CLASP
Policy solutions that work for low-income people

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Office of Child Care
Administration for Children and Families,
330 C Street SW
Washington, DC 20201

December 2, 2019

RE: Office of Child Care Request for Information Docket No.: HHS-ACF-2019-0005, Regulatory Information Number (RIN): 0970-ZA15

Dear Mr. Williams,

The Center for Law and Social Policy (CLASP) is grateful for the opportunity to submit comments in response to the Request for Information on increasing access to affordable, high-quality child care that was published in the Federal Register on October 2, 2019. CLASP is a national, nonpartisan, antipoverty organization that advances policy solutions that work for people with low incomes across the country. We develop practical yet visionary strategies for reducing poverty, promoting economic opportunity, and addressing barriers faced by people of color. For 50 years, we have been at the forefront of social change, working at the federal, state, and local levels to fight poverty and promote equity. CLASP has deep expertise in child care and early education, including on policies that improve access to high-quality child care and financing strategies.

Our experience working on child care policy and implementation at the federal and state levels and our deep understanding of the interconnectedness of the two provides us with a unique and valuable perspective on this topic. We work with advocates, policymakers, child care administrators, and child care providers. Our comments reflect our work with this diverse set of valuable partners.

It is of utmost importance that increasing access to high-quality child care be done in a meaningful and equitable way that includes significant, new public investment so that neither child care providers or parents carry the financial burden of quality care. We cannot expand access or raise quality without additional financial resources. Compromising children's or early educators' health and safety by loosening or eliminating regulations is not acceptable.

## A. Improving Access to Affordable, High-Quality Child Care

When children and families have access to high-quality child care and early education it helps them thrive in the short and long term. Child care is a critical support for working parents. Parents with access to affordable, dependable child care are less likely to face child care interruptions that can result in absences or other schedule disruptions in the workplace. Consequently, receiving child care assistance is associated with a variety of improved employment outcomes for parents, including higher employment rates and greater job retention.[1] Participating in a high-quality child care program also benefits children directly by offering stable, nurturing environments where children's learning and development are supported. Research shows high-quality child care programs have a positive impact on very young children's health and development.[2]

Despite its crucial importance for children and parents, most families in need of child care have trouble finding, accessing, and affording it. This is especially true for families with low incomes. In 33 states, the cost of full-time, center-based child care is higher than the average cost of in-state college tuition.[3] In 2018, annual child care costs for an infant in center-based care ranged from an average of $5,760 in Mississippi to $24,081 in the District of Columbia.[4]

Child care consumes a particularly large part of the budgets of families who are poor. For families in households with incomes below the federal poverty level who pay for child care, child care costs average 30 percent of their income, compared to 18 percent for families with incomes between 100 and 200 percent of poverty and 7 percent for families making over 200 percent of poverty.[5] Parents without access to affordable child care may have to use less safe, lower-quality care in order to put food on the table, or tighten their budget elsewhere to pay for expensive care. In some cases, they may have to choose between work and their children's care.

Child care is expensive because it is a labor-intensive industry. Labor costs comprise the largest share of a child care provider's expenses even as child care workers earn very low wages.[6] Infant care is one of the most expensive forms of child care because it requires a higher adult-child ratio to care for young children. Having sufficient staff available to provide the supervision and individualized care that children need is a critical component of high-quality child care. Research shows that both child development and caregiving quality improve when provider-to-child ratios and group sizes are better.[7] The costs associated with high-quality child care are essential to ensure that children are cared for in settings that support their growth and development. Currently, however, those costs are born by parents and providers because public investments fall short of sufficiently supporting the child care industry.

The current state of child care in this country is one of underinvestment and lack of access, especially for communities of color and families with low incomes. Achieving progress in improving access to high-quality care requires meaningful public investment that undergirds standards to ensure quality, supports a diverse workforce, and increases equity and access.

