

Better for Babies: Improving State Early Care and Education Policies



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Presentation Overview

- Why infants and toddlers?
- Where are we now?
- What are the challenges and opportunities?
- Where can we go?



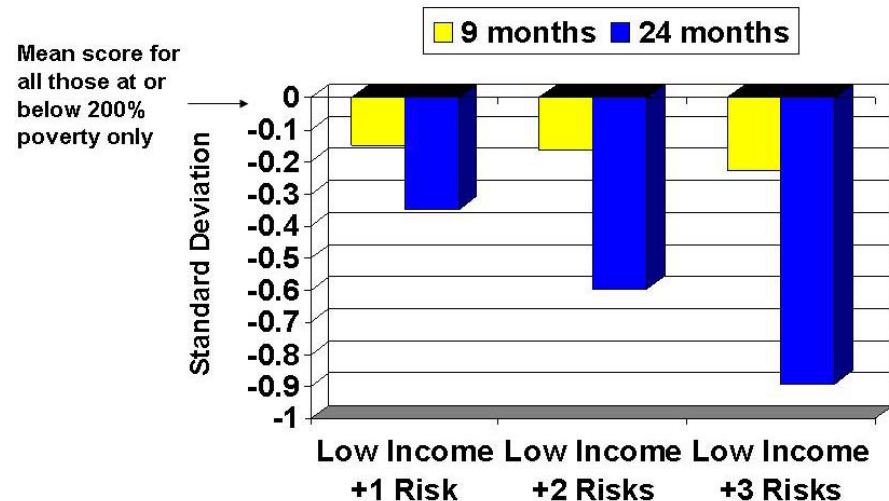
Why Infants and Toddlers?

- All babies need good health, strong families, and positive early learning experiences.
- The youngest children are most likely to be poor.
 - A quarter of infants and toddlers are poor and half are low-income.
 - Infants and toddlers in poverty face challenges that can negatively impact their development

Disparities Begin to Emerge Early

- Disparities in children's cognitive, social, behavioral, and health outcomes begin as early as 9 months.
 - Disparities grow larger by 24 months
 - Disparities are present by family income, race/ethnicity, home language and maternal education.

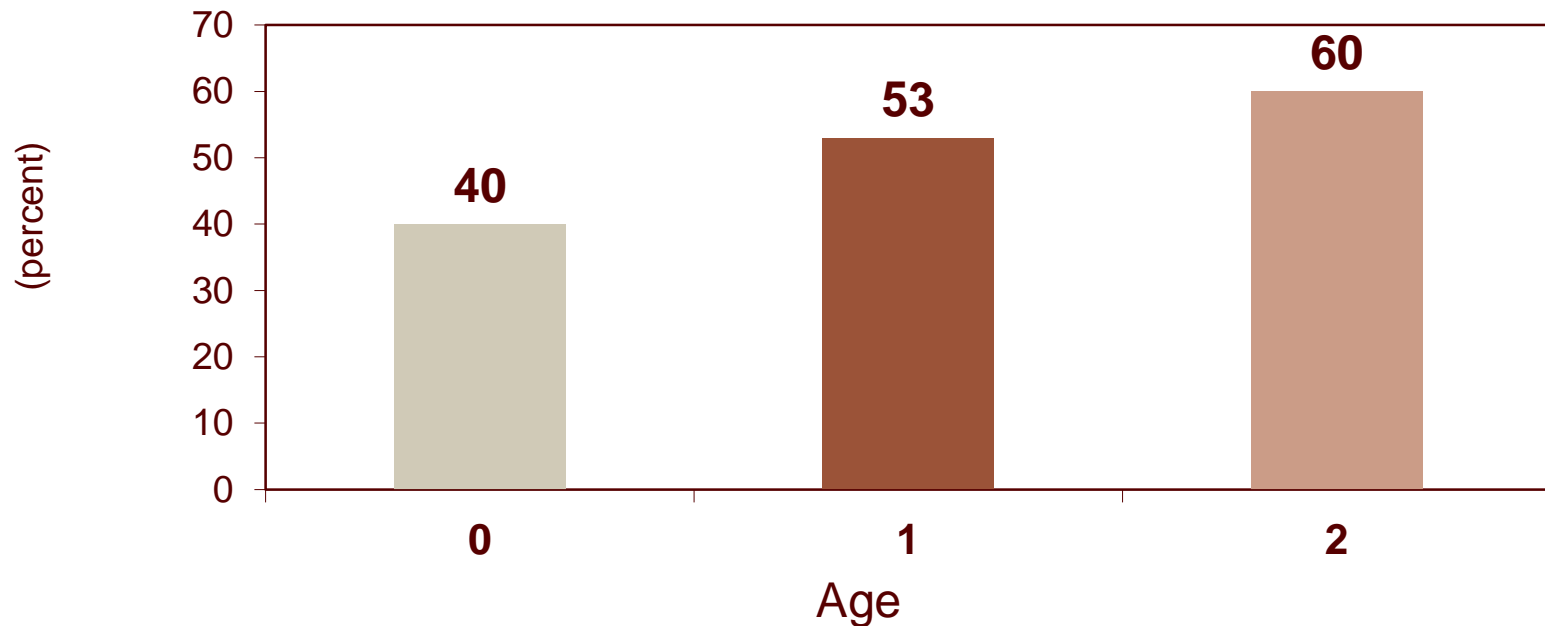
Disparities on the Bayley Cognitive Assessment Among Those At or Below 200% Poverty at 9 and 24 Months, by Cumulative Risk



Source: Child Trends, *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*.

