



*This chapter is an excerpt from:*

**Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States**

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# Child Care Program Standards and Quality Improvement Activities

*To support the goals of improving the quality of care and increasing the number and percentage of low-income children in high-quality child care settings, the CCDBG Act of 2014 increases the amount of funds states are required to spend on quality improvement activities. The law also drives quality funds toward improving the supply and quality of care for infants and toddlers. High-quality infant-toddler care is among the least available and affordable care for families, despite the critical importance of nurturing care during the earliest years. CCDBG quality dollars are used to support quality improvement for all children, not just low-income children, and in many cases are the foundation of other early learning initiatives, such as quality rating and improvement systems. Finally, the law offers strategies for increasing the quality of care through more robust program standards and training and professional development for providers.*

## **In This Chapter:**

- Activities to Improve the Quality of Child Care
- Early Learning and Development Guidelines
- Professional Training Requirements

## **ACTIVITIES TO IMPROVE THE QUALITY OF CHILD CARE**

### **Key Provisions in the Law**

#### **Quality Set-Aside**

The reauthorization law increases the portion of CCDBG funds that states must reserve to improve child care quality among all providers (not just CCDBG providers) and increase access to high-quality care (the “quality set-aside”), which is 4 percent through FY 2015. Going forward, states must reserve at least:

- 7 percent in FY 2016 and FY 2017;
- 8 percent in FY 2018 and FY 2019; and
- 9 percent in FY 2020 and each year thereafter.

States must expend quality set-aside funds on at least one activity specified in the reauthorization law. The list of allowable quality improvement activities is extensive and includes:

- Supporting training and professional development of the child care workforce
- Improving upon the development or implementation of the state’s early learning and development guidelines
- Developing, implementing, or enhancing a tiered quality rating system
- Improving the supply and quality of infant and toddler care programs
- Establishing or expanding a statewide system of child care resource and referral services
- Facilitating compliance with state requirements for inspection, monitoring, training, health and safety, and licensing
- Evaluating quality and effectiveness of child care programs
- Supporting providers seeking national accreditation
- Supporting efforts to develop high-quality health, mental health, nutrition, physical activity, and physical development program standards
- Carrying out other activities determined by the state to improve the quality of care for which measurement of outcomes related to provider preparedness, child safety, child well-being, or kindergarten entry is possible.

#### **Infant-Toddler Set-Aside**

In addition to the quality set-aside funds, beginning in FY 2017, 3 percent of CCDBG funds must be reserved for quality improvement activities related to care for all infants and toddlers (see Table 3). Activities to improve the supply and quality of infant-toddler care may include:

- Establishing or expanding high-quality community- or neighborhood-based family and child development

centers and/or neighborhood-based family child care networks to support the provision of high-quality care

- Training and professional development for infant-toddler caregivers
- Coaching and technical assistance from statewide networks of qualified infant-toddler specialists
- Coordination with early intervention specialists
- Developing infant-toddler components within the state's quality rating system, licensing regulations, or early learning and development guidelines
- Consumer education on high-quality infant-toddler care
- Other activities that will improve the quality of infant-toddler care.

**Table 3. Quality Set-Aside by Year**

Federal Fiscal Year	Quality Set-aside	Infant-Toddler Set-Aside	Total Quality Set-Aside
2015	4%	--	4%
2016	7%	--	7%
2017	7%	3%	10%
2018	8%	3%	11%
2019	8%	3%	11%
2020 (and beyond)	9%	3%	12%

**Reporting Requirements**

Beginning in FY 2016, states must annually certify compliance with the quality set-aside requirements during the preceding fiscal year. Each state must submit an annual report describing the CCDBG funds reserved for quality improvement activities, the activities carried out, and measures the state will use to evaluate its progress in improving the quality of child care programs and services.

**Implementation Considerations**

**Quality Set-Aside**

Improving the quality of services available to families receiving CCDBG assistance is a primary goal of the program's reauthorization. The law presents a wide array of policy choices that can help states achieve that objective, and an in-depth discussion of all allowable quality improvement activities is beyond the scope of this guide.

