

 NEW
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LIFE LAB

BRIGID SCHULTE AND ALIEZA DURANA

THE NEW AMERICA CARE REPORT

SEPTEMBER 2016

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About New America

New America is committed to renewing American politics, prosperity, and purpose in the Digital Age. We generate big ideas, bridge the gap between technology and policy, and curate broad public conversation. We combine the best of a policy research institute, technology laboratory, public forum, media platform, and a venture capital fund for ideas. We are a distinctive community of thinkers, writers, researchers, technologists, and community activists who believe deeply in the possibility of American renewal.

Find out more at newamerica.org/our-story.

About the Better Life Lab

The Better Life Lab is leading the national conversation about the evolution of gender roles and norms, family policy, and how we work and live. We envision a New America with the promise of real choices, without penalty, for men and women at work and at home—real choices that will lead ultimately to real gender parity; to stable and healthy families and communities; to thriving, sustainable, and innovative businesses; and to the time for all people to lead richer and fuller lives.

Find out more at newamerica.org/better-life-lab.

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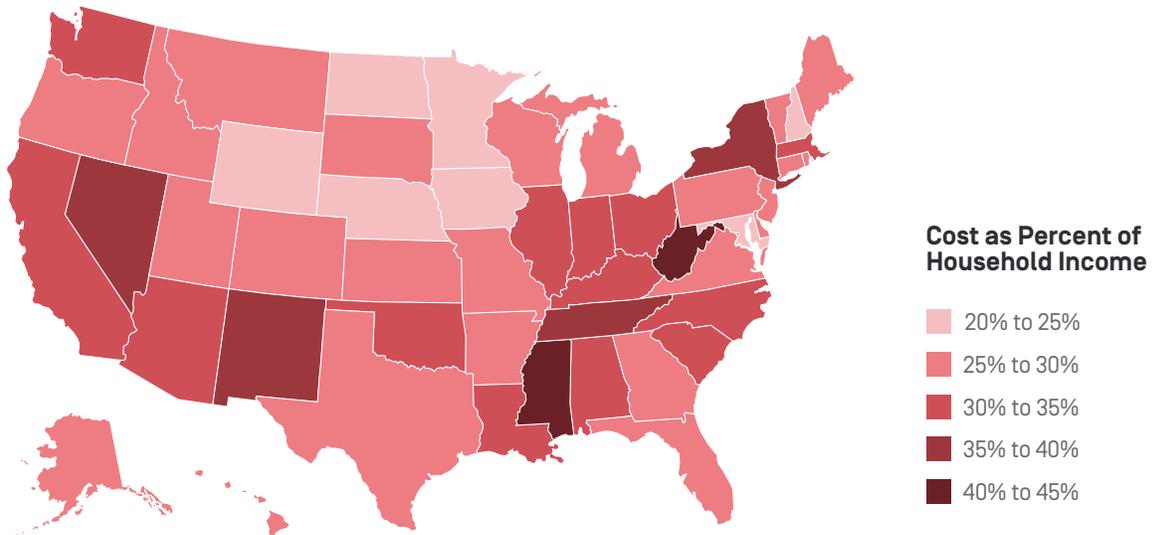
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The Care Index

The Care Index, a data and methodology collaboration between New America, Care.com and others, examined cost, quality, and availability data in all 50 states and the District of Columbia and found that no single state does well in all three categories.

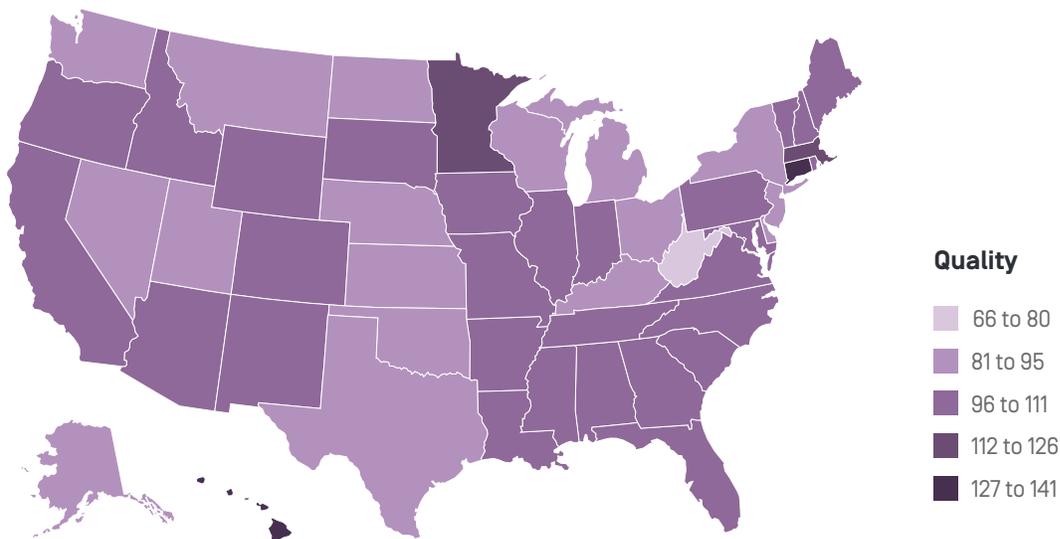
Cost

Expected cost of childcare as a percentage of median household income for each state.



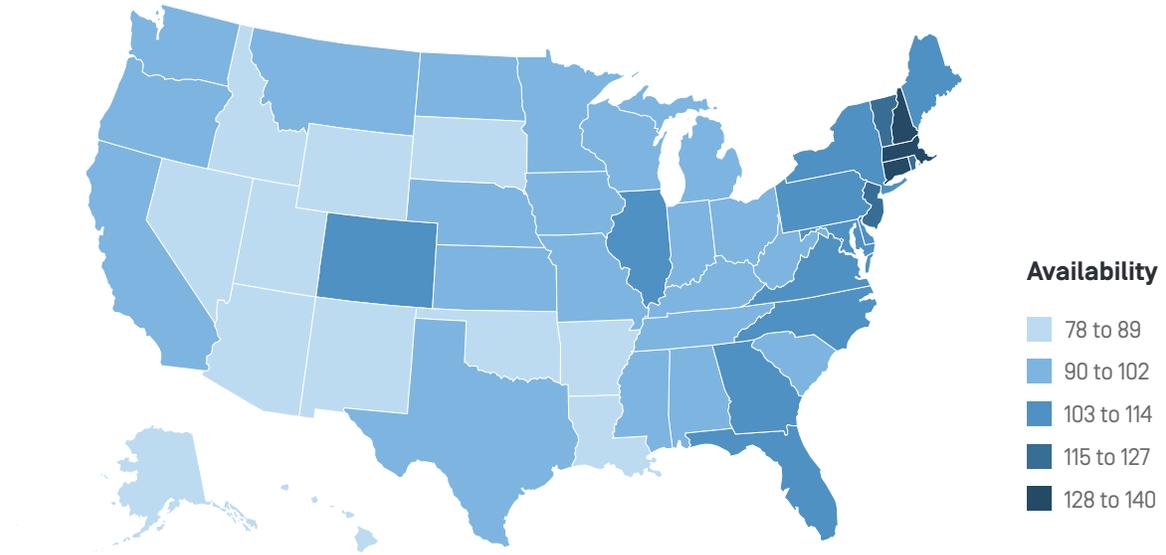
Quality

Standardized quality score based on the proportion of accredited family child care homes and centers and ratings for in-home providers on Care.com, where 100 is the national mean, and each 15 points represents one standard deviation from the mean.



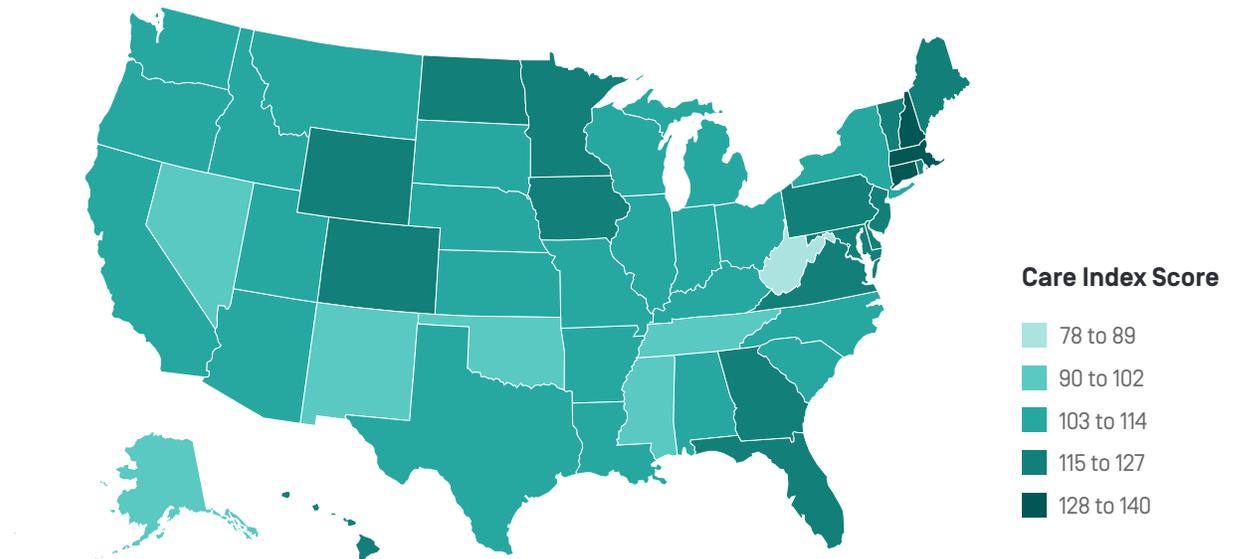
Availability

Standardized availability score based on the ratio of child care employees to the number of children under 5 in a state, where 100 is the national average, and each 15 points represents one standard deviation from the mean.



Overall

Overall Care Index assessment of each state based on standardized cost, quality, and availability scores.



Note: Normalized quality, availability, and overall scores run from low to high—high indicating greater accreditation, providers per child, and better overall score.

THE NEW AMERICA CARE REPORT



EXECUTIVE SUMMARY

Over the past 50 years, the experience of the American family has undergone a sea change. In the mid-twentieth century, breadwinner-homemaker families were not only more the norm, but held up as the ideal. Today, there is no one “typical” American family.¹ And in a majority of families with children under 18, all parents work for pay outside the home. That means, on any given day, about 12 million children under the age of five will need a safe place to go and someone loving to care for them.²

A good early care and learning system should support the healthy development of children, particularly at a time when their brains are rapidly growing and laying the foundation for all future learning. A functioning system should sustain the financial stability and health of families, promote opportunity and equity, support and sustain businesses, and help the economy thrive. And an effective system should be built on three pillars: affordable cost, high quality, and easy availability.

That is not happening in the current fragmented, patchwork system.

The Care Index, a data and methodology collaboration between New America, Care.com and others, examined cost, quality, and availability data in all 50 states and the District of Columbia and found that no single state does well in all

three categories. Instead, families, providers, and policymakers in every state make difficult compromises that often shape family decisions and can determine the course of children’s futures.

The Care Index found that child care is expensive, even though caregivers make poverty wages; that care can be difficult to find, and that, though quality is difficult to measure, only a handful of centers and family homes are nationally accredited for quality. More specifically, the Care Index found:

The typical cost of full-time care in child care centers for all children ages 0-4 in the United States is \$9,589 a year, higher than the average cost of in-state college tuition [\$9,410]. To cover the cost of full time in-center care for one child, a family earning at the median household income would need to spend one-fifth (18 percent) of its income. For an individual earning the minimum wage, full time in-center care is even less affordable: Child care costs two-thirds (64 percent) of their earnings.

Nationally, the cost of full-time care in child care centers is 85 percent of the monthly U.S. median cost of rent. In four states—Kentucky, Montana, Oregon, and Wisconsin—the cost of full-time care is more than the median rent in the state. In 11 states—Idaho, Illinois, Iowa, Kansas, Massachusetts, Michigan, Minnesota, Ohio, South Dakota, Vermont,

Washington—and the District of Columbia, full-time care is greater than 90 percent of the typical cost of rent.

Infant care in centers is 12 percent higher than for older children, and outstrips the cost of in-state tuition and fees in 33 states. Full-time infant care in centers ranges from a low of \$6,590 in Arkansas, still about 15 percent of median income, to a high of \$16,682 in Massachusetts, where it costs one quarter of the median income.

The typical cost of full-time care using an in-home caregiver, or nanny, is \$28,353 a year. That's equal to 53 percent of U.S. median household income, or 188 percent of income for a minimum wage earner, and is three times the average cost of in-state college tuition. Full-time in-home care costs range between \$25,774 a year in Wisconsin and \$33,366 a year in Washington, D.C.

Nationally, only 11 percent of child care establishments are accredited by the National Association for the Education of the Young Child or the National Association for Family Child Care. Accredited child care centers and family homes range from a low of 1 percent in South Dakota to a high of 46 percent in Connecticut. In Washington, D.C., 56 percent of child care establishments are accredited.

Care is most available in **Connecticut, Massachusetts, New Hampshire, Rhode Island, and Vermont. Alaska, Hawaii, Utah, Idaho, and South Dakota** are among the states with the lowest availability of care.

Care is not always available for families who need it. In South Dakota, all parents work in 82 percent of families with children under 18, the highest share of working families in the country. Yet the state has among the lowest availability of care. That suggests that working families are relying primarily on informal or “gray market” care. Utah has the lowest share of such working families, but still has a majority, 63 percent, of all parents working.

One-fifth of families surveyed by Care.com have more than one child care arrangement, both paid and unpaid, in a typical week.

The short version, then, is that the Care Index found that the early care and learning system isn't working. For anyone.

But this is meant to be the beginning, not the conclusion, of this conversation. The New America Care Report uses the Care Index as a jumping off point to explore the complexity of the fragmented child care system. Using the Care Index cumulative scores, we divided states into quartiles, from highest to lowest, and traveled with a video crew to one state in each quartile in each region of the country to report on the consequences of the trade-offs between cost, quality and availability.

We profile a caregiver in **Massachusetts**, one of the highest rated states in the Care Index, who still makes poverty wages and relies on food stamps after decades doing a job she loves and considers important.

We write about **Georgia**, in the second quartile, a state that was one of the first to adopt a universal pre-K program, where infant care is nevertheless so expensive, low quality and difficult to find that one family began paying \$1,450 a month, on top of the \$1,375 for their three-year-old, just to reserve one of the few spots in a quality center before their child was even born.

In **Illinois**, in the third quartile, we tell the story of the owner of a high-quality Montessori School who, instead of turning away low-income children when a state budget crisis wiped out funding for child care subsidies, took out a high risk personal loan.

And in **New Mexico**, a state with one of the lowest cumulative scores, the highest rate of child poverty and a growing population of children who speak a language other than English at home, we show how the high cost of care has driven many families into the cheaper, informal gray market.

The Care Index's findings are drawn from a variety of sources including unique, proprietary Care.com cost data, including the cost of nanny care, and a new Care.com national survey of more than 15,000 households with children under 18 in every state conducted in October 2015, as well as data from the U.S. Census, Child Care Aware of America, and the National Association for the Education of Young Children, among other sources.

The New America Care Report proposes systemic change to the early care and learning infrastructure, including additional public and private investment in early care and learning; better training; pay and professionalization of the teaching workforce; as well as select innovative policy recommendations to help make high quality care more affordable and accessible to all families, including:

- Universal paid family leave
- Expanding and improving cash assistance programs
- Implementing high quality universal pre-K programs
- Focusing resources on programs aimed at dual-language learners

In 1971, critics who supported a veto against a bipartisan bill that would have created a high quality, affordable child care system available to all said they not only wanted to kill the bill, but kill the very idea of child care in America. They feared a comprehensive system would force women out of the home and into the workforce, and rip children from their mothers' arms to be warehoused.³ Yet since the 1990s, without the support of any policies, a majority of mothers have worked outside the home, and a majority of American children have been cared for by someone other than their mother from the time children were six weeks old. Studies

have found that, contrary to public fears, child care does not damage children.⁴ And that quality early care and education can have lasting positive impacts, providing a 7 to 10 percent return on investment.⁵ The U.S. military invests in and runs the most effective child care system in the country, seeing it as key to recruitment, retention and readiness.⁶ U.S. businesses cover very little of the cost of care, 1 to 4 percent by some estimates.⁷ Yet absenteeism and lost productivity due to child care crises cost them about \$4 billion a year.⁸

A truly comprehensive system would give families real choices for how to combine their work and home lives.

If the child care system isn't working for anyone, why has there been no movement for change? In no small part because families, who foot about 60 percent of the cost of early care and learning, have no time. They're too busy trying to find their way in our abysmal child care system to change it. "It would be the right thing to try to find a solution," one family juggling the cost of three children told us, echoing a theme we heard again and again. "But right now, we have no choice, we're just in survival mode."

A truly comprehensive system would give families real choices for how to combine their work and home lives. The data and stories in the Care Index and the New America Care Report are offered as guideposts, to give families, advocates, providers, teachers and policymakers the information needed to move beyond survival mode; to get a clearer picture of where we are and the choices we need to make to move forward on creating an early care and learning infrastructure that works for everyone.

CARE IN AMERICA

Narratives of the everyday lived experience of child care in four states



GEORGIA

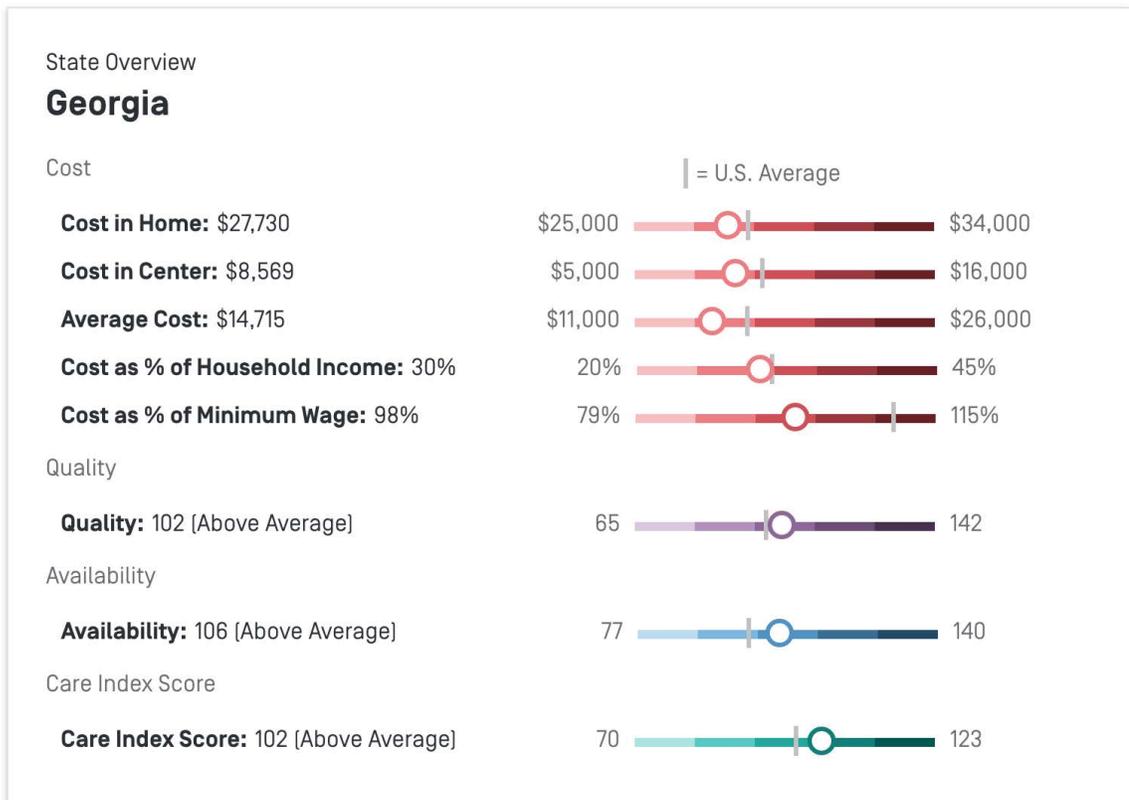
By Brigid Schulte

“I Couldn’t Afford to Work, and I Couldn’t Afford Not to Work.”

It’s 6:45 am on a Monday morning. Monyatta Carter has already been up for over an hour, getting herself ready for work and feeding the family’s four dogs, one floppy rabbit, and the fish scattered in the 11 aquariums that line the living room and front hall of their rented house in Conyers, Georgia. She’s started a load of laundry, found the lid to her husband’s coffee cup, packed two tiny pink backpacks emblazoned with the cartoon princesses of the

Disney movie *Frozen*, dressed the baby in a red Minnie Mouse tank top with bright blue leggings, and is struggling mightily to get three-year-old September out of her bedroom.

“I don’t wanna go to school!” the child wails, her legs locking. Carter balances 17-month old Temi on her hip, plastic bowls of grapes and strawberries for the girls to eat in the car in one hand, and, with the other, pulls September down the carpeted hallway toward the front door.



“I know,” Carter says evenly. “But you know we gotta go, Sprout.”

Throughout the morning routine, Carter constantly checks her smartphone to keep track of the time. To get to work by 9 a.m., drop the girls off at their family home care center, about 15 miles away, and drive another 20 to get to work, Carter has to be pulling out of the driveway no later than 7:30 a.m. If she’s lucky and the traffic is light, she’ll sometimes stop at the McDonald’s drive-through for a cup of coffee for breakfast.

Carter, 39, works in Decatur as a medical coder for Emory Healthcare. When she began looking for early care and learning, she wanted the girls close to her work in case of emergencies. Their care is primarily her responsibility. Her husband owns his own mobile detailing business and has an unpredictable schedule. Her extended family lives miles away in South Georgia. And her three older children from her first marriage are busy working and going to college.

“I wanted more than just a babysitter. I want my girls to have individual attention. I want them safe. I want them to learn. And I want to be comfortable where I leave my kids, and not worry about them while I’m at work.”

