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# An Anti-Racist Approach to Supporting Child Care Through COVID-19 and Beyond

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Policy solutions that work for low-income people

Child care is a critical part of our country's economy that helps parents work and supports children's healthy development. However, decades of inadequate investment mean that most families struggle to find and afford high-quality care, despite child care workers receiving very low wages.<sup>1</sup> Due to racism and discrimination, communities of color experience even worse effects of this underinvestment, creating inequities in access, quality, and compensation.<sup>2</sup>

The systemic racial and gender inequities that have always shaped the child care field are exacerbated by the uneven impacts of the coronavirus pandemic on communities of color. Black and Latinx Americans are experiencing higher rates of serious illness or death from the virus across the country and are more likely to be exposed because they are overrepresented in essential fields like health care, food-related industries, and transit; more likely to live in high-density housing; more dependent on public transportation; and more likely to face inequities in access to and delivery of health care.<sup>3</sup> Native communities are bearing the brunt of underfunded tribal health care systems and inequitable access to federal pandemic relief funds.<sup>4</sup> Asian Americans are contending with both the health and economic impacts of the coronavirus, as well as the surge of racist anti-Asian rhetoric and hate crimes targeting their communities.<sup>5</sup> Structural and historic racism related to health care access and practice means that Black, Latinx, and immigrant communities are less likely to get COVID-19 testing, diagnosis, and treatment and may be less likely to seek general medical care.<sup>6</sup> Within this context—along with the historic barriers to child care for children and families of color and the undervaluing of child care educators of color—children, families, and providers are feeling these negative effects more profoundly.

Child care cannot be an afterthought during this crisis—our relief and recovery efforts must be rooted in racial equity. Doing so requires policymakers and advocates to consider the immediate need for action to address inequities, as well as the historic and structural racism that harms families and the field. This brief explains the origins of long-standing racial

inequities in child care and early education, examines how the COVID-19 crisis has exposed and exacerbated these inequities, and offers recommendations for how policymakers, advocates, and other stakeholders can address them to rebuild a stronger, more equitable system.

### ***The Child Care System Was Inequitable before COVID***

Even before COVID began to devastate it, the child care system suffered from existing inequities. Virtually all child care workers are women, disproportionately women of color and immigrant women<sup>13</sup> who do not have adequate wages or benefits.<sup>14</sup> Even within this low-paying field, positions and wages are unequal: a 2019 study found that African American and Hispanic workers are more likely to be relegated to lower-level positions within child care programs and—even accounting for education levels—African American early educators are typically paid 78 cents less per hour than their white peers.<sup>15</sup>

Children and families of color also experience inequities in child care on a range of issues including affordability, access to child care subsidies, and availability of child care programs in their communities. Research shows how inequities in child care and early education manifest for different racial and ethnic groups. For example, child care is least affordable for Black and Latinx families with low incomes.<sup>16</sup> Asian American and Latinx children have particularly low levels of access to child care subsidies, the main support to help families pay for child care. Native American and Latinx communities are more likely to live in child care deserts—areas with particularly low capacity of licensed child care relative to the population of children—making access to care challenging.<sup>17</sup> Black children also face access barriers because of how they are treated in child care settings. They are, for example, more likely than white children to be suspended or expelled from

### **Origins of Child Care Inequities**

The inequities in the current child care system are the result of a long history of discriminatory ideas, policies, and practices rooted in both racism and sexism. Black women were many of the original child care providers in the United States—dating back to when they were enslaved and forced to care for white children.<sup>7</sup> After slavery was abolished, many people of color continued to do a significant amount of domestic work including child care, as it was one of few available occupations to them. These jobs were almost invariably low quality by design: the 1938 Fair Labor Standards Act excluded domestic workers—intentionally leaving out many Black workers—from key protections such as the minimum wage and overtime eligibility.<sup>8</sup> The lack of labor protections and failure to recognize the talent, skill, and expertise of child care providers persists today.