Many infants and toddlers are in child care

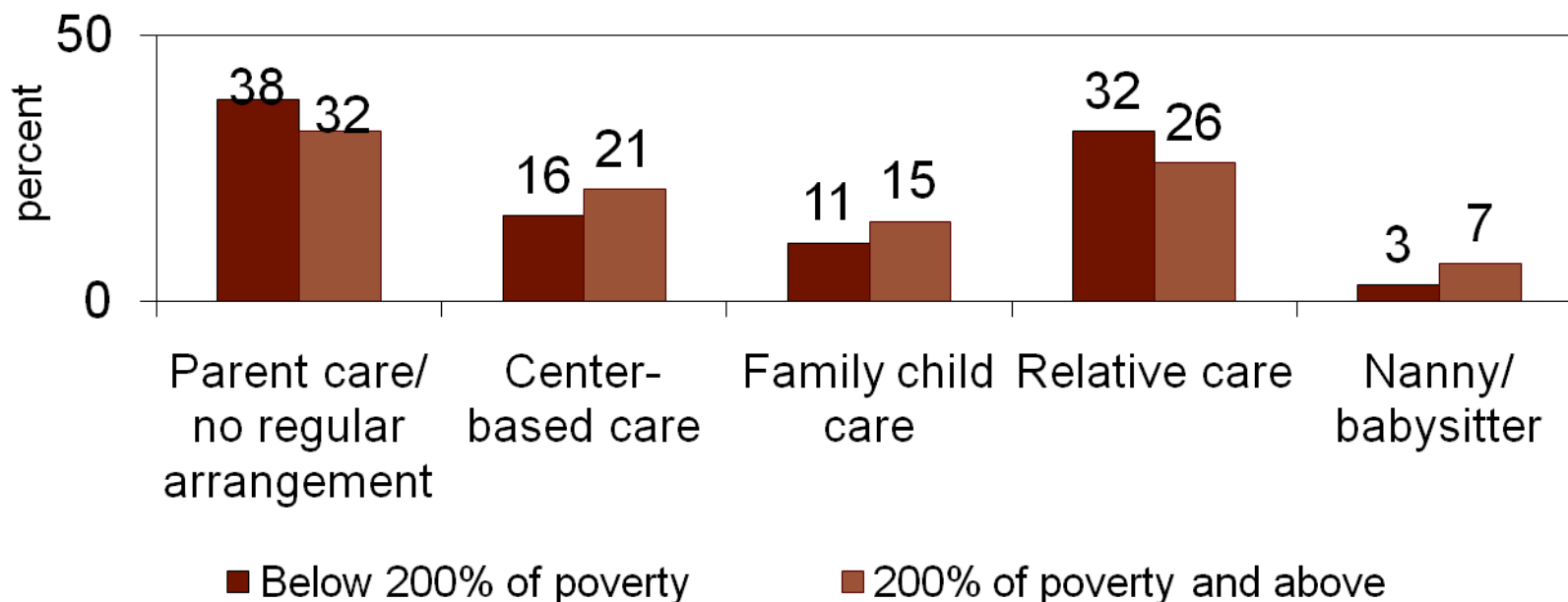
Percentage of Children in Care by Age



Source: U.S. Department of Education, National Center for Education Statistics, Early Childhood Program, National Household Education Survey 2001.

...and in a variety of settings

Primary child care arrangements for children birth to 3 with employed mothers



Note: Percentages may not add to 100% due to rounding.

Source: Jeffrey Capizzano and Gina Adams, *Children in Low-Income Families are Less Likely to be in Center-Based Care*, Urban Institute, 2003.

Quality Matters for All Children

- Quality child care helps children across all developmental domains
- Negative impacts of low quality care are more likely felt among more disadvantaged children
- And especially for babies...



Child Care Stability is Critical for Babies and Toddlers

- Stable care arrangements support healthy development for babies and toddlers.
 - Stable arrangements support secure attachment with caregivers.
 - Frequent changes in care arrangements are stressful for babies.
- Babies in low-income families are particularly vulnerable to child care instability
 - Families have difficulty accessing stable, quality care.

Charting Progress for Babies in Child Care

- Research based framework
 - Policy recommendations
 - Subsidy
 - Licensing
 - Quality Enhancement
 - State examples
-
- *Better for Babies: A Study of State Infant-Toddler Child Care Policies*



www.clasp.org/babiesinchildcare

Charting Progress Framework

Babies in Child Care Need:

Healthy and safe environments in which to explore and learn.

Nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn.

Parents, providers, and caregivers supported by and linked to community resources.

Their families to have access to quality options for their care.

What Policies to Consider?

Licensing

Subsidy

Quality
Enhancement

Infants and toddlers need healthy and safe environments in which to explore and learn.

- Selected policies:

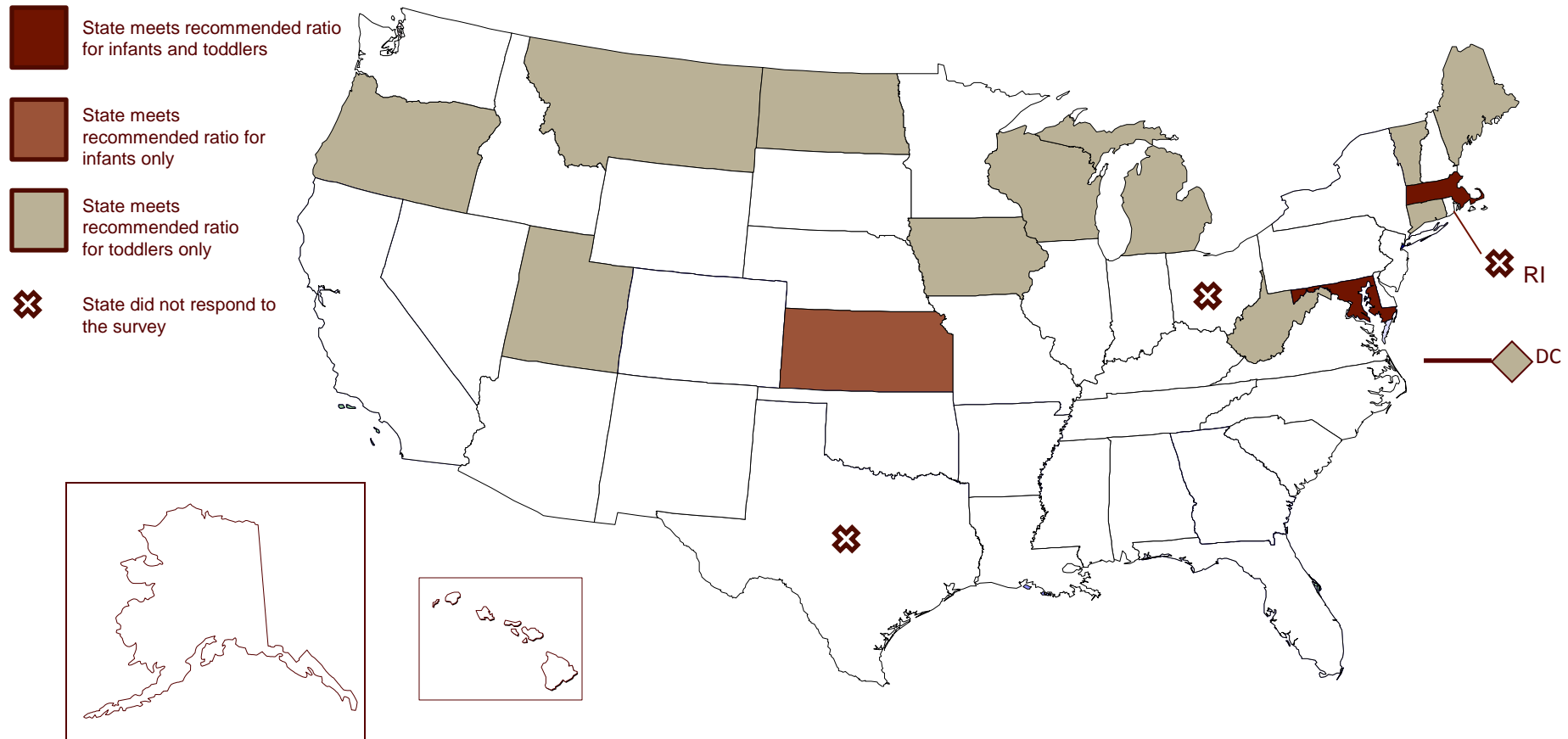
Appropriate
Ratios and
Group Size in
Centers

