http://www.acf.hhs.gov/sites/default/files/occ/ccdf_acf_pi_2015_02.pdf
- ⁴⁸ NAEYC Position Statement Approved by the NAEYC Governing Board July 2009 <https://www.naeyc.org/files/naeyc/file/positions/ProfPrepStandards09.pdf>