Her first choice was her own employer’s on-site child development center, one of the best in the area, and only three minutes from her office. But she despaired when she discovered it was going to cost her about \$1,840 a month, or \$22,000 a year for an infant and toddler, even with her employee discount. That’s more than her rent and about as much as she takes home. She debated staying home. But her job provides not only steady income, but also the family’s health insurance. “I couldn’t afford to work. And I couldn’t afford not to work,”

she explains as she wrestles the girls into their car seats, checks the time on her phone, and hurriedly brushes an unexpected army of ants out of the car.

She began searching for licensed, high-quality care as close to her office as she could find. And the closest place that she felt was a good fit and that she could afford was 20 miles away, in a small family child care home that takes no more than six children at a time in Lithonia, about halfway between her work and her house. Care for the two costs \$13,440 a year. But a small, privately-funded “Boost” scholarship, run by Quality Care for Children, an Atlanta-based nonprofit, to help low-income families get ahead, is picking up about \$3,000 of that for now. “That has helped the family budget tremendously. I didn’t want to have to choose between paying for child care and paying for food,” she explains. “But I wanted more than just a babysitter. I want my girls to have individual attention. I want them safe. I want them to learn. I want someone to be accountable if something happens. And I want to be comfortable where I leave my kids, and not worry about them while I’m at work.”

After a winding drive on backroads, September now chattering happily, Carter pulls into the driveway of a cheerful yellow clapboard house with a small addition on the side. She untangles the girls from the car, gingerly carrying Temi, who’s fallen asleep, and knocks on the little green door. As she hands the girls over to the home care provider, a smiling Antoinette Elliott, Carter braces for tears from Temi. It always breaks Carter’s heart when the baby cries as she leaves. She takes a deep breath. Next year, she thinks. Next year, September will be four, and she’ll enter the lottery in the hopes of getting one of the slots in Georgia’s free universal pre-K program. The morning commute may be worse, taking the girls to two different places, but the break on the family budget will be a relief. Carter checks her phone again for the time. Traffic will be piling up. It’s time to get to work.

What to Do About the Babies

Monyatta Carter's struggles with early care and learning are hardly unique. In interviews with dozens of families across Georgia, parents shared stories of how they are forced to make choices between cost, quality, and availability every day when it comes to finding care for their children. Moreover, those difficult trade-offs often shape their lives and can determine the course of their children's futures.

"How can you get up the financial ladder when you're constantly being pulled down? Child care is crazy."

The inability to find or afford quality early care is the reason why some families, like Jaime White's, decided not to have more children, even though they'd hoped to. Already, the Whites pay \$44,000 a year, more than their mortgage, to ensure their children have high quality care. The lack of early care is why parents in some families, like Ashley Henderson's, work split shifts and rarely see each other. The lack of early care is why some parents, typically mothers, dropped out of the workforce, even though they didn't want to. "Child care can affect the direction of your whole life, the unattainability of it. It certainly has for me," said Michelle Cawley Burg of Lilburn, who reluctantly quit her job when she had no paid family leave and couldn't afford child care. Ten years out of the workforce and five children later, she's starting all over again.

Caree Jackson Cotwright, a professor at the University of Georgia in Athens, faxed the university's on-site child development center the day she gave birth to her first daughter to get her on their waiting list. "And it's not because I'm crazy," she said. "That's normal." She felt lucky to get a spot six months later.

For many struggling families, like single mother Raysean Hawkins, a patient care tech who lost her child care subsidy after picking up an extra-hour shift to better provide for her two children, the lack of affordable, high quality early care can keep parents stuck and unable to climb the economic ladder. Hawkins dreams of going to college to get ahead in life. But Georgia is one of eight states that do not help low-income parents offset the cost of early care if they're enrolled in a four-year college program or two-year associate degree program.⁹ For children, research has found that a majority of the achievement gap at age 14 was already present on the first day of kindergarten, and that the disparity in cognitive skills at age four between low- and high-income children in the United States is already among the largest in all of the advanced economies.¹⁰ "How can you get up the financial ladder when you're constantly being pulled down?" Hawkins says. "Child care is crazy."

And Georgia, compared to other states, does early care and learning pretty well.

In the Care Index, a data and methodology collaboration between New America and Care.com, Georgia ranked in the second quartile, 18th out of the 50 states, scoring in the top 15 on quality and availability, but falling to 31st in terms of affordability. Though quality is difficult to measure, 12 percent of centers and family homes are nationally accredited for quality. The Care Index found that the average cost of full-time infant care in a child care center or family home center outstrips the average cost of in-state college tuition and fees in the state. For a family earning minimum wage, the average cost of child care in a center for all children under five eats up more than half their income. Nanny care, the Index found, runs \$27,730 a year, more than two and a half times the average rent in the state.

What Georgia does well, however, is its early and pioneering embrace of early childhood education. Georgia was among the first states, along with Massachusetts and Washington, to create a

Nearly 70 percent of all licensed infant and toddler classrooms in Georgia were rated as low quality, with children in environments “inadequate for their health and safety” that “do not promote their cognitive and social-emotional development.”

standalone Department of Early Care and Learning. “We don’t talk about daycare here,” one state official said. “We talk about early learning.”

Both Democratic and Republican governors have campaigned on and later supported the expansion of one of the first universal pre-kindergarten programs in the country. The state has invested more than \$6 billion in state lottery funds over 25 years to make high quality pre-K available to 1.4 million children. Though demand still outstrips a supply—between 5,000 and 8,000 children sit on the waiting list every year—the system currently serves more than 80,000 children annually, or nearly 60 percent of the state’s four year olds. That falls just short of the universal pre-K programs in the District of Columbia, Vermont, Oklahoma, and Florida that reach more than 70 percent of their four-year populations.¹¹ But it far outstrips others: 12 states serve less than 10 percent of their four-year-olds, and seven states have no pre-K program at all.

That investment in pre-K in Georgia is paying off. Researchers contracted by the state have found that children from all backgrounds are benefitting from the program, making gains across all domains.¹² And that those who don’t speak English at home, a fast-growing population, begin the year with lower skills than their English-speaking peers, but learn at a faster rate and make large gains throughout the year. “And those gains tend to continue beyond the pre-K program,” said University of North Carolina research scientist Ellen Peisner-Feinberg, who is studying a representative sample of Georgia children from pre-K through third grade.

Further, a 2015 study of the economic impact of child care in Georgia found that it is a \$4.7 billion a year industry, on par with the pharmaceutical and the hotel/motel sectors, creating nearly 85,000 direct and indirect jobs, serving 337,000 children and enabling more than a half million parents to work each year and pay taxes on \$24 billion in income.¹³ “Legislators and business leaders now see that the child care industry is an important economic driver in the state,” said Amy Jacobs, commissioner of the Department of Early Care and Learning for Republican Gov. Nathan Deal. The economic impact data got both Republican and Democratic lawmakers’ attention, she said. Now, the brain research showing that in the first few years of life, a child’s brain is making 700 to 1,000 critical new neural connections every second, forming the foundation upon which all later learning will be built, is pushing lawmakers to take action.¹⁴ “You can’t dispute that research. And I think Republicans and Democrats are starting to listen,” Jacobs added. “I don’t think that early learning is a partisan issue. It’s a bipartisan issue. I think how you *pay* for it is a partisan issue. And we’re working on that here in Georgia.”

But that also gets at the heart of the current struggle in Georgia: what to do about the babies.

The cities of Atlanta and Marietta, along with major employers headquartered in the state, like Home Depot and Coca Cola, offer paid family leave to new parents. But most workers in the state, as in the rest of the country, get little or no paid family leave and new, adoptive, and foster parents must either use their own vacation or sick time, take unpaid leave,

or seek child care and return to work within weeks of the baby’s arrival. Nearly one in four mothers, one investigation of a Department of Labor survey found, return to work within two weeks.¹⁵

In Georgia, as in the rest of the country, infant care is hard to find, often wildly expensive and, a 2009 state study found, pretty bad.¹⁶ Nearly 70 percent of all licensed infant and toddler classrooms in Georgia were rated as low quality, with children in environments “inadequate for their health and safety” that “do not promote their cognitive and social-emotional development.” And though the care was that bad among licensed providers, the state has no idea about the experience of children in small, unregulated settings—people may care for up to two children unrelated to them for pay without needing to obtain training or a license—or on the cheaper “gray market” of informal care provided by family, friends, and neighbors.

“That was a real clarion call for us,” Jacobs said.

With a \$51 million federal Race to the Top grant through the end of 2017 and an additional \$14 million raised from the private sector, the state has a new plan to boost the quality of infant and toddler programs through efforts like creating the Quality-Rated Improvement System, giving more generous subsidies to low-income families who choose higher-rated child care establishments, and offering scholarships to teachers to seek more training —the key to quality care. In addition, the governor added \$25 million from state lottery funds in May 2016 to raise pre-K teacher salaries and bring them more in line with K-12 teachers.

The plan, however, does not call for raising the salaries of teachers in infant and toddler classrooms. Nationally, those who teach infants and toddlers make about 70 percent of what those who teach three- and four-year-olds make.¹⁷ Which is little enough. In Georgia, the median wage for all early childhood workers, \$9.16 an hour, hasn’t changed since 2010, and more than half of workers’ families are on some form of public assistance.¹⁸ Nannies in the state make slightly less than the



The toddler classroom at Sheltering Arms Model Teaching Center, an early learning center open to all children, ages six weeks to five years, regardless of family income. Photo: Long Story Short Media

national average of \$13.92 per hour, the Care Index found, but typically have no benefits like health care, advocates said, are often expected to take on more chores without additional pay, and have no recourse if they’re fired.

Georgia is also using the federal funds to increase the availability of quality infant and toddler care in rural counties, called Early Education Empowerment Zones, where the need for licensed, quality infant and toddler care far outstrips what’s currently available.¹⁹ In Clark County, home of the University of Georgia, the current system can only serve 27 percent of the children ages 0-4 who may need care. In Brooks County, it’s fewer than 5 percent.

In addition, the state is also revamping its child care subsidy program with an eye to increasing quality for disadvantaged children in an effort to boost school readiness, close the achievement gap, and reduce inequality. In a plan approved in May 2016, the state is lowering the amount low-income working families have to pay out of pocket, a move that will mean strapped Georgia families will no longer pay among the most for care in the nation.²⁰ Georgia is also raising the rate it reimburses high quality centers for accepting children who qualify for subsidies—up to the 75th percentile of the



Storytime in the pre-K classroom at Sheltering Arms, Atlanta Ga. Photo: Long Story Short Media

2013 market rate for care. (Although the cost of early care and learning nationally has risen every year—at nearly twice the rate of the price for all other consumer goods—the state had been setting reimbursement rates based on a fraction of what early care and learning cost in 2007.²¹) Advocates say that will mean high quality centers will be more likely to accept more children from economically disadvantaged backgrounds. And that’s a good thing.

But the bad thing is that the increased spending on quality and affordability means, without additional substantial investment, the state will be cutting availability to as many as 17,000 children a year. “It’s like, in a flu epidemic when you have limited vaccines. Do you give watered-down flu vaccines to the whole population, where it may not do the trick, or do you give the recommended dosage to a smaller number of people?” said Mindy Binderman, an advocate with Georgia Early Education Alliance for Ready Students. “It’s a really hard trade off.”

And with so far to go, so much at stake in the early years, and the federal grant expiring soon, parents, advocates, and providers worry that lawmakers in the fiscally and culturally conservative state

will fail to act. Outside the roughly \$300 million in state lottery funds for pre-K every year, Georgia invests about \$50 million annually—to match the federal government’s \$200 million—to help make early care and learning more affordable for about 50,000 children from low-income working families, even though that represents only a fraction of the nearly 700,000 children under age 13 living in such families.²² (Unlike 12 other states, Georgia does not add state dollars to the federal Head Start preschool program.²³) Many lawmakers see early care and learning as the private responsibility of families, advocates said, not a public good to invest in. “Honestly, many legislators come from a different era in which mama stayed home with their babies, so they think that is where they belong,” said Carolyn Salvador, executive director of the Georgia Child Care Association. “You’ve got to overcome old ideas that this is not early education, but just glorified babysitting.”

The Market Just Doesn't Work

From his office window on the 38th floor in the soaring One Atlantic Center skyscraper in Midtown Atlanta, Aaron Block, a corporate lawyer for

the international law firm Alston & Bird can see his three-year-old daughter Mary Jane's child development center. The law firm is one of the few employers in the country that offers subsidized, high quality on-site early care and learning to its employees—just two blocks away. And unlike in most centers, where turnover is high and quality low, many of the well-trained and well-paid teachers have worked at the bright, airy Children's Campus since it opened in 2001. "There's this feeling of community that you get from being at a child care center that's associated with the firm," Block said. In fact, on-site care was a big draw when he decided to accept the job in 2010, even though that was before he and his now-wife were even married.

The same was true for reference librarian Toral Doshi, whose son Kieran is in Mary Jane's class. "I've never had a moment's hesitation about leaving my son at the center," she said. "And a lot of it has to do with the fact that the teachers, they do become your family...someone that you know and trust and that your son loves and that they love him."

Aaron Block drops Mary Jane off in the morning at the campus, which is operated by Bright Horizons, the largest provider of employer-sponsored early care and learning in the country. He can pop over for her dance recitals a few hours later, or sign up to read to her class. "During the day, I can be more productive and focused at work because I know that she's in a place where she's safe, where she's happy," he said. "When I've had a tough or demanding day, it really helps to look out the window and be able to see my daughter's child care center, and know that she's there having a fun time. Because ultimately that's why I'm working hard."

To build a robust early care and learning infrastructure, where all children develop strong attachments to well-trained teachers and are exposed to rich language nutrition to build the brain architecture for future learning, health and development, where parents can easily find affordable, high-quality care, and well-trained teachers and providers can make living wages, economists like Stanford University's Myra Strober

argue that it will take not just parents, but business and government support. Nationally, parents shoulder about 60 percent of the cost of early care and learning, one study found, federal, state and local governments 39 percent, and businesses and philanthropic organizations just 1 percent.²⁴

"The economics for child care are the same as for k-12 education: There is no education that isn't subsidized. Public education is fully subsidized by the government, and private education is subsidized by private gifts from alumni and the tax system," she said. "But the way child care is setup now, the market just doesn't work. Parent tuition alone simply cannot cover the cost of services."

"I can be more productive and focused at work because I know that she's in a place where she's safe, where she's happy."

When it comes to business support for early care and learning, about 61 percent offer employees Dependent Care Assistance Plans to help them pay for care with up to \$5,000 pre-tax dollars a year, according to the 2014 National Study of the Employer.²⁵ Which is a drop in the bucket compared what parents typically pay. The Care Index found that the average full-time cost for center and family home care for children aged 0-4 ranged from a low of \$5,720 a year in Arkansas to a high of about \$15,856 in Washington, D.C. In Georgia, costs run about \$8,569 a year. (Average full-time nanny care costs between \$26,000 and \$33,000 a year.) Only 2 percent of companies actually provide employees with vouchers or subsidies that are a direct cost to the company. And only 7 percent offer on-site, or near-site child development centers, down from 9 percent in 2008.

But in Georgia, Alston & Bird is only one of a number of larger employers offering on-site care and learning. Home Depot, Aflac, Turner Broadcasting System, Wellstar, Georgia Power, Georgia Pacific,

and others do as well. One big reason is that Georgia is one of a handful of states that have passed tax incentives to help defray the cost of building and running on-site centers. Alston & Bird was able to write off 100 percent of the \$4 million cost of building the center over 10 years, explained Hillary Bowers, senior benefits coordinator for the firm, and they can write off 75 percent of the annual operating cost.

“The cost of child care is something that the firm recognizes can be a huge burden on families, not just in Atlanta, but nationwide,” she said. The firm subsidizes the cost of care for the 70 children in the center, so parents pay below market rates, and offers scholarships for certain employee families who need additional help covering the cost of care. Now, in addition to expanded paid parental leave, breastfeeding rooms and other family-friendly benefits, Bowers said the firm sees the Children’s Campus as an important tool for recruiting and retaining good workers and creating a positive company culture. “Our philosophy at Alston & Bird is that if we take care of our people, they will take care of our business. That is just the simplest business case there is.”

“I Honestly Don’t Know How Some People Do It.”

At the end of a long day of work at a small sports marketing firm, a very pregnant Micki Velmer is driving to pick up her three-year-old son, Burke, from the Frazer Center, a child development center, when her car overheats and breaks down. Although Velmer’s husband, Jason, who works in digital marketing, soon swings by to get her and then get both of them to the Frazer Center before it closes, Velmer is uneasy.

Finding quality early care and learning that they could afford for Burke was difficult enough. She and Jason began looking when she was barely pregnant with Burke, toured child development centers, put down several deposits, and made regular phone

calls to check in for months, “like it was another part-time job,” she says. But by the time Burke was born and she had cobbled together 12 weeks of short-term disability, vacation, and unpaid time off—she had no paid family leave—nothing had opened up. There were a few informal “Mom’s Morning Out” programs, but they only lasted a few hours. In a panic, the couple began to share a nanny with neighbors. But when both families moved to safer neighborhoods with better public schools, Velmer snapped up a part-time spot for Burke at the Frazer Center. He was nearly one year old. Now that he attends full time, they pay about \$1,375 a month for his care, plus fees. With the new baby on the way, they’ll soon be paying another \$1,450 a month. (Some centers in Atlanta that they looked at but ruled out as too expensive charge as much as \$1,800 a month for infant care.) The cost of two children in full-time care will be more than the mortgage on their tidy ranch house in Druid Hills, one of the more affluent neighborhoods in Atlanta. Now, she worries, is not the time for expensive car repairs.

Because infant slots are so hard to find—in Atlanta, in Georgia, in the United States—the Velmers’ baby will be enrolled and they will actually start paying tuition a few days before the baby is even born.

Because infant slots are so hard to find—in Atlanta, in Georgia, in the United States—the Velmers’ baby will be enrolled and they will actually start paying tuition a few days *before* the baby is even born. And they’ll continue to pay throughout Velmer’s 12-week parental leave. This time, working for a new company, she gets two weeks of paid parental leave, which she’ll extend with other paid and unpaid time off, and short term disability. Jason, who works for a French company, will have four weeks paid parental leave. All the while, they’ll be paying \$4,350, plus deposit, just to reserve their baby’s spot.

Velmer has her concerns about the Frazer Center. She loves the diverse and inclusive special needs community; how the center is tucked into the woods with walking paths and gardens; and that it's only one mile from their house. But, every year, the teacher turnover has been high. Not one of Burke's teachers has made it through an entire school year, which she worries has disrupted the continuity of care, so critical for a child's healthy development, despite the high price tag. But, just like Monyatta Carter waiting for her daughter to turn four and the financial relief of Georgia's universal pre-K program, Velmer hangs on at the Frazer Center because, if Burke stays, he'll be guaranteed a free pre-K spot. Then she'll only need to pay about \$75 a week for after school care. If they remove him, they can enter the lottery and take a chance that he'll get one of the universal pre-K slots at a nearby public school or another private or nonprofit center. But that's no guarantee. The competition in Druid Hills for the limited pre-K slots is fierce. "It just seems like a big gamble," she says.

"Child care is tough," Velmer said. Even for those, like she and Jason, with good jobs and savings. "I

honestly don't know how some people do it." She does know that costs like early care and learning are a big reason that, after their second child is born, she and Jason will never likely have more. "We'd always said we'd have two or three, but the financial piece is so scary."

Velmer slowly walks into Burke's classroom at the Frazer Center, where the children sit in a circle on a colorful carpet listening to one of the new teachers read a story, while Jason stays in the car and calls a mechanic and tow truck. The little boy's eyes light up when he sees his mother, and he rushes to crush himself against her huge belly.

"Hey Bud," she says softly, brushing the soft blonde hair from his forehead. "Have a good day?"

"Yeah," Burke says, not letting go.

"You ready to go home?"

The boy nods. They walk toward the car, hand in hand.

Mary Jane Block and Kieran Doshi at Alston & Bird's on site child care center in Atlanta, Ga.
Photo: Long Story Short Media



NEW MEXICO

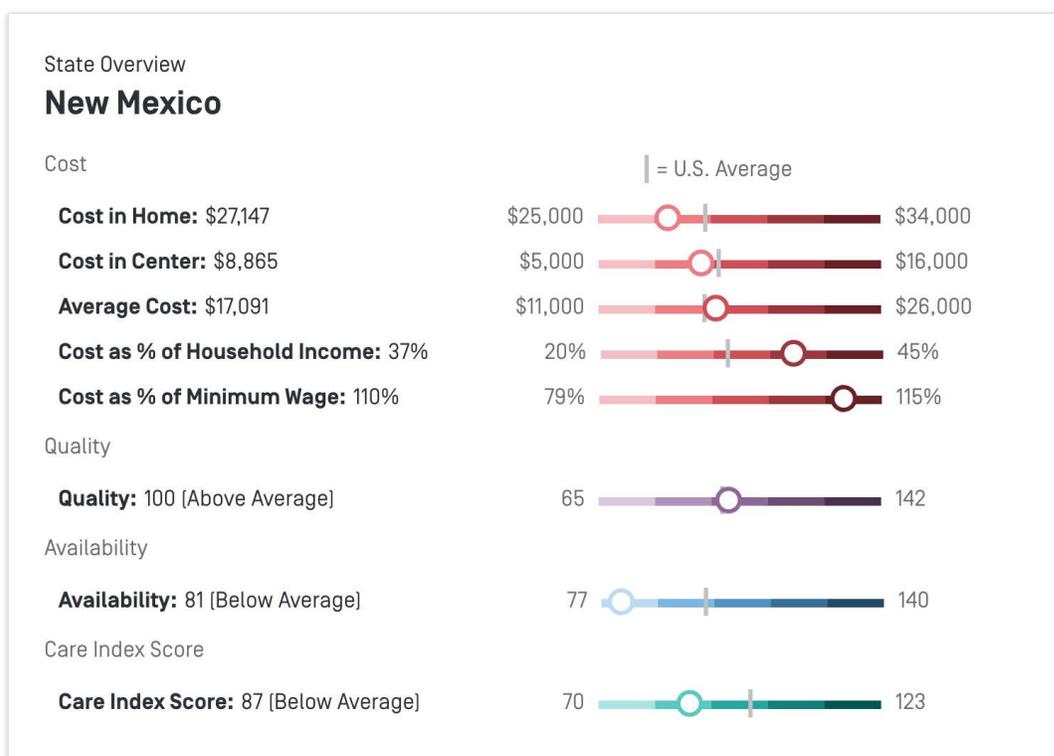
By Alieza Durana

"I just wish it were a little bit easier"

The front door of Nora Nivia Nevarez's adobe-like house in suburban Albuquerque opens to blocks and children's books scattered around the brightly colored carpet, shaped like a puzzle piece. Children's shouts can be heard in the backyard, playing on a slide during recess. Throughout the afternoon, she keeps a careful eye on her four small charges, ages 4 months to 10 years, by turns reading books, playing blocks, and helping them with puzzles. She periodically gets up to stir a

pot of chicken noodle soup she's preparing for the kids' dinner, one of any number of meals and snacks she'll make for the children she cares for every day. Nevarez works no set hours, but rather follows parents' work schedules. That can mean days that start as early as 6 a.m. and last long into the evening. One little boy named Javier cries as his guardian, Guadalupe, picks him up. He's tired, and ready to go home.

