



Urgent Priority #3:

A Commitment to Early Care and Education as a Public Good

While parents and families are the primary influence on young children's healthy development, early care and education settings also play a significant role. Beginning at infancy, participation in child care has become the norm for the vast majority of young children in the United States. The *Yearbook* shows that 62 percent of mothers of infants and toddlers are in the labor force, while RAPID Survey data show that nonparental child care use continues to rise in the wake of the pandemic. In early care and education settings, children learn to interact with their peers, establish relationships with other adults and have experiences that foster language, cognitive, physical and social-emotional development.

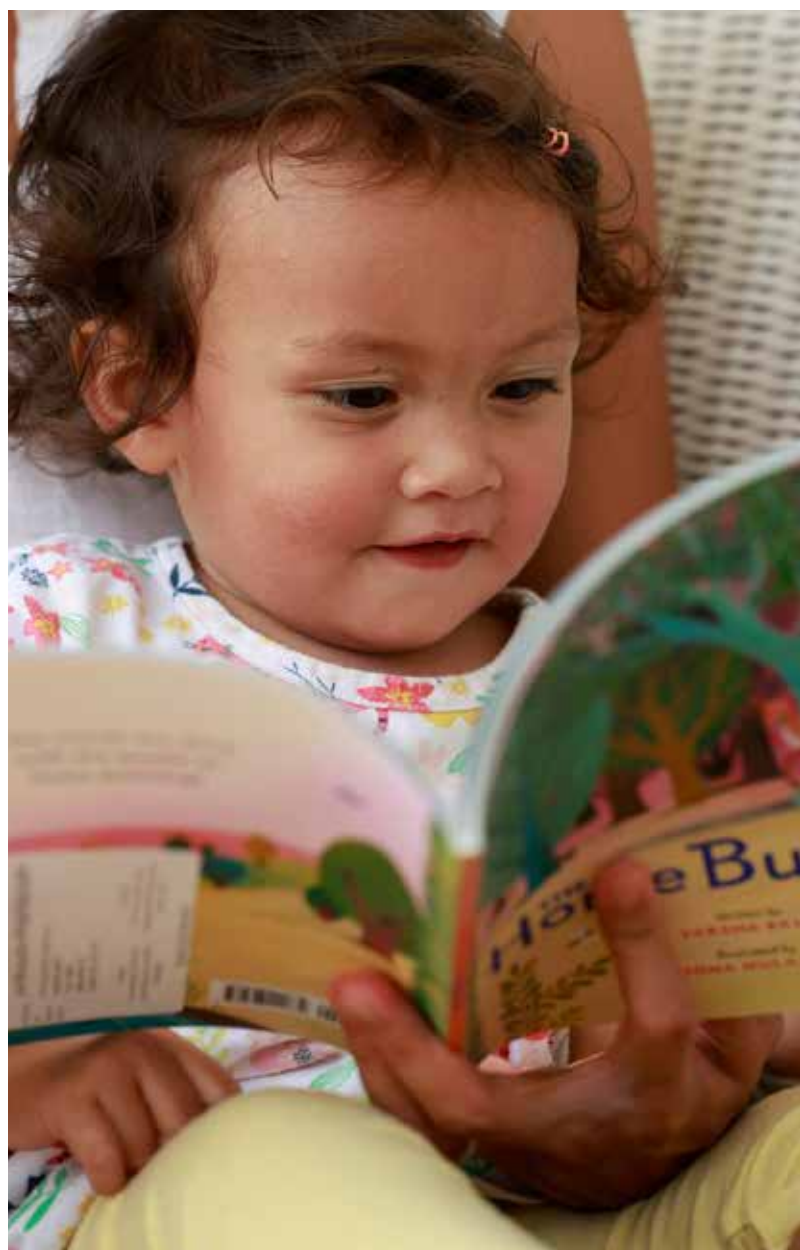
Research shows that high-quality early care and education programs can positively impact young children’s development and learning, and influence good health and educational outcomes well into adulthood.¹ Early care and education is also an essential family support. An affordable, high-quality, accessible early care and education arrangement promotes well-being for the family by ensuring that parents and caregivers (particularly mothers) can work, as well as by expanding adults’ knowledge of child development and helping advance their career and educational goals. A strong child care system is also a key support for employers and good for the economy overall.

Yet, despite a steady increase in families’ reliance on nonparental care over several decades, and mounting evidence that young children’s well-being depends on caregiving that is healthy and safe and meets their developmental needs, the U.S. has failed to act boldly to ensure equitable access to early care and education. Families navigate a broken system characterized by high cost that often puts quality child care out of reach, with few options that meet their scheduling needs and preferences.