**Any quality improvement strategy should be designed to address the needs of all children, including children with special needs and children from diverse cultural and linguistic backgrounds.**

The reauthorization provides an opportunity for states to assess how quality dollars are currently being used and direct them strategically to support their child care goals. States should consider how they can support the full range of program improvement needs, from start-up grants and basic materials to access to postsecondary education for providers and specialized programs and supports. States must carefully balance competing demands on their quality dollars, which are relied on to fund all parts of the early childhood system from licensing to subsidy enhancements and systems building such as quality rating and improvement systems (QRIS).

States should endeavor at the outset to develop a cohesive quality improvement strategy that can guide its policy choices within the framework outlined by the reauthorization law. For example, if a state plans to use some of its quality funds to support training and professional development for child care staff, it should consider how it will encourage individuals to remain in the field once they have completed an educational program—such as by offering financial rewards—so that children in child care have an opportunity to benefit from providers' additional skills and knowledge. If a state plans to use some of its quality funds for a new or enhanced QRIS, it should consider not only the administrative costs of designing a rating system and assessing programs for the purpose of rating them, but also the costs of helping child care programs improve their quality to achieve higher ratings, as well as the higher rates that are necessary to give programs an incentive to improve and maintain a higher level of quality (and to help the programs cover the additional costs entailed in doing so). States' costs of implementing QRIS also include the costs of reaching out to parents through multiple channels with information

about what QRIS are, how they work, and how parents can use the systems to find high-quality child care.

Any quality improvement strategy should be designed to address the needs of all children, including children with special needs and children from diverse cultural and linguistic backgrounds. In addition, quality improvement strategies should take into account the comprehensive needs of children and families, including children's physical, social-emotional, and cognitive development, as well as family engagement opportunities that encourage families' support for their children's learning in child care and at home.

**States should ensure that they use their funds to support high-quality care in a comprehensive way, and not devote all of their funds to a single narrow purpose—for example, covering the costs of implementing newly required inspections.**

States should ensure that they use their funds to support high-quality care in a comprehensive way, and not devote all of their funds to a single narrow purpose—for example, covering the costs of implementing newly required inspections. While such health and safety measures are critical, they are not sufficient to accomplish the goal of substantially raising the quality of care. At the same time, however, states can consider how their approaches to meeting requirements in the law may serve more than one objective. For example, if on-site inspections of license-exempt providers are designed thoughtfully, they may serve as a quality improvement strategy for child care in underserved areas, infant-toddler care, and non-traditional-hour care. Inspections can be an opportunity to offer providers technical assistance, materials, and supplies that help providers not simply meet minimal licensing requirements but enhance their overall quality.

With the increased quality set-aside comes increased accountability in the form of requiring outcome measures

and evaluation of quality activities. In determining which outcomes to measure and how to do so, states should consider the range of ways that the research demonstrates quality activities can positively affect children and their families—and states should avoid narrowly focusing on one particular type of outcome measure or one particular dimension of children's development. For vulnerable children, quality supports include those that address physical, mental, emotional, and cognitive development. When measuring the outcomes of their quality improvement strategies, states should ensure that they use a variety of data and approaches to evaluate the impact and effectiveness of those strategies.

If states use child assessments as a part of their evaluations, they must be appropriate for young children and follow the recommendations and cautions of the National Research Council reports on the use of child assessments.<sup>1</sup> Child assessments should not be the primary or sole method of assessing program activities. Assessment should be used to inform teaching practices and for continuous program improvement—not for high-stakes decisions about funding a particular program or provider, or for providing rewards or sanctions for individual children, teachers, or programs.