Despite this oppression and exclusion, women of color—particularly Black women—were at the forefront of the movement for child care. Families developed networks to provide the culturally relevant care they needed.<sup>9</sup> From its inception in 1965 as part of the Civil Rights Movement, Head Start has included a focus on children from families with low incomes, including Black children in Southern states. In fact, Head Start's federal-to-local funding structure was intended to bypass states that would not otherwise invest equitably in communities of color.<sup>10</sup> Civil rights activists also played a key role in driving a bipartisan national push for universal child care,<sup>11</sup> which would have become law half a century ago if not for opposition from white conservatives, including white women.<sup>12</sup>

programs in response to similar behaviors.<sup>18</sup> These harmful inequities and barriers rob children of color of enriching early care and education experiences and disrupt families' economic stability. Despite a rich body of research, we still need further exploration into the roots of existing and potential inequities, underscoring the importance of disaggregating data and partnering with communities to understand how child care functions for different communities of color.

There are examples where racial equity has been centered in child care and early education with some success. Head Start, for example, has mandated and supported authentic and equitable parent leadership and employment opportunities, equitable discipline policies, program policies that support access, and diversity and racial equity for its workforce and families. With meaningful input and leadership from families, particularly families of color, programs have established more solid connections to the community, stronger connections between children and parents, and better awareness of and effectiveness in responding to the needs of families experiencing daily and systematic racism.<sup>19</sup>

### ***Intensifying Inequities During the Pandemic***

#### **Impacts on Child Care Providers and Families**

The pandemic is having a devastating impact on child care. The experiences of providers and programs have likely not been universal since the economic and health impacts of COVID-19 have disproportionately impacted communities of color.<sup>20</sup>

As states began implementing emergency orders in March and April, they took a variety of approaches toward child care, recognizing both the importance of protecting children and providers and the competing need to provide child care for essential workers. At the onset of the pandemic, 20 states and the District of Columbia closed down all programs and reopened only those approved to provide care for children of essential workers. Among the others, one state (Rhode Island), Puerto Rico, and the U.S. Virgin Islands closed programs completely. The remaining states and territories made child care closures voluntary.<sup>21</sup>

The financial consequences of closing without sufficient support has been devastating for providers, many of which are operating on particularly thin economic margins. One quarter of the child care sector's jobs have been lost since the pandemic began.<sup>22</sup> Given the disproportionate share of women of color in the field, heavy job losses in the sector are especially harmful to the finances of families of color. In fact, a June survey of more than 5,000 child care providers demonstrates that without additional federal support 2 out of 5 providers will close permanently—half of which are providers of color.<sup>23</sup> And the costs go beyond financial: stakeholders in some states have reported that providers serving families and communities with low incomes may have been less able to afford to close their doors, essentially putting themselves in harms' way in order to put food on the table.

The federal *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) offered child care providers two kinds of assistance: \$3.5 billion dollars for the Child Care and Development Block Grant (CCDBG), and \$750 million in additional Head Start funds. While these were

important supports, the amount is a small fraction of the estimated \$9.6 billion the sector needs each month to serve the children of essential workers and keep child care afloat during the pandemic<sup>24</sup>—and though many centers remain closed or are facing additional operating costs,<sup>25</sup> policymakers have provided no additional funding.

The CARES Act included additional funding—through forgivable Small Business Administration (SBA) loans—to support small businesses, including child care programs.<sup>26</sup> Access to those loans, however, was uneven and the application process was complex. Banks provided the vast majority of these loans,<sup>27</sup> which could be a challenge for child care providers and communities of color. Sole proprietors like home-based child care providers were less likely to receive loans,<sup>28</sup> and those without formal banking relationships faced additional barriers to the loans. Further, when considering loans in general, Black-owned businesses are more than twice as likely to be discouraged from applying for a loan compared to white-owned businesses, and those Black-owned businesses that do apply are nearly 20 percent more likely to be denied. Businesses located in communities of color or with lower household income levels received fewer small business loans than those in predominantly white or higher-income neighborhoods.<sup>29</sup> For all of these reasons, access to SBA loans was likely inequitable for child care providers.<sup>30</sup>