Data from the *State of Babies Yearbook* as well as other sources show that families with low income and families of color are impacted the most by the state of child care. These families often reside in communities with low supply of quality child care options and spend a higher share of their income on child care, given the limited availability of publicly funded programs. Moreover, early educators, a majority of whom are women of color, immigrants and/or low-income women, also bear the brunt of failed child care policies. They, like parents, engage children in close relationships that nurture development, yet the nation’s approach to financing early care and education continues to devalue this profession’s important work with low levels of compensation and respect and inadequate working conditions.

The pandemic exposed the fragility of an underfunded early care and education system. Child care arrived at the brink of collapse during the crisis before an historic federal investment of nearly \$40 billion in federal emergency relief funds provided through the American Rescue Plan Act (ARPA) helped stabilize the situation.²

These resources saved the jobs of more than 1 million early educators and enabled continued care for as many as 9.6 million children.³ Now the system is again facing a crisis as those funds end. If Congress fails to act to provide additional emergency funding for child care, estimates project that approximately 70,000 child care programs will close, potentially disrupting the care of 3.2 million children and their families.⁴ It is long past time that our nation invests in an early care and education system that ensures all babies have access to quality early care and education at a cost their parents can afford, regardless of race, income or where they live—and that respects and rewards early educators for the critically important work they do.



FAMILY STORY

My husband Clarence and I have two daughters, Mackenzie (6) and Makayla (2). Makayla was born during the pandemic with a heart condition. Clarence was an essential worker, and we worried about keeping Makayla safe and healthy. She had two open-heart surgeries before turning 10 months old. As her family, we encourage her to explore and encourage her curiosity.

For the last nine years, I have worked at a nonprofit early learning center in downtown St. Louis that provides child care, as well as Early Head Start and Head Start. I am proud that we provide high-quality care, as I know how important that is for young children and their development. But, when our program is at capacity, I have trouble helping the families I work with find care because slots are limited. I try to help families explore other options, but children sit on wait lists—ours and others’—for months because there aren’t enough open spots or educators. Sometimes, they have access to some kind of care arrangement, but the truth is, access without quality isn’t access at all. Children need quality.

Working families like mine don't have equal access to quality, affordable child care. Even with a discount from my job, we couldn't afford the child care at my program, and we did not qualify for subsidies. At the end of my maternity leave with Makayla, my husband and I were faced with no good options. My husband had to quit his job to care for Makayla for about five months so that I could return to work. Only then were we able to qualify for an Early Head Start program. Without his income, we struggled with paying bills and had to make difficult choices about how we spent our money. It was a relief when he was able to return to work, but it is still hard to make ends meet. We don't qualify for other services, because we make "too much money." When Makayla turns 3, she will age out of Early Head Start, and there is a gap before she will be able to join the program that her sister attends on scholarship. We are worried about how we will manage the transition.

All babies and toddlers need high-quality care while their families work. Congress should be investing in child care, Early Head Start and Head Start, and in building a system that works for families, providers and young children.

*Latrice D.
Berkeley, Missouri*

A woman with braids is reading a book to a young child. The child is looking at the book. The woman is wearing a yellow shirt. The child is wearing a blue and white striped dress. The book has the word 'STORIES' on the cover.

Challenges for Babies, Families and Early Educators

Nonparental Care Patterns: As the pandemic has waned, parents have returned to the workforce and child care use has rebounded. RAPID Survey data show that except for a dip in usage in the summer of 2022, the percentage of families with infants and toddlers using nonparental care grew across all income groups in the period from January 2022 through April 2023 (See Figure 3-1).

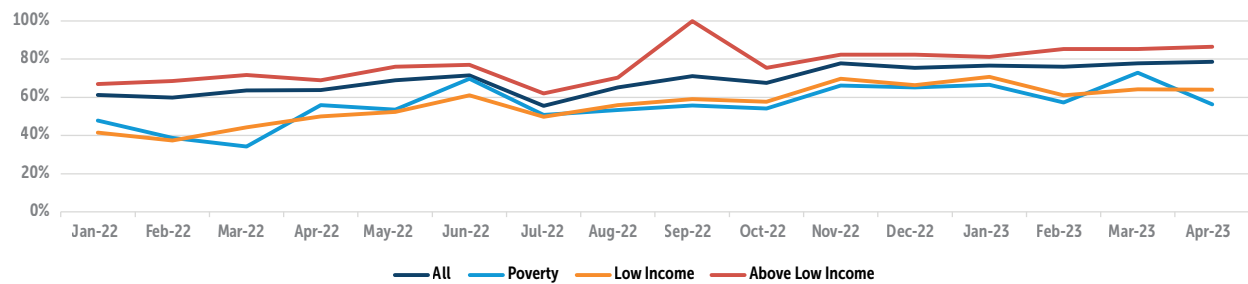
In general, families with lower incomes are less likely to use nonparental care than those with higher incomes, which can be accounted for partly by the limited supply of public funding directed at infants and toddlers. Families participating in the RAPID Survey echoed that pattern, with 46 percent of those with low income saying they used parental care only (compared with 24 percent of families with above low income) and reporting greater fluctuation in their use of nonparental care.