"I love caring for children, I just wish it were a little bit easier," she sighs, speaking in Spanish. Nevarez,



50, has been taking care of children for decades. She began with her own three children, cared for her two grandchildren and now helps friends and neighbors as a registered family child care provider in Southwest Albuquerque, one of the many in the state. And truly, her work is a labor of love. She doesn't turn anyone away. Javier is autistic and his guardian hasn't been able to find anyone who will care for the child. Nevarez will.

Due to state regulations, Nevarez cares for no more than four children unrelated to her at any given point. She charges \$2.00 per hour per child in her community, regardless of what families make, to help keep the cost affordable. That means, at best, she'll earn \$8.00 an hour to care for four children. But if she takes toddlers from low-income families receiving a state subsidy to help them pay for care, she may make as little as \$1.58 per hour per child. That's \$6.32 per hour for four kids.* Reimbursement rates for infants are slightly higher. But even with such paltry pay, she often doesn't know from week to week how much she'll earn, because the parents' schedules are often erratic and sometimes the children need care for part of the week, and sometimes for all of it, and sometimes, to cover family overtime, even more.

But that Nevarez makes so little does not mean that families aren't paying a lot. Parents are expected to pay the difference between the state's full rate—based on child age, hours of care needed, and status of child care provider—and what the state chooses to subsidize based on parent income. And in Albuquerque, despite the long hours and low pay for Nevarez, her family child care home is actually a best-case scenario, if not for her, then for families. Like other registered providers, her family home meets basic health and safety standards. She knows CPR. She knows that infants should be put to sleep on their backs. And she's gotten more

* This rate was calculated according to rate of a toddler receiving 40 hours of care per week. 8.15.2.17 NMAC. <http://164.64.110.239/nmac/parts/title08/08.015.0002.htm>; New Mexico Children, Youth, and Families Department. "Child Care Assistance." CYFD.org. <https://cyfd.org/child-care-services/child-care-assistance>



Nora Nevarez charges \$2.00 per hour per child in her community, regardless of what families make, to help keep the cost affordable to low-income parents. Photo: Long Story Short Media

training on developmentally appropriate activities and other measures of high quality care, so that she can become a licensed provider. That's good for the families of her four charges. But many other families have far fewer options. And in a state where child poverty rates are the highest in the country and many working families struggle to make ends meet, many can't find registered or licensed child care they can afford, so they move underground, into the "gray market" of often unreliable, unregulated family, friend and neighbor care.²⁶

Care Goes Underground

In gathering information on the cost, quality and availability of care, New Mexico, falling in the lowest quartile in the Care Index, stands out as a state struggling to provide affordable and accessible care—seeking to improve quality—and forced to make trade-offs because of the way the current system is set up. The Care Index found that the average cost of care in a center in New Mexico, \$8,865 a year, is about 95 percent of the average rent, nearly 20 percent of the median household income, and would eat up more than half of a minimum wage worker's income. About one quarter of all centers are accredited for quality.

New Mexico also mirrors many of the changing demographic trends of young learners: increasing

numbers of dual-language learners who speak a language other than English at home. So why is it so difficult for families in New Mexico to find quality, much less affordable care?

Child care is expensive. Children under five require individualized care, attention, and learning, and 80 percent of the cost of child care are the teachers' salaries.²⁷ To reduce the cost of care to a lower—but still unreasonable—level, most caregivers in New Mexico, and across the country, are paid poverty wages. This is reinforced by the state, which reimburses caregivers like Nevarez at a fraction of the cost of providing care. As a result, in 2015 nearly half (46 percent) of the child care workforce across the country relied on public assistance. In their most recent study of the early childhood workforce, University of California Berkeley researchers Marcy Whitebook, Caitlin McLean, and Leah J.E. Austin found that, in New Mexico, child care workers are in the third income-percentile—nearly the lowest of all paid workers—and get few to no benefits. The median hourly wage is \$9.10, a four percent decrease since 2010.*²⁸ Inadequate pay results in high attrition and turnover.²⁹ Places that do provide adequate pay and have low turnover rates have to rely on outside donations,³⁰ in addition to private tuition paid by parents, and government funds, to survive.

Catholic Charities is one of those providers. “We can’t fully address child development without losing money due to the cost of quality staffing, staff development, and safe facilities,” said James Gannon, CEO and executive director of Catholic Charities in the Archdiocese of New Mexico. “Catholic Charities assesses community need, provides services, and covers the shortfall *later*. It’s not economically sustainable.”

In their South Valley child development center, Catholic Charities provides services to 47 children, running an annual deficit of roughly \$250,000. The reason? They invest in the teachers in order

* As a point of comparison, preschool teachers saw median wages decrease 10 percent since 2010 to \$12.82.

to provide high quality care. “We pay our staff \$13.00 per hour, provide health care, time-off, and a retirement plan,” Gannon explained.

Yet even after attempting to provide “low-cost” care to families, the cost is still too high relative to income. In the case of New Mexico, families have limited means to contribute to expenses such as child care³¹—30 percent of children live in poverty, the highest rate in the U.S.,³² and 56 percent of children receive public health insurance in the form of Medicaid and the Children’s Health Insurance Program (CHIP).³³ As recently as August 2016, New Mexico Cabinet Secretary Monique Jacobson estimated that child-Medicaid eligibility was as high as 80 percent.³⁴ Child care is a double-edged sword. Because the majority of children are raised by working parents, not accessing child care is not an option. To those who are unemployed, a lack of child care creates a barrier to reducing poverty, family income, and a steady job.

“I love caring for children, I just wish it were a little bit easier.”

In New Mexico, availability of child care is also related to the cost issue: Demand for formal care dwindles because families can’t pay for it, and child care workers leave the industry because they can’t make enough money. Finally, the inability to retain workers makes *quality* difficult to achieve—the industry can’t retain the workers they do successfully train.

All this is to say that the high cost of care often pushes people to rely on informal family, friend, and neighbor networks and family child care providers like the still-underpaid Nevarez. But since people are opting out of any formal system, we know increasingly little about the safety and quality of children in such settings. Is the care loving, warm, and developmentally appropriate? Or are kids are just plopped in front of a television set? There’s no way to know.

Meet Amy Bazan

Amy Bazan had her first child—a daughter, Alexandria—when she was 19 years old. She faced the daunting task of finding child care while tackling a pre-med course load. In her first week of care, Alexandria fell off a concrete step and hit her face. Bazan remembers:

“Children fall all the time. What was scary is that they didn’t call to let me know what happened and didn’t give my daughter first aid for the gash. At pick up, I saw my daughter’s bloody face and the caregiver didn’t have any information about what had happened.” She took her out of that center and found another. At the second center, her daughter’s pinky finger got smashed and nearly pinched off. Alexandria would scream and cry when she dropped her off, so Bazan gave up on the second center as well. She eventually found New Mexico’s child care resource and referral line and a family child care provider she felt comfortable with. When her caregiver went back to school, the caregiver suggested Bazan take over the business and open a family child care program herself so as to both earn money and meet her own care needs for Alexandria.

After running her own family home program for three years and working across the child care system, in 2014 Bazan was named director of the Providers Allied for Nutrition program— a USDA Child and Adult Care Food Program (CACFP) program.³⁵ Nicknamed PAN after the Spanish word for bread, the YWCA program provides family child care providers, including Nevarez, with money and

information about safe cooking, healthy eating, and community resources. Over the last 15 years, Bazan has watched the type and number of providers dwindle. Under the current system, attempting to provide high quality care that’s affordable and easily available for parents is a lose-lose situation, Bazan said. From the other end of the proverbial telescope, she joins Nevarez in wishing it were just a little bit easier.

Family child care homes are mostly unregulated—technically “legally exempt” from New Mexico health and safety regulations—except for when providers register and participate in subsidy programs, the largest of which is CACFP. This means that to really understand family home care, you need to understand federal food and nutrition programs.

What little information we have is limited to *registered* and *licensed* family child care homes. The licensing and registration unit of the New Mexico Children Youth and Families Department inspects licensed family child care homes a minimum of twice per year, registered family child care homes annually, and food sponsors visit two to four times per year. Nevarez is one of those registered—and inspected—New Mexico providers participating in the food program. If providers are not in compliance with licensing standards, providers will receive additional inspections until they are found “in compliance” or given a sanction. Alternatively, providers may reduce the number of children in their care, opt out of registration or licensure, or receive a fine, thereby losing state food or assistance

Child care is a double-edged sword. Because the majority of children are raised by working parents, not accessing child care is not an option. To those who are unemployed, a lack of child care creates a barrier to reducing poverty, family income, and a steady job.

subsidies. Cease and desist notices are issued to stop all daycare when a provider is found to be caring for more than four non-residential children. But according to Henry Varela, communications director for the New Mexico Children, Youth and Families Department, non-compliance numbers *are not tracked*. Moreover: “We are unable to prevent a provider who did not meet the qualifications to become licensed or registered from babysitting up to four non-residential children. It is through educating parents on how to select quality child care that we encourage them to select registered or licensed providers to care for their children,” said Varela.

The New Mexico Child and Adult Care Food Program [CACFP]

In the 1960s, increasing numbers of people were watching kids not their own, and having to feed them across the day. In 1968, the U.S. Department of Agriculture recognized the need to support caregivers and working families, and thus sponsored a pilot program to reimburse caregivers for the meals served while caring for the children, and provide nutritional information and education. Section 17 of the 1976 National School Lunch Act (42 U.S.C. 1766) made the program permanent and today, CACFP funds meals for 3.3 million children in child care across the country as well as technical assistance for quality day care and nutrition improvements.*³⁶

The program is funded by the USDA and administered by states. The New Mexico food program is run through the family nutrition bureau of the New Mexico Child, Youth and Families Department (CYFD). CYFD contracts community

* In 2015, 819 CACFP-sponsoring agencies served 777,668 children in 113,849 family child care homes and 3,280,046 children in 63,976 child care centers. [Program Information Report (Keydata) (Washington, DC: Program Data Branch, Budget Division, Financial Management, Food and Nutrition Service, U.S. Department of Agriculture, May 2016). <http://www.fns.usda.gov/sites/default/files/datastatistics/keydata-may-2016.pdf>

providers—nonprofits—to visit family child care providers, which is how the YWCA got involved. In New Mexico, there are 15 nonprofit food program sponsors, including the YWCA, that work with child care providers in their home.³⁷ Nutrition programs are therefore a main vein of the caregiving landscape, touching a wide swath of care providers.

A Gray Market for Care

When Bazan started with PAN in 1994, the food program helped close to 1,200 registered family child care home providers out of 7,000 statewide. Now they help roughly 250 out of 2,000 statewide. The number of licensed providers is a small fraction of the number of registered providers, which is a fraction of the number of unregulated gray market providers as a whole.

“In the last two years alone,” Bazan said, “I’ve watched the food program lose 30 percent of homes and go into rapid decline.” Loren Miller, CACFP manager for the (statewide) Family Nutrition Bureau of the Children, Youth and Families Department (NM), confirmed that between November 2013 and July 2016 alone, the state witnessed a decline from 3117 to 2151 providers. In Bazan’s experience, people are still providing care and simply forgoing government programs and regulations, be it the food program, registration, and/or licensing, because complying is too costly, time-consuming, and invasive. As a result, the number of children needing care in New Mexico outpaces the number of known child care slots.

That doesn’t mean the children aren’t ending up somewhere.

Who’s Watching the Kids?

Family, friend and neighbor care, as well as family child care homes like Nevarez’, offer particular strengths and challenges. In New Mexico, people are legally exempt from health and safety child care laws if they care for four or fewer children

unrelated to them. Since most family, friend and neighbor care and family child care centers are small and unregulated, there are no consequences to providing unsafe or low-quality care. Often, no one knows about the overcrowded or unsafe under-the-table care arrangement unless tragedy strikes.³⁸ And even for regulated care, there is no one body “enforcing” safe or developmental standards. States have varying health and safety standards and spotty inspection cycles.³⁹ The federal government only recently added health, safety and quality standards for all providers through the Child Care and Development Block Grant, but they apply only to child care centers and family child care homes that accept children on subsidies. All of which is to say, we know little about the health and safety of many family child care homes, family, friend and neighbor care, and even less about the content of what children are learning.

Even for regulated care, there is no one body “enforcing” safe or developmental standards.

The Perfect Storm

Which brings us back to Bazan and Nevarez. When Bazan became a child care provider, her experience with the food program and associated technical assistance was very supportive and helpful: “They made following the rules easy,” she said. They helped her comply with child care regulations and supplement her knowledge with free nutrition and child development training. Bazan was a registered provider with the PAN food program until her daughter turned five. When her daughter entered school and her child care needs changed, Bazan’s food program monitor asked if she’d be interested in a position as a field representative of the program. Bazan registered and monitored family home providers for eight years, and then worked as a child care professional development specialist on quality improvement in accordance with New Mexico’s quality rating system.⁴⁰ Bazan worked her way up to a management position as she received her



Lauren Meiklejohn, a mother in Albuquerque unable to find quality care for her son, plans to open her own in-home care center. Photo: Long Story Short Media

Master’s in education (2012) at the University of New Mexico. Having gained years of experience across the child care spectrum, she returned to PAN as the new director in 2014. Between 1994 and today, she’s watched the hurdles of finding and receiving quality child care increase.

Nevarez, meanwhile, was the primary caregiver for her children and grandchildren. But as her children aged out of care, she began to care for other children in her neighborhood and community. I connected with Nevarez through the Partnership for Community Action (PCA), which helped her pursue an early childhood certificate from the University of New Mexico and become a registered provider with the food program.⁴¹ Founded in 1990, PCA works to develop the capacity of parents to be advocates for early education, develop relationships with their service providers, and help them become strong leaders at the local and state level. Yet despite her desire to provide enriching care for her students, and become not just registered, but licensed, which will enable her to care for more children and receive a higher subsidy rate per child,⁴² Nevarez is facing the perfect storm of bureaucratic changes.

“It used to be that the food program operated as a one-stop shop for ensuring food, health, and safety of children in family child care homes, as well as

registering providers and offering information on child development,” said Bazan. However, this all changed in October of 2013, when the USDA imposed a new requirement which stipulated that home sponsoring organizations were not allowed to complete the registration process and give approval to operate as registered homes. The memo requires sponsoring agencies—such as the YWCA—to focus solely on what’s being served and food sanitation, not health and safety or child development: “State agencies may not require CACFP sponsors to monitor a facility’s compliance with State or local licensing requirements or report licensing violations to the State licensing agency.” Shortly thereafter, the government of New Mexico created a separate department to monitor the food program. New Mexico food monitors—including Miller and Bazan—attribute changes in monitoring to this rule. Now nonprofits such as the YWCA monitor the food program, and a second, different department housed in CYFD manages the registration and licensing process, which has become labyrinthine.

Today, family child care home providers like Nevarez must deftly navigate the following steps to become registered.⁴³ The family provider must:

- Order or physically pick-up the relevant paperwork at CYFD between 8 a.m. and 5 p.m., during the very same hours that they need to be providing child care.
- Access a computer or phone for registration and fingerprinting (\$44).
- Send all documents to Santa Fe within a given time frame.

Meanwhile, *everyone* over 18 in the provider’s household has to pass the background check or the provider will not be eligible for registration or licensing. This is especially sensitive for families that are or know undocumented persons, and/or families with members who were formerly incarcerated. In the case of a failed home inspection, CYFD issues a survey report of what needs to get corrected in order to proceed with the registration or licensure process within 30 days. If approved, a clearance letter is offered and providers must call CYFD to schedule a home visit (\$15). Throughout this process, family child care centers are subject to random visits.

It is costly, time-consuming, and nearly impossible to comply—especially if providers must personally run these errands during child care hours and if they don’t speak English. Registered and licensed family child care providers are now becoming the exception. Most are not participating in the food program, or getting registered or licensed to provide care.

Which puts New Mexico back in the gray zone.

Caring about Care

After months of paperwork, Nevarez finally received her provisional child care license and can now care for six children at a time. If she passes her final inspection, her new license for a two-star, licensed family child care home will be issued for a full year. Licensed providers are paid \$2.67 per hour for toddlers receiving subsidy, or \$16.02 for six children—a meaningful raise from the rate for registered providers.⁴⁴

Registered and licensed family child care providers are now becoming the exception. Most are not participating in the food program, or getting registered or licensed to provide care.

It's the end of the day, and Nevarez begins to help the children gather their artwork and pack their small backpacks. She reflects on how much she's learned as she's sought to improve the quality of the care she provides and obtain a license, and how important that's been for the children, despite the bureaucratic nightmare.

"I wish I had known more about child learning when I raised my children and grandchildren. I know so much more now," she said. Research has found that children who speak a language other than English at home, like Nevarez' charges, particularly benefit from high quality early care and learning; it promotes their early literacy,⁴⁵ numeracy

skills,⁴⁶ and English language development.⁴⁷ Bazan echoes that sentiment, having just helped a friend look for child care: "I'm now more knowledgeable and picky. Finding child care for her [Bazan's friend] was such a challenge. She's found a home provider and is paying \$1,000, which is about her mortgage payment."

That's a steep price. As Bazan and Nevarez both know, however, in New Mexico, providing care doesn't come cheap for caregivers or the families who turn to them. Nevarez fastens the straps on Javier's backpack as the children begin to leave at the end of the day with their parents. She stands in the doorway and waves goodbye.

Child care providers like Nora Nevarez must navigate a complicated bureaucracy in order to become registered providers. The process is so complex, registered providers are becoming the exception, rather than the rule. Photo: Long Story Short Media



MASSACHUSETTS

By Nan Mooney

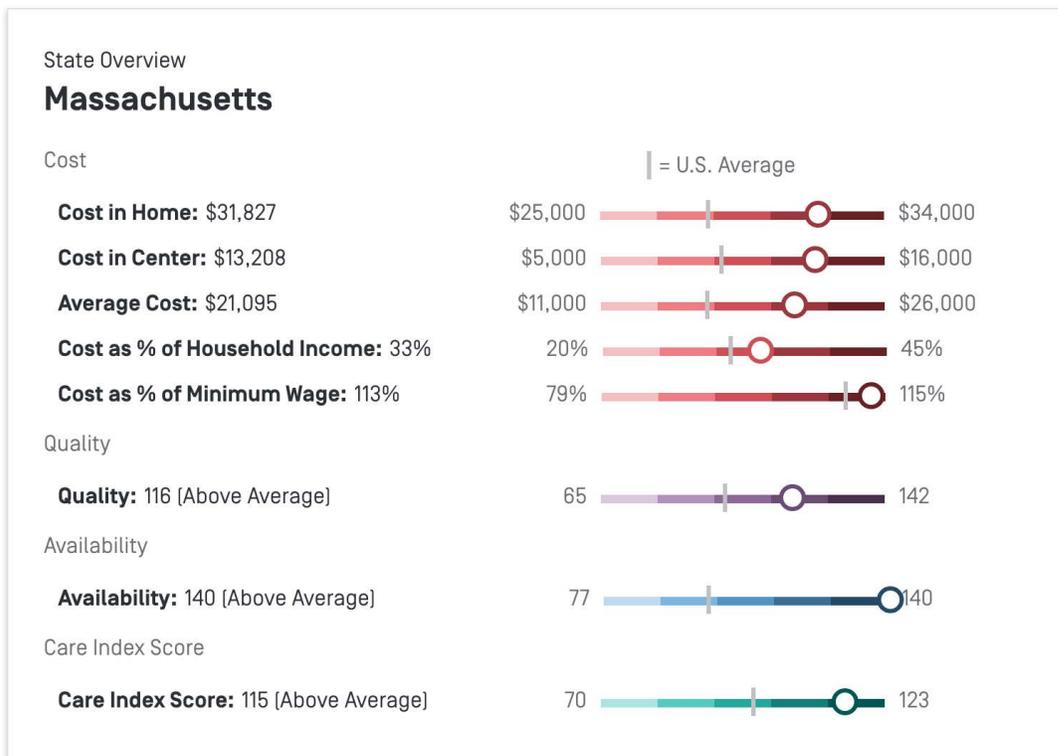
Working Hard for Poverty Wages

“Money has been a constant struggle,” says Kim Silva of her 30 years as an early education teacher in Massachusetts. “One unexpected expense can put you in the hole for months.”

Silva, 46, is the lead teacher in a preschool classroom at NorthStar, a child care center in New Bedford. NorthStar largely serves children whose parents’ income is low enough that they are eligible to receive financial subsidies from the state to help

pay for care. Silva has worked there since she was 15, moving from aide to teacher to lead teacher. Yet after more than three decades, she makes only \$11.91 an hour. That’s \$25,000 a year.