Appropriate
Group Size in
Family Child
Care

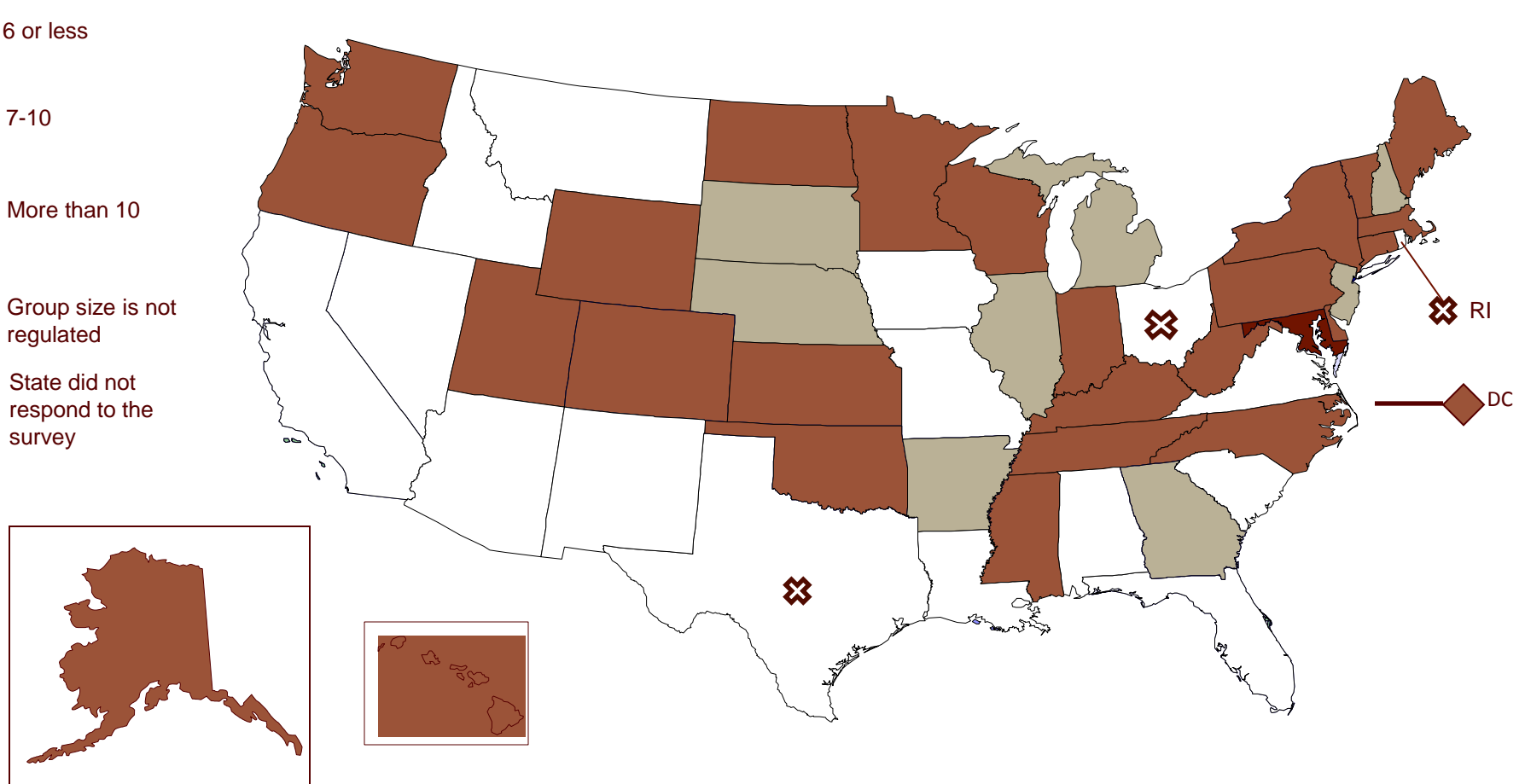
Regular, On-site
Monitoring of
Providers