Studies of nonparental care use among families with children under age 3 reveal that more babies are cared for in home-based settings (30 percent) than at centers (12 percent) as their primary care arrangement, with nearly one-half receiving care from an *unpaid* family, friend or neighbor caregiver with whom they have a previous relationship.⁵ The RAPID Survey revealed different patterns of use by income level. Overall, non-center-based care (42 percent) was the most prevalent type of care, but families with low

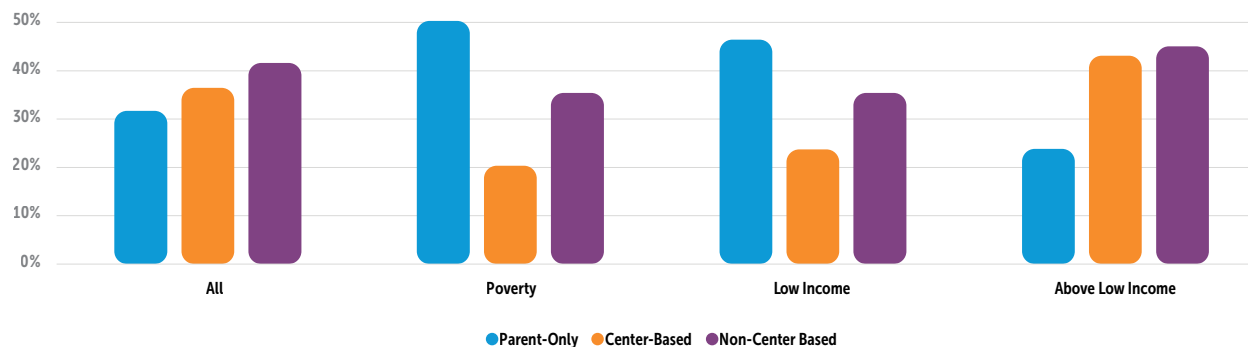
income were less likely to use this type of care than those with above low income (35 percent compared with 45 percent), instead relying more on parental care.

Families with low income were more likely to report using parent-only or home-based care options, while families with above low income were much more likely to use nonparental care, center-based and/or home-based care. The RAPID Survey data showed that more than one-third (36 percent) of parents used center-based care for their babies, including 43 percent of families above low income and 24 percent of families with low income. (Note that some families could have indicated they used more than one arrangement.) (See Figure 3-2.) Family friend and neighbor caregivers are often overlooked in quality initiatives, including those offering increased workforce supports and compensation. This is concerning given the high usage of this type of care for infants and toddlers.

NON-PARENTAL CHILD CARE USE BY INCOME LEVE Figure 3-1



TYPE OF CHILD CARE ARRANGEMENT BY INCOME Figure 3-2



Lack of Affordability and Access: The *Yearbook* data indicate that child care remains unaffordable in every state across the country, with the cost of infant care ranging from 7.3 percent of a married family’s income in Mississippi to 16.7 percent in California—all higher than the federal affordability standard of 7 percent of family income. At the same time, even for families who can afford care, it is often difficult to access.

RAPID survey data reveal that during every month from January 2022 to April 2023, more than three-quarters (77 percent) of parents looking for infant-toddler child care had difficulty finding care. In addition, 58 percent of families reported having to make alternative child care arrangements so that they could work. Difficulties in finding care and increased juggling of arrangements can be expected to rise again as COVID relief dollars that stabilized the child care sector during the pandemic expire. Even prior to the pandemic, child care access was a particularly difficult challenge for parents with young children, as more than one-half of Americans lived in an area with more than three children under age 5 for every one licensed child care slot.⁶



Vermont’s Child Care Assistance Program.

Vermont’s *2023 Child Care Bill*⁷ provides sustainable public funding for child care, investing \$125 million annually into the system, improving accessibility and quality, increasing compensation for early educators and expanding income eligibility for the state’s child care subsidy program up to 575 percent of the federal poverty level. The bill will also create a new child care subsidy eligibility category for resident families who otherwise qualify for the program except for their citizenship status (solely state-funded).

These investments will impact the accessibility of child care by providing resources to expand programs, offer care at nontraditional hours and ensure culturally competent and multilingual services. The bill’s affordability feature means that approximately 7,450 more children and their families can benefit from financial assistance for child care. Increased rates, readiness grants and capacity initiatives will help bolster child care program staffing and capacity—including to maintain and/or expand infant and toddler capacity. The bill also mandates collaboration between Vermont’s Office of Racial Equity and the agency administering the subsidy program to enhance accessibility and eliminate disparities by providing application materials in multiple languages and collaborating on outreach efforts.



