Health Equity in Early Childhood Education (ECE)
An important vehicle for improving health equity in young children, with equity challenges of its own
About Child Care Aware® of America

Founded in 1987 as a 501(c)3 non-profit membership organization, NACCRAA (name at the time) grew from state and local Child Care Resource and Referral agencies (CCR&Rs) nationwide.

Child Care Aware® of America supports CCR&Rs by providing training, resources, technical support, best practice guidance, policy analysis, national partnership opportunities, and national advocacy in the areas of child care and early learning.
Purpose and agenda

• Demonstrate that Child Care, of all public early childhood settings, has the most potential and the greatest need to take an equity approach to reduce health inequity
  • Provide information the Child Care System, key health related regulations and quality improvement systems
  • Describing ECE demand, usage and funding
  • Discuss areas of overlap that can be leveraged to improve health equity; barriers to and needs to coordinate and align
The Child Care and Development Block Grant (CCDBG)
Pop (Group) Quiz!

- What is child care?
- Where is child care?
- Who is in child care?
CCDBG Overview

On November 19, 2014, the President signed the Child Care and Development Block Grant (CCDBG) Act of 2014 (S.1086) into law.

The law reauthorized the Child Care and Development Fund (CCDF) program for the first time in 18 years.
CCDBG and CCDF Relationship

CHILD CARE DEVELOPMENT BLOCK GRANT (CCDBG)

The Act that authorizes the CCDF Fund

CHILD CARE DEVELOPMENT FUND (CCDF)

The Child Care and Development Fund: provides funds to support child care subsidies AND to improve child care quality; CCDF regulations dictate the rules that must be complied with in order to receive funds

CCDF PLANS

State plans submitted to the Administration for Children and Families (ACF) that detail how the program will implement the CCDF program (subsidy and quality) consistent with CCDF regulations.
Thinking about CCDF regulations and plans

CCDF regulations stipulate what states must include in their state plans (required provisions, actions, regulations, etc.)—the bones of the plan that say what work must be done.

State regulations, policies, initiatives, collaborations provide the assurances or content that show how state is meeting the CCDF stipulated requirements—the muscles of the plan that show how the work will be done.
Outside forces that impact state plans and the child care system

- Existing state regulations and policies
- Political climate, existing partnerships and collaborations, past and current advocacy efforts
- Funding
Child care funding

- CCDF = CCDBG + CCES + TANF Transfers to CCDBG
- Allocation of funds varies (larger state = more funding)
- Combined CCDF funding streams are consolidated at state level and administered under CCDBG Act rules.
  - $2.8 billion in discretionary CCDBG funding for FY2016
  - $2.917 billion in mandatory child care funding in FY2016
Child care funding

• Funds Reserved for Quality Improvement Activities:
  • FY 2016 - 7%
  • FY 2017 - 7%
  • FY 2018 - 8%
  • FY 2019 - 8%
  • FY 2020 - 9%
  • FY 2021 - 9%

• Infant/ Toddler Quality Funds:
  • At least 3% annually thru FY 2021
The Child Care System and Health Requirements

The existing structures and barriers to alignment and equity
Pre-reauthorization health overview

• Federal regulations did not have requirements regarding health activities prior to the reauthorization of CCDBG in 2014. Child care licensing requirements are set by states.

• In 2012-2013, our reports, *We Can Do Better 2013* (Centers) and *Leaving Children to Chance* (2012), revealed states have minimal promotion of health activities.

• 7 states (Alabama, California, Florida, Idaho, Louisiana, South Carolina, South Dakota, and Texas) have NO requirement for addressing physical activity as part of their state measures for family child care homes.

• 5 states (California, Idaho, South Carolina, Wisconsin, and Wyoming) have no requirements.
Proposed regulations require states to have health and safety requirements

**MUST HAVE**

- Infectious diseases (including immunizations)
- SIDS and safe sleeping practices
- Medication administration
- Food and allergic reaction emergencies
- Building and physical premises safety
- Prevention of shaken baby syndrome and abusive head trauma

- Emergency preparedness and response planning
- Precautions in transporting children
- First aid and CPR
- Child abuse and neglect recognition and reporting
Under 45 CFR § 98.41 proposed regulations would require states to certify it has health and safety requirements

MAY HAVE

- Nutrition (including age appropriate feeding)
- Access to physical activity
- Caring for children with special needs
- Any other subject area determined by the lead agency to be necessary to promote child development or to protect children’s health and safety.
New Requirements

Increase access to Developmental Screening

- Fully Implemented
- Not fully Implemented

Publicly Accessible Website for licensing and monitoring reports

- Fully Implemented
- Not Fully Implemented
New Requirements

Graduated Phase-Out of Assistance

Improving Access for Homeless Children

- Fully Implemented
- Not Fully Implemented
- Graduated Phase
- Out of Assistance

- Fully Implemented
- Not Fully Implemented
New Requirements

Establish the 10 Health and Safety Requirements for Providers in CCDBG

One Prelicensure Inspection & One Unannounced Inspection
New Requirements

Child Abuse Reporting Requirements
Comply with CAPTA

Criminal Background Checks for Staff Members
New Requirements

Annual Monitoring Visit of License-Exempt CCDF Providers

Pre-service or Orientation Training Requirements
Written Expulsion Policies

- Pre-School
  - Written Policy
  - No Written Policy

- School Age Care
  - Written Policy
  - No Written Policy
Other requirements that strain the child care system