#### **Infant-Toddler Set-Aside**

With the provision establishing a permanent and expanded infant-toddler quality set-aside of 3 percent of a state's CCDBG funds, the reauthorization law also provides an opportunity for states to focus on specific strategies to improve the quality of care for very young children. The 3 percent set-aside is an increase from approximately 2 percent of CCDBG funds, or \$136 million, spent on infant and toddler program quality in 2013.<sup>2</sup> The importance of the earliest years for children's development<sup>3</sup> makes it all the more essential to address the challenges families have in finding affordable, high-quality care for their infants and toddlers—which tends to be more costly than care for older children<sup>4</sup> and is in short supply in many communities.<sup>5</sup>

As with their plans for using the overall quality set-aside, states should employ a carefully thought-out approach with their infant-toddler quality set-aside. States should take steps to both improve the quality of care for infants and toddlers and ensure parents have access to high-quality care

for infants and toddlers, including by expanding the slots available for this age group (which is an allowable use of the set-aside funds). Direct contracts for high-quality infant-toddler care have been an effective strategy in states to increase the supply of high-quality center- and home-based care for infants.<sup>6</sup> Rate differentials for infant-toddler providers are also critical as current rates do not adequately cover the incremental costs for the provision of care that meets the needs of vulnerable young children. For example, the average cost of infant-toddler care is almost double the average subsidy payment in CCDBG.<sup>7</sup>

In considering how to improve the quality of care for infants and toddlers, states should take care to recognize the unique needs of this age group—and the specialized professional development needs of the staff who work with them. In addition to the general professional development considerations discussed below, states can implement strategies tailored to staff serving very young children by, for example, providing access to infant and toddler specialists who can offer support and coaching to child care programs in meeting the developmental needs of very young children. At least 26 states have reported funding networks of infant and toddler specialists in the past.

**Washington State funds a network of 35 infant-toddler specialists.** The state's Department of Early Learning (DEL) funds each of its 10 Early Learning Regions to provide infant-toddler interdisciplinary child care consultations to licensed family child care homes and centers, and to coordinate an infant-toddler consultant network within each region. The DEL also hosts regular statewide interdisciplinary infant and toddler consultation networking meetings.<sup>8</sup>

States can use increased resources directed to infants and toddlers to build on other investments in the youngest children. For example, recent funding for Early Head

Start-Child Care Partnerships offers a new opportunity to better align child care and Early Head Start. As grantees work to implement the partnerships successfully, states can direct infant-toddler resources in ways that support partnerships and increase the supply of child care providers who are able to meet high-quality standards to participate in partnerships.

Other strategies to consider—which a number of states have already implemented—include developing core competencies specific to infant and toddler child care staff; offering specific infant-toddler certifications; providing targeted reimbursement and compensation for professional development among infant and toddler teachers; and offering higher payment rates to providers who serve infants and toddlers, in part to allow for increased compensation and better provider-to-child ratios that allow very young children to receive more individualized attention.<sup>9</sup>

## EARLY LEARNING AND DEVELOPMENT GUIDELINES

### Key Provisions in the Law

#### Elements of Early Learning and Development Guidelines

The state must develop, maintain, or implement early learning and development guidelines for children from birth to kindergarten entry, describing what children should know and be able to do and covering the essential domains of early childhood development. The guidelines must be:

- Research-based;
- Developmentally appropriate for children;
- Aligned with entry to kindergarten;
- Implemented in consultation with the state educational agency and the State Advisory Council on Early Childhood Education and Care;
- Be designed for use by child care providers statewide; and
- Be updated as determined by the state.

The reauthorization law emphasizes that states retain independence over the content of the guidelines; the federal government is barred from prescribing the guidelines or requiring states to submit them for review.



## Assessments

The law clarifies that the early learning guidelines should not serve as the basis for any assessment that will be the sole basis to determine a provider is ineligible to participate in CCDBG; be used as the primary or sole basis to reward or sanction an individual provider; be used as the primary or sole method for assessing program effectiveness; or be used to deny children eligibility to participate in CCDBG. No CCDBG funds may be used to develop or implement any such high-stakes assessment.