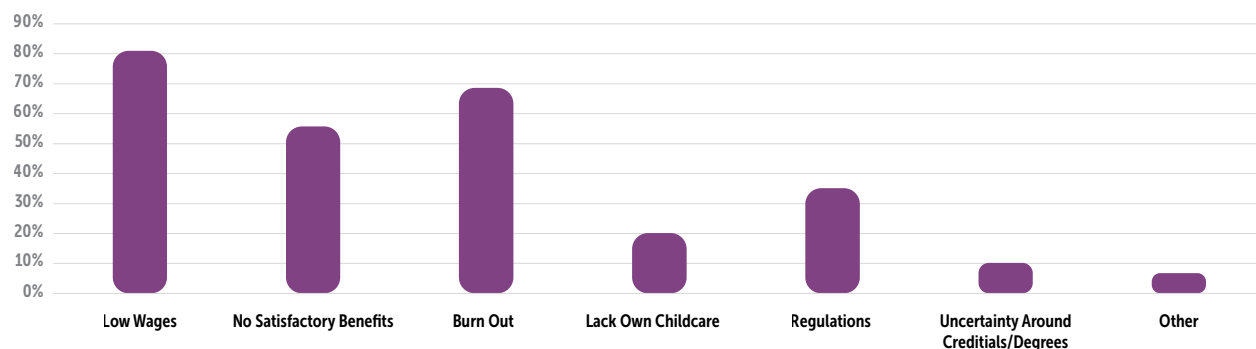
Staffing Challenges and Child Care Supply:

Ongoing child care staffing challenges both contribute to and exacerbate child care supply problems. According to the Center for the Study of Child Care Employment at UC Berkeley, employment in the child care sector remains nearly 4 percent below pre-pandemic levels.⁸ Child care is not able to attract or retain teachers, as the workforce continues to face stagnant wages that have not kept pace with increases in other sectors in the tight, post-pandemic labor market.⁹

RAPID Survey caregiver data show that low wages and burnout are the two major challenges to staff retention. And unsurprisingly, the stress of the staffing shortage is cited by providers as contributing to their burnout. (See figure 3-3). Programs serving infants and toddlers are particularly challenged, as there is often a “pay penalty” in terms of generally lower wages for working with babies, and these programs are reporting that staffing difficulties cause them to operate at less than full capacity and with longer waiting lists for parents.¹⁰ Government funding is needed to boost wages for early educators, as parents cannot afford to pay more than they already do. This will help stabilize early educator jobs and make the existing supply of child care programs available for babies and their families.

A Workforce Rapidly Burning Out: As noted above, the child care staffing shortage is increasing burnout for early educators, which in turn can undermine continuity and the ability of infant and toddler teachers to provide quality care for babies. One-half (49.6 percent) of caregivers participating in the RAPID Survey of child care providers reported burnout symptoms, describing

REASONS FOR DIFFICULTY RETAINING STAFF Figure 3-3



challenges such as feeling mentally exhausted and drained at the end of the day and difficulties with recovering energy.

The most important ingredient of quality care is the ability of early educators to establish early connections and relationships with babies and their families and to provide nurturing, developmentally and culturally responsive experiences for the children in their care. Therefore, the well-being of early educators (i.e., their mental health and economic security) is a

core component of quality care, alongside the specialized skills and knowledge required to care for babies. Urgent action is needed to address the burnout, stress and material needs of early educators. Staffing challenges and burnout, all primarily driven by low wages, must be addressed to prevent even more early educators from taking the same course as many of their colleagues and leaving the profession altogether. Compensation in particular is the linchpin that must be addressed first.

Harder than Rocket Science

Because work with infants and toddlers looks different even than work with preschool-age children, some policymakers may believe it is less intensive work or less valuable. Nothing could be further from the truth. Babies learn differently than older children, and their teachers act as facilitators of exploration, not purveyors of content.¹¹ In fact, being an early educator has been described as “harder than rocket science.”¹² Whereas traditional rocket scientists work with immutable laws of physics and chemistry,¹³ infant-toddler educators must mix an understanding of how babies learn with an ability to develop relationships and provide responsive care to children whose language is just emerging, all while calibrating these interactions to individual infants or toddlers, each of whom has their own temperament and timetable for development.

Early educators must find the mix that fuels each child toward the trajectory of confident learning. These educators understand and apply child development knowledge regularly through nurturing and responsive interactions, consistent routines and play-based activities, allowing young children to take the lead in their own learning, facilitating support for communication and language and ensuring opportunities for physical development.