The damage from temporary and permanent closures related to COVID-19 will echo across children, families, and communities of color, exacerbating the effects of historic racial and economic inequities. Black, Latinx, and Native children were already experiencing higher rates of poverty and economic insecurity prior to the pandemic.<sup>31</sup> The most recent data available show a widening income gap between Black and Latinx households and other families, and that Black and Latinx families with children are more likely to be experiencing economic hardship during the pandemic.<sup>32</sup> Because many child care programs also provide nutritious food to children, the shutdown of programs has likely contributed to an increase in hunger,<sup>33</sup> especially among communities of color. Families across the board are also experiencing increased stress and conflict,<sup>34</sup> with Black families reporting an increase in children's behavior issues in recent weeks, while families overall report a decline.<sup>35</sup> And although stress and anxiety have declined for caregivers overall, they have increased for Black caregivers.<sup>36</sup> Parents, providers, and children of color also face unique barriers in seeking mental health services, early intervention, and other child and family supports, which are particularly harmful as need grows and service providers adapt to protocols and delivery modalities shaped by pandemic public health guidelines.<sup>37</sup>

In the longer-term, the consequences of a lack of child care will force some workers—particularly mothers—to make impossible choices for their children and their families. Some will choose not to return to school or work,<sup>38</sup> potentially reducing the economic security of their families. But many parents will need to go back to work to maintain employment and keep food on the table and a roof over their families' heads.<sup>39</sup> Many of these parents will do so with a new reality: recent data show that parents with low incomes twice as likely to report that they won't be able to or do not know if they will be able to return to their previous care arrangement, compared to households with middle or high incomes.<sup>40</sup> With reduced access to licensed care options, some families may rely on family and friend caregivers. Others facing



limited options may be forced to leave their children in less reliable, safe, or unstable caregiving situations. The impact of these difficult choices is most likely to affect families of color, as they disproportionately make up the workforce earning low wages.<sup>42</sup>

### ***Policymaking Principles and Recommendations During and Beyond the Coronavirus Pandemic***

Addressing the inequitable impacts of this crisis on families and providers of color requires fixing the structural and historic inequities that predate the pandemic—but doing so in a time when the crisis makes finding solutions both more challenging and more urgent. Advocates and policymakers can take critical steps to ensure the COVID-19 recovery doesn't worsen racial inequities in child care while also building a fairer system for the future. As stakeholders take these critical steps, they should keep the following principles in mind:

- Place racial equity at the forefront. Stakeholders must evaluate every policy step through an equity lens to ensure that it does not continue or add to inequities.
- Center the voices of people with lived experience throughout the policymaking process.
- Deliver urgent help today while forging a path to equitable systemic, long-term solutions tomorrow.

Within this framework, the recommendations below are just a few examples of how policymakers and advocates can promote equity in the child care and early education sector during and beyond the coronavirus pandemic. In many cases, the child care sector needed these policy solutions prior to the pandemic, policymakers may have employed them during the pandemic, and stakeholders should ensure they are sustained through the recovery period and beyond. Policymakers can enact some of these recommendations immediately with existing funding. Others will require substantial additional funding. In the absence of sufficient resources to address the public health and economic crises, policymakers must pay particular attention to racial equity to ensure that devastation isn't disproportionately or solely occurring to child care provided by or serving people of color, or in communities made up predominantly of people of color.

### **Head Start as a Model for Equitable Care**

Head Start and Early Head Start play an important role in offering families racially equitable, high-quality early childhood education that responds directly to community needs. These programs also serve as models on equitable discipline policies, parent leadership, and workforce policies. Head Start's funding model of direct grants to communities has allowed for stability and continued family support services throughout the pandemic. Unfortunately, Head Start only serves 36 percent of eligible children, and EHS serves even fewer (11 percent).<sup>41</sup> Policymakers can draw on these models to strengthen child care guidance and supports.