1. *Building the Supply of Child Care: Barriers and Strategies*

1.a: Barriers to Access

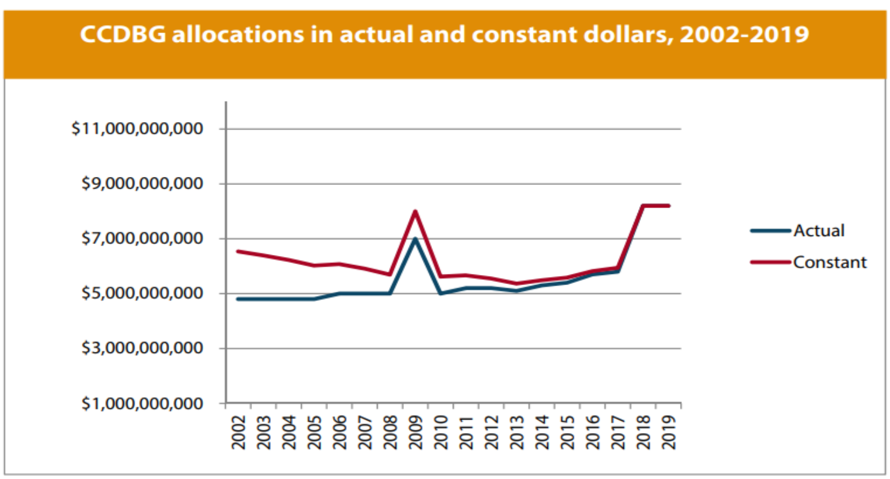
Understanding how to build the supply of child care necessitates understanding the structure and shortfalls of the current child care system. Currently, federal child care assistance provides a small fraction of low-income families with subsidies to offset the cost of child care, allowing them to go to work or school while providing young children with the positive early learning experiences necessary for healthy development. The Child Care and Development Block Grant (CCDBG) is the largest source of federal funding to states to provide child care assistance to families with low incomes.[8] CCDBG helps parents go to work or school while providing stable child care for children to grow and learn. Families with the lowest incomes can seek assistance through Head Start and Early Head Start. Head Start and Early Head Start not only provide high-quality child care for families with low incomes, they also offer crucial wraparound support services for families that bolster health and family well-being. While CCDBG and Head Start and Early Head Start both serve the child care needs of families, they are complementary programs that serve distinct purposes. CCDBG was created to help low-income families, with children ages 0-13, afford child care so that their parents can go to work or school. While Head Start and Early Head Start may also provide child care for working parents, its purpose is to provide comprehensive early education services (health, mental health, parenting skills, etc.) to children ages 0-5, and sometimes pregnant women, in families that are poor.

These programs serve far too few families due to insufficient funding: as of 2015, just 15 percent of children who qualified for child care assistance under federal eligibility parameters got any help due to funding shortfalls.[9] Head Start reaches less than half (48 percent) of eligible preschool-age children (children ages three and four), and Early Head Start reaches just 7 percent of eligible infants and toddlers (children under age three).[10] However, the families they do serve are positively impacted. There is a decades-long research record supporting the long-term benefits of Head Start for children and families including educational attainment for children and positive parenting skills for adults.[11] Significant research also supports how child care subsidies benefit children and families, including that access to child care subsidies is linked to improved employment outcomes for parents.[12] Without assistance through CCDBG, Head Start, Early Head Start or other publicly funded programs (like state funded pre-kindergarten), many more low-income families would face significant barriers to accessing and paying for child care.

Funding is an essential piece of providing access to high-quality child care, but building on the current system solely through increased resources will fail to meet the needs of all families due to the racism embedded in child care policies. Child care and early education policies, like all public policies, are shaped by a history of systemic and structural racism.[13] Due to both explicit and implicit racism, segregation, and bias, families of color have often been intentionally excluded from child care and early education opportunities, resulting in substantial barriers to access. This has created major racial inequities in children's access to quality child care that meets their cultural and linguistic needs and supports their parents' employment pursuits. An essential component of high-quality child care is equity; high-quality early education programs must be tailored to fit the linguistic, cultural, and other needs of the communities in which they operate.