Young children’s cultural and racial identity also starts to develop during their early years, which requires cultural responsiveness, training and intentional teaching practices. Early educators must partner closely with families to ensure they are supporting both their culture and their goals for their babies, as well as monitor their children’s development and care needs. Infant and toddler teachers help build babies’ brains during the most consequential period of human development, influencing cognitive and language development and social and emotional development at critical sensitive periods to help children with later school achievement and to thrive into adulthood.¹⁴ While each year and grade level of a child’s life matters, the first years are the launching pad for all that follows.

Lack of Alignment with Early Head Start Quality:

The *Yearbook* examines whether state policies support families’ access to high-quality care by setting the floor for certain structural elements of care in licensing center-based child care programs in every state. Overall, we found that very few states aspire to a high-quality floor for all center-based programs. The *Yearbook* uses Early Head Start (EHS) quality standards as the

benchmark because of the program’s proven ability to support early development for infants and toddlers. These standards should be the goal of state infant-toddler child care programs. The *Yearbook* examined state policies aligned with EHS in four key areas: staff-child ratios, group size provider qualifications, and the presence of a state infant-toddler credential.

1. **Adult-child ratio requirements:** More states met or exceeded EHS’s adult-child ratio requirement (one adult for every four infants and toddlers) for infants than they did for older babies. Thirty-six states and Puerto Rico met or exceeded the standard for infants. However, only 11 of these states also achieved the standard for one-year-olds, and just three states (Alaska, Connecticut and Massachusetts), as well as Puerto Rico, achieved the standard for all infants and toddlers.
2. **Group size requirements:** Fewer states met or exceeded EHS’ group size requirement (no more than eight infants or toddlers in a group) for infants than met the adult-child ratio requirement. Few states met the group size standard for older babies. Twenty-four states met or exceeded the requirement for infants, but only five states achieved the standard for infants and toddlers up to 2 years of age, and only three states achieved the standard for all infants and toddlers.
3. **Teacher qualifications:** Only five states and Puerto Rico required teachers of infants and toddlers to have a credential beyond a high school diploma—one state less than reported in our previous *Yearbook*. Puerto Rico broke new ground by requiring a bachelor’s degree. The vast majority—45 states—required no credential beyond a high school diploma or equivalent. Five states required a Child Development Associate® (CDA) or equivalent state credential. Overall, state requirements fell short of EHS’s standard that teachers have a minimum of a CDA or comparable credential, with training or coursework in early childhood development with a focus on infant-toddler development.
4. **Infant-toddler professional credential:** Thirty states adopted an infant-toddler professional credential, a component of early childhood workforce development that recognizes providers’ achievement of the specialized knowledge and skills required to provide high-quality care for babies.



Access to Quality Care for Dual Language

Learners¹⁵: According to the Migration Policy Institute, 33 percent of children from birth to age 3 (one-third of all babies in our nation) are dual language learners (DLLs).¹⁶ The vast majority are citizens of this country and have at least one immigrant parent. Most come from homes in which the language spoken is Spanish; however, there is tremendous diversity in the languages of DLLs, with variation across and within states, as well as variations in their countries of origin, race/ethnicity, migration experience, socioeconomic status and English language use.¹⁷ This underscores the critical importance of early childhood data collection efforts and assessment of early language experiences in early childhood programs (including the health system) and in partnership with immigrant communities to ensure access and quality of services for young DLLs and their families.

While DLLs are not a homogenous group, available data point to key considerations for access to quality early care and education services for young DLLs and improvement of their comparatively lower rates of participation in early care and education programs.¹⁸ More than one-half (51 percent) of young DLLs live in families experiencing low income.¹⁹ Therefore, when navigating the child care system, a large share of families of young DLLs face child care supply and affordability barriers similar to those of other families experiencing low income. The additional burden of encountering linguistic challenges makes it even more difficult for families of young DLLs to locate quality providers. Greater attention must be given to language access and to culturally and linguistically responsive outreach in child care policy and system building efforts. Head Start policy and exemplary grantees can serve as models. Further, research has shown that country of origin, cultural and linguistic congruence and immigrant status are also factors that influence the preferences and participation in early care and education of families of young DLLs.²⁰

Current policies often identify young DLLs as “at-risk” instead of valuing the advantages of their bilingual abilities as supported by the science of early development. This bias leads to an emphasis on English language skills over children’s home languages and a lack of dual

language programming. While such identification is more common for preschool-aged DLLs, it also extends to DLLs under the age of 3. Yet, the science of early development is clear about the innate capacity of babies to develop more than one language and the cognitive benefits of learning multiple languages at an early age, such as improved executive functioning skills (the ability to think flexibly, demonstrate self-control, focus attention and develop working memory).²¹

Moreover, language is interconnected with other aspects of development, as babies’ relationships and early connections with caregivers are fundamental to social and emotional development. Here again, Head Start and Early Head Start policy and programming can serve as models for the broader field regarding support for dual language development.