Silva speaks with an unqualified passion for the work she does. But she is also a single mother who has scraped and scrambled to support herself and raise her daughter, now 21, on an early educator’s salary. Like the majority of early childhood educators, Silva exists on near-poverty wages, on par with fast food cooks and bartenders, making



less than bellhops, janitors, and parking attendants. The Department of Labor still groups most child care workers with personal service providers such as valets, butlers, and fitness trainers rather than other education-related occupations.⁴⁸

Silva pays \$841 a month to live in a low-income housing development in New Bedford. “It is not a good area,” she says. When her daughter was growing up, “there were gunshots. There were drugs. I had to make sure my daughter was always involved in something to keep her busy and safe.”

Her daughter attended NorthStar, where Silva paid on a sliding scale. But even that sometimes proved too much. There were times when finances were so lean that she and her daughter had to move in with her mother. “There were months of cable on, cable off, electric on, electric off,” she recalls, her eyes swelling with tears. “It got to a point where I had to choose between rent or sending my daughter to daycare. So we left our home so she could get an education.”

Silva has always been on food stamps. Most recently she was receiving \$33 a month in food benefits, which dropped to \$16 a month when she got a raise after earning her bachelor’s degree. That’s enough to cover milk, cereal, and bread. About one-third of Silva’s paycheck goes towards health insurance, which, for many years, was a necessity to cover her daughter’s ADHD medication.

To afford even basics like food, clothing, rent, and utilities, Silva has needed to take on additional jobs on the weekends. She works as a personal care assistant—cooking, cleaning, doing laundry, and running errands—positions that, at \$13.68 an hour, pay more than her job as a lead teacher.

Silva’s experience in Massachusetts reflects that of an entire nation of child care workers.⁴⁹ The median hourly wage for child care workers is \$9.77 an hour, which places them in only the second percentile of wage earners when all professions are ranked, making it one of the lowest paid professions in the country. Close to one-half (46 percent) of child

care workers, compared to about one-quarter (26 percent) of the total U.S. workforce, are on public assistance. Low wages can lead to high teacher burnout, high levels of teacher stress, and high teacher turnover—the national turnover rate for child care workers is 13 percent,⁵⁰ significantly higher than the 3.4 percent turnover rate for all non-farm jobs.⁵¹ All of this compromises the consistency of care parents require and the quality of care children need.

“Don’t tell me we don’t subsidize child care in the United States,” said Mary Brown, who has spent 30 years as a child care center director and child care consultant. “We do. It’s the teachers, mostly women, who’ve been subsidizing child care all along.”

The Department of Labor still groups most child care workers with personal service providers such as valets, butlers, and fitness trainers rather than other education-related occupations.

The High Cost of Child Care

Despite the very real struggles of Silva and child care workers like her in the state, Massachusetts actually ranked in the top quartile of states in the Care Index. Massachusetts measures near the top in quality and availability in comparison to other states. Though quality is difficult to measure, 38 percent of centers and family homes are nationally accredited for quality, one of the higher rates in the country. And indeed, Massachusetts has made positive moves towards improving its early care and education system. It was one of the first states to form a dedicated Department of Early Education and Care (EEC) so child care could be monitored and funded as an aspect of education.⁵² They have had a Quality Rating and Improvement System in place since 2011, setting guidelines for what the state believes comprises high quality child care.⁵³

However, The Care Index found that the cost of child care in the state is extremely high, averaging \$13,208 a year in child care establishments, nearly equal to the average cost of rent in the state, even as the caregivers still earn poverty wages. The cost for infants is even higher—\$16,682 a year, more than a quarter of the state’s median household income, and nearly 90 percent of a minimum wage workers’ earnings. This high cost presents serious challenges to parents struggling to pay for care, and to providers, who often operate on paper-thin margins to survive.

That it may have one of the most successful early care and learning systems in the country says more about what’s lacking in the rest of the country than what’s thriving in Massachusetts, a state with a still-struggling system. It is indicative of the nationwide state of child care that neither the providers nor the parents nor the teachers feel it works well for anyone.

It certainly doesn’t work well financially for those like Kim Silva, who has spent her entire adult life learning to want less and compromise more. She acknowledges that on some days it is difficult to leave her financial stress at the door and fully engage with the classroom, and that she has to dig deep inside herself to find a way. But despite all the hardship and financial sacrifice, Silva can’t imagine doing any other kind of work. She loves her job and her bonus, she says, comes from the children she teaches.

“I remind myself that I am so lucky to go to a job every day, knowing I am doing the most important work there is.”

A Struggling Workforce

In 2015, the median wage for child care workers in Massachusetts was \$12.01/hr. Thirty-nine percent of the state’s child care workers are on public assistance.⁵⁴ In addition, the state reimbursement rate to providers who accept children qualifying for subsidies remains significantly lower than



Marie St. Fleur, president and CEO of the Bessie Tartt Wilson Initiative for Children, is driving the fight to stabilize and strengthen the early education workforce in Massachusetts. Photo: Long Story Short Media

the 75th percentile recommended by the federal government.⁵⁵ These rates have a huge impact on what local providers who take any subsidized children can pay their teachers and on the quality of education they are thus able to provide.

Statistics like these have made it more and more difficult to draw teachers into the field and get them to stick around. “When the state pays deflated rates, it basically forces programs to balance the books on the backs of their employees,” said William J. Eddy, executive director of the Massachusetts Association of Early Education and Care.

In Massachusetts, near-poverty-level pay combined with the state’s low unemployment rate has created a severe shortage of qualified teachers. Silva is the model of dedication to her profession, but she herself acknowledges that it is untenable to demand of the next generation of teachers or the next generation of parents what was demanded of her. “We are definitely in a crisis situation here. If not for me, then for them,” she said. “Something has to change.”

Silva’s observation echoes the feelings of many educators, advocates, and providers in the state, all of whom recognize that without qualified teachers

“Don’t tell me we don’t subsidize child care in the United States. We do. It’s the teachers, mostly women, who’ve been subsidizing child care all along.”

there is no early education system at all. In recent years in Massachusetts, much of the energy around reforming child care has focused on creating better conditions for this struggling workforce.

Incremental Change

One of the most powerful voices for early care and learning teachers has been that of Marie St. Fleur, a Haitian-American with deep personal and professional ties to early education. St. Fleur began her career in the Massachusetts Attorney General’s office working on welfare reform, and as a criminal prosecutor, where she encountered firsthand what can happen to children who are denied basic needs like a stable home life and a decent education, beginning with early care.

As she became enmeshed in raising her own children and navigating a career that took her to the state legislature, where she served as the vice-chair of the Ways and Means committee, St. Fleur’s commitment to affordable, high-quality early education grew.

“I came to understand the challenges to the generation of women who are supposed to somehow do it all with no infrastructure there,” she explains. “It’s shameful, but society still has not figured out how to deal with this issue.”

In 2014, St. Fleur, now the president and CEO of the Bessie Tartt Wilson Initiative for Children, became the driving force behind the Put Massachusetts Kids First Coalition.⁵⁶ The coalition is a group of over 70—and growing—organizations from across the state that came together with the hope of strengthening and stabilizing the early education workforce.

“We had to make the legislature understand that they cannot simply ignore the workforce who are building our next generation,” says St. Fleur.

The coalition began advocating for a rate reserve (an increase in the rate paid by the state) for programs receiving public funds, with the understanding that this reserve would be used to increase teacher pay. They were not pushing for radical transformation of the child care economy, though St. Fleur admits that is what is needed to truly mend what is broken. Teachers in facilities that do not accept children who receive subsidies would not be impacted at all by a rate reserve. But St. Fleur knew it was a crucial start that could stabilize the workforce and potentially free up resources for future, more expansive change.

The coalition also realized that the time had come not only to advocate for, but to engage and empower the workforce. Teachers began organizing, writing and calling legislators and, in December 2015, a group of them came to an Early Education and Care board meeting in Boston to testify about the details of their financial lives. Some, like Kim Silva, had been seeking these changes for 20 years. Others had just arrived in the field and were already weighing whether they could afford to stay.

Although the Coalition initially asked for an investment of \$40 million, the state allotted only about a quarter of that, \$12.5 million, in the 2017 budget.⁵⁷ For Marie St. Fleur, the hope is that this partial success story can serve as a critical wake-up call regarding the crippled state of the entire child care economy.

“We need a better model, one that is going to work for all the children in every community,” reflects

St. Fleur. “It’s a big conversation but I think we are ready to have it. There’s momentum now. We need to seize it. If we blink, who knows when we’ll have another chance.”

The Struggle for Providers

The teachers in Massachusetts are not the only ones feeling the pressures from lack of funding. Child care centers that accept even a portion of children who receive government subsidies have been forced to shut down classrooms, reduce staff, and strip benefits from workers just to keep their doors open.

“Things are the most financially precarious anyone can ever remember,” says Wayne Ysaguirre, president and CEO of Nurtury Boston, a child care center serving 1,200 children, 98 percent of whom are subsidized by the state. “And if an organization our size is feeling this, imagine the pressure on the smaller ones just to stay open.”

For larger centers like Nurtury, which form the backbone of the state’s subsidized care system, remaining financially viable has required remarkable ingenuity—combining state and federal resources, nonprofit grants, and often extensive fundraising. No center wants to close classrooms or underpay teachers.

“It’s a crisis situation,” confirms Ysaguirre. “The opportunities for children, for parents, for staff are all shrinking.”

Two years ago, Nurtury opened a state-of-the-art center in a public housing facility in Boston. They had seven infant rooms, with families able to pay full tuition lining up for spots. But the center was unable to fill the rooms because they couldn’t find qualified lead teachers with bachelor’s degrees.

“We either didn’t have applicants or those we had couldn’t work for money offered,” Ysaguirre explains. The salary Nurtury was offering for a lead teacher with a BA ranged from \$15.64/hour to \$18.66/hour, depending on level of experience,

which translates to roughly between \$32,000 and \$38,000/year. In contrast, the average yearly salary for a kindergarten teacher in Massachusetts is \$67,170/year.⁵⁸

With labor (i.e. payroll and payroll-related expenses) making up 80 percent of child care costs, early educators bear the brunt of the burden when providers like Nurtury hit financial struggles.⁵⁹

“I am having to make choices I never want to make,” Ysaguirre admits, his voice choking. He lists the benefits he’s already stripped from staff, including cutting the portion of health care Nurtury pays, and no longer contributing to teacher retirement funds. He is even considering ending paid lunch breaks and raising the teacher-child ratios. “I hate having to put this on the backs of these folks who are already so low paid. These are terrible choices for everyone.”

Involving the Community

Like Nurtury, Ellis Memorial is a cornerstone of the Boston subsidized child care community. And like Wayne Ysaguirre, CEO Leo Delaney has needed to get creative to keep his organization solvent. Ellis accepts a mix of private pay and subsidized children. To meet their budget, they must raise close to \$1 million every year in private money.

Ellis—located in the heart of Boston—has leaned heavily on the local business community for contributions. Corporate donors help to fund roughly \$100,000 in scholarships for lower middle-class families, those hovering just above the eligibility cut-off for government subsidies but unable to afford full-price quality care.

For someone like Emily Hames, Delaney’s foresight in creating such scholarships has been a godsend. Hames’ two daughters have attended Ellis for the past five years. She works as a community social worker and her husband is the payroll manager for a parking company. Both highly value education—Hames has her master’s degree in social work—and

are acutely aware of the importance of providing a solid early education. But with a combined income of around \$100,000, given the cost of child care and living expenses in the Boston area, that kind of solid start was out of their price range.

“I spoke to someone involved with Ellis and they told us about the scholarships,” recalls Hames. The scholarship allowed them to send their children to Ellis at 50 percent of the full tuition. Right now, for their pre-K daughter, that means \$175/week. “We were fortunate. It meant a lot of very difficult questions we didn’t have to confront.”

Hames’ \$50,000 salary brought in more than the yearly cost of child care, and the family’s medical and dental benefits are tied to her job. She couldn’t afford to quit to stay home to become the primary caregiver, nor did she want to.

“I worked hard for this education and this career. I wasn’t ready to abandon it. Perhaps, in an ideal world, I would have taken more time off or worked part-time. But once you step out, I know it can be very difficult to step back in again.”

At Ellis, she and her husband felt confident their daughters were receiving a quality early education. Hames has high praise for the rigorous curriculum and rich, economically diverse learning environment Ellis provides. “It’s rare that you can find all that, but it’s what every child deserves.”

Despite what is working well for Ellis, like other providers, Leo Delaney is frustrated and at times disheartened by the challenges they are up against.

“Right now we can’t find enough qualified teachers to fill available slots. Do I blame them? They can teach at public schools and make \$20,000 more. Unless we invest in the teaching workforce, we cannot fill the classrooms. I guess the central problem is pretty simple. Child care is expensive, and nobody can afford to pay for it all.”

In the absence of affordable child care, teachers and parents alike end up paying the price.



Latonya Hazard, who has been at the Guild of St. Agnes for more than 15 years, sings songs with the students in her toddler classroom. Photo: Long Story Short Media

Hope for the Future

It would be easy to feel crushed by such pressures—by lack of teachers and lack of funds and lack of adequate support from the state. But instead, advocates, teachers, and providers are sifting through the rubble for some signs of hope.

They point to the state’s inclusion in the federal Preschool Expansion Grant (PEG) program.⁶⁰ For the past two years, the state has received a small, \$15 million federal grant to expand access to high quality preschool programs in five communities across the state. Area public schools collaborate with community providers who have attained a certain quality rating—Nurtury and Ellis both participate—to enhance learning opportunities for four-year-olds in ways that are sustainable and replicable by other communities. Teachers are paid salaries commensurate with public school teachers with support and continuing education built into the program. PEG also mandates extensive evaluation and data-gathering, which will help in recreating similar models elsewhere.

Though the PEG program relies upon a small, temporary grant that targets a small portion of the population—preschool aged children eligible

for subsidies—there is hope among participants that, if permanently implemented, it might free up resources and create models that could be applied to the 0-3 population as well. PEG differs from many universal pre-K programs in that, instead of being replaced by public school programs, community providers work in tandem with the school system, allowing PEG classrooms to benefit from their often extensive knowledge and experience. It's a drop in a large bucket—the hope is to enroll a total of 3,000 additional four-year-olds across the four-year life of the grant; there are 224,901 children ages 3-5 in Massachusetts who would ideally qualify for preschool education—but for those taking part, it represents some refreshingly promising change.

“I really hope it is the wave of the future,” says Dawn DiStefano, director of Grant Development at Square One, a Springfield community care provider participating in the program. She extols the opportunity to gather data on the benefits of paying teachers public school salaries and providing them professional development opportunities; to collect hard evidence of what can happen when the schools and the community providers communicate and share resources.

“Maybe if we can prove that investment equals quality, we will find a way to make this model permanent.”

The federal grant is not indefinite, but the state has signaled its commitment to supporting and replicating the program by dedicating an initial \$500,000 for planning expansion grants and then an additional \$200,000 for fiscal year 2017.

The Long Road Ahead

Though teachers, advocates, and providers in Massachusetts find hope in developments like the PEG program, they have not lost sight of the fact that the most difficult and important work still lies ahead. Massachusetts may have some of the highest-quality care available in the country, but it is still part of a broken system. It cannot continue to rely upon patchwork and band-aids—the sacrifices of those like Kim Silva or the ingenuity of those like Leo Delaney and Wayne Ysaguirre—in order to survive.

“We don't ask any other part of our education system to function like this,” says Marie St. Fleur, reflecting on the state of child care in Massachusetts and throughout the country. “We need to change the way we view and fund early education in a revolutionary way.”

Elizabeth Weingarten contributed to this report.

Nina Darling, a teacher in the preschool room at the Guild of St. Agnes in Worcester, Mass., reads to a student. Photo: Long Story Short Media



ILLINOIS

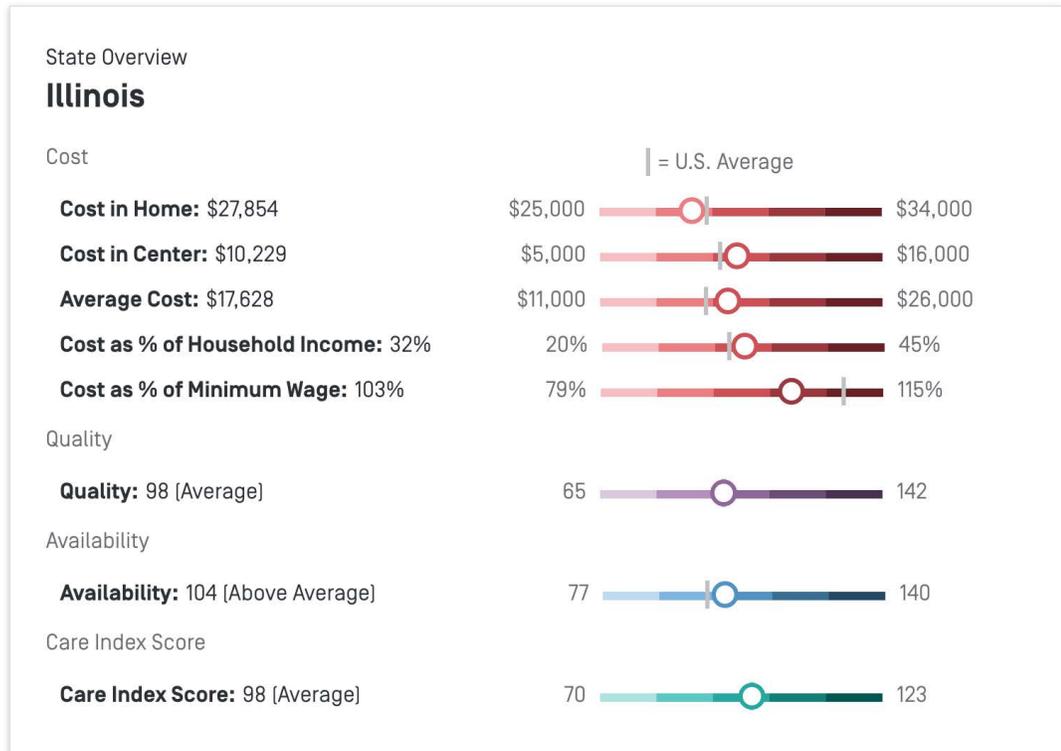
By Alieza Durana

No Longer the Top of the Pack

Empty buildings are scattered between neighborhoods of post-war era single-family homes in Lyons, Illinois. In a nondescript shopping center, tucked between a laundromat and nail salon, sits Little People Montessori Academy. Only from the large, green strollers parked outside can one tell there might be learning taking place indoors.

Regina LeFlore, the owner and director of the Little People Montessori Academy, has worked in child

care for 25 years. One sunny day, her toddlers file out for a field trip to the nearby Riverside Park and Trail. Though a private child care provider, LeFlore believes in offering high-quality education to all. Little People Montessori Academy is a licensed child care center and American Montessori Society member in the process of being rated by Illinois' ExceleRate quality rating system. Regina is a certified Montessori Teacher working towards a Bachelor's Degree in Behavioral Applied Sciences. Care at Little People can range from \$1,466 per



month for the infants to \$990 for the 3-to-5 year-olds.

To be able to open her doors to children of families from all incomes, yet be able to cover the cost of middle and low-income students unable to pay full tuition, LeFlore, like many other providers, uses a “three-legged stool” of braided funding: a combination of state child care subsidy dollars, Illinois pre-K dollars, and federal Head Start dollars. That approach ensures her Montessori-certified teachers are paid a living wage. If receiving support, parents pay the difference between tuition and the braided funding. In recent years, however, LeFlore’s ability to take on all students has been hampered by a growing and intensifying budget crisis in Illinois. A massive deficit meant that the state had \$8 billion dollars in unpaid bills.⁶¹ As a result, the state radically cut the number of students who could qualify for child care subsidies, and state payments for those remaining students were delayed.

The move threw an already struggling child care system into crisis. In the Care Index, Illinois was rated in the third quartile, on the lower end of the scale, for the trade-offs it makes between cost, quality and availability. Child care is expensive. The average cost of care for one child in a family home or center, \$10,229 a year, is 94 percent of the state’s median rent. That care represents 18 percent of the state’s median household income, and, for a family with a single minimum wage earner, 60 percent. Though quality is difficult to measure, only 21 percent of the state’s child care establishments accredited.

Though Illinois was once a national leader in early education, the first to adopt state-funded preschool for 3- and 4-year-olds and the first to mandate bilingual education in public preschool programs, “we are no longer at the top of the pack. The money is not there and programs are closing,” said Sara Slaughter, executive director of the W. Clement & Jessie V. Stone Foundation, a Chicago-based organization that supports initiatives to improve early childhood education and development. The damage done from the budget crisis is about more

than just the money,” she added. “It chips away at a decade-long policy process to improve children’s early education and opportunity in life.”

At Little People Montessori Academy, when state subsidy funds dried up, LeFlore decided, rather than refuse to teach students from financially struggling backgrounds whose subsidy payments were stopped or delayed, she’d subsidize the students herself. “Every day, I pay \$160 dollars on a high-interest loan, since poor credit disqualified me from other options,” says LeFlore. She did this because she knew that she is not the only one who looks to the state for help: so do low-income parents across Illinois and the country who badly need someone to care for their children so they can work. LeFlore is putting her own financial stability at risk for the sake of her school and the children there, taking on more private-paying students and the loan to cover delayed payments. She used to offer 50-50 slots: 50 percent of parents paid in-full out-of-pocket, and 50 percent paid through a combination of personal income and support from state and federal funds. Yet now she now has to seek out more tuition-paying parents since the state funding has been so unreliable.

“It’s been tough, but I didn’t want to kick any students out,” says LeFlore. “I’ve worked with families in the program to find a way to stay.” Out of necessity, now the ratio is 65 percent private to 35 percent public.



Regina LeFlore with her students at Little People Montessori. Photo: Long Story Short Media

LeFlore decided, rather than refuse to teach students whose subsidy payments were stopped or delayed, she'd subsidize the students herself... putting her own financial stability at risk for the sake of her school and the children there, taking on more private-paying students and the loan to cover delayed payments.

From Budget Crisis to Child Care Chaos

Budget crises aren't new to Illinois, which has faced a long-time structural deficit. In other words, for years, the state of Illinois has taken in less money than it spends. As a result, in 2011, lawmakers passed a temporary income tax increase to help the state pay off a backlog of unpaid bills. When the tax increase ended, a budget battle ensued over which programs to cut, and by how much.