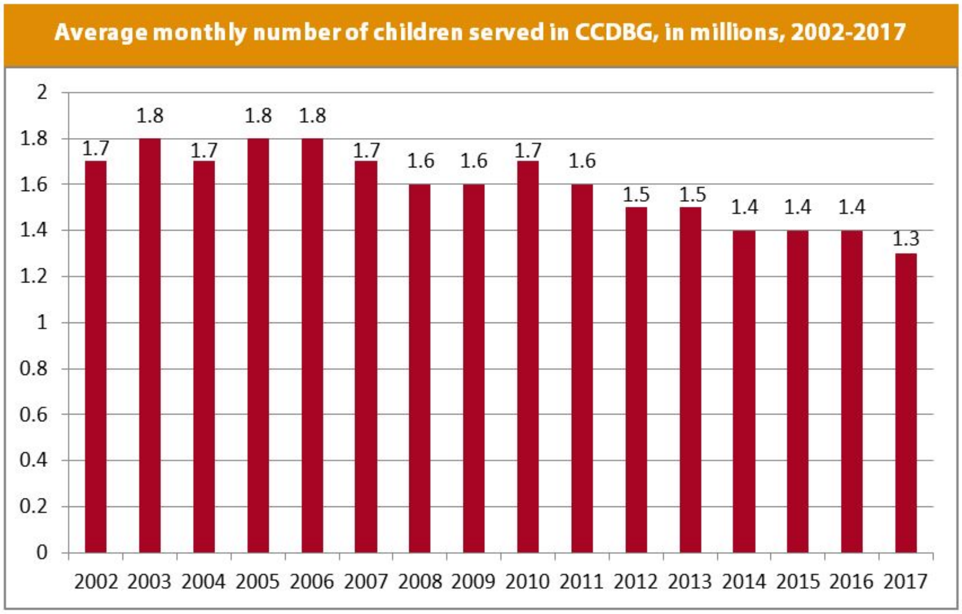
*Despite recent investment, CCDBG continues to fall short of families' needs*

Child care and early education services are significantly underfunded relative to need. CCDBG funding, for example, has long been inadequate and, until recently, declined in purchasing power. Funding for child care assistance has been stagnant for years. From 2006-2017 CCDBG was essentially flat funded except for the one-time American Recovery and Reinvestment Act (ARRA) of 2009. In March 2018, Congress included a $2.37 billion increase for CCDBG in the FY 2018 omnibus spending bill after years of stagnant funding for the program. This was the largest one-year increase in federal funding for child care in history. FY 2019 funding included an additional $50 million increase.




*Source: CLASP analysis of HHS data. This chart includes combined mandatory and discretionary funding. FY 2009 includes $2 billion one-time ARRA funding. CLASP calculations of constant dollars are based on Consumer Price Index data.*

While these investments have been essential, they fail to meet need. Because states had insufficient funding, some 450,000 fewer children had CCDBG-funded child care in 2017 compared to 2006. Due to inflation, the program steadily served fewer and fewer children and the program served an all-time low number of children—an average of 1.3 million per month—in 2017.[14]




*Source: "Administration for Children and Families, Office of Child Care administrative data, 2002-2017.*

Because funding for CCDBG has failed to ensure that all eligible families can be served, states have imposed barriers to accessing child care subsidies; for example, by setting income eligibility levels below the ceiling established in federal law. A major expansion of funding for CCDBG would allow more low-income families to access quality care.

1.b: Strategies for increasing supply

Increasing access to high-quality child care entails reducing barriers to entry to the market, which is most equitably and effectively achieved through investment. As discussed in more detail below, regulations, which are an essential component of quality care, are critical for children's safety and well-being—but providers need resources to ensure that these regulations do not serve as a barrier. Federal law recognizes the importance of supporting child care quality improvement and dedicates a total of 9 percent of funding to that goal (with an additional 3 percent set aside to increase access to high-quality infant-toddler care). Two allowable uses of the quality set aside specified in the 2014 bipartisan reauthorization are focused on developing high-quality program standards and facilitating compliance with health and safety standards, underscoring the widespread understanding of the importance of establishing health, safety and quality standards and providing support for their successful implementation.

Increasing access alone is insufficient—this access must also be equitable. CLASP's research has shown that access to child care subsidies is both variable and inequitable throughout the country. Our analysis demonstrates that access to CCDBG-funded child care is low across the board. Just 8 percent of potentially eligible children are receiving subsidies based on federal income eligibility limits and 12 percent of potentially eligible children are receiving subsidies based on state income eligibility limits. One of the largest contributors to this inequity is inadequate investment in child care programs, which forces states to make tough decisions and tradeoffs that end up limiting access for some children. New child care and early education funding must aggressively work to close disparities in access by race and ethnicity, as Latinx and Asian American children and families are especially underserved.[15] Outreach to diverse communities is essential to ensure more equitable access to affordable child care options for all families.[16]

Additional public funding would help address low payment rates that result from underfunding and create a disincentive for providers to enter the market in low-income areas,[17] an outcome that particularly affects access for communities of color. The impact of increased investment to improve payment rates is evident from the 2018 increase in CCDBG funding, which led numerous states to improve their rates, as discussed below.[18] Similarly, states have looked to build supply and increase the availability of high-quality care, especially for underserved populations, through the use of direct contracts in CCDBG. Contracting directly with providers offers stability for providers to plan their expenditures, including resources for meeting quality standards. Contracts are a critical financing mechanism for helping providers meet the higher costs of providing higher quality care. The Administration for Children and Families (ACF) could encourage and incentivize the use of direct contracts within CCDBG, which can both help new providers enter the child care market and help current providers improve quality.[19]