To better ensure access to quality care for young DLLs and their families, greater attention and support must be provided to the teachers providing education and care to them. About 30 percent of all infant and toddler teachers speak a language other than English,²² and additional research shows that family, friends and neighbor caregivers most often share a similar language and cultural background with the children and families in their care.²³

The immigrant women in this field are a particular asset, requiring more intentional and targeted supports. In addition to the challenges facing the workforce in general, these women encounter barriers related to language, immigration and discrimination. Such challenges make it more difficult for immigrant women to participate in publicly funded programs, start or expand a child care business, engage in quality initiatives, interface with licensing and workforce development systems and obtain credentials and degrees. The linguistic and cultural diversity of this workforce is often celebrated, but this has yet to translate to tangible supports in important areas of need, such as professional learning, credential and degree programs in languages other than English, supports for learning English and improved language access services (e.g., translation and interpretation) in funding and regulatory processes.

Empowering Non-English-Speaking Providers:

ESCALERAS, which means ladders in Spanish, empowers family friend and neighbor caregivers from non-English-speaking communities by offering them a pathway to licensing and professionalization that includes digital readiness and leadership development.²⁴ ESCALERAS is a comprehensive and integrated pre-licensing course and coaching process that meets, and exceeds, state and federal requirements for licensing and/or registration and addresses the unique needs and aspirations of non-English-speaking providers.

The ESCALERAS model is implemented in partnership with a community partner familiar with local regulations in order to develop a professional development pipeline that is tailored to local communities. This synergistic pipeline advances cohorts of Spanish-speaking providers beyond licensing through a continued quality improvement process and a network. ESCALERAS introduces providers to competency and quality standards that lead and support them through more advanced training, like CDA certification, and higher education. In 2018, ESCALERAS received the first-place award from Harvard's Saul Zaentz Early Education Innovation Challenge. The program has since been piloted in several states, most recently Ohio and Maryland.

Lack of Federal Investment: Given the critical importance of access to high-quality early care and education for young children's development, and for society as a whole, we might expect a strong public role in the space similar to public investment in K-12 education, which is widely acknowledged as a public good. In reality, ongoing public investments in early care and education are extremely limited and fall far short of the need, even for families with low income who largely benefit from the major federal programs.

The largest federal sources of public funding for early childhood education and care are the Child Care and Development Block Grant (CCDBG), which provides subsidies to help defray the cost of care for working families with low incomes, and Head Start and Early Head Start, which provide comprehensive child development services and high-quality care and education to children and their families living below the federal poverty line.



The *Yearbook* shows that Early Head Start serves just 11 percent of income-eligible infants and toddlers, while CCDBG serves just 16 percent of federally eligible children.²⁵ And *Yearbook* data reveals that among families with low and moderate income (at or below 150 percent of state median income) who could particularly benefit from assistance paying for child care, only 4.7 percent received a subsidy through the Child Care and Development Fund.

Even for families that can access subsidies, states often set the value of those subsidies at rates far too low to ensure equal access to high-quality care and fair wages for early educators. In 2022, only 13 states set their subsidy reimbursement rates at or above the 75th percentile of current market rates (the federally recommended standard).²⁶ This finding was released after the 2023 *Yearbook* data collection closed and is actually a major increase over the previous year, when only two states had rates at or above the 75th percentile. This increase shows the ability of the infusion of ARPA child care funds to improve states' subsidy policies in a manner that helps both parents and providers.

Expiring COVID Funding Brings Child Care Back to the Brink: The COVID-19 pandemic represented a historic exception to traditional funding patterns for child care. Responding to the existential threat the pandemic represented to the child care system and the economy as a whole, Congress invested nearly \$40 billion in ARPA emergency relief funding through a combination of stabilization grants directly to providers to cover their fixed costs and support staff wages, as well as increased CCDBG funding to states.

Stabilization funding alone has reached more than 220,000 programs serving nearly 10 million children and has been instrumental in preventing a broad collapse of the system during the pandemic.²⁷ Of particular importance, these funds supported higher pay and hiring and retention bonuses for infant and toddler teachers. Given that public funds for early care and education for babies are significantly less than that for preschoolers, to date, fewer compensation policies have included infant and toddler teachers. As such, stabilization grants represent a significant advancement in compensation policy that is inclusive of infant and toddler teachers.