Infant-Toddler
Training for
Monitoring Staff

Ratios for Infants and Toddlers in Centers

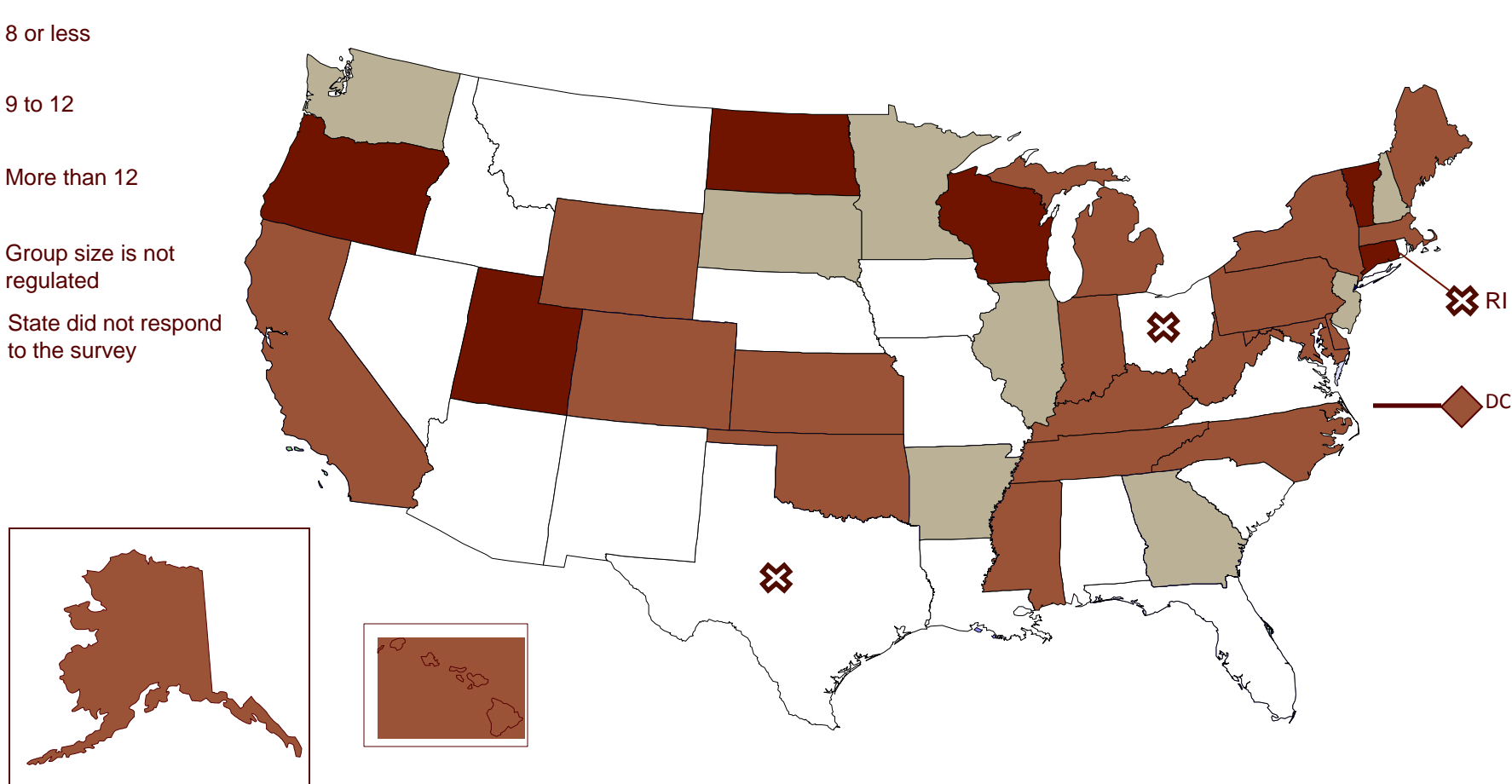


Group Sizes for Infants in Centers



Source:

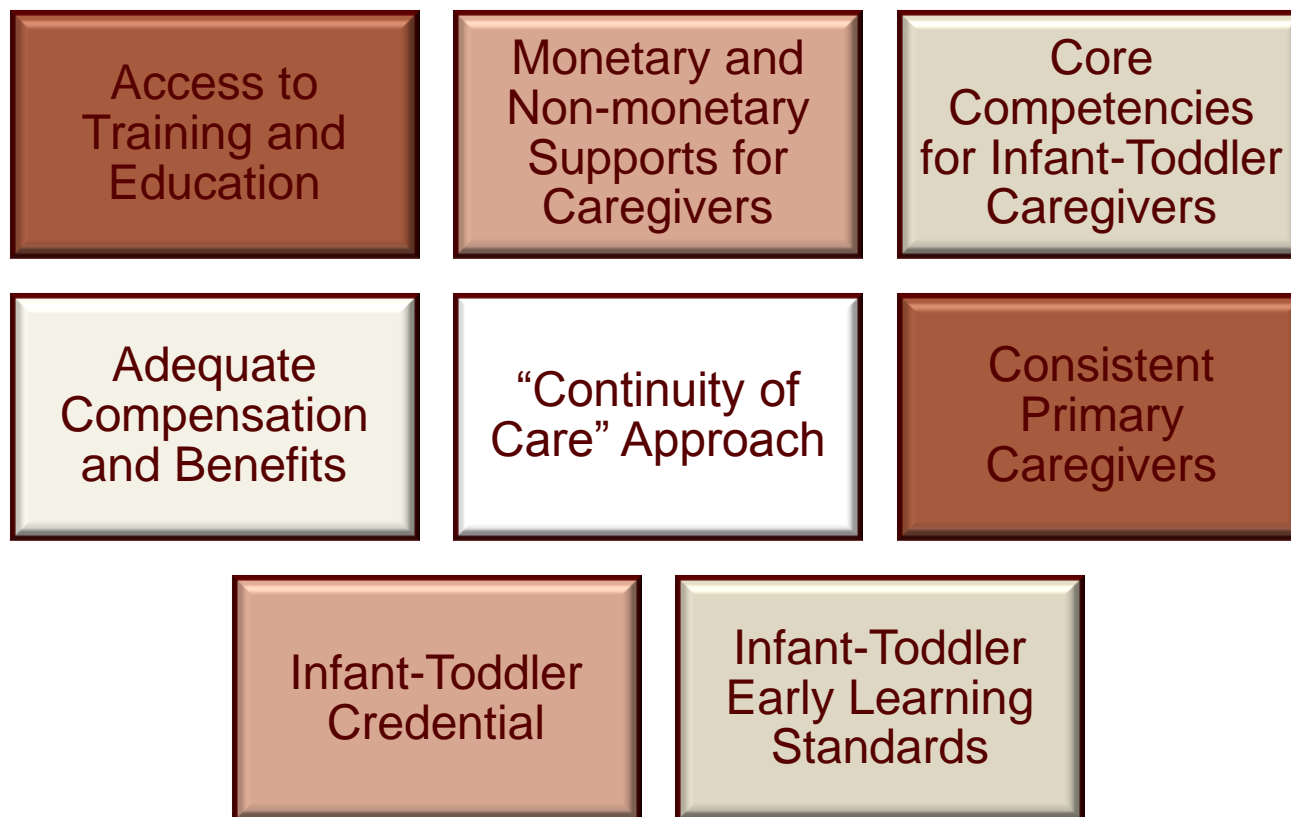
Group Sizes for Toddlers in Centers



Source:

Infants and toddlers need nurturing, responsive caregivers they can trust as they grow and learn.