The law permits states to use a single assessment of children for any of the following purposes:

- Supporting learning or improving a classroom environment
- Targeting professional development
- Determining need for health, mental health, disability, developmental delay, or family support services
- Obtaining information for the state-level quality improvement process
- Conducting a program evaluation to provide program improvement and parent information.

## Implementation Considerations

The vast majority of states currently have early learning and development guidelines in place, including guidelines for infants and toddlers. However, even if they already have guidelines, states should review them to ensure they align with the state's professional development plan and other quality improvement efforts as designed or revised to comply with the reauthorization law. For example, states should examine how their professional development plan ensures that child care providers have complete training on effectively using the guidelines to encourage children's learning and development. States should also ensure that the guidelines encourage children's individualized development and learning in a forward progression, with children building their knowledge and skills step by step—rather than, for example, taking a backward-mapping approach that determines where children should be in the infant, toddler, and preschool years based on where they are “expected” to be at kindergarten or a later grade. In addition, states should ensure the guidelines are designed and implemented with recognition of children's diverse linguistic and cultural backgrounds.<sup>10</sup>

Once states have developed or strengthened early learning and development guidelines, states should take steps to make the guidelines accessible to parents and providers—for example, by posting them online in an easy-to-understand format, with examples of learning activities to illustrate the different standards and explanations of why specific standards are part of the guidelines. Providers should be encouraged to offer parents information about the guidelines so that they can understand what their children are learning in child care and how they can reinforce it at home.

In developing and applying any child assessments tied to the early learning guidelines, states should carefully follow the recommendations of the National Research Council on appropriate assessments and uses of assessments. When used appropriately—and as one of a variety of evaluation measures—assessment of children can help inform teaching practices and services, support continuous improvement, and strengthen the quality of children's early learning experiences. However, the linkage of child test scores to evaluations of teacher or program performance or for high-stakes funding decisions are not appropriate uses of child assessments, especially for the earliest years of education.<sup>11</sup>

## PROFESSIONAL DEVELOPMENT AND TRAINING REQUIREMENTS

### Key Provisions in the Law

In addition to recognizing training and professional development for the child care workforce as an authorized use of CCDBG quality set-aside funds, the reauthorization law requires states to have training and professional development requirements applicable to providers receiving CCDBG funds that promote child development and improve the knowledge and skills of the workforce. This training and professional development must:

- Be conducted on an ongoing basis and provide for a progression of professional development (which may include encouraging postsecondary education);
- Reflect current research and best practices relating to skills necessary for the child care workforce to meet developmental needs of children and to improve the quality of, and stability within, the workforce;

- Be developed in consultation with the State Advisory Council on Early Childhood Education and Care (and may also engage training providers in aligning training opportunities with the state's training framework);
- Incorporate the state's early learning and development guidelines (where applicable), health/safety standards, and social-emotional behavior intervention models;
- Be accessible to providers supported through Indian tribes or tribal organizations that receive CCDBG assistance; and
- Prepare staff to work with different age groups, English learners, children with disabilities, and Native Americans and Indians (to the extent practicable).

The state plan must also indicate the number of hours of training required annually for providers (as determined by the state). In addition, states must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services; the Secretary of the U. S. Department of Health and Human Services (HHS) may provide technical assistance to help states carry out this provision.

### Implementation Considerations

#### Promoting Meaningful Professional Development and Retention of Qualified Providers

Providers are central to the learning experience of children in child care, and quality of care is closely tied to quality of providers.<sup>12</sup> Yet many providers do not receive the preparation they need to offer high-quality care to children—because it is not required by the state and/or because providers are not able to access training and education opportunities—and those providers who do receive advanced education may choose to leave the field for higher-paying jobs. The reauthorization encourages states to develop a coherent strategy to ensure a stable, qualified child care workforce that has the skills and knowledge necessary to offer high-quality care. In designing their professional development plan, states should consider how to leverage and coordinate existing resources—including child care resource and referral agencies (CCR&Rs), community colleges, and other community and educational institutions—to expand training and education opportunities for providers.