Elevating Infant-Toddler Educators in Rhode Island

Rhode Island is taking several steps to improve the financial picture for infant-toddler educators. After years of advocacy, the state used \$2 million—half of the state's latest federal fund allotment from the Preschool Development Grant Birth through Five program—to launch the Child Care WAGES model, which focuses on retaining qualified and effective infant-toddler child care educators in centers and family child care homes by improving compensation. This national model provides financial awards to eligible early childhood educators who commit to remaining in their early childhood programs for the next six months. It helps reduce staff turnover, which is good for the continuity infants and toddlers need; makes the profession more attractive; and helps stabilize programs.

The state is also continuing ARPA funding for Early Educator Pandemic Retention Bonuses through State Fiscal Year (SFY) 2024 and into SFY 2025 with a \$750 per quarter bonus for everyone who works with children in any licensed setting (e.g. child care center, family child care, Head Start/Early Head Start, preschool, etc.) Rhode Island also has committed \$3 million in Temporary Assistance for Needy Families funds to Head Start and Early Head Start (EHS)—the first time EHS has received state-managed funding—to focus on providing competitive compensation for Head Start and EHS educators so that some of the classrooms that have been closed in the 2022-2023 school year due to the staffing crisis will be reopened for 2023-2024. In addition, Rhode Island has invested in Part C early intervention (EI), implementing a 45 percent Medicaid rate increase (the first in 20 years), which will help the 60 percent of EI recipients with Medicaid coverage and have a ripple effect on other insurance providers. The state also is allocating \$11 million in ARPA funds to EI to address financial problems, the staffing crisis and waiting lists.

In addition, increased funding to CCDBG has allowed states to make structural improvements to their child care systems, including increasing provider reimbursement rates, expanding subsidy eligibility to more working families, reducing family copayments for child care assistance and making other administrative improvements, such as payments based on enrollment rather than attendance.²⁸ Unfortunately, most of this funding, including \$25 billion dedicated to child care stabilization, is set to expire at the end of fiscal year 2023, threatening additional destabilization of the system and further limiting families' access to the high-quality care their children need to thrive. According to the Century Foundation, approximately 70,000 child care programs are projected to close as a result of this expiration, with more than 3 million children potentially losing access to care nationwide.²⁹

Extending the Reach of Early Intervention (EI) Helps Ensure Developmental Needs Are Met:

An integral part of early development programs for infants and toddlers is EI services, authorized under Part C of the Individuals with Disabilities Education Act, which support the development of infants and toddlers with disabilities and enhance the capacity of families to meet the needs of their young children with disabilities. *Yearbook* data show that in 2020, 6.8 percent of infants and toddlers across the country received EI services, ranging from 1.9 percent in Arkansas to 20.2 percent in Massachusetts. Massachusetts is one of six states that include babies considered at risk for developmental disabilities in its eligibility criteria, accounting for its greater reach into the infant-toddler population. The top tier of states

all reached more than 9.2 percent of their infants and toddlers with EI services, with seven reaching more than 10 percent. Extending the reach of Part C is important, considering the magnitude of Infants and toddlers who experience stressful events such as adverse early experiences and are at risk for experiencing developmental delays or disabilities (see Urgent Policy Area #2 on IECMH for further discussion).

RAPID Survey data show that a little more than one-half (51 percent) of families with infants and toddlers have concerns about their child's development, either developmental, behavioral or both. Without receiving support during their most malleable years, children with or at risk for developmental delays or disabilities experience increased impacts on their development, learning and academic achievement. Many babies whose development may be affected will be in child care, making integration of EI with child care important. However, very few babies receive early intervention services in child care, even less after the pandemic began.³⁰ Moreover, ensuring that training for early educators in supporting children's developmental needs and other services are available in the child care setting are important for guaranteeing inclusive environments for babies in care.

Another challenge to ensuring identification of infants and toddlers who could benefit from early intervention is the lack of consistent screening for developmental concerns. The *Yearbook* shows that only one in three babies received a developmental screening in the previous year. Disparities in developmental screenings exist across racial and ethnic groups: while White babies are screened at higher rates than the national average (36.8 percent compared with 34.2 percent), Asian, Black and Hispanic babies are screened at lower rates (27.4 percent, 28.6 percent and 31.1 percent, respectively). Similar patterns are seen across income levels, with screening rates for babies in families with low income (29.5 percent) also lower than the national average. Other research has shown that babies of color are significantly less likely to receive EI services than their White peers. When babies who may be missing developmental milestones are not identified or do not qualify for or receive needed services, the result can be a need for more complex and costly services down the road.³¹



Policies That Improve the Early Care and Education System

Given that the majority of families with infants and toddlers rely on child care to work, and that access to quality early care and education plays such a critical role in shaping children's early developmental foundations, strengthening our early care and education system is an urgent policy area that must be addressed at the federal and state levels.