### Increasing Child Care Investments to Support Equity

The chronic underfunding of child care and other family supports has created an environment of scarcity that promotes restrictive and obstructive policies, discourages policymakers from fully acknowledging the vast and diverse needs of families, and sacrifices equitable access to healthy, safe, and high-quality care. To address these inequities—and to adopt the recommendations below—the child care sector needs sustained, increased funding.

Specifically, to meet the needs of families equitably, federal and state governments must make a significant investment of public funding that prioritizes equitable access, promotes job quality and compensation in the child care sector, and ensures health and safety, including adequate and equitable funding for Native American tribes and U.S. territories.

- CLASP and partner organizations estimate that the child care sector needs \$9.6 billion each month to sustain closed providers and furnish emergency care to children of essential workers—and even more significant relief to support providers operating under public health restrictions.<sup>43</sup> The *Child Care is Essential Act* is one proposal that would adequately address the needs of the system by providing \$50 billion to support providers and families through the crisis.<sup>44</sup> Policymakers will need to provide even greater funding to build a stronger, more equitable system for the future. The *Child Care for Economic Recovery Act* will support this effort by significantly expanding mandatory funding, improving infrastructure, and putting money in families' pockets.<sup>45</sup>
- States must commit to meeting requirements to put up their own matching dollars, along with other federal funding requirements, so they leave no federal dollars on the table, while also growing targeted investments.
- Investment in CCDBG is particularly important for Black communities, as Black children have the highest rate of CCDBG receipt (though still nearly 4 out of 5 eligible Black children do not receive CCDBG).<sup>46</sup>
- By making additional federal and state investments in Head Start, Early Head Start, and Early Head Start-Child Care partnerships, policymakers can help build access to the high-quality Head Start model that includes equity-focused parent, workforce, and child-related policies and practices. By doing this, policymakers will increase the availability of high-quality jobs, services, and family supports throughout the public health crisis.

### Understanding and Responding to Needs and Experiences

Access to high-quality child care experiences will only be equitable by meeting the real needs of families of color and others who have historically been left out. To meet parents' needs, policymakers and other stakeholders must have real information about those needs. For example, data from the pandemic reveal that households with lower incomes want financial supports while middle- and upper-income households are more focused on social and emotional supports.<sup>47</sup> Policymakers shape their decisions and areas of focus based on who provides input. To gather this information, policymakers and stakeholders should:

- Collect and use data to understand and center the experiences of people of color, by conducting intentional outreach—engaging community leaders, parent-led organizations, and trusted community messengers—that reaches those families most likely to be left out.<sup>48</sup> To do this, administrators should intentionally conduct data collection and analysis with communities of color, families who speak a primary language other than English, immigrant families, and others who are most underserved.
- Collect and analyze data disaggregated by race and ethnicity to understand, monitor, and address disparities, which includes oversampling in communities that are historically underrepresented.<sup>49</sup> Policymakers and advocates must use these data to identify the pandemic’s impact on communities of color, including reductions in child care supply and job losses for early educators of color.<sup>50</sup>
- Gather stories from providers and families, using ethical storytelling methods, focus groups, and other strategies, in their data collection. Story collection is an important way for policymakers to complement quantitative data and better understand the experiences of different communities.
- Engage people who are directly impacted by policies, including communities of color, linguistic minorities, immigrant families, and others who are most underserved, all of whom can help shape the policymaking process. Policymakers can use a variety of techniques, including public forums, town halls, community and policy councils (e.g., Head Start Policy Councils), public comments, etc. They should also employ a variety of languages, technologies, accessibility supports, and engagement strategies as they work with communities. Keeping in mind the context of the pandemic, policymakers should safely engage the community using techniques such as virtual town halls that don’t harm public health.
- Ensure that child care programs support the needs of dual language learners and otherwise provide services that are linguistically and culturally appropriate to the communities they serve.
- Consider the needs and unique challenges of mixed-status and immigrant families—many of whom are families of color—in accessing and affording culturally appropriate and linguistically accessible care.