- Selected indicators:



Infants and toddlers need nurturing, responsive caregivers they can trust as they grow and learn.

- Access to training and supports
 - Thirty states reported having infant-toddler training for providers, most state requirements for number of hours are minimal, and the content of training curriculum related to infants and toddlers is limited.
 - Twenty-six states reported funding a network of infant-toddler specialists to support infant-toddler child care providers and increase their knowledge and skills.

Infants and toddlers need nurturing, responsive caregivers they can trust as they grow and learn

- Thirty-nine states reported that they provide financial supports for the training or education of infant-toddler providers – many through T.E.A.C.H. scholarships
- Twenty states have compensation initiatives available for infant-toddler providers.

Indiana: Continuity of Care in Licensing

- Indiana licensing regulations require child care centers to make a "reasonable effort" to achieve continuity of care for infants and toddler up to 30 months of age.
- Interpretive guidelines specify “reasonable effort” to include:
 - Moving teachers with children to another classroom as children mature;
 - Modifying the classroom as the children mature;
 - Creating mixed age groupings of children, ages six weeks to 36 months; or
 - Creating intentional transitions that prepare children as they move into the next age classroom.

Families Need Access to Quality Options for Their Babies

- Primarily reviewed child care subsidy policies.
- Selected indicators:

Authorization
Periods

Provider
Payment Rates
and Processes

Direct Contracts
to Increase
Supply, Improve
Quality

QRIS with
Infant-Toddler
Specific
Standards

Support for FCC

Support for FFN

CCDF Overview

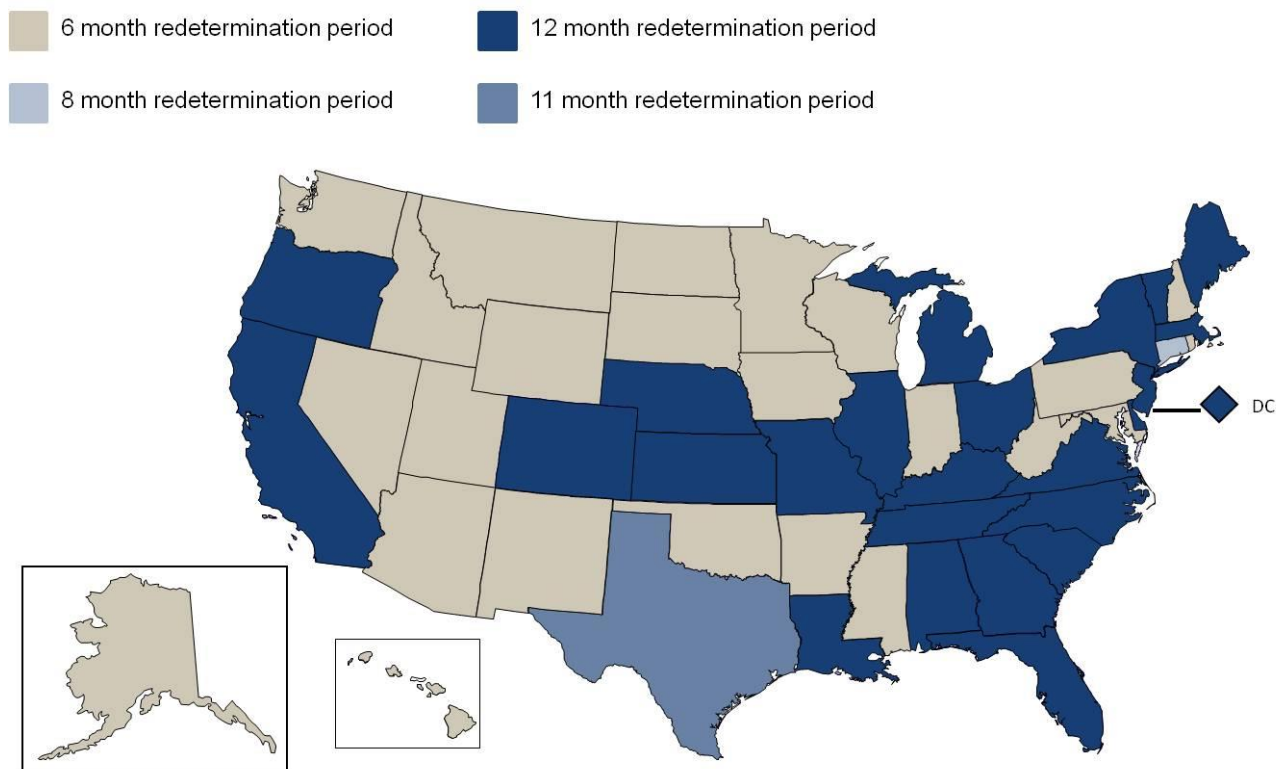
- Primary source of funding for child care assistance for low-income working families and to improve child care quality.
- Federal government sets broad parameters for the program and a floor for basic health and safety.
- States make policy decisions within those broad parameters that impact access, quality, and supply of child care.