While the reauthorization law outlines many of the key components of a coherent professional development system for the child care workforce, there are several additional elements to ensure the effectiveness of that system. For example, states' professional development plans should include strategies—across provider types—for maximizing providers' ability to take advantage of professional development opportunities by making sure that classes are available during weekends and evenings when providers are not working and are offered in convenient locations (and/or online). Further, training and professional development activities should take into account the linguistic, cultural, and socioeconomic needs of the child care workforce, ensuring that opportunities are affordable and offered in languages that reflect the population. Information and outreach about the professional development and training should also incorporate these considerations.

States' professional development systems should support providers in developing the skills necessary to work with an increasingly diverse young child population.<sup>13</sup> Providers of all backgrounds should receive meaningful training in cultural competency and in knowledge of dual or second language acquisition. In addition, states should recruit and support a diverse workforce through steps such as offering community-based training in multiple languages and helping individuals who speak languages other than English access licensing and professional development systems.

**States' plans should address methods for keeping providers in the field once they have received additional training and education on early childhood education and care.**

States' plans should address methods for keeping providers in the field once they have received additional training and education on early childhood education and care. For example, states could adopt the T.E.A.C.H. Early Childhood® Project, which currently operates in 25 states,<sup>14</sup> or a similar approach that offers scholarships to child care staff for furthering their education and increased

compensation once they complete their coursework if they agree to remain with their child care program for a certain period of time. States can also adopt approaches such as WAGE\$, which aims to increase the compensation of providers who already have attained credentials.<sup>15</sup>

### Improving Business Practices

Many child care providers and directors could benefit from training in business practices given the challenges involved in operating a program on a tight budget—and given the fact that many providers' educational background is in early childhood care and education rather than in business management. Training in business practices can be particularly helpful to individuals with independently operated small child care centers or family child care homes that do not have the support of a larger umbrella corporation or organization to handle administrative and financial responsibilities. The business training should be specifically tailored to the unique needs and circumstances of the child care industry and should reflect the mix of program types. For example, many child care programs are operated by non-profit organizations, which have specific legal and financial requirements and considerations related to that designation. In addition, if business practices are one of the criteria used in a state's QRIS, the training should be aligned with those criteria.

**The practice of shared services has emerged recently as a strategy for strengthening child care business practices.** Under a shared services model, agencies providing child care share the cost of administrative functions, such as payroll, procurement of food and supplies, human resources, and bookkeeping, to minimize overhead costs and improve efficiency. Shared services arrangements are often administered by an intermediary organization, such as a community-based non-profit or professional association. The CCDBG reauthorization identifies shared services as one strategy for developing public-private partnerships.

## Additional Resources

### Quality Initiatives

- NWLC and CLASP, *A Count for Quality: Child Care Center Directors on Rating and Improvement Systems*, <http://www.nwlc.org/sites/default/files/pdfs/ACountforQualityQRISReport.pdf>.
- National Association for the Education of Young Children (NAEYC), *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8*, <http://www.naeyc.org/files/naeyc/file/positions/PS-DAP.pdf>.
- QRIS National Learning Network, Build Initiative, <http://www.buildinitiative.org/>.
- Early Learning Ventures and the David and Laura Merage Foundation, *Shared Services: A New Business Model to Support Scale and Sustainability in Early Care and Education*, [http://www.earlychildhoodfinance.org/downloads/2009/SharedServicesELVreport\\_2009.pdf](http://www.earlychildhoodfinance.org/downloads/2009/SharedServicesELVreport_2009.pdf).