Governor Bruce Rauner, a Republican, was elected in 2014 with a mandate to balance the budget, looked to cutting spending on social services like child care subsidies and safety net programs to help struggling families, pitting himself against advocates of social services.

In 2015, the state of Illinois changed child care requirements, dramatically reducing the number of families who could be eligible for subsidies.⁶² Eligibility requirements became more stringent; parents enrolled in school were no longer eligible for child care assistance, and income limits were reduced from 185 percent to 53 percent of the federal poverty line. As a result, 90 percent of those formerly eligible became ineligible. The governor eventually raised the income limit to 162 percent of the federal poverty line in November 2015. But thousands of children remained without access to the subsidy program. Estimates range from 15,000 to 55,000 children.^{63, 64} According to the OUNCE of Prevention Fund, a Chicago-based funder and operator of birth-to-five programs, 125,545 children received child care subsidies in 2015, down about 22

percent from the average 160,000 children receiving subsidies in previous years.

The state increased the amount of money a family must pay out of pocket, or co-pays, depending on income and family size.⁶⁵ And while state payments were delayed for child care, the budget covering Illinois Department of Human Services and other social services programs, like home visiting, paid out at \$0.65 on the dollar.

All of which left care providers like LeFlore without the money they needed to provide care for the families who need it.

Meet Stephanie & Gianna

The house is busy, set on a tree-lined street just off the highway in Justice, Illinois. Three-year-old Gianna sips chocolate milk as her mother, Stephanie Dziejdzic, brushes her curly brown hair. A fish tank gurgles in the background and competes with the noise of an overly friendly cat who's making itself known by purring and nudging idle hands. Dziejdzic expertly ties Gianna's curls into a poofy ponytail before another day at Little People Montessori Academy. Now fully dressed in a flowery shirt, pink pants, and a yellow scrunchy, Gianna takes Dziejdzic's hand and makes her way to the kitchen to finish those last bites of Fruit Loops.

Dziejdzic's fiancé is sleeping off a night shift, so she and her mom arrange Gianna's pick up later in the day. It's Thursday and Dziejdzic is going to be working late as a hair stylist at Sport Clips in downtown La Grange, Illinois, 15 miles away. In

2015, the whole family—seven people total—moved in together in Justice, Illinois, to cover the cost of rent and child care: Dziejdzic, her mother and sister, and Gianna, and her fiancé Brandon, and his two children Serena and Junior. Dziejdzic’s mother has also recently taken unpaid leave after surgery, but is driving for Uber to help make rent. On a day like Thursday, when Dziejdzic works odd hours, Gianna’s grandmother watches her after school. Sometimes Dziejdzic works two nights per week, sometimes weekends. It’s unpredictable.

Having finished breakfast, Gianna slips on her shoes and smiles as they make their way out to the large truck sitting out front, finally off to school.

The Cliff Effect

Gianna was born shortly after Dziejdzic graduated from cosmetology school. Until Gianna was

one-and-a-half, Dziejdzic and Gianna lived with Dziejdzic’s mother and Dziejdzic stayed home full-time. Dziejdzic wanted to stay home with her daughter, but eventually had to go back to work to cover the costs of raising Gianna. Little People helped her through the process of applying for a child care subsidy so she could do so.

“I’m trying to work towards not being on assistance,” Dziejdzic says emphatically, “but [I] need all the help I can get.” Until her recent engagement, Dziejdzic was a single parent making minimum wage and paying off student loans. Yet even with the help of her fiancé, moving in with her mother was the only way they could cover the cost of rent and child care. Today, Dziejdzic works at Sport Clips and is paid minimum wage; she wouldn’t be able to work and pay household bills without the state child care assistance. Dziejdzic recounts how her entire paycheck goes to the bills, mostly rent: “Me and my fiancé split 1,100 dollars

Farrah and Gianna play with Barbie dolls at Little People Montessori. Photo: Long Story Short Media



just for the rent... he pays the water bill, I pay the cable bill, and I also have to pay my car insurance and my car note.” What little is left—tips—she saves “for the daycare, gas, food, and trying to do something fun with the kids in the summer.” She pays \$79 per month to send Gianna to Little People Montessori Academy. Yet when asked if Little People is worth the cost, she responds: “I can go to work with my mind at ease. I know Gianna is safe and learning by leaps and bounds.” And, indeed, Gianna spends her days safely and happily with LeFlore and her best friend Farrah. After Gianna arrives at school, they sit together by the window, taking Barbie dolls out of a basket to play.

Dziedzic is terrified the budget crisis will upset the fragile balance she and her family have created to make ends meet.

Dziedzic is terrified the budget crisis will upset the fragile balance she and her family have created to make ends meet. Every six months, recipients of child care assistance have to “re-determine,” or re-apply. She had a scare a couple months ago, when state officials said she didn’t qualify anymore. But they later determined that was due to a glitch.

The crisis has already taken a toll. Dziedzic was one of many low-wage parents now facing increased parent co-pays: “It’s a shocker... they told me I have to pay \$270 within the next month, and I really don’t have that extra money at this point. It used to be \$79 dollars a month.” So Dziedzic is stuck: If she picks up more shifts and earns more, she’ll make too much money and no longer qualify for the subsidy. And if she earns less, with the higher co-pay, she won’t be able to pay her bills.

Upsetting a Fragile Balance

Like LeFlore, other child care providers have continued their mission to serve the neediest families at great personal cost throughout the

budget crisis. Catalina Cordero is a parent volunteer who recently moved back to Chicago. Having suffered a leg injury, Cordero lost her job and child care, which she desperately needed to find a new job. In many states, including Illinois, only *working* parents may apply for child care assistance. Even though she’s job hunting, Cordero doesn’t qualify. In Chicago, Erie House is trying to fill in the gaps, providing for child care and other social services for Cordero out-of-pocket.

Walking into Erie House, artwork lines the walls, and just outside, an herb and vegetable garden helps children learn about plants. The governing board of directors has taken out a line of credit for \$1.5 million and applied for philanthropic dollars to cover the shortfall, but it’s an open question—how much longer can they go on, if state payments continue to be delayed. Because fewer children qualify for subsidies due to the budget crisis, parents unable to afford higher quality, licensed care either stop working or seek cheaper, unregulated care from family, friends, or neighbors. It took Erie three-quarters of the school year to fill their classrooms. According to Erie’s director of marketing and communications, Brian Paff: “Our preschool program enrollment is down 19 children, resulting in a total loss between \$184,984 - \$154,185, depending on the ages of the enrolled children.” In other words, it took Erie almost a full year to fill their classrooms, and even at year end, enrollment was down by 11 percent. If the state doesn’t pass a budget, Erie may have to close classrooms, provide fewer services, and lay off staff in the coming years.

“We’ve been fortunate to stay afloat pairing cuts with some new revenue,” says Paff. Other providers have tried to follow Erie House’s example by taking out lines of credit, loans, soliciting for more private donations, and downsizing so they can continue to provide services to needy children regardless of whether and when the state of Illinois pays. Those other providers have folded. In January, the largest provider of social services, Lutheran Social Services of Illinois, reduced its workforce by 43 percent, eliminating more than 750 positions.⁶⁶ In a typical year, Catholic Charities operates at a loss,

underwriting their six centers \$2.4 million for basic operations management and staffing: the Head Start director, nutritionist, facility costs, teacher pay, and other costs. Catholic Charities closed one center in June 2016. According to Laura Rios, vice president of Child, Youth & Families for Catholic Charities, the consequences for those families without child care are dire: “When working parents don’t have childcare, they’re often left with an older sibling or home alone in unsafe neighborhoods.”

During the 2015-2016 school year, Catholic Charities managed six child development centers in Chicago for 1,016 children ages 0-5 and 295 children ages 6-12. All six centers are NAEYC accredited and gold-rated, the highest quality standards possible. When speaking about the effect of the budget crisis, Rios commented: “You can reduce the number of classrooms, but there is a cost to running centers attentive to quality care, safety, and compliance. It’s not a simple issue of opening and closing classrooms.” Judith Walker-Kendrick, director of the Chicago Coalition of Site-Administered Child Care Programs, provider of technical assistance to early learning agencies funded by the city of Chicago, confirmed that the number of child care providers is decreasing: “The number of agencies has shrunk from 81 to 34 in great part because of the budget crisis.”

In order to provide quality care, agencies have tried, like LeFlore, to braid funding, i.e. the three-legged stool. But this created problems of its own. According to Walker-Kendrick, braiding makes funding *less, not more*, stable: “The three-stool premise assumes everyone—federal, state

and local governments—is on the same page. If that isn’t the case, as it is in Illinois, the stool will *always* collapse.” In addition, because each of the funding-prongs has its own requirements, braiding complicates the administration of early learning programs. Some 60 providers, including Metropolitan Family Services and the Ounce of Prevention Fund, are suing the state for lack of payment, which advocates say has decimated the painstakingly constructed early care and learning infrastructure, primarily for children from lower-income families, for years to come.⁶⁷

Forced to Choose between Quantity and Quality

More than a year after the budget crisis began, the state was still at a stand-still. In July of 2016, Illinois finally passed a temporary budget, but it is not enough to cover the losses child care providers and families have suffered, the damage done to the early learning infrastructure, or to provide long-term security and relief that this won’t happen again.⁶⁸ Walker-Kendrick confirmed agencies are forced to choose between availability or quality, if not closing fully: “There isn’t enough funding for everyone, so you have to make choices. Are you going to reach everybody or are you going to reach a few with quality? At some point you have to make a choice between quantity and quality,” she said.

The budget for care isn’t just insufficient, it’s also unstable. Funding for early learning (and other relevant human services) needs a *predictable baseline of funding*, advocates said. “We also need

“The three-[legged]-stool premise assumes everyone—federal, state and local governments—is on the same page. If that isn’t the case, as it is in Illinois, the stool will always collapse.”

to improve the *process* of accessing care for both parents and providers” said Walker-Kendrick.

Though early learning quality has been a focus of Governor Rauner’s administration, the lack of funding limits child care providers’ ability to implement and maintain quality measures.

Quality care—that which is essential for our littlest learners, that which Illinois has failed to provide or value, and LeFlore and so many others like her have given their own peace of mind and financial stability to offer—is only possible if you train teachers, pay them a living wage, and create a healthy working environment. Quality reforms only go so far if there is no way to sustain them. And they cannot be sustained if they are not prioritized and supported by a state that cares about its citizens.

Back in the dingy shopping mall, the nail salon next door now occupies a classroom LeFlore had to close and rent out. Though the situation may be more dire now, LeFlore emphasizes that this financial uncertainty is not new. Over the years, LeFlore has learned “how to spread the money out”—she negotiated with her landlord to pay in installments, and takes out loans so that in months like July—when the state sent subsidy payments nearly a month late—she can make payroll. As LeFlore closes for the day, kids trickling out with their parents, she wonders how she’s going to repay that loan and worries about the security of her financial future. These problems are bigger than LeFlore, and the solution shouldn’t be hers alone. She needs help. Many of the families she serves needs help. She just wishes the state of Illinois would.

Stephanie Dziedzic combs Gianna’s hair at their home in Justice, Ill. Photo: Long Story Short Media



PILLARS OF GOOD CARE

Defining cost, quality, and availability, and why care is so important for growing minds.



THE BRAIN SCIENCE OF EARLY CARE

By Brigid Schulte

It's just after nap time in the infant room at the Sheltering Arms Model Teaching Center in Atlanta, one of 15 early learning centers open to all children, ages six weeks to five years, regardless of family income. And upon entering one of the cheerful classrooms, the first thing a visitor would notice is just how much talking is going on. In the infant room, all throughout the day, the two teachers in the room with seven infants, in between laughing and hugging, are talking, reading, talking, singing, and talking to the babies some more. Constantly.

Delane Wilkes, a teacher with 19 years of experience, gently carries a tiny baby just up from a nap to the changing table, and, looking deeply into the baby's eyes, begins nonstop running commentary. "OK, Miss Peace, I'm going to get my gloves on and get you DRY," she says in a high sing-songy voice as she gently lays the tiny baby on the table. "Oh! We're really WET! Yeah! We've got to get you CLEAN, girl!" The teacher smiles as she swiftly changes the diaper. The baby smiles a gummy smile. "Oh! Are you going to SMILE for me?" The baby gurgles. "You're SMILING! Yes you are!"

Like all the teachers at Sheltering Arms, Wilkes has been specially trained to talk this way to infants and toddlers—in a bright, high sing songy voice, called "parentese," which draws out the sounds of different words, and interacting in a warm, sensitive, responsive style. That exchange with a

child, even before they can say their first words, is what researchers call "serve and return."⁶⁹ And it is all the more meaningful because Wilkes, like all teachers at the center, really knows the child: To develop strong relationships that foster learning, teachers move with the children every year until they turn four. The exchange with a loving caregiver at the changing table has everything to do with brain science and building the brain architecture—the neural circuitry—that will lead to all future learning, health, and social, behavioral, and emotional growth.

A child is born with about 100 billion neurons, about as many stars as in the Milky Way, and about all the neurons the brain will ever have.⁷⁰ By age three, the brain has produced twice as many connections between these neurons, and at a faster rate, than at any other time in life. This rapid growth lays the foundation not only for communication, thought, and social skills like the ability to "read" other people, but also for what researchers call the reading brain. Despite millennia of human evolution, the brain is still wired for visual and auditory learning, not the relatively more recently developed reading and writing, which emerged with the ancient Sumerians in 3500 BCE. Learning to read and write, which are critical for survival and success in the modern world, doesn't come naturally for the brain. It requires careful nurturing in a language-rich environment.

Get what researchers call early “language nutrition” right, and children will be more likely to be good readers by third grade.⁷¹ That, in turn, is a predictor of high school graduation rates, which predict whether a child is more likely to go on to college and thrive, or to spiral on a downward trajectory toward unemployment, teen pregnancy, or jail.

Recent research has found that the strongest predictor of a child’s future academic success and wellbeing—more than a child’s socioeconomic status, parents’ education, income, or ethnicity—is the strong attachment to loving adults they have, and the quality and quantity of words those important people speak to them in their first three years.⁷²

That’s why, with so many families strapped for time, working and needing to rely on caregivers, the low quality of infant care throughout the country—is worrying. So much of academic and later income inequality starts right here: One study found that, by age three, children from impoverished backgrounds have been exposed to 13 million words, while those from more affluent backgrounds 45 million words—a 30 million word gap.⁷³ A gap that persisted in language skills when the children studied were 9 and 10. In fact, researchers have found that a majority of the achievement gap at age 14 was already present years before, on the first day of kindergarten.⁷⁴

By age three, children from impoverished backgrounds have been exposed to 13 million words, while those from more affluent backgrounds 45 million words. A gap that persisted in language skills when the children were 9 and 10.

“Essentially, by age five, you’ve gone a long way toward deciding a child’s future,” said Comer Yates. Yates is part of a statewide effort to promote early



Reading and playing in the toddler classroom at Sheltering Arms. Photo: Long Story Short Media

language nutrition called “Talk with me Baby,” and is the executive director of the Atlanta Speech School, which offers free online training to parents, caregivers and teachers around the world on the science behind why exposing children to language early is so critical, and how to do it. “The great news is, we know what the science says. The tragedy is, we just simply aren’t applying it. There are centers that are identified as having quality, yet the interactions between adults and children is deeply flawed. You can’t have quality without rich language and deep social and emotional bonds developed between adults and children,” he said. “So our work is focused on the radical change in adult behavior and engagement with children, birth to age eight, in order to construct the ‘reading brain,’ and develop vocabulary, executive function, self-regulation, critical thinking and empathy.”

Even calling the work child care, rather than early childhood education, and workers “caregivers” rather than “teachers” is off base, he said. “These are people responsible for some of the most important work around brain construction.”

The work to transform the early care and learning workforce is urgent, Yates said. Because what matters is not only the number of words a child is exposed to, but the relationship the child has with the person speaking them. “Hearing words on TV or a car radio doesn’t make any difference,” he said. “It’s those words coming from a parent, a teacher,

someone who deeply matters to you, on whom you are counting—that’s what maps that vocabulary onto your brain, because this memorable person is offering memorable words to you.”

Instead, so many caregivers, poorly paid and many poorly trained, inconsistent with the brain science, social-emotional development, and how children learn through play, have been charged with concentrating on behavior management, he said. Indeed, one study found that three and four-year-old preschoolers are expelled at three times the rate of students in kindergarten through twelfth grade.⁷⁵ “If we go into an early learning center and we see adults telling children to be quiet, it is our very firm conviction that that’s a toxic place for children,” he said. “Focusing on having a compliant child fails to put a child on the path to having a ‘reading brain.’”

And a toxic environment at the youngest ages, especially if it’s coupled with poverty, neglect, trauma or other stressors, can have lasting effects. “It’s ironic, people think even today that if you can’t remember your early childhood, it doesn’t have an impact. But it’s the exact opposite,” said Jennifer Elkins, a professor of social work at the University of Georgia who studies the impact of toxic stress and trauma. “In that first year, everything is growing so exponentially that cumulative stressors and adversity can build up and change the brain and how it operates. It’s a domino effect that can impact you the rest of your life. But, the important thing is, we also know that early intervention can have just as powerful an effect. That’s why high quality child care is so vital.”

Yet in Georgia, one recent state study found that about 70 percent of all the licensed infant care was of poor quality. And a comprehensive national

study found that the majority of care in the United States is “fair,” with only 10 percent high quality, and 10 percent downright awful.⁷⁶ Many policymakers, the ones who hold the purse strings and the power to remake the system, simply don’t “buy into” the idea that caregiving for infants and toddlers is really education, said Pam Tatum, head of Quality Care for Children, a Georgia nonprofit. “People ask me sarcastically, ‘How do you educate an infant? What do you do, put kids at little desks?’” she said, exasperated. “Birth to three is where the quality suffers the most. It’s the most expensive, the hardest to find, and yet it’s one of the most important times for a child’s development.”

Back at Sheltering Arms, the infant teachers keep up a constant stream of serve and return communication for the rest of the afternoon, talking to the cooing babies as they shake rattles, sing songs, listen to soft piano music, feed them, change them, and play with them. One child lays on a play mat, reaching for bright hanging toys overhead. Another makes a wobbly attempt to stand. “You’re standing UP!” lead teacher Lisa White says, waiting until the child smiles an enormous smile. “Are you going to DANCE now?” she asks the child. “YAY! You’re DANCING!”

White, who has 21 years of experience as a teacher, changed her entire approach once she learned about the brain science behind how children learn. Although she’d always been loving, she knows now how critical forming a strong attachment is to develop the kind of trust that facilitates language nutrition and healthy development. Now, she will get down on the floor and spend as much one-on-one time playing with each baby as she can. She also keeps a close eye on those she gives time to explore on their own. Although White used to read

Birth to three is where the quality suffers the most. It’s the most expensive, the hardest to find, and yet it’s one of the most important times for a child’s development.

to babies, she now makes sure she shows them the books while she reads, too, and points to words and letters. And now, she talks. All the time. “The training really changed my mind,” she said.

But that kind of deep attachment and consistency in infant care is rare, said Shaneshia Roberson, a professional development specialist at Sheltering Arms and co-leader of another statewide effort to infuse brain science into early learning called “Better Brains for Babies.” At a time when science shows that what infants need most are strong relationships with teachers in order to develop healthy brains, to feel safe, to be willing to take risks, explore their environment, play and talk and listen, she said the meager pay and low quality in most infant and child care settings often chase teachers away. Which only perpetuates inequality. “We see so much turnover in early care and education,” she said, her eyes welling with tears. In Georgia, as in the rest of the country, more than one-third of all early care and learning teachers turnover every year.

Down the hall from the chatter in the infant room, the “serve and return” dialogue is more open-ended in the toddler classrooms. Colorful signs posted on the walls remind the teachers to get inside the child’s world, and to create an environment where they can begin to learn to make their own choices, which develops self-regulation and executive function skills. “How could we work together to solve this?” Reads one sign. “Can you describe what happened?” “What do you like best about it?”

In the carpeted play area, a little boy pulls out a bin of wooden blocks. A teacher who knows him well gets down on the floor with him.

“What are you making?” she asks.

“A house,” the child answers.



A toddler in the classroom at Sheltering Arms, where teachers are trained to develop strong bonds with children, talk, listen and play in order to help children develop executive function skills. Photo: Long Story Short Media

“Who lives in your house?”

“Mommy.”

“What do you do in your house? Tell me about it”

He makes a square of blocks on the floor and explains that it’s his garden.

“A garden! What do you grow in your garden? Collard greens? Spinach?”

“Apples!” the child says.

The two continue to talk as they imagine life in the house, planting orange trees, because oranges are delicious, building a roof, then putting on a garage, and a room to play basketball. They muse about what other kind of fruit he can grow in his garden, who will come to visit, and what color the front door could be, the two building the conversation, and their connection, as the little house takes shape.

TYPES OF CARE

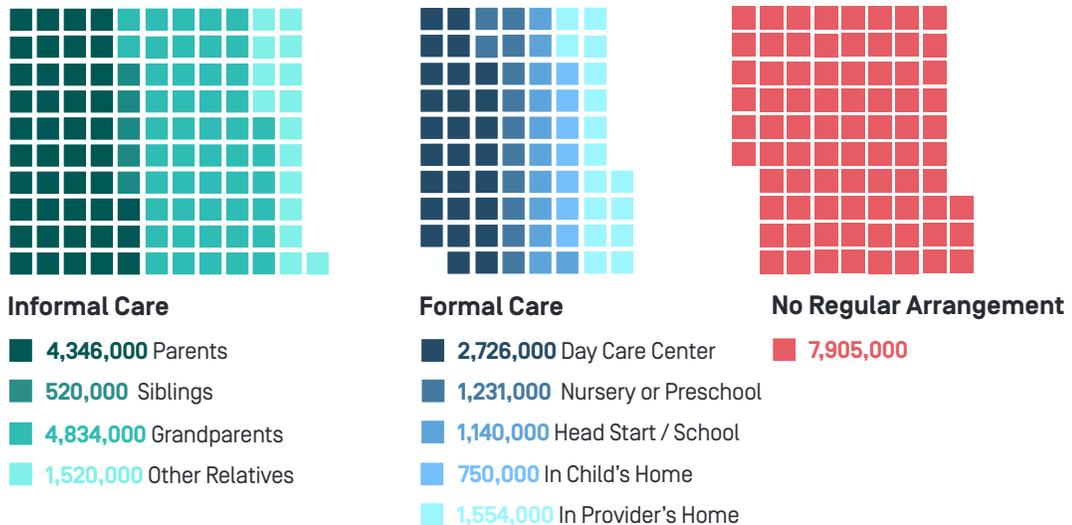
American parents choose from a range of child care arrangements in and outside the home, ranging from the informal—friends and family members—to the more formal and regulated child care centers. The diversity of settings makes it difficult to measure and compare care arrangements, but for the purposes of the Care Index, New America groups care in four categories: child care centers, family child care homes; (in-home) nanny care; and family, friend, and neighbor (FFN) care.