### **Increasing Access and Affordability**

The pandemic’s harmful impact on child care supply is likely to exacerbate inequities in child care access and affordability. To equitably address these impacts:

- Policymakers must significantly reduce or eliminate child care co-pays for families—particularly those who have suffered economically from the pandemic—during the response and recovery period.
- States must simplify subsidy eligibility policies and procedures in the immediate and long term, along with strengthening outreach so families who are eligible for supports can access them.
- States must commit to policies that end suspension and expulsion as a disciplinary practice and provide the professional development and supports child care

educators and caregivers need to recognize their biases and manage children's behavior and needs without denying them access to care.

- Stakeholders should track spending and reported use of federal funds—including regular CCDBG funding, CARES funding, and Head Start and Early Head Start funding—to identify and document differences in support for communities of color, including both providers and families.

### **Health, Safety, and Security**

As child care programs open and parents return to work, we must ensure that the health and safety of children, families, and the workforce is paramount. With both essential workers and the child care workforce being disproportionately composed of people of color, health and safety practices will continue to have profound implications for equity. States should continue, and in some cases strengthen, protocols and policies that have been in place for providers open during the pandemic and support all programs and providers in meeting those health and safety standards through the recovery period and any future outbreaks.

- States should take steps to ensure all providers across settings have access to the supports, supplies, and funding they need to meet enhanced health and safety standards and protocols. To be equitable, this must include strategies to effectively support all types of providers, including family child care and family, friend and neighbor (FFN) caregivers.
- States should allocate dedicated funding for and facilitate purchasing and distribution of personal protective equipment to give all child care workers access to masks, sanitation supplies, thermometers, and other essential items.
- Policymakers should ensure that all workers, including child care providers, have access to job-protected paid leave, both through passing additional legislation and ensuring the effective implementation of existing leave provisions. This will be especially critical for providers at high risk of serious illness or death from the virus including providers who are Black, Latinx, older, have pre-existing conditions, or are immunocompromised.
- States should use state and federal funds to provide premium pay to child care workers during the pandemic to account for increased health risk and should take steps to permanently increase pay for the sector overall, closing racial wage gaps and reducing inequities.
- Federal and state policymakers should comprehensively expand access to programs that support families' and providers' other essential needs, in addition to child care assistance, such as mental health supports, Medicaid, Supplemental Nutrition Assistance Program (SNAP), Unemployment Insurance, WIC, and more.
- States should support and facilitate the delivery of mental health, early intervention, family support, and other services to children within or temporarily separated from their child care settings due to the pandemic, using technology and other creative delivery strategies to ensure they are reaching children equitably.

The coronavirus has exposed and exacerbated deep inequities in our nation and has wreaked havoc on our child care system. By failing to address existing and worsening inequities in child care, we risk harming a workforce that is disproportionately women of color, further marginalizing families of color, and harming children's wellbeing. Now is the time to respond to the concurrent crises of coronavirus and rampant racial inequity by creating an inclusive system—and policymakers and advocates must do so by aggressively working to rebuild America's child care system so it truly supports the needs of all providers, families, and children.