### Improving Care for Infants and Toddlers

- CLASP, *Charting Progress for Babies in Child Care: Research, Policy Recommendations and State Examples*, <http://www.clasp.org/babiesinchildcare>.
- CLASP, *Better for Babies: A Study of State Infant and Toddler Child Care Policies*, <http://www.clasp.org/docs/BetterforBabies2.pdf>.
- ZERO TO THREE, *Infants and Toddlers in the Policy Picture*, <http://www.zerotothree.org/public-policy/building-early-childhood-systems/checklistsinglesmar5.pdf>.
- ZERO TO THREE, *Supporting Babies Through QRIS: Inclusion of Infant and Toddler Quality Standards*, <http://www.zerotothree.org/public-policy/building-early-childhood-systems/qriskquality-rating-and-improvement-system-standards.pdf>.

### Early Learning and Development Guidelines

- ZERO TO THREE, *Early Learning Guidelines for Infants and Toddlers: Recommendations for States*, [http://main.zerotothree.org/site/DocServer/Early\\_Learning\\_Guidelines\\_for\\_Infants\\_and\\_Toddlers.pdf?docID=4961](http://main.zerotothree.org/site/DocServer/Early_Learning_Guidelines_for_Infants_and_Toddlers.pdf?docID=4961).
- NAEYC and National Association of Early Childhood Specialists in State Departments of Education, *Where We Stand on Early Learning Standards*, <http://www.naeyc.org/files/naeyc/file/positions/earlyLearningStandards.pdf>.



- National Research Council, *Early Childhood Assessment: Why, What, and How*, <http://www.nap.edu/catalog/12446/early-childhood-assessment-why-what-and-how>.

### Professional Development

- CLASP, “Support a Diverse and Culturally Competent Workforce,” *Charting Progress for Babies in Child Care*, <http://www.clasp.org/babiesinchildcare/recommendations/nurturing-and-responsive-providers/support-a-diverse-and-culturally-competent-workforce>.
- NAEYC, *Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems*, [http://www.naeyc.org/files/naeyc/file/policy/ecwsi/Workforce\\_Designs.pdf](http://www.naeyc.org/files/naeyc/file/policy/ecwsi/Workforce_Designs.pdf).

- NAEYC and NACCRRA, *Early Childhood Education Professional Development: Training and Technical Assistance Glossary*, [http://www.naeyc.org/files/naeyc/file/ecprofessional/NAEYC\\_NACCRRA\\_TrainingTAGlossary.pdf](http://www.naeyc.org/files/naeyc/file/ecprofessional/NAEYC_NACCRRA_TrainingTAGlossary.pdf).

- Institute of Medicine and National Research Council, *The Early Childhood Care and Education Workforce: Challenges and Opportunities*, [http://www.nap.edu/download.php?record\\_id=13238#](http://www.nap.edu/download.php?record_id=13238#).
- Center for the Study of Child Care Employment, *Worthy Work, Still Unlivable Wages: The Early Childhood Workforce 25 Years after the National Child Care Staffing Study*, <http://www.irle.berkeley.edu/cscce/wp-content/uploads/2014/11/ReportFINAL.pdf>.