Child Care Centers

Child care centers provide care in non-home settings.⁷⁷ Centers may be operated privately or publicly, nonprofit or for-profit, and may receive funding from the government, parent fees, and/or donations—they range from small centers operated out of church basements to large facilities run by corporate chains. Most centers must be licensed by the state where they operate and follow safety

Children under Five in Types of Child Care Arrangements

Each block represents 100,000 U.S. children.



Source: Lynda Laughlin, Who's Minding the Kids? Childcare Arrangements: Spring 2011, (Census Bureau, U.S. Department of Commerce, 2013).

and quality regulations, though some states exempt certain centers, like those run by religious organizations. Most states also have quality rating and improvement systems (QRIS), which rate centers at different levels of quality, above and beyond licensing standards, and offer financial incentives and resources for improving quality.⁷⁸ Centers that accept child care subsidies are also subject to federal regulations under the Child Care and Development Block Grant Act (CCDBG), which provides subsidy funding to states through the Child Care and Development Fund (CCDF).⁷⁹ Centers can receive funding to provide food through the USDA's Child and Adult Care Food Program (CACFP), which imposes additional regulations.⁸⁰ Centers can voluntarily seek accreditation from organizations such as the National Association for the Education of Young Children (NAEYC), which sets quality standards above those included in licensing and federal regulations.⁸¹

Family Child Care Homes

Family child care homes are settings in which professional caregivers provide care in their own homes to a small number of children who are not related to them.⁸² Family child care is usually less expensive than center care, though, like centers, family child care homes can accept child care subsidies.⁸³ In most states, family child care homes are supposed to be regulated and licensed to ensure a baseline of safety and quality. Some states differentiate between “licensed” and “registered” homes, based on the number of children they are allowed to care for and the stringency of quality standards, and some homes may be license-exempt, generally if they are serving a very small number of children. However, regulations and oversight vary widely by state and in many states are extremely minimal, with only limited means of enforcing the regulations that do exist.⁸⁴ Like child care centers, registered family child care homes can participate in CACFP,⁸⁵ and those that accept subsidy are subject to CCDF regulations,⁸⁶ even if they are license-exempt.⁸⁷ Licensed homes are usually eligible to participate in state quality rating and improvement

systems (QRIS), though with different standards than for child care centers.⁸⁸ They can also pursue accreditation by organizations such as the National Association for Family Child Care (NAFCC), whose quality standards go beyond basic state licensing requirements,⁸⁹ and receive training and support from organizations such as All Our Kin.⁹⁰

[In-Home] Nanny Care

Nannies and babysitters provide care in a child's home. They may be affiliated with a nanny agency or work independently. Nanny care is unregulated, aside from basic labor and tax laws (the “nanny tax”),⁹¹ and many parents ignore these laws in favor of paying nannies under the table.⁹² Thus, very little reliable data on nanny care exists. One report put nanny use at around 3 percent of professional families and 2 percent of low-income families. The Care Index sample includes a higher share of families using nanny care.

Organizations including the National Domestic Workers Alliance and Hand in Hand advocate for better compliance with existing laws and new policies with stronger legal protections for nannies,⁹³ such as the Domestic Workers' Bill of Rights.⁹⁴

Family, Friend, and Neighbor Care (FFN)

Any discussion of the care landscape would be incomplete without mentioning informal care provided by family, friends, and neighbors. Aside from FFN providers who are paid using child care subsidies and subject to CCDF regulations, FFN care is not regulated or tracked, so its quality is difficult to determine.⁹⁵

Though FFN caregivers may be paid, many families rely on unpaid care,⁹⁶ whether provided by family, friends, and neighbors or by parents themselves. Some parents choose to leave the workforce in order to care for their children full-time. Parents may make this choice due to financial factors such

as the high cost of child care, personal or family preference, or both. Though many parents find it rewarding to stay home, the financial cost can be steep.⁹⁷ Although the Care Index focuses on paid

care, we believe that unpaid care should also be recognized, valued, and supported through policies such as paid leave and child benefits.

THE COST OF CARE

The cost of child care in the United States is *expensive*. For everyone. The Care Index found that the average cost of center-based care in the United States is one-fifth of the median household income, and infant care costs more than college in 33 states. For a parent making minimum wage, the average cost of care would take up an unsustainable two-thirds of their earnings, with little left over for rent or mortgage payments, food, transportation, clothing, and other basic necessities.

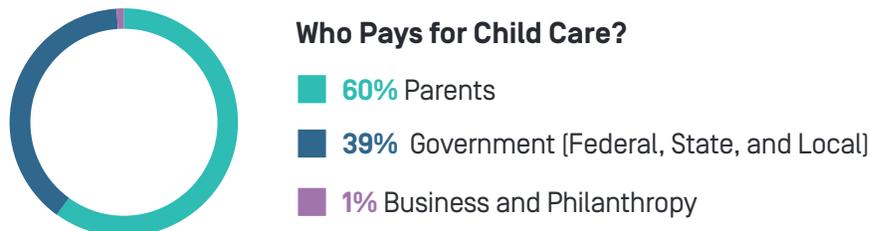
And there are real economic consequences—for families, communities, and the economy—when

the burden of shouldering that high price tag falls disproportionately on families. And it does. Research has found that parents pick up 60 percent of the cost of child care; federal, state and local governments shoulder 39 percent; and businesses and philanthropy contribute just 1 percent.⁹⁸

When parents can't find affordable, quality child care, their only alternatives are to cut back on work hours, seek alternative work arrangements, look for care on the unregulated, cheaper “gray market,” rely on an informal network of families, friends, and neighbors, or even exit the labor market completely

Major Funding Sources for Child Care and Early Education

Overwhelmingly, parents end up footing the majority of the bill for child care.



Source: Anne Mitchell, Louise Stoney, and Harriet Ditcher, *Financing Child Care in the United States*. 2001.

to take on child care responsibilities themselves. This move is not without consequences: Parents who exit the labor market could be losing more than **three times** their annual salary every year they are not working due to the opportunity cost of wage growth and retirement savings, according to a Center for American Progress report.^{99, 100} Dropping out of the workforce, however, is not an option for working single parents, who must seek informal care or a limited number of government subsidies to pay for licensed care in order to support their families and continue working.

Women are the ones who typically have faced these trade-offs between work and care, both because they generally earn less than men, and because prevailing cultural norms still expect mothers to take on primary responsibility for caregiving.¹⁰¹ Women around the world do 75 percent of the unpaid work of housework and child care. A recent McKinsey Global Institute report found that that invisible work, if given market value, would equal at least 13 percent of the global GDP.¹⁰² Further, they estimated that creating conditions and policies to better recognize and more fairly redistribute this unpaid labor and create more parity for women in the paid labor force, could add \$12 trillion to the global GDP by 2025. And \$2.1 trillion in the United States alone.

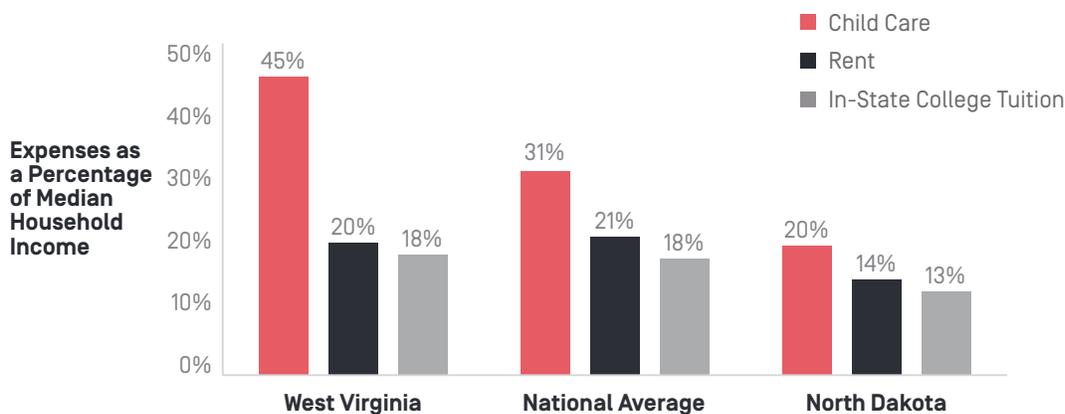
Cost to Families

In the United States today, 65 percent of children under six have both parents in the workforce.¹⁰³ This is a marked difference from the labor division of 1970, when only 28 percent of children under five had two working parents.¹⁰⁴ And today, a growing number of families are headed by a single parent, between 72 and 89 percent of whom are employed.¹⁰⁵ For the majority of American parents, child care is an expensive necessity. Which leaves people wondering: why are prices so high?¹⁰⁶

Unlike in previous eras, when child care costs barely registered in a typical American family's budget, today, the burden is much higher.^{107, 108} Child Care Aware of America's 2015 *Parents and the High Cost of Child Care* report shows that child care cost is one of the biggest items of the average parent's budget, second only to mortgage or rent.^{109, 110} From 2009 to 2012 alone, the cost of child care rose at nearly twice the rate of the Consumer Price Index.¹¹¹ Indeed, the Care Index, like other reports, found that the average cost of full-time infant care in a center costs more than in-state college tuition in 33 states.¹¹² The average cost of center-based care for children ages 0-4 eats up 18 percent of the median household income and is 90 percent or more the cost of rent in 15 states and the District of Columbia. The average

Cost of Care and Household Income

Household expenses as a proportion of median household income. West Virginia has the highest cost of care compared to household income. North Dakota has the lowest.



annual cost of nanny care is three times the average cost of a year at a public college.

Wages

Why is child care so expensive? In a word: people. It takes teachers to provide the early care and learning. And a lot of them. Infants, toddlers, and preschoolers need much more supervision and one-on-one care than children in K-12 education—and safety and quality requirements reflect that need. While state regulations allow one teacher to teach anywhere from 18 to 30 elementary school-age children, the National Association for the Education of Young Children recommends, depending on group size, one teacher for every three or four infants, one teacher for every three to six toddlers, and one teacher for every six to ten preschoolers.¹¹³

The cost of that labor is expensive. The true cost is more than parents can pay, especially at a time in life when many are starting out, haven't reached their full earning potential, and haven't yet built up savings. So child care providers can only charge as much tuition as the parental market will bear, then must seek out other sources of income from federal, state, or local government, businesses, and private philanthropy to cover the difference.

But the problem is, tuition and alternative income are not sufficient to cover that difference. Which means providers must keep costs low. Because so much of the child care infrastructure is really a patchwork of small businesses, nonprofits and often altruistic “mom and pop” family home care centers,¹¹⁴ most providers operate on razor-thin margins, typically less than 1 percent.¹¹⁵ And approximately 80 percent of a child care program's cost is devoted to payroll and related expenses—making employment costs *the* area a provider can target when strategizing to reduce cost to themselves.¹¹⁶

It should come as no surprise, then, that early care and learning teachers earn poverty wages¹¹⁷—among the lowest wages of any profession, one recent study



Nora Nevarez charges \$2.00 per hour per child in her care, which means at best she'll earn \$8.00 an hour to care for four children. Photo: Long Story Short Media

found.¹¹⁸ The early education workforce earns, on average, \$9.77 an hour—less than bellhops and parking garage attendants. Nearly half are part of families that qualify for at least one form of public support, such as food stamps, Medicaid, or child care subsidies. And those who teach infants and toddlers make about 70 percent of what those who teach three and four-year-olds make.¹¹⁹

According to a report released by the U.S. Departments of Education and Health & Human Services,¹²⁰ there is a noticeable gap between early childhood educators' average salaries and those of elementary school educators.¹²¹ The Early Childhood Workforce Index notes an “irrational wage structure,” in which wages are more linked to program funding pressures than meaningful indicators of caregiver needs and quality.¹²² An Economic Policy Institute report notes that most caregivers are not able to afford care for their own children.¹²³

This is a problem. While caregivers are an essential part of child development, parents' ability to work, and family well-being, low wages send the message that they are not valued—so much so that they do not deserve a living wage.¹²⁴ Perhaps more importantly, low wages have been linked to a high turnover rate in the early childcare workforce, leading to care of inconsistent—and often low—quality.¹²⁵ Reducing wages is incongruous with a

desire to hire people trained in child development and capable of providing quality care. The current system undercuts quality, underpays employees, and still presents prices so high that many consumers are pushed into unlicensed markets of questionable quality.¹²⁶

Child Care as a Market

The child care market doesn't work.¹²⁷ The numbers simply don't add up: It costs more to supply early care and learning than families are able to pay. That's because rather than work like a traditional market, where prices and efficiencies are governed by the laws of supply and demand, the early care and learning market works like the market for education. In K-12 educational markets, tuition alone can't cover the cost of the service (\$12,000 per year per public school student¹²⁸). That's why education is subsidized—public education subsidized by the government, and private education subsidized by private donations and government tax breaks and grants.

The child care market thus requires substantial investment from public and private sources. The current dysfunctional market has serious economic consequences.¹²⁹ Demand stays high because parents need child care. But because parent-paid tuition doesn't cover the true cost of child care, and because investment in child care is insufficient, providers may be forced to operate in ways that could jeopardize both quality and availability of care to cover their own costs—by, for example, cutting back on supplies or by paying caregivers poverty wages. Some providers try to make the numbers work by cutting back on or closing infant and toddler classrooms, which, because of the lower teacher-student ratios required, are much more expensive to maintain.¹³⁰ But not all cost-saving moves are negative: In some communities, small child care providers are beginning to come together to pool resources, share costs and create economies of scale—by, for example, sharing expensive administrative functions, buying supplies in bulk, and forming Early Childhood Education Shared Service Alliances—to bring costs down.¹³¹

When the price of licensed child care gets too high, parents may be forced to opt out in favor of a cheaper option, such as family, friend, and neighbor care. But because these networks of care are unregulated, the level of quality is unknown. In short, the current child care structure is unsustainable and puts quality at risk.^{132,133}

There are only a few tools to help parents shoulder the high cost of care. A limited amount of relief can be found for most families through child care tax credits, and, for even fewer families, subsidy programs.

Tax Credits and Breaks

For working parents looking to offset child care costs, most families can find theoretical relief in the Child and Dependent Care Tax Credit (CDCTC).¹³⁴ Upon filing state and federal income taxes, families may receive credits worth 25 to 30 percent of child care costs, capped at \$3,000. (Separately, about 61 percent of businesses offer employees Dependent Care Assistance Plans to help them pay for care with up to \$5,000 pre-tax dollars a year, according to the 2014 National Study of the Employer.¹³⁵)

That relief may well only exist in theory, however; despite its intent, this tax credit has several limitations (which echo limits of tax credits as social policy more generally^{136, 137}):

- The amount of the credit is woefully inadequate to make a serious impact on child care expenses. The credit caps at \$3,000. By comparison, the Care Index shows the the cost of full-time infant care at a center or family home runs from a low of \$6,590 a year in Arkansas to as much as \$16,682 in Massachusetts.
- Though some state tax credits are refundable, because the federal tax credit is nonrefundable, it can only be used to offset income taxes owed.¹³⁸ That means that low-income families who owe little or no income tax do not derive much benefit from the CDCTC.

- Because the credit is distributed annually, it does not provide much relief for families having to deal with payments on a weekly or monthly basis.
- The CDCTC requires that families be working or looking for work, but this isn't always feasible (for example, for parents on disability).¹³⁹
- And finally, many families may not be aware of the tax credit, nor the procedure for properly filling out forms to receive it, which could limit its use.

Subsidy Programs

For a small portion of families, child care subsidies provide more relief. Child care subsidies, such as those granted through the Child Care and Development Fund¹⁴⁰ (authorized under the Child Care and Development Block Grant¹⁴¹), aim to make child care more accessible to low-income working families. They do this through vouchers that can be used as payment with participating providers or through contracts with providers. State-set reimbursement rates affect the amount of money child care providers receive from the government each time a parent makes use of subsidized child care. Unfortunately, though, many child care subsidy programs present significant obstacles to families seeking relief¹⁴², including inconvenient and time-intensive review processes for employed individuals and long waiting lists, so subsidy use remains fairly low.^{143, 144} Revised regulations are intended to streamline that process. For instance, families that qualify for subsidies can receive them for a year, unlike in the past, where a change in work hours, school schedule, or job required a lengthy re-evaluation.¹⁴⁵

Neither the federal government nor the states have committed to fully funding subsidies to help all economically disadvantaged families with child care, providing funds to cover only about one in six eligible children.¹⁴⁶ And states set very low income eligibility levels for subsidy help (based on already-

weak poverty metrics¹⁴⁷), which restricts the number of families who can get help to pay for the care they need to continue working. A 2015 study by the National Women's Law Center found that a family with an income above 150 percent of the federal poverty level—or \$30,135 for a family of three—could not qualify for assistance in seventeen states.¹⁴⁸ (Using an Economic Policy Institute calculator, the NWLC figured that, in most communities, a family income needs to equal 200 percent of the poverty level to meet its basic needs, including child care.¹⁴⁹) For families unable to afford the high cost of quality child care, yet unable to qualify for subsidy assistance, access to quality care is severely limited.

For families unable to afford the high cost of quality child care, yet unable to qualify for subsidy assistance, access to quality care is severely limited.

Even for those parents who are able to receive child care subsidies, reimbursement rates are often too low for parents to afford most child care. Although states are required to use up to date reimbursement rates based on current market surveys, many states use data that is outdated—in some cases, by as many as 10 years.^{150, 151} So subsidy reimbursement rates are frequently set much lower than the true market rate of care, which makes higher-priced quality-rated centers reluctant to accept them. As a result, many parents are stuck paying high copayments, with few available options for care. And providers offering subsidized care often shoulder a loss when they accept a subsidy payment below what they would normally charge for delivering care. To make up the difference, many providers must cobble together money through community fundraising, donations, and grants, just to keep the business afloat.

Because the child care subsidy system relies on *voluntary* participation of care providers, it is important that state-set CCDF policies sufficiently incentivize them to participate.^{152, 153} But burdensome

administrative requirements, fees, and other state-set policies can make it unappealing and difficult for providers to participate in subsidy programs.¹⁵⁴

One policy proposal to encourage the provision of affordable, quality child care is tiered reimbursement for providers: Programs of higher quality, as determined by state QRIS standards, will be offered higher reimbursement rates or bonuses.^{155, 156} But this is an imperfect solution. Because bonuses from tiered payments are modest and generally lower than the high cost of improving quality, tiered reimbursement rates, while a good start, are not sufficient to address cost issues for providers and families on their own, without significant public investment.^{157, 158}

Conclusion

Most people know intuitively that the cost of child care is too high. But the impact of that cost extends

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beyond the families that must shoulder the burden. Businesses pay, too, as much as \$4 billion a year, by one estimate, in lost worker productivity and absenteeism due to child care breakdowns.¹⁵⁹ As long as the child care system continues to undervalue its workers and jeopardize quality by pricing consumers into unregulated family care, parents will continue to face the choice between care and work. The path is clear: Either our policies will continue to stunt overall productivity, economic growth, and progress towards gender equality and equal opportunity for all, or we will choose to invest in quality education for children, gender equity in the workforce, economic growth, and a financial and cultural shift toward valuing care work.

THE QUALITY OF CARE

High quality child care pays all kinds of dividends: personal, societal, and economic. For example, children who participate in high-quality early care and education have fewer behavioral problems, greater educational attainment, and higher earnings later in life.¹⁶⁰ According to one study, for every dollar invested in early education, society receives \$7 in returns through increased tax revenue and reduced public spending on criminal justice,

remedial education, and other costs.¹⁶¹ Some studies set the number even higher.¹⁶² High-quality care and education can help close the achievement gap for low-income children, though higher-income children experience large benefits too.¹⁶³ Parents can go to work and know that their children are in good hands, so child care improves parents' job prospects, especially for mothers, who are still most often expected to be the primary caregivers.¹⁶⁴

All child care programs that meet licensing requirements provide a basic level of safety, allowing parents to work and meet other obligations. But here's the problem: Only high-quality programs have significant positive effects on children's learning and development.¹⁶⁵

However, high-quality programs are often hard to find. Though we know quality varies widely across settings and locations, it is difficult to know by just how much. The way we measure the quality of early care and education in the United States is inconsistent and often flawed. State licensing requirements and quality rating and improvement systems (QRIS)¹⁶⁶ vary so widely that comparing states is very difficult,¹⁶⁷ and federal policies regulating quality only apply to programs that accept subsidies.¹⁶⁸ Many children are also in unlicensed care of unknown quality, whether it is legally license-exempt informal care or a provider illegally operating without a license.¹⁶⁹ Among children receiving subsidies, nearly one in five are in unlicensed care.¹⁷⁰ In the Care Index, we measure quality using the percentage of programs accredited by the National Association for the Education of Young Children (NAEYC)¹⁷¹ or the National Association for Family Child Care (NAFCC),¹⁷² independent organizations that accredit child care centers and family child care homes, respectively. This method is imprecise, but, with existing data, it's one of the only ways to compare quality in different states. And the data we do have indicates a patchwork system that is mediocre at best.¹⁷³ The Care Index found that, on average, only 11 percent of U.S. child care centers and family homes are accredited.