Infants and Toddlers in CCDF

- 28 percent of children in CCDF < Age 3
 - Ranges from 18 percent in California to 49 percent in DC
- 87 percent of infants and toddlers in CCDF are in licensed care.
 - 69 % in centers and 28% in family child care and group homes.
- 64 percent of infants and toddlers have family incomes under federal poverty.

Redetermination Periods

States' Maximum Redetermination Periods for Child Care Assistance



Source: Child Care and Development Fund (CCDF) State Plans, FY 2011-2012.

Infant and toddlers' families need to have access to quality options for their care.

- Reimbursement Rates
 - Only five states (Alaska, Hawaii, New York, North Dakota, and South Dakota) set their standard reimbursement rate for a one year-old in center-based care at the federally recommended rate.
 - Average monthly CCDF payment for infant-toddler care is \$462 (\$5,544 annually)



Infant and toddlers' families need to have access to quality options for their care.

- Direct Contracts with Providers
 - Contracts can increase the supply or improve the quality of infant-toddler care
 - Contracts may bring stability to child care providers in underserved communities and provide more stable child care for families.
 - Fourteen states reported using direct contracts with child care providers.

Infant and toddlers' families need to have access to quality options for their care.

- Absent Day Policies
 - Providers bear the cost burden when states don't reimburse for absent days.
 - Particularly important for families with the youngest children since infants and toddlers have more frequent illnesses and require more frequent doctor visits than older children.
 - Forty-one states reported that they pay child care providers for days when a child is absent

Parents and Caregivers Linked to Community Resources

- Selected indicators:

Dedicated
Infant-Toddler
Funding

State Initiatives
to Expand Early
Head Start

Support for
Comprehensive
Services

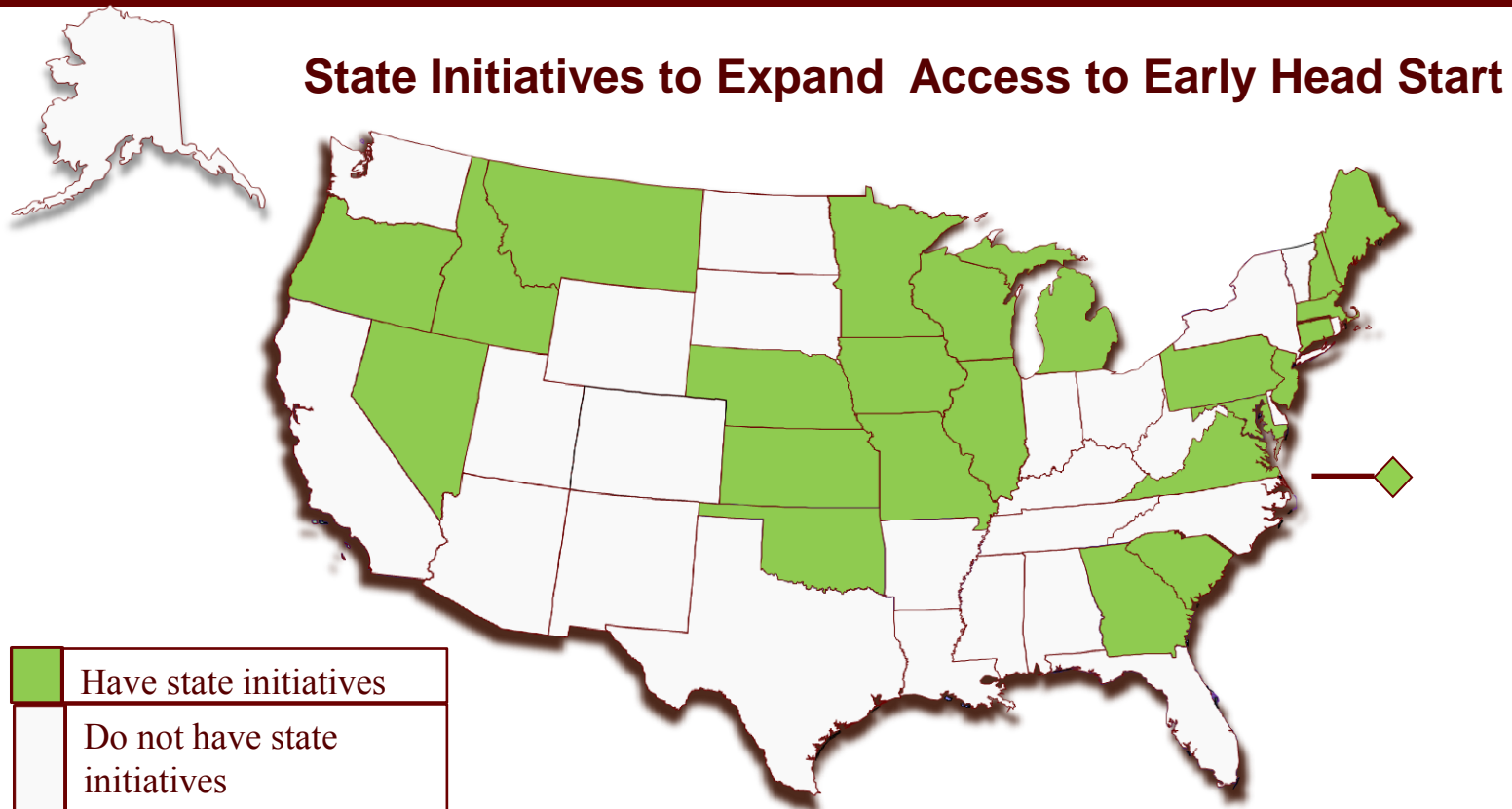
Infant-Toddler
Mental Health
Consultation