2. *Improving Child Care Regulations*

Regulations and standards are necessary to ensure safe, appropriate, and quality child care. *Caring for our Children*, a joint effort by the American Academy of Pediatrics (AAP), the American Public Health Association (APHA), and the National Resource Center for Health and Safety in Child Care and Early Education, outlines the most up-to-date standards and guidelines to ensure high-quality child care and early education experiences for children. *Caring for our Children* is based on the best "evidence, experience, and expertise" in the country[20] and it expressly states that, "following health and safety best practices is an important way to provide quality early care and education for young children."[21] The experts who wrote these standards highlight that efforts to reduce costs by loosening or eliminating regulations will result in compromised care for children, putting their health and safety at risk while also creating stressful work environments for child care providers. This is particularly true for infants and toddlers, for whom care costs are overwhelmingly about staffing and reducing regulations would harm children. A recent study from the National Academies of Science concluded that low levels of early education funding—not regulation—were preventing all families from accessing high-quality care.[22] This is because the significant burden of child care costs fall to families who are not able to afford the high costs and who are only offered limited support. The extensive research that supports this study demonstrates that access to high-quality care can be achieved with financing to support not only service delivery, but also the workforce and the system, along with a mechanism for accountability and improvement.[23]

Thankfully many expert-supported recommendations on regulations were included in the 2014 bipartisan reauthorization of CCDBG and subsequent implementing regulations in 2016. These important provisions aim to increase health and safety standards for all children receiving CCDBG-funded child care; emphasize access to quality care for the most vulnerable children; promote stability and continuity of care for eligible families; and help parents retain and move up in their jobs. This reauthorization modernized CCDBG's federal framework for health, safety, and quality standards, which states implement based on their respective licensing, monitoring, and quality standards. CCDBG has always been a state-federal partnership. The federal law provides a framework for the program and states develop rules and policies under that framework. Federal CCDBG regulations are not duplicative of state regulations; rather they ensure a common floor of protections for children and guides states in setting standards. For example, the federal law requires states to establish minimum ratio and group size requirements but does not dictate what those standards should be. The bipartisan CCDBG reauthorization included a specific goal "to assist States in improving the overall quality of child care services and programs by implementing the health, safety, licensing, training, and oversight standards established in this subchapter and in State law (including State regulations)."[24] Child care regulations span the broad range of issues that contribute to health and safety for children. For example, standards regulate staffing, activities, hygiene, nutrition, facilities, infectious disease, transportation, licensing, and administration.

Head Start also has critical regulations that benefit children's well-being. Head Start Performance Standards, which were recently revised in 2016, define minimum requirements for grantees and set standards that all programs must follow. These standards exist for the purpose of ensuring the health and safety of the programs where children are served and to ensure that the programs are high quality. The Head Start standards reflect research and best practices on children's development. Moreover, strong federal oversight has made Head Start a high-quality program. Compared to other human services programs, Head Start has some of the most rigorous standards and most intensive monitoring, which has strengthened compliance with program standards. ACF considered alignment across CCDBG and Head Start in issuing 2016 regulations and aligned across health and safety standards, training requirements, and background check requirements. Additionally, the Government Accountability Office has documented the numerous ways in which program staff have worked to reduce duplication and align standards,[25] for example, through interagency working groups, to ensure that necessary regulations do not impede access.

Regarding monitoring practices and models, CCDBG provides some useful examples of best practices. States may consider various approaches to monitoring, such as reducing the frequency of full compliance reviews for licensed providers and instead adopting abbreviated monitoring systems based on valid methodologies, as allowed under the differential monitoring provision of the final CCDBG rule.[26] Monitoring, as well, requires sufficient investment. For example, while CCDBG law does not specify a standard caseload size, the National Association for Regulatory Administration recommends an average inspector caseload of a maximum of 50 to 60 facilities. For monitoring to be effectively conducted, licensing staff need reasonable caseload sizes that allow them to monitor on a regular basis and promptly investigate complaints against providers.[27]

Searching for ways to loosen, eliminate, or lower standards and regulations will likely result in lower quality care and potential risk to the health and safety of children and early educators.