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## Endnotes

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<sup>3</sup> Tiffany Ford, Sarah Reber, and Richard V. Reeves, *Race Gaps in COVID-19 deaths are even bigger than they appear*, Brookings Institution, 2020, <https://www.brookings.edu/blog/up-front/2020/06/16/race-gaps-in-covid-19-deaths-are-even-bigger-than-they-appear/>; Eugene Scott, *4 Reasons Why Coronavirus is Hitting Black Communities So Hard*, Washington Post, April 10, 2020,

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<sup>4</sup> Jennifer Bendery, "Tribes Were Supposed to Get \$8 Billion in COVID-19 Aid. They've Gotten \$0," Huffington Post, April 30, 2020, [https://www.huffpost.com/entry/tribes-covid-19-federal-relief-treasury-deb-haaland\\_n\\_5ea9decac5b633a8544487d9](https://www.huffpost.com/entry/tribes-covid-19-federal-relief-treasury-deb-haaland_n_5ea9decac5b633a8544487d9).

<sup>5</sup> Human Rights Watch, *COVID-19 Fueling Anti-Asian Racism and Xenophobia Worldwide*, 2020, <https://www.hrw.org/news/2020/05/12/covid-19-fueling-anti-asian-racism-and-xenophobia-worldwide#>.

<sup>6</sup> In 2018, 22 percent of Native Americans, 19 percent of Latinx, and 11.5 percent of Black people in the U.S. did not have health care insurance, compared to 7.5 percent of white people (see Samantha Artiga, Kendal Orgera, and Anthony Damico, "Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018," Kaiser Family Foundation, March 2020, <https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>).

<sup>7</sup> Julie Vogtman, *Undervalued: A Brief History of Women's Care Work and Child Care Policy in the United States*, National Women's Law Center, 2017, [https://nwlc.org/wp-content/uploads/2017/12/final\\_nwlc\\_Undervalued2017.pdf](https://nwlc.org/wp-content/uploads/2017/12/final_nwlc_Undervalued2017.pdf).

<sup>8</sup> Juan F. Perea, "The Echoes of Slavery: Recognizing the Racist Origins of the Agricultural and Domestic Worker Exclusion from the National Labor Relations Act" 72 OHIO ST. L.J. 195, 2011, <https://lawcommons.luc.edu/cgi/viewcontent.cgi?article=1150&context=facpubs>; Johnson-Staub, *Equity Starts Early*.

<sup>9</sup> Dawn Marie Dow, "Caring for Them Like Family: How Structure and Culture Simultaneously Influence Contemporary African American Middle- and Upper-Middle-Class Mothers' Kin and Community Care Child Care



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<sup>10</sup> Edward Zigler, Susan Muenchow, *Head Start: The Inside Story Of America's Most Successful Educational Experiment*, Basic Books, 1992.

<sup>11</sup> William Roth, “The Politics of Daycare: The Comprehensive Child Development Act of 1971,” Institute for Research on Poverty Discussion Papers, University of Wisconsin, December 1976, <https://www.irp.wisc.edu/publications/dps/pdfs/dp36976.pdf>.

<sup>12</sup> Congress passed the bipartisan Comprehensive Child Development Act in 1971 but President Nixon vetoed the bill and further efforts also failed under the shadow of fights related to school integration. Vogtman, *Undervalued: A Brief History of Women's Care Work and Child Care Policy in the United States*.

<sup>13</sup> Ninety-four percent of child care workers are women. More than one in five (22 percent) of the child care workforce is foreign born, 15 percent of child care workers are Black, and 21 percent are Latinx. Vogtman, *Undervalued: A Brief History of Women's Care Work and Child Care Policy in the United States*. Native American women are also disproportionately represented in the child care workforce at twice the rate of their representation in the overall workforce. Authors’ calculations using American Community Survey 5-year sample, 2018.

<sup>14</sup> In 2019, the median hourly wage for a child care worker was \$11.65, an annualized wage of \$24,230. See U.S. Bureau of Labor Statistics, Occupational Employment and Wages, May 2019, Childcare Workers <https://www.bls.gov/oes/current/oes399011.htm>, less than the federal poverty line for a household of four U.S. Census Bureau, Poverty Thresholds, 2019 <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>.