- Comprehensive Background Checks
- Increased monitoring of CCDF Providers
  - Legally license exempt providers now must have health and safety inspections (announced)
  - Annual inspections of licensed providers; unannounced inspections
- 12 month eligibility
  - Boon for social emotional development, ensures continuity of care which fosters attachments and predictability; less stress on caregivers
  - Reduces “churn” meaning fewer are served but those served get continuous support
Workforce challenges: credentials of workforce

• Improving Head Start for School Readiness Act of 2007:
  • 50 percent of center-based Head Start teachers nationwide to have Bachelor’s degrees by 2013.
  • As of 2015, 73% of all Head Start teachers hold a Bachelor degree or higher

• 24 state preschool programs require a Bachelor degree (with specialized concentration in early childhood) for lead teachers in at least one of their state preschool initiatives.
  • 45% of all preschool teachers working with children age 3-5 across the U.S. have Bachelor degrees.
Workforce challenges: credentials of workforce

• No states have qualification requirements in line with the National Academies of Science recommendations for recommendation for equivalent lead-teacher qualifications across settings for all children birth to age eight.
  • 10 states have no educational requirements for center-based lead teachers
  • 23 states have no requirements for regulated home-based providers.
  • Only 11 states set a minimum requirement for some early educators working outside the public Pre-K system that includes demonstration of foundational knowledge by earning a national Child Development Associate Credential or participation in vocational education
  • Most states require only a high school diploma, some training, or in some cases, nothing at all.

From The Early Childhood Workforce Index, Center for the Study of Child Care Employment
Workforce challenges: compensation of workforce

• The lower wages of those working with infants and toddlers makes it even more difficult to attract and retain well educated and trained staff.

• The earliest years are when the architecture for brain development is wired, the foundations for social, emotional, physical, and cognitive development.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>25th Percentile</th>
<th>50th Percentile</th>
<th>75th Percentile</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-3</td>
<td>$8.00</td>
<td>$9.30</td>
<td>$11.50</td>
<td>$10.40</td>
</tr>
<tr>
<td>3-5</td>
<td>$9.20</td>
<td>$11.90</td>
<td>$16.90</td>
<td>$14.70</td>
</tr>
</tbody>
</table>

Source: Number and Characteristics of Early Care and Education (ECE) Teachers and Caregivers: Initial Findings from the National Survey of Early Care and Education (NSECE), Tables 12 and 13.
Workforce challenges: compensation of workforce

- Multiple studies of child care quality have shown that higher compensation is correlated with the ability to attract and retain a highly trained workforce.
- Higher compensation has also been shown to contribute to sustainability of quality improvements over time.
- Staff turnover rates are as high as 25%.
  - Cost of training new staff is often prohibitive.
  - Child care programs are forced to pay low staff wages and provide only limited benefits, making it difficult to recruit and retain qualified staff.

*Parents and the High Cost of Child Care, CCAoA 2015.*
Workforce challenges: compensation of workforce

- Funding sources - not teacher qualifications - determine salaries

“I actually work in the facility my son attends, and have made the same $7.25 per hour for the 4.5-plus years I have been there. We are NAEYC accredited, non-profit, United Way-funded, and I still pay almost $400 per month for a nearly five-year-old. I love what I do... and that's why I do it.”

- Child Care Worker, Single Mom of One
Workforce challenges: compensation of workforce

Median Hourly Wages of Center-based Teachers And Teachers By Education Type And Type Of Funding

<table>
<thead>
<tr>
<th>Type Of Funding</th>
<th>HS or Less</th>
<th>AA</th>
<th>Bachelor or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-sponsored</td>
<td>11.8</td>
<td>13</td>
<td>20.6</td>
</tr>
<tr>
<td>Head Start funded</td>
<td>8</td>
<td>122</td>
<td>15.9</td>
</tr>
<tr>
<td>Public Pre-K funded</td>
<td>8.4</td>
<td>9.8</td>
<td>16.2</td>
</tr>
<tr>
<td>&quot;All other&quot; I.E. Child Care</td>
<td>9.6</td>
<td>11</td>
<td>13.9</td>
</tr>
</tbody>
</table>

Annual Median Salary of Early Learning Practitioners and Elementary School Teachers, 2015

Source: SOC code: Standard Occupational Classification code -- see http://www.bls.gov/soc/home.htm
Workforce challenges: compensation of workforce

• Compensation differences between sectors drive quality disparities between sectors

• $13,936 gap in pay for those working in community based settings that do not receive Head Start of public preschool funding - 59% of center-based workforce
  • Public preschool workers make the most money but comprise only 6% of the workforce.

• The median annual earnings of all child care teachers make many providers in every state eligible for public assistance. Given the low compensation, there is “little incentive for attaining higher credentials and seeking higher levels of education … [which] makes it harder to meet the recommendations outlined in the 2015 Institute of Medicine and National Research Council Report, *Transforming the Workforce for Children Birth Through Age 8: A unifying foundation*.”
Access to care: child care deserts

• CCAoA borrows from the concept of “food deserts”, areas where there is limited or no quality food access and refers to areas or communities with limited or no access to quality child care as child care deserts.
  • Identifies an absence of an essential commodity that results in limited access, which current child care systems do not address

• In addition to some communities not having access to child care, the definition of quality child care can be nuanced and is made complicated by family needs
  • Desire for culturally and linguistically appropriate child care
  • Addressing infant child care
  • Nontraditional hours (NTH) for child care
Krista Scott
Senior Director, Child Care Health Policy
(703) 341-4157
Krista.Scott@usa.childcareaware.org