3. *Cultivating a Child Care Workforce*

Child care and early education providers are another essential component of the child care equation, providing a critical support for families and children. Currently, many providers earn poverty-level wages that undermine their own economic security and their ability to provide high-quality care. This is particularly acute for women, who make up 93 percent of the child care workforce.[28] Women of color are overrepresented in the child care workforce and comprise 40 percent of early educators in regulated child care centers and homes and half of home-based paid child care providers who operate outside the licensed child care system.[29] Yet, typical wages in the child care industry leave more than 1 in 6 women early educators living below the poverty line, and this statistic is even worse for women of color.[30] Women of color in child care are also less likely to have jobs that offer benefits or opportunities for professional development and advancement.[31] Supporting the needs of the nation's diverse early educators through training opportunities that include the necessary wraparound supports for attendees; opportunities to collectively bargain; and investing in wages by increasing payment rates through substantial public investment are critical components of improving access to high-quality child care, particularly in underserved communities.

Increasing wages for early educators will require substantial public investment as the labor costs associated with child care are the largest portion of cost,[32] with workforce costs estimated to account for 60 to 80 percent of child care programs.[33] This cost cannot be reduced without increasing provider-child ratios which research shows is harmful to children. As noted above, research shows that children's development and caregiving quality improve when provider-to-child ratios and group sizes are smaller.[34]

4. *Developing Better Child Care Business Models*

A critical component of child care access is supply. This applies both to the need to build a well-supported and highly qualified workforce, as well as to the need to provide funding for the actual facilities, including child care centers and family child care homes. States and communities need funding to construct and renovate child care facilities, help more home-based providers become licensed, and provide business support to providers. States and communities also need resources to support providers who can be inclusive of all children and families, including families for whom English is a second language and parents and children with disabilities. Because of the low wages of child care providers, the profit margin for child care businesses is low and does not allow for funds to support renovation and construction which are often necessary to maintain quality. Investment in child care facilities are investments in quality, creating healthy environments and safe places for kids to play and learn.

## B. Transforming Financing of Child Care and Early Education Programs

1. *More effectively using existing federal and state resources to align and strengthen child care and early education*

1.a: Barriers in governance and funding structures

Funding and access go hand in hand. The answer to increasing access to high-quality child care is a significant increase in public investment in child care and early education. This is clear from the impact of the 2018 $2.37 billion investment in child care assistance, which had a profoundly positive impact on children and families. When public investment in child care expands, states take steps to increase access to quality child care for families with low incomes. States are using the additional funds to expand access to child care assistance and to implement important reforms in line with the reauthorization to improve the health, safety, and quality of child care. They are also leveraging the new funding to make child care assistance a more stable support for families. State investments include monitoring providers for compliance with health and safety standards, training and professional development for child care workers, and expansion of eligibility so that families can retain assistance for longer periods and after modest increases in income. More than two-thirds of states are using, or plan to use, the additional federal child care funds to increase the amounts paid to providers serving children with subsidies, which will increase the number of high-quality providers who will accept children with subsidies, and ensure child care providers earn enough to support themselves and their families. Nine states are using, or plan to use, the additional funds to serve families on the waiting list for child care assistance. Louisiana expanded child care assistance to approximately 4,500 children who were on a waiting list, and Mississippi expanded child care assistance to an additional 7,000 children.[35] Even with these improvements, there is a long way to go to address the huge unmet need for affordable child care: despite the funding influx, the program is still not serving as many children as it did in the early 2000s. This lack of consistent funding reveals an additional challenge with the current financing model—rather than funding automatically fluctuating as a function of economic circumstances and inflation to meet families' and children's needs, funding is reliant on annual appropriations, a process that can often leave families behind and has led to program attrition overtime. The program is unable to respond to increased need because all families who are eligible for child care assistance are not guaranteed help.

Head Start and Early Head Start are both valuable early education programs but, like CCDBG, a lack of investment causes both programs to serve far fewer families than they should. As noted above, many research studies, including randomized control trials, have found significant benefits of Early Head Start attendance including long-term developmental benefits, improved employment outcomes for children and parents, and decreased levels of maternal depression and likelihood of child physical and sexual abuse.[36] Similarly, Head Start has been repeatedly linked to wide-ranging positive effects on children and families ranging from language and pre-reading abilities to parenting skills.[37]

Importantly, CCDBG and Head Start serve different purposes. Head Start and Early Head Start are true two-generation programs, with services targeting both parents and children. Head Start and Early Head Start serve the lowest-income parents with children ages 0-5. While Head Start is certainly intended to support vulnerable children's school readiness, Head Start providers are also charged with supporting children's health and development more broadly. Moreover, Head Start is intended to invest in parents, improve their parenting skills, and support parents' relationships with their children at home. Head Start also serves as an important conduit between families and other programs and services in the community. Meanwhile, CCDBG is targeted toward low-income parents who are working or in school. It serves children across a wide age range, from birth through age 13. It is intended to support parents' access to safe, high-quality care environments while they are working or in school.