Most immediately, the child care sector needs continued support on a scale large enough to stabilize the current supply and address workforce shortages. In the longer term, policymakers need to reorient their thinking about how to approach early care and education policy and funding in a way that values it as a public good and eliminates disparities by race, income and geography.

The policy recommendations below offer a path forward towards a more equitable system that can truly meet the needs of infants and toddlers, their families and the early educators that support and care for them.

Sustain child care in the short term: The federal government should provide \$16 billion in emergency funding to states to disperse to providers to address critical workforce shortages that are crippling child care and to continue sustaining the child care sector overall, as tens of billions of dollars of stabilization and supplemental CCDBG funding are set to expire.

Enact a comprehensive child care program: Congress and the states must recognize that high-quality child care is a public good and fund it as such. We need a comprehensive child care

system that guarantees all families access to affordable, high-quality care across a variety of settings that meets the developmental needs of their young children and supports a well-compensated workforce of early educators. Legislation like the Child Care for Working Families Act, introduced by U.S. Senator Patty Murray (D-WA) and U.S. Representative Bobby Scott (D-VA-03), would help bring us closer to making this vision a reality for millions of infants and toddlers and their families. States can carry out this vision by contributing their own funds and aligning quality with Early Head Start standards.

Invest in and elevate infant-toddler educators: Federal and state policymakers must recognize the importance of infant-toddler educators in laying critical foundations for early learning and undertake concerted efforts to develop supports for and to aggressively recruit the highly qualified workforce that families need for their babies across all aspects of early care and learning, including home- and center-based child care, Early Head Start and Early Intervention. An intentional focus on infant-toddler educators would encompass compensation and financial relief, work environments, qualifications and education supports, workforce data, and financial resources to build, support and retain the workforce over the long term.

Quality services for babies start with insisting the infant-toddler workforce receives fair compensation, benefits and work environments that recognize the value of their contributions. It additionally requires that compensation disparities within the birth to 5 early childhood care and education mixed-delivery system are addressed, with particular attention to infant-toddler educators who are typically paid less than those working with older children.

Policies and practice must also support recruiting and retaining a racially, culturally and linguistically diverse infant-toddler workforce that reflects the diversity of the early childhood population. In addition, policymakers should be cognizant of the diversity of settings in which infants and toddlers are cared for and build capacity for supporting all settings, including family, friend and neighbor care.

Early childhood systems should define core knowledge and competencies for the infant-toddler workforce, as well as career pathways,



and build the professional development, higher education and supportive structures that ensure robust content on infant-toddler development, including embedding these supports in licensing systems.

Above all, systems should ensure equitable access for infant-toddler providers to credentialing and degree paths, with financing assistance and other supports as well as offerings in multiple languages, at times and places to meet the varied needs of the early educator workforce. State-level data collection can drive these improvements by supplying key information on the size, characteristics, and working conditions of the early childhood workforce.

These improvements, on a scale large enough to impact the infant-toddler care landscape, are not feasible without robust, systems-oriented investments. Financial support to achieve such a workforce should be built into all funding streams serving infants and toddlers. Also needed is funding for specialized purposes such as developing infant-toddler content for professional development, credentialing and higher education curricula, as well as providing infant-toddler providers equitable access to higher education.

Fully fund Early Head Start: Families facing steep economic challenges and stressors need comprehensive supports to help ensure their infants and toddlers are receiving the strongest possible start in life. Early Head Start (EHS) is a proven, effective early development and family support program and should be fully funded to reach all eligible infants and toddlers, as well as significantly more pregnant people who could

benefit from its support. But, like child care, EHS is facing a workforce crisis that threatens the program's quality. Increases building toward full funding should be in increments large enough not only to expand the program, but to more immediately address the need for investment in recruiting and retaining highly qualified EHS staff.

State policymakers should also work to serve more EHS-eligible families in their states by investing in EHS expansion across program options (home-based, family child care and center-based) and EHS child care partnerships, supporting facilities' needs, and addressing infant and toddler workforce needs. Such investment is critical to supporting EHS as a model for infant and toddler early care and learning and building its capacity to grow.

Robustly fund state and federal early intervention services: Congress must expand funding for the early intervention (EI) system to help states fully meet the developmental needs of infants and toddlers. Federal funding through Part C of IDEA should be sufficient to enable states to provide developmental screenings and follow-up; increase outreach and support to families of color to improve equitable access to services; help families navigate the system; expand the EI workforce to ensure greater racial, ethnic and linguistic diversity; ensure adequate reimbursement for EI services; ensure eligibility for more children who are at risk of or could benefit from services; support inclusion of EI in early care and education settings; and incorporate more infant and early childhood mental health expertise and services.



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