Why Quality Matters

The 0-5 years are crucial for children's learning and development.* From birth, children are actively

* School-age children need high-quality care, too—outside of school time, many participate in after-school programs and summer camps—but this brief will focus on early education and care in the 0-5 years.

working to understand the world around them. In the first few years of life, a child's brain makes 700 to 1,000 critical new neural connections every second, producing twice as many connections and at a faster rate than at any other time in life.¹⁷⁴ This rapid growth forms the neural foundation upon which all later learning will be built. Early childhood education that encourages discovery through play, rich language, and engages children's capacity for conceptual reasoning, abstract thinking, and creativity can better challenge them to develop, grow and learn new things.¹⁷⁵ Young children are still learning how to learn, and high-quality early education and care helps them develop basic learning competencies like focus, self-regulation, memory, flexibility, and motivation.¹⁷⁶ Children also learn social and emotional skills, as well as motor skills, which are not only intrinsically important but also affect later academic success.¹⁷⁷

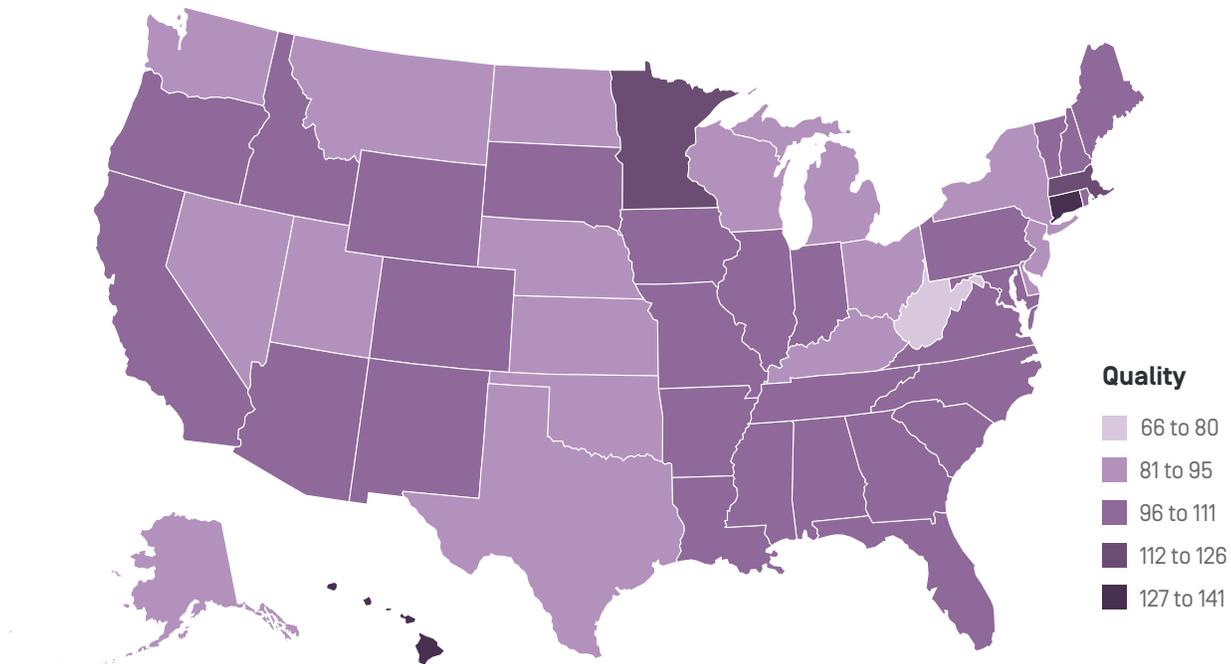
Early childhood education that encourages discovery through play, rich language, and engages children's capacity for conceptual reasoning, abstract thinking, and creativity can better challenge them to develop, grow and learn new things.

Children's interactions and relationships with adults, including early childhood educators, are some of the most important factors in their development. Nurturing and secure relationships with teachers as well as parents support children's social, emotional, and cognitive development. Children experience stress when they don't have reliably supportive relationships with caregivers, with long-term consequences for their wellbeing.¹⁷⁸

High-quality early care and education, then, requires a safe and healthy environment where development can flourish. That's true whether a child is being cared for by family and friends, a nanny, in a family child care home, in a child care

Quality

Standardized quality score is based on the proportion of accredited family child care homes and centers, and ratings for in-home providers on Care.com, where 100 is the national mean, and each 15 points represents one standard deviation from the mean.



center, or at school. All children, regardless of age, race, ethnicity, language, socioeconomic status, family structure, or ability, deserve high-quality care and education that meets their specific needs.

Aspects of Quality

Though measuring quality can be a complex task, researchers generally divide early care and education quality into two types: *structural* quality and *process* quality.¹⁷⁹

Structural quality refers to static, material characteristics of programs and staff—sometimes considered as the input factors that are easily regulated. Commonly used indicators of structural quality include teacher-child ratios, group sizes, staff education and experience, and staff compensation. For pre-K, length of day and school year are also important factors. Structural factors

are easiest to quantify, but don't capture the child's direct experience—namely, the quality of their interactions with care providers.

Process quality refers to children's relationships and interactions with teachers. Some of the most important aspects of process quality are whether teachers are warm and emotionally supportive toward children, how they manage their classrooms, and how they encourage and support children's learning. Process quality is related to, but separate from, structural quality. Structural factors like low child-teacher ratios and well-trained staff can help foster better interactions, but do not on their own guarantee process quality—which, research shows, is more strongly correlated with positive child outcomes like school readiness.¹⁸⁰

But because structural quality is much easier to measure and regulate than process quality, structural indicators are often used as proxies for

overall quality. There are some exceptions—for example, Head Start rates programs on process quality¹⁸¹—but most state licensing requirements and QRIS focus almost exclusively on structural factors.¹⁸² But structural quality is most important as a foundation for process quality. The two are not the same. Measuring process quality would provide a clearer picture of what’s going on in classrooms than structural measures alone, but it can be expensive.

Most of the research cited in this brief focuses on child care centers because they have been studied more extensively than family child care homes, nanny care, or other types of care. Research also shows that quality is often lower in informal settings such as family child care homes than in child care centers, likely because informal settings are not as tightly regulated.¹⁸³ This does not mean, however, that there are not good-quality family child care home options. All settings require the same basic quality elements: nurturing, supportive caregivers and teachers who can provide a language-rich environment and age-appropriate learning opportunities. And developing strong, consistent measures of both structural and process quality is crucial for ensuring quality care across settings.

Structural Quality

Teacher Education

Research findings are mixed about the effects of teacher education on quality. Though some studies have found that teachers with higher degree levels or more years of education are more effective,¹⁸⁴ other studies find little to no effect.¹⁸⁵ The same is true for research looking at whether it’s better to have specific training in early childhood education—some studies find an effect, while others do not.¹⁸⁶

One likely reason for these findings is that many teacher-training programs simply aren’t very good.¹⁸⁷ For example, many bachelor’s degree programs



An educator at Sheltering Arms in Atlanta reads to a group of pre-K students. Photo: Long Story Short Media

for pre-K teachers don’t require high-quality student-teaching opportunities, courses on child development, or training on how to build children’s language skills. Despite these issues, though, most experts believe that a well-educated teaching workforce is an important foundation for quality early care and education, especially if the quality of teacher training improves.¹⁸⁸

Teacher Pay

Inadequate compensation makes it difficult to attract and retain the best teachers for early education and care. Although pre-K teachers need a level of skill and training comparable to early elementary school teachers, their salaries are, on average, only about half what kindergarten teachers earn.¹⁸⁹ Teacher aides and caregivers who work with infants and toddlers fare even worse.¹⁹⁰ Low pay can lead to financial stress (hardly ideal for one dealing with very small children) and high staff turnover—the average departure rate across all centers is 13 percent, and 25 percent for centers that experience any turnover. This is not only costly for programs but can also have negative effects on children.¹⁹¹ Higher teacher pay is a crucial element of quality.

Ratios and Group Sizes

Research on child-teacher ratios (the number of children for each adult) and group sizes (the number of children in a classroom, which may have multiple adults) generally finds a connection between lower ratios and group sizes and higher process quality.¹⁹² Though studies are unable to determine exactly why this is true, it seems that, all else being equal, children get more individualized attention when ratios are lower and group sizes are small. Teachers are better able to manage classrooms and educate effectively.¹⁹³

Length of Day & School Year

The amount of time preschool-age children spend in early education settings significantly affects how much children benefit from them. Attending a full-day program instead of a part-day program, getting two years of pre-K instead of one, and continuing education during the summer or for a longer school year all have clear benefits for children, as long as the program is high-quality in other areas.¹⁹⁴

Process Quality

Structural factors are a crucial foundation for process quality: The learning environment and the interactions between teachers and children. In a high-quality learning environment, children build trusting relationships with warm, friendly caregivers who are sensitive to their needs and responsive to their words and signals.¹⁹⁵ Children can interact frequently both with caregivers and with each other. Infants and toddlers learn through play and social interaction,¹⁹⁶ and preschoolers spend time in small groups and pairs as well as with the whole group.¹⁹⁷ Caregivers use lots of complex language and “serve and return” back-and-forth, open-ended exchanges, and they read books interactively with children. Learning is driven by children’s curiosity and interests, with caregivers providing encouragement and challenge.¹⁹⁸

Because process quality is more subjective than structural quality, researchers have developed many different systems to measure it. Two of the most commonly used measures are the Environment Rating Scales (ERS)¹⁹⁹ and the Classroom Assessment Scoring System (CLASS),²⁰⁰ which both have a variety of scales tailored to different age levels and settings. Raters trained to use the scales observe classrooms for a period of time and rate them on a set of quality indicators, then produce an overall quality rating.²⁰¹

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Studies have shown that higher ratings on the CLASS and the ERS are associated with better child outcomes, such as school readiness, and can do a better job of predicting child outcomes than many structural indicators.²⁰² This is especially true of the CLASS, which has come to be regarded as a more rigorous and targeted measure of process quality compared to the ERS.²⁰³

Process quality measures like the CLASS are not being administered consistently in most early care and education settings. Using these tools requires investments of time and money, but they can provide valuable insights about the quality of early learning.²⁰⁴

Conclusion

Promoting quality early care and education will require strong public investment in families’ access to high-quality, affordable options. Improving teacher training, compensation, and ongoing support does not come cheap.

Efforts to improve quality also need to be coupled with better methods of measuring it. Though good tools exist to measure quality, such as the CLASS, they are not used consistently enough to be able to compare quality in different locations and settings.

Better data collection on the quality of early education and care could help illuminate both the bright spots and weak points of the system, and how to strengthen it.

AVAILABILITY OF CARE

Lowering the cost and increasing the quality of care only gets us part of the way to a better system. The other huge piece of the puzzle is availability—making sure there are enough accessible, appropriate spaces for every child who needs care. Even if appropriate spots are theoretically available, families must be able to reasonably access them—meaning care must be accessible by available transportation and during the times it is needed for the ages of the children who need it. After all, improving quality and reducing cost can only have an impact on families who are able to find and access care in the first place.

The Care Index found that the availability of care—the proportion of the number of caregivers to the number of children under age five who may need care—is highest in six states, mainly in the Northeast: Massachusetts, Connecticut, New Hampshire, Rhode Island, Vermont, and New Jersey. Availability of child care is also high in Washington, D.C. Seven states with the lowest availability are the largely western and more rural states of Wyoming, South Dakota, Idaho, New Mexico, Utah, Hawaii, and Alaska.

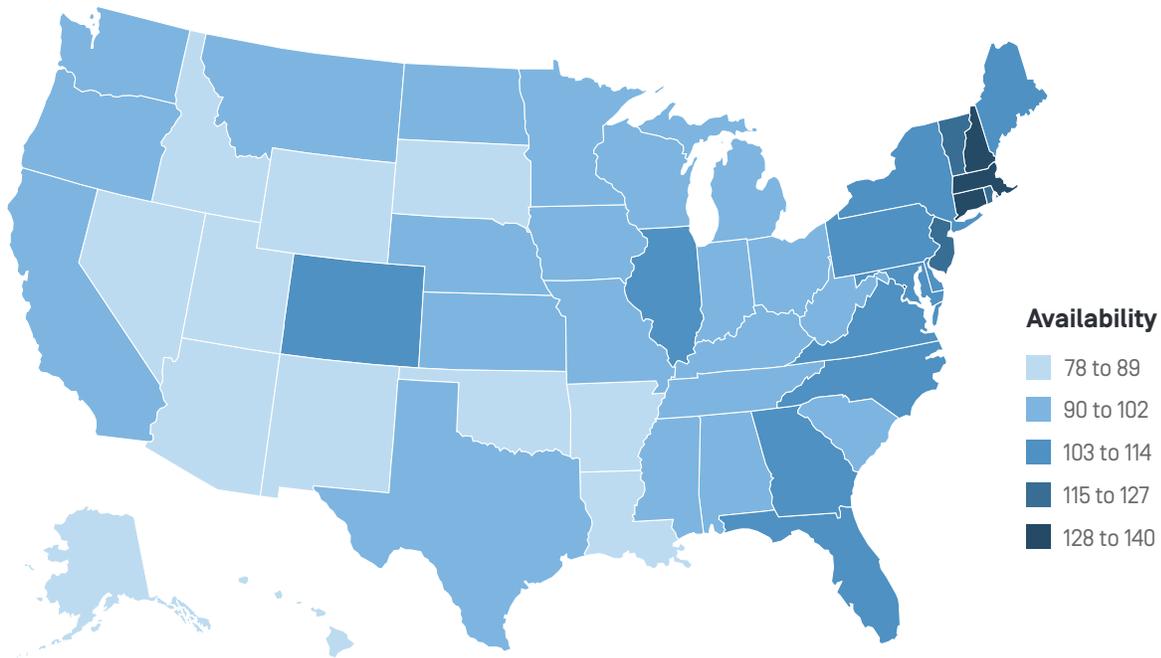
But care is not always most available in the states where families have the most need. For instance, South Dakota has the highest share of families with children under 18 where all parents work—82 percent. Yet the Care Index found it has among the lowest availability of care, suggesting families are relying on informal networks of unpaid care, or the gray market of paid care, either by choice or by necessity.

The Index found that Utah, too, has low levels of available care. That may not be surprising as Utah is also the state with the lowest share of families with children under 18 where all parents work. Even so, in a majority of Utah families with children, 63 percent, all parents are working.

Ensuring that care is available to all is crucial to building a strong care system. But part of the problem is that very little data exists on availability. Earlier studies have found that child care centers are least available in nonmetropolitan and poor communities, and family home care most readily available in nonmetropolitan, mixed-income areas.²⁰⁵ But without more detailed, precise information, it's difficult to know how to

Availability

Standardized availability score is based on the ratio of child care employees to the number of children under 5 in a state, where 100 is the national average, and each 15 points represents one standard deviation from the mean.



design policies that will address the places and populations most in need.

Ideal Measure of Availability

In the Care Index, we measured availability for each state as a simple ratio of the number of child care providers (both individually employed and employed by child care centers) to the number of children under the age of five. But this method has its limits. Due to limited data, our Index can look only at an aggregate measure of coverage: the total number of caregivers relative to the total number of children. A more precise availability measure, on the other hand, would look at how well services match families' needs across three dimensions: geography, time, and type of care.

The first of these dimensions, geography, means that care must be nearby: If child care is not readily

accessible to parents, it is, of course, useless to them. This is a particularly relevant issue in rural areas, where child care is least likely to be nearby and public transportation systems may be insufficient or unavailable.²⁰⁶

Second, care must be available during the time—time of day *and* time of the year—that families need it. Some parents work long or irregular hours or shifts, or work weekends or evenings, and may need child care outside of traditional 9-to-5 business hours²⁰⁷ and on short notice, as with just-in-time scheduling.²⁰⁸ Unfortunately, these services are often difficult to find.²⁰⁹ Many parents also struggle to find care during the summer.²¹⁰

Third, care must be age-appropriate. An abundance of preschools doesn't help a family seeking care for their 6-month-old infant, for example. Age-appropriate care is essential for child development and school readiness.

Availability in the Research

While these three dimensions make an ideal measure of availability, they can be very difficult to capture in practice. Relatively few studies exist on availability, compared to the high volume of data collection and research on quality and cost.

One effort, ChildCare Map's report on Philadelphia, looks at population age breakdowns, transportation needs and available routes, and quality ratings of providers to map overall care availability in the region.²¹¹ Likewise, the 2016 National Survey of Early Childcare & Education looks at the proportions of child care providers in different locations who have specific characteristics, such as being able to provide infant care, or being able to care for children for more than 30 hours weekly.²¹² However,

it does not look at the total number of providers or the number of children needing care. A report from Georgia State University examines availability in several rural Georgia counties by location, though not by age or time frame.²¹³

While these studies are important steps in the right direction, they still do not fully capture the number and characteristics of child care slots available relative to the children who need them nationwide. More and better data is needed so that policymakers can address child care availability with precision and accuracy. If better data existed, government and businesses might be able to, for instance, target investments in better public transportation infrastructure, or use zoning ordinances or redevelopment tax funds to incentivize more providers to build facilities in particular areas.

POLICY RECOMMENDATIONS

Why paid family leave, cash assistance, universal pre-K, and support for dual-language learners could be the keys to improving early learning for all



INTRODUCTION

It's Time for the Great Debate

The current child care system in the United States isn't working well for anyone, even though the majority of children in the United States are being raised in families where all parents work for pay, and the majority of children have, since the 1990s, been in some form of "non-maternal" care from the age of six months. The Care Index data shows that no one state is providing all three of the pillars that constitute a functioning early care and learning system that supports both working families of all socioeconomic levels and the child development needs of all children: affordable cost, high quality, and easy availability.

Instead, families must rely on a patchwork system that is expensive to the point of keeping some parents, typically mothers, out of the workforce²¹⁴; difficult to find; and mediocre at best, with teachers paid poverty wages, turnover high and small providers operating on razor-thin margins.²¹⁵

The Care Index found that the average cost of child care in centers is nearly one-fifth the median household income, and nearly two-thirds of a minimum wage workers' earnings. Nationally, only 11 percent of centers and family homes are accredited to meet quality standards. As for availability, the New America Care Report profiled one parent in Georgia who wanted to find quality

care for her two young children close to her work, but couldn't afford any licensed establishment within a 20-mile radius.

There is a reason that this hodgepodge child care infrastructure exists in the United States: Policymakers decided in the early 1970s that child care was the private responsibility of families, not a public investment in the economy for the good of society and the future, and that a functioning child care system would have "family-weakening implications."²¹⁶

In 1971, Congress passed the Comprehensive Child Care Development Fund, a bipartisan effort to create a network of nationally funded, comprehensive child care centers. They were to be administered at the local level and provide high-quality early education, nutrition, and medical services. The services were to be universal, available to all regardless of income on a sliding scale. (During World War II, under the Lanham Act, the federal government supported 3,000 such child care centers in every state, except New Mexico, in order for women to go to work.)

The idea of a government role in child care had broad public support in the early 1970s. Surveys showed that a majority of both men and women not only favored setting up a workable child care system, but that they thought the federal

government should play an important role in supporting it, Kimberly Morgan writes in her book, *A Child of the Sixties*.

Yet President Richard Nixon vetoed the bill, writing that it would have committed the government “to the side of communal approaches to child rearing over against the family-centered approach.” A government role in child care, he said, should be an “evolutionary” decision, taken after “great national debate,” with an eye to “cement[ing] the family in its rightful position as the keystone of our civilization.”

The time for that great national debate is now.

Family is still a keystone, but the shape and structure of what constitutes a family has evolved, opening up ties of love and choice, unlike in the early 1970s, when breadwinner-homemaker families were more of the norm for middle-income families, and were held up by policymakers as the ideal family arrangement. Families’ relationships to work has evolved, too, with families where all parents work in the marketplace now the norm. Lawmakers in the 1970s, and even some today, worry that a quality child care system will only encourage parents, namely mothers, to work outside the home. Yet that happened anyway—a majority of mothers of young children now work for pay both out of choice and necessity—without any encouragement or supportive child care system at all. Mothers are now the primary breadwinners in 40 percent of dual-income and single parent homes.²¹⁷

Mothers are now the primary breadwinners in 40 percent of dual-income and single parent homes.

By failing to act in the 1970s, the makeshift early care and learning system that sprang up as a result not only doesn’t work, but the system itself is now what’s weakening families—creating financial hardship and stress for parents and

families, particularly the most vulnerable, for teachers, and providers. The system is failing businesses, and failing to provide all children with rich, developmentally appropriate early care and education at a time when their brain architecture, the foundation for all future learning, is rapidly forming.²¹⁸

And the subject of that great debate should be not whether, but *how* to create a high-quality, affordable, easily available early care and learning system for *all* children from birth to age five for *all* families, particularly those most vulnerable, that:

- Gives all parents better choices, both in how to combine their work and home lives, with more autonomy over flexible, predictable work schedules and career trajectories, and in how to organize early care and learning for their children that best suits their families’ needs.
- Supports all children’s healthy brain and socio-emotional development.
- Values paid and unpaid care work.
- Enables early care and learning teachers to be well paid and well trained.
- Ensures businesses will have workers able to focus and be productive, knowing their children are safe and well cared-for.

A functioning system will require a rethinking of the current jerry-rigged structure. Our goal with this report is to provide a broad vision of how critical a high quality early care and learning system is for a fair and egalitarian society, to establish some basic principles, to thoroughly explore a handful of innovative policy ideas, like universal basic income, and to set the stage for that great debate. Although not a comprehensive list, a functioning system will, at a minimum, require:

Sufficient and sustained funding for high quality early care and learning from the public and private sectors. Currently, parents shoulder 60

percent of the cost of care; federal, state and local governments 39 percent, largely to subsidize care for a small share of the working poor population; and private businesses and philanthropy 1 percent. Just as in K-12 education, parent tuition alone cannot cover the cost of care, even when teachers are paid very low wages. And families tend to need child care when parents are younger, and so haven't had time to save (as many families do for children's college education) and are nowhere near their full earning potential. Some small efforts to address the dysfunctional system are already underway: New York City has experimented with offering middle class parents child care loans;²¹⁹ some small providers are forming Shared Services Alliances to reduce costs; Louisiana has implemented refundable school readiness tax credits to promote quality;²²⁰ and a handful of states, including Georgia, offer tax incentives to companies to build centers and subsidize the cost of care for their employees. These efforts could be part of a larger solution to provide and pay for quality early care and learning, but on their own are inadequate.