The Request for Information asks if programs should be combined or streamlined to better serve families. The answer is no. Families' inability to access child care is not the result of too many public programs, but rather a scarcity of supply and long waiting lists that come from too little investment.[38] Despite the assertion in the Request for Information of a high degree of duplication among early childhood programs at the federal level, the Government Accountability Office (GAO) finds that many of these programs have different goals and serve different populations, thus combining them would not result in more access to high-quality care. In fact, the GAO finds that "some programs with an explicit early learning or child care purpose overlap, given that they target similar beneficiaries, such as low-income children, or engage in similar activities. However, these programs often have different goals and administrative structures."[39] While child care may be an allowable use of funds from multiple federal programs, in fact the GAO found only nine programs explicitly intended to provide child care and early education. Moreover, with the exception of Head Start and CCDB, these programs are funded at minimal levels.[40]

1.b: Ideas for alternative financing models

Transforming the financing of child care and education programs will require a significant public investment that goes well beyond existing expenditures. The Request for Information cites $37 billion in spending on child care and early education across numerous programs, several of which are not specifically directed towards child care. Yet the National Academies of Sciences, Engineering, and Medicine estimates that $53 billion beyond current spending (which the Academies estimate at $29 billion) in public and private resources is needed each year to fully fund a national, high-quality child care and early education system that addresses the needs of families, children, and workers.[41] Thus the answer to transforming child care and early education is not "streamlining" existing expenditures, as the Request for Information suggests, but rather investment.

There is no substitute for direct public funding for child care assistance for families with low incomes. In addition to CCDBG, federal and state tax credits can help with child care affordability but are not a substitute for direct child care assistance. Tax credits only benefit families when taxes are being filed, not when expenses are incurred, and they do not provide enough money to cover the cost of child care. The federal Child and Dependent Care Tax Credit (CDCTC), for example, only provides limited benefits to families with low and moderate incomes and is non-refundable (meaning families with little or no federal tax liability—those most in need—get limited or no benefit from the credit).[42] Moreover, tax credits for family child care expenses do not provide resources for child care providers to sustain their business and make quality improvements. While these credits can and should be improved to better meet the needs of families, particularly those with low incomes, they are not the direct assistance or investment that families need.

High-quality child care boasts benefits for children and for society writ large. Investments in high-quality child care and early education will not only benefit children and families immediately, by providing access to stable and developmentally beneficial child care services so parents can go to work or school, but also long term in creating a more equitable playing field for future generations.[43] Additionally, improving compensation, benefits, and professional development for early educators is essential for advancing racial and gender equity, alongside retaining a well-qualified, culturally and linguistically responsive workforce that can provide high-quality care to children. Further, significant investments in child care and early education are the only way to achieve the short- and long-term outcomes that result from high-quality child care experiences.

## I. Conclusion

The current status of child care in the United States is a story of stagnant funding and inequitable and declining access. In recent years we've seen positive steps forward in improving quality with the provisions of the 2014 reauthorization and subsequent 2016 regulations to increase health and safety and in increasing access with the 2018 increases in CCDBG and Head Start funding. What is needed to increase access to affordable, high-quality child care and early education is not deregulation of the very requirements that create quality in programs or the blending, braiding, or innovation of existing funds, but rather significant and meaningful public investment. We thank you for the opportunity to offer our comments and recommendations on increasing access to high-quality child care and welcome any follow up questions or conversation.

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[30] In 2017, 17 percent of women child care workers lived in poverty, including 14 percent of non-Hispanic white women, 19 percent of Asian American and Pacific Islander women, 21 percent of Native American and Alaskan Native women, 21 percent of Hispanic women or Latinas, and 23 percent of African American or Black women in the child care workforce. National Women's Law Center calculations are based on U.S. Census Bureau, 2017 American Community Survey 1-year estimates using IPUMS. Note that these figures refer only to women who are "child care workers" as defined by the Census Bureau, which might not include women in the broader early childhood workforce with other job titles such as "preschool teacher."
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