Infants and toddlers need parents, providers, and caregivers supported by and linked to community resources

- Only four states report they make additional, dedicated funds available specifically for infants and toddlers outside of the CCDBG infant-toddler set-aside



Infants and toddlers need parents, providers, and caregivers supported by and linked to community resources



What is Early Head Start (EHS)?

- Federally-funded, community-based program that provides comprehensive child and family development services to low-income pregnant women and children under age 3
 - Access to health care and screenings
 - Support for full range of child development
 - Parent support and linkages to services
 - Prenatal health care and support

What is Early Head Start (EHS)?

- Services provided in centers, homes, child care or a combination of settings
- Programs must comply with federal Head Start Program Performance Standards
- Program positively impacts:
 - Children's cognitive, language and social-emotional development
 - Parental support of child development
 - Family self-sufficiency



There are Many Challenges....

- Infant-toddler child care quality and affordability
- Infant-toddler child care availability and qualified teachers (Center-based)
- Early Head Start serves only 4% of eligible infants and toddlers
- Child care subsidies serve only 15% of eligible infants and 29% eligible toddlers
- Low-wage work makes parenting difficult
 - Half of low-wage workers have nonstandard schedules.
 - Job scheduling challenges are increasing for low-wage work.

...And Also New Opportunities

- Home visiting
 - Congress extended MIECHV program funding through March 2014
- Early Head Start – Child Care Partnerships
 - \$500 million to increase the number of children ages 0-4 in high quality child care
- Preschool Development Grants
 - May be an opportunity to support progress on birth to five early childhood system.
- Child Care Subsidy changes
 - New proposed regulations
 - Potential Congressional reauthorization

What are Early Head Start-Child Care Partnerships?

- Funding will be available to all 50 states
- Will allow new or existing Early Head Start programs to partner with local child care centers and family child care providers serving low-income infants and toddlers.
- Provides a tremendous opportunity for states and communities to make an impact and reach our youngest, most vulnerable children and families.

Recommendations for State Support of EHS-CC Partnerships

- Reform child subsidy policies
 - Longer eligibility periods with limited interim reporting
 - Establish broad definitions of work, including job search, that allows for more continuous eligibility
 - Use direct contracts for high quality infant and toddler care.
 - Pay rates that support high-quality care.
 - Use payment methods that support provider stability: enrollment vs attendance, absence days, timely payments.
 - Waive parent co-payments for families under poverty.

Recommendations for States

- Promote quality and continuity through policies.
- Consider the full-day, full year needs of families.
- Support system-wide planning and action.
- Gather and share data.
- Play convening role for partners.
- Leverage all available funding.

Moving An Infant-Toddler Agenda Forward

- Visioning: Develop long term goals for state policy
- Collect Data and Assess Need
- Conduct a Policy Audit
- Advocate
- Build in ongoing planning, assessment, and visioning.

State Information

CLASP DataFinder

<http://www.clasp.org/data/>

- Poverty
- Young Child Demographics
 - Race, ethnicity, immigrant family status
- Child Care assistance
- Head Start/Early Head Start

CLASP State Profiles

http://www.clasp.org/in_the_states/

- Head Start/Early Head Start
- Child Care assistance
- TANF spending
- Infant/toddler initiatives



CLASP EHS-CC Partnership Resources

- **What State Leaders Should Know About Early Head Start:**

<http://www.clasp.org/resources-and-publications/publication-1/State-Leaders-EHS-3.pdf>

- **State Child Care Subsidy Policies that Support Early Head Start-Child Care Partnerships:** <http://www.clasp.org/resources-and-publications/publication-1/CLASP-ChildCareSubsidyTool.pdf>

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