<sup>15</sup> Lea J.E. Austin, et al., *Racial Wage Gaps in Early Education Employment*, Center for the Study of Child Care Employment, 2019, <https://cscce.berkeley.edu/racial-wage-gaps-in-early-education-employment/>.

<sup>16</sup> Maura Baldiga, et al., *Child Care Affordability for Working Parents*, Diversity Data Kids, 2018, <http://diversitydatakids.org/research-library/research-brief/child-care-affordability-working-parents>.

<sup>17</sup> Rasheed Malik et al., *America's Child Care Deserts in 2018*, Center for American Progress, 2018, <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/>.

<sup>18</sup> Cristina Novoa, Rasheed Malik, *Suspensions Are Not Support*, Center for American Progress, 2018, <https://www.americanprogress.org/issues/early-childhood/reports/2018/01/17/445041/suspensions-not-support/>. Due to racist stereotypes, Black children in particular are frequently perceived as “less innocent” than their white peers and thus seen as perceived as older than they are in reality. American Psychological Association, *Black Boys Viewed As Older, Less Innocent Than Whites, Research Finds*, 2014, <https://www.apa.org/news/press/releases/2014/03/black-boys-older>. In early education this translates to stark disparities in discipline. A 2014 study by the Department of Education found that although Black children represented 18 percent of preschoolers, they received 48 percent of out of school suspensions. In contrast, white children made up 43 percent of preschool enrollment and 26 percent of suspensions. U.S. Department of Education Office for Civil Rights, *Civil Rights Data Collection Data Snapshot: School Discipline Issue Brief No. 1*, 2014, <https://ocrdata.ed.gov/Downloads/CRDC-School-Discipline-Snapshot.pdf>.

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<sup>20</sup> House of Representatives Committee of Education and Labor, Member Briefing: Child Care in Peril, May 26, 2020, <https://www.youtube.com/watch?v=fppbs2U5CXQ>.

<sup>21</sup> Child Care Aware of America, *Statewide Child Care Status*, 2020, <https://www.childcareaware.org/resources/map/>.

<sup>22</sup> Authors’ analysis of employment in the “child day care services” sector between February 2020-June 2020 using Bureau of Labor Statistics Current Employment Statistics, Table B-1, available at <https://www.bls.gov/webapps/legacy/cesbtab1.htm>. Last accessed July 7, 2020.

<sup>23</sup> National Association for the Education of Young Children, *Holding On Until Help Arrives: A Survey Reveals Child Care's Fight to Survive*, 2020,

[https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding\\_on\\_until\\_help\\_comes.survey\\_analysis\\_july\\_2020.pdf](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes.survey_analysis_july_2020.pdf).

<sup>24</sup> Rebecca Ullrich, Aaron Sojourner, Katherine Gallagher Robbins, et al., *Child Care is Key to Our Economic Recovery*, CLASP, 2020, <https://www.clasp.org/publications/report/brief/child-care-key-our-economic-recovery>.

<sup>25</sup> National Association for the Education of Young Children, *Holding On Until Help Arrives*.

<sup>26</sup> Additional funding for the Paycheck Protection Program was provided through *The Paycheck Protection Program and Health Care Enhancement Act*, H.R. 266 <https://www.congress.gov/bill/116th-congress/house-bill/266/text>.

<sup>27</sup> U.S. Small Business Administration Paycheck Protection Program (PPP) Report (6/30/2020) <https://www.sba.gov/sites/default/files/2020-07/PPP%20Results%20-%20Sunday%20FINAL-508.pdf>. Banks provided more than 4.4 million of the 4.9 million loans and five banks originated 17 percent of all PPP loans.

<sup>28</sup> National Association for the Education of Young Children, *Holding On Until Help Arrives*.

<sup>29</sup> Rebecca Ullrich, *Small Business Loans Aren't the Answer for Child Care*, CLASP, 2020, <https://www.clasp.org/publications/fact-sheet/small-business-loans-aren-t-answer-child-care>.

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