- 1 See generally National Research Council, *Early Childhood Assessment: Why, What, and How?*, Committee on Developmental Outcomes and Assessments for Young Children, Board on Children, Youth and Families, Board on Testing and Assessment, Division of Behavioral and Social Sciences and Education, 2008, [http://www.acf.hhs.gov/sites/default/files/opre/early\\_child\\_assess.pdf](http://www.acf.hhs.gov/sites/default/files/opre/early_child_assess.pdf).
- 2 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, “FY 2013 CCDF Table 3a - All Expenditures by State – Detailed Summary: State and Federal Expenditures Including MOE,” 2013, <http://www.acf.hhs.gov/programs/occ/resource/fy-2013-ccdf-table-3a>.
- 3 Stephanie Schmit and Hannah Matthews, *Better for Babies: A Study of State Infant and Toddler Child Care Policies*, CLASP, 2013, <http://www.clasp.org/docs/BetterforBabies2.pdf>.
- 4 Child Care Aware of America, *Parents and the High Cost of Care: 2014 Report*, 2014, <http://www.usa.childcareaware.org/costofcare>.
- 5 See, e.g., Child Care Aware of America, *Parents and the High Cost of Care: 2014 Report*; National Association of Child Care Resource and Referral Agencies, *Child Care in Thirteen Economically Disadvantaged Communities*, 2006, [http://www.naccrra.org/sites/default/files/default\\_site\\_pages/2011/13\\_disadvantaged\\_comm\\_report\\_2006.pdf](http://www.naccrra.org/sites/default/files/default_site_pages/2011/13_disadvantaged_comm_report_2006.pdf); Helen Raikes, Brian Wilcox, Carla Peterson, et al., *Child Care Quality and Workforce Characteristics in Four Midwestern States*, The Gallup Organization, 2003, [http://ccfl.unl.edu/projects\\_outreach/projects/current/ecp/pdf/final\\_11-25-03.pdf](http://ccfl.unl.edu/projects_outreach/projects/current/ecp/pdf/final_11-25-03.pdf); Mary Carpenter, Mary Martin and Sue Russell, *Who’s Caring for Our Babies Now? Revisiting the 2005 Profile of Early Care and Education for Children Birth to Three in North Carolina*, Child Care Services Association, 2008, [http://www.childcareservices.org/\\_downloads/research/IT\\_State%20report\\_08.pdf](http://www.childcareservices.org/_downloads/research/IT_State%20report_08.pdf); California Child Care Resource and Referral Network, *2013 California Child Care Portfolio*, 2013, [http://www.rnetwork.org/2013\\_portfolio](http://www.rnetwork.org/2013_portfolio).
- 6 Hannah Matthews and Rachel Schumacher, *Ensuring Quality Care for Low-Income Babies Contracting Directly with Providers to Expand and Improve Infant and Toddler Care*, CLASP, 2008, <http://www.clasp.org/resources-and-publications/files/0422.pdf>.
- 7 U.S. Department of Health and Human Services, Administration for Children and Families, *Justification of Estimates for Appropriations Committees*, 2015, [https://www.acf.hhs.gov/sites/default/files/olab/2016\\_acf\\_cj\\_final\\_for\\_print\\_1\\_28\\_upted.pdf](https://www.acf.hhs.gov/sites/default/files/olab/2016_acf_cj_final_for_print_1_28_upted.pdf).
- 8 Schmit and Matthews, *Better for Babies*.
- 9 Schmit and Matthews, *Better for Babies*.
- 10 Hannah Matthews, *Meeting the Early Learning Challenge: Supporting English Language Learners*, CLASP, 2011, <http://www.clasp.org/resources-and-publications/files/ellsandelc.pdf>.
- 11 National Research Council, *Early Childhood Assessment* (358-59, 425). The National Research Council defines high-stakes assessments as “[t]ests or assessment processes for which the results lead to significant sanctions or rewards for children, their teachers, administrators, schools, programs, or school systems” and urges “even more extreme caution” when using assessments of children from birth to age five for accountability.
- 12 Institute of Medicine and National Research Council, *The Early Childhood Care and Education Workforce*, 2012, [http://www.nap.edu/download.php?record\\_id=13238#](http://www.nap.edu/download.php?record_id=13238#).
- 13 Hannah Matthews, “Support a Diverse and Culturally Competent Workforce,” *Charting Progress for Babies in Child Care Project*, CLASP, 2008, <http://www.clasp.org/babiesinchildcare/recommendations/nurturing-and-responsive-providers/support-a-diverse-and-culturally-competent-workforce>.
- 14 See generally Child Care Services Association, *T.E.A.C.H. Early Childhood® National Center*, [http://www.childcareservices.org/ps/teach\\_ta\\_qac/](http://www.childcareservices.org/ps/teach_ta_qac/).
- 15 See generally Child Care Services Association, *Child Care WAGE\$ National*, [http://www.childcareservices.org/ps/teach\\_ta\\_qac/child-care-wage-national/](http://www.childcareservices.org/ps/teach_ta_qac/child-care-wage-national/).