Well trained and well paid early care and learning teachers, and the professionalization of the workforce. Currently, the lack of training and the poverty wages that teachers make lead to high turnover rates, instability, and variable quality.

Paid family leave for all parents. This would not only give families important time to heal and bond, but would also help solve, in part, the lack of affordable, quality infant care. The Care Index found that infant care in licensed care centers is more expensive than public university in 33 states.

Universal, voluntary, publicly funded, high-quality pre-K programs. A number of studies have found significant, long-term benefits from high-quality publicly funded pre-K, including better performance in kindergarten and a greater likelihood to graduate



Sustained funding would help prevent providers like Regina LeFlore from taking out risky personal loans just to keep their child care centers open. Photo: Long Story Short Media

from high school, with the greatest impact seen on those from low-income and dual language families.

Focusing resources, training and programs at dual-language learners, a fast-growing part of the population.

Other innovative experiments, like home visiting programs; two-generation approaches supporting both parents and children; and teacher training based on brain science, like the free, online Cox Campus at the Atlanta Speech School, show great promise. And while the cost of broad, systemic change may appear great, the real costs of continuing to lurch along in the current system without the full support of the public sector are even greater.

Let the great debate begin.

PAID FAMILY LEAVE

At some point, almost everyone will have to take time away from work to care for a new child, a family member who is sick, or to recover from a personal illness. Caring for others, and receiving care ourselves, is part of being human. It's the foundation of the economy; we wouldn't have a workforce with no one to care for and nurture employees. And it's a key component of leading a fulfilling life. Care work can be some of the most joyful work that we will ever do—if we can take the time to do it without fear of being economically or socially penalized. But all too often, that's not the case. The vast majority of states and workplaces still have no paid family leave policies, and this can hit working families with new children especially hard. They're often caught in a double bind: They can't afford to take unpaid time off work to care for their child, but they also can't afford the astronomical cost of child care.

Care work can be some of the most joyful work that we will ever do—if we can take the time to do it without fear of being economically or socially penalized. But all too often, that's not the case.

We see a guaranteed paid family leave scheme, funded through a national social insurance program, with supports for parents exiting and re-entering work and for businesses to ensure work coverage and smooth transitions, as a big part of solving the infant care problem in the United States. Paid family leave is currently how all other advanced economies resolve infant care, often with paid leaves for one or both parents of several months to a year or more. Infant care is the most expensive kind of child care, because it requires more teachers with smaller groups of babies and more one-on-one care than does care for older children. The Care Index found that center-based infant care costs, on average, 12 percent more than care for older children. The Index also found that the average cost of center-based care for infants is more than the cost of in-state tuition at a four-year college in 33 states. More, the average cost for nanny care is more than three times the cost of college, more than half the median household income, and 188 percent of a minimum wage earner's income. Infant care is also difficult to find, as some providers close more expensive infant and toddler classrooms in order to stay in business.

Paid leave could help address these issues, and more, by helping families to defray the high cost of infant care and making it easier to combine breadwinning and caregiving responsibilities without penalty. Many working parents say they

wish they had more time to spend at home with their families²²¹; building in this quality time could improve their well-being and, ultimately, their productivity at work.

The United States is one of very few countries worldwide²²² without guaranteed paid parental leave at the federal level. The Family and Medical Insurance Leave Act (FMLA)²²³, the only existing federal leave policy in the United States, guarantees eligible employees of covered employers twelve weeks of unpaid leave in a 12-month period for specified family or medical reasons.²²⁴ But there are problems²²⁵ with the FMLA resulting in unequal access²²⁶ and low rates of usage.²²⁷ FMLA issues include a narrow definition of family, requirement that businesses granting leave have more than 50 employees, and, most importantly, the fact that leave under FMLA is *unpaid*, and therefore burdensome for those who cannot afford the loss of wages.

More than anything, paid leave policy provides people of all genders with the choice to work and care according to family and personal needs.

States are welcome to develop their own, more expansive policies, but not many have taken on this task, and even fewer have done so comprehensively. Only three states in the United States currently guarantee paid family and medical leave: California, New Jersey, and Rhode Island.²²⁸ New York's paid family leave will begin being phased in starting 2018. Washington state passed, but has yet to fund, paid family leave. Five states currently have paid sick leave policies.^{229, 230}

In most states, employees taking leave are eligible only for a percentage of their weekly compensation, up to a predetermined ceiling. For low-income workers, the partial compensation can be so low as to make taking leave close to impossible. If a full-

time worker earning minimum state wage (\$8.38) in New Jersey, for example, took one week of leave, he or she would only earn \$221—only 66 percent of their usual \$335 per week. It is no surprise, then, that socioeconomic status greatly affects paid leave usage.²³¹

There are proposals to improve paid leave on both sides of the political aisle. On the left, there is the Family Act, pending in Congress, which would grant two-thirds of monthly income for 12 weeks to cover parental or medical leave.²³² The act would be funded by employee and employer payroll contributions of 0.2 percent of a worker's wages to a government fund, which would be administered by the Social Security Administration. On the right, there is the Earned Income Leave Benefit, proposed by the conservative American Action Forum.²³³ This proposal would establish a paid leave earned income tax benefit of up to \$3,500 over 12 weeks for workers with annual incomes below \$28,000. Paid leave reform has support across the aisle—and for good reason.²³⁴

Paid leave offers important benefits to both employers and employees. Providing paid sick time to employees reduces the spread of illness, increases productivity, and improves public health.²³⁵ Paid leave policies increase women's labor force attachment and representation in the workforce,²³⁶ which in turn has measurable positive impacts on the national GDP.²³⁷ In fact, Cornell University economists attribute the lack of paid family leave and other “family-friendly” policies to the sharp drop in the U.S. female labor force participation rate²³⁸ in the last two decades compared to other advanced economies—from 6th place to 17th place. Leave policies improve workplace environments by increasing employee retention, morale, and productivity.²³⁹ Research has likewise shown that there is considerable cost in *failing* to adopt paid leave policies,²⁴⁰ including a loss of talent (particularly female talent) due to high turnover rates, a loss of productivity in the workforce, and, in turn, substantial loss of economic activity—a loss valued at \$500 billion annually, according to one estimate.²⁴¹



Infant care is 12 percent more expensive on average than care for older children. Photo: Long Story Short Media

More than anything, paid leave policy provides people of all genders with the choice to work and care according to family and personal needs.

Guided by existing research, we propose that paid family leave policies—at the local, state, or federal level—should:

- Guarantee at least three months of paid family and medical leave yearly, with guaranteed job security upon return from leave. (We also note that there is not much data on the optimal length of parental leave—for parents, for children, for families, for employers—thus, additional research is needed to help guide policymakers in setting the best time frames.)
- Be gender neutral, based on studies showing that the participation of both parents²⁴² in leave is beneficial to the distribution of paid market work, home and care work²⁴³ and, by making room for greater parental involvement

in children’s lives, the healthy development of children.²⁴⁴ A gender-neutral policy would also allow us to address the needs of diverse parents, family structures, and caregivers across the gender spectrum.

- Use of incentives (sometimes called “daddy quotas”²⁴⁵) to create cultures that encourage fathers, and both parents in gay and lesbian families, to take leave after the birth, adoption, or fostering of a child.²⁴⁶
- Set minimum income eligibility levels so that lower wage workers can afford to take paid family and medical leave without being unduly penalized.

CASH ASSISTANCE

All children, families, and caregivers deserve financial security to fulfill their potential, access opportunity, and and live a good life.²⁴⁷ In order to create a society where every person can flourish, we want to start thinking about how to provide a basic floor for wellbeing. Though supporting families can have important economic benefits, this is first and foremost a matter of justice and equity. The Care Index makes it clear that something big needs to change: our patchwork early care and learning system and the constant trade-offs between cost, quality and availability, is not serving families, children, the industry, businesses, nor the economy well. Experimenting with universal forms of cash assistance, such as a universal child benefit or a universal basic income, is a promising way to support families, invest in children, and value care.

The evidence is clear: Raising a child is expensive. In total, raising a child born in 2013 from birth to age 18 (that is, not including college tuition) will cost \$245,340 on average for a middle-income family, according to the USDA. Expenditures include housing, food, transportation, healthcare, and many other expenses—and, of course, education and child care.²⁴⁸ Education and care are now among the largest costs for families, making up 18 percent of average child-related expenses, and often much more: The Care Index found that the average cost of child care in a center is nearly one-fifth of U.S. household median income. For lower-income

families, these costs can become unbearable. The Care Index found that the cost of one child in center-based care could eat up nearly two-thirds of a minimum-wage earner's income. And the rate of child poverty in the United States is high: One in five children lives below the poverty line, and one in ten lives in extreme poverty.²⁴⁹ For single-parent families earning minimum wage, the Care Index found that average cost of child care can eat up nearly two-thirds of their earnings. Child poverty can have long-term consequences including poor health, behavioral issues, and low earnings as adults²⁵⁰—but the flip side is that providing assistance to low-income children and their families, which can help ensure that children receive high quality early education, can yield substantial and lasting benefits.²⁵¹

In order to create a society where every person can flourish, we want to start thinking about how to provide a basic floor for wellbeing. Though supporting families can have important economic benefits, this is first and foremost a matter of justice and equity.

Though the United States has some cash transfer policies in place to help families with children, including Temporary Assistance for Needy Families (TANF),²⁵² the Child Tax Credit (CTC),²⁵³ and Earned Income Tax Credit (EITC),²⁵⁴ these policies are nowhere near sufficient to meet families' needs. Only 23 percent of eligible, low-income families actually receive TANF,²⁵⁵ and many are discouraged from even applying.²⁵⁶ For those families who do receive TANF, benefits are small: Payments vary by state, but, for a family of three with no other income, the median state maximum monthly payment is \$427, or just over \$5,000 per year.²⁵⁷ The CTC fails to reach the poorest families and nonworking families, since it is phased in gradually only once families have \$3,000 in earned income and is not fully refundable. It also doesn't help much with day-to-day budgeting, since it is distributed annually, and it is capped at \$1,000 per child.²⁵⁸ The EITC is more substantial and is one of the United States' more effective antipoverty programs; its maximum credit for a family with one child is \$3,359.²⁵⁹ But it's not enough—the Care Index found that cost of child care in centers eats about 18 percent of median household income nationwide. For families with a single earner making minimum wage, that's 64 percent of their income.

Child Benefits

A universal child benefit provides regular cash transfers to all families with children to help defray the costs of raising children for all families and lift children out of poverty.²⁶⁰ This type of benefit is already common in many European countries, with payments ranging from \$1,779 per year in France to \$8,750 in Luxembourg, for two children.²⁶¹ Unlike existing U.S. programs like child care subsidies and Women, Infants, & Children (WIC) benefits, which restrict spending to specific needs, child benefits are flexible and allow parents to spend money according to personal family needs.²⁶² (And research shows that parents who get cash transfers do actually spend the money to help their children.²⁶³) In contrast to the child tax credit and TANF, a child benefit has no work requirements and would help

families all along the income spectrum—though child poverty is a serious problem, middle-class families, too, can struggle to cover expenses.²⁶⁴ It would also provide assistance to parents doing their own unpaid caregiving in lieu of paid work.

UBI has the broader goal of creating an income floor to prevent poverty, including child poverty. UBI can provide security for every member of a family—children as well as their caregivers.

Universal Basic Income

Another idea gaining traction—with experiments planned in places ranging from the Netherlands²⁶⁵ to Kenya²⁶⁶ to Oakland²⁶⁷—is universal basic income (UBI).²⁶⁸ Though proposals vary, UBI usually involves equal cash payments to every person, regardless of circumstances (*universal*); enough to live on, if modestly, without income from other sources (*basic*); and paid out in regular installments (*income*).

Both child benefits and UBI are universal, so that children's needs are addressed no matter what family they come from, and have no work requirements associated with them.²⁶⁹ However, whereas a child benefit is usually fairly small and specifically intended to offset the cost of raising a child, UBI has the broader goal of creating an income floor to prevent poverty, including child poverty. UBI can provide security for every member of a family—children as well as their caregivers.

Proponents of UBI make their case with three main arguments.²⁷⁰ The first is that UBI promotes justice, equity, and human rights. UBI is a way to set a minimum income, ensuring that no one is hungry or homeless. It would also eliminate the constant stress and cognitive drain of scarcity, thereby

enabling people to develop their full capabilities.²⁷¹ In other words, when people feel secure that their day-to-day needs will be provided for, they're able to think long-term and outside of those basic needs, perhaps about pursuing education or looking for a good job. UBI would also change how we think about government assistance—instead of marginalizing people who need help, as current attitudes and policies tend to do with welfare recipients, UBI assumes that everyone can benefit from stability and support. And UBI would make caregiving, whether full- or part-time, a viable and valued choice for far more people. Experimental data on UBI is limited, but the evidence that does exist shows significant health benefits and increased educational attainment for people receiving UBI.²⁷² One study of a 1970s program found that young people stayed in school longer and new mothers spent more time at home with their babies (though other groups didn't work less).

Second is the economic case that UBI would be cheaper and more efficient to administer (not to mention easier to navigate for recipients) than the existing patchwork of social safety net programs and tax expenditures.²⁷³ Most discussions focus on the short-term costs and benefits of swapping existing welfare programs for UBI,²⁷⁴ but the policy could also have long-term economic benefits such as better health, reduced crime rates, and increased educational attainment.²⁷⁵

Finally, UBI is a potential solution for a changing labor market and technological advances that reduce the need for human labor.²⁷⁶ While such advances will likely make the economy as a whole more productive, they may also eliminate millions

of mostly blue-collar jobs.²⁷⁷ UBI is a way of “taxing the owners of the robots to support the people who are put out of work by them”—to ensure that everyone is able to get by in a changing economy.²⁷⁸

What do the critics say? Those who criticize UBI on the grounds of social justice argue that reform efforts like universal health care, affordable child care and college tuition, raising the minimum wage, and bolstering welfare benefits for low-income people are better and more realistically attainable ways of meeting basic human needs.²⁷⁹ They also point out that some groups, such as people with disabilities, may need specially targeted assistance, not just a universal benefit. Many critics also contend that UBI is far too expensive to be feasible anytime soon,²⁸⁰ and that the existing welfare system isn't as bad as we think.²⁸¹ Another common fear (though largely unsupported by the evidence) is that UBI would reduce the incentive to work and slow down economic growth.²⁸² And some skeptics doubt that technology will actually reduce employment, at least in the near future.²⁸³

Despite the criticisms, we think UBI is an exciting proposal worth exploring and a potentially powerful way of supporting family and child wellbeing, especially as it relates to the cost of care (whether paid or unpaid). It's also the rare policy that can bring together libertarians,²⁸⁴ leftists,²⁸⁵ labor organizers,²⁸⁶ tech entrepreneurs,²⁸⁷ and feminists.²⁸⁸ Though we need more data and research on the impact of UBI, evidence suggests that it holds tremendous promise as a policy that could support people across society, including families with children, inclusively, comprehensively, and effectively.

UNIVERSAL PRE-K

Three inextricably linked challenges within our existing early education and care system emerged over the course of our research: the high cost of care for families, the impoverishment of caregivers, and the rocky transition to kindergarten for children. Integrating the care of three- and four-year-olds into the K-12 public school system is one way to address these issues.

Primary school usually and arbitrarily begins at age five in the United States, even though brain science shows that children are learning long before they enter the kindergarten classroom. High quality universal pre-K for three- and four-year-olds could significantly reduce the financial burden facing families with young children and help ensure that children are prepared for kindergarten. We recommend all three- and four-year-olds have access to optional, publicly-funded pre-K, as they do for kindergarten through twelfth grade, and that that pre-K be of a certain uniform standard for quality.

Why publicly funded? Because the price tag of high quality pre-K and child care keeps it out of reach for many families. The Care Index found that the average cost of care for a four-year-old in a center in Illinois is \$10,414, about 19 percent of the median household income in the state, and 61 percent of the income earned by a single parent working for minimum wage. The U.S. Department of Health and Human Services defines affordable child care

as no more than 10 percent of a family's income.²⁸⁹ Universal pre-K for three- and four-year-olds would save families thousands of dollars and improve their economic wellbeing. Most children today grow up in households where all parents work outside of the home, making outside care a necessity. Tuition-free pre-K would reduce the burden placed on parents struggling to afford care for all hours of their work day.

According to the highly respected National Institute for Early Education Research's (NIEER) most recent data, last year only 41 percent of four-year-olds and 16 percent of three-year-olds were served in some type of publicly funded pre-K program.²⁹⁰ The federal government has been providing pre-K to low-income three- and four-year-olds through the means-tested Head Start program for over 50 years.²⁹¹ Head Start offers comprehensive services, including but not limited to high quality pre-K education, health and developmental screenings, parenting classes, connections to social services, and more. Head Start is the nation's first and largest pre-K program. It reaches approximately one million children, but, due to limited funding, does not even serve half of those who are eligible.²⁹²

Another 1.4 million children are enrolled in state-funded pre-K programs.²⁹³ Many states and local governments have been expanding access to pre-K in recent years through a hodgepodge of public

and private programs. However, there is great variation in how states prioritize early education. For example, West Virginia provides universal pre-K for four-year-olds and pre-K for three-year-olds with disabilities. Oklahoma’s well-known pre-K program serves about 75 percent of four-year-olds and no three-year-olds. Other states, like Washington, provide pre-K only to the state’s most vulnerable children. In contrast, a handful of states, such as New Hampshire and Montana, still do not have a state-funded pre-K program at all.

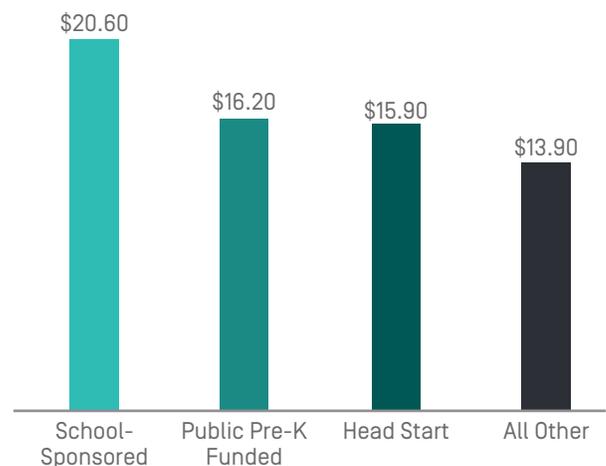
In some cases, local school districts have led the way for pre-K in their states and others have built on their state pre-K programs. Boston Public Schools, for instance, has a highly-regarded universal pre-K program that is much more expansive than the state’s program.²⁹⁴ The District of Columbia is another district to look to as an example—the district serves an impressive 86 percent of four-year-olds and 64 percent of three-year-olds in public pre-K.²⁹⁵ While access to programs nationally varies significantly based on a family’s zip code, the quality of programs varies even more.

But it shouldn’t. Low quality pre-K and child care programs fail to adequately prepare children for kindergarten, and when children begin kindergarten behind it is difficult to catch up. It’s no secret that our public education system is failing a significant portion of our students—according to the Nation’s Report Card, only about one-third of American children can read proficiently by fourth grade.²⁹⁶ Research has revealed time and again that access to high quality pre-K benefits children in school and later in life.²⁹⁷ Children who attend strong programs not only perform better in kindergarten, but are also less likely to be placed in special education, less likely to repeat a grade, more likely to graduate from high school, and even less likely to commit crimes.²⁹⁸ While universal pre-K can benefit all children, it has the largest impact on those from low-income and minority families as well as dual language learners who are most likely to begin school already behind their more advantaged peers.²⁹⁹

In addition to improving access for families and outcomes for children, universal pre-K has the potential to alleviate other issues plaguing our current early education and care system. One of the largest challenges to providing quality care is the low compensation of caregivers.³⁰⁰ While public funding for pre-K programs does not guarantee higher wages for pre-K teachers, it could be a step in the right direction. Currently, teachers and caregivers who work in publicly funded settings, particularly school-sponsored or public pre-K, earn higher wages than those working in other settings (see graph below).³⁰¹ A handful of states require pay parity for pre-K and K-12 teachers if the program is located in a public school.³⁰² Paying pre-K teachers a living wage is essential to sustaining a high quality program.

The Obama administration has made a large push to expand pre-K. The President’s proposed Preschool for All initiative would provide pre-K to four-year-olds in all low- and middle-income families through a combination of state and federal dollars. While Preschool for All did not and will not become a

Hourly Wages for Early Learning Teachers with a Bachelor's Degree, by Setting





Micki Velmer picks up her son Burke from preschool at the Frazer Center in Atlanta, Ga. Photo: Long Story Short Media

reality under this administration, President Obama did encourage and assist states in expanding and improving their pre-K programs through other means. The competitive four-year Race to the Top: Early Learning Challenge grants allocated \$1 billion to helping states develop their birth to five early learning systems.³⁰³ The competitive four-year Preschool Development Grants specifically help states develop infrastructure and expand seats for four-year-olds as well as improve the quality of pre-K offerings.³⁰⁴ Finally, the newly authorized K-12 education law, the Every Student Succeeds Act, includes language encouraging more coordination between pre-K and K-12 to improve transitions for children.

There is no one right way for policymakers to develop a high quality pre-K program. However, there are certain criteria that research has shown are associated with stronger child outcomes. The National Institute for Early Education Research (NIEER) has identified 10 quality benchmarks as a baseline for building high quality pre-K programs:³⁰⁵

- Comprehensive early learning standards
- Bachelor's degrees required for lead teachers

- Specialized training in pre-K for teachers
- Assistant teachers with CDAs or equivalent
- At least 15 hours/year of professional learning
- Maximum class size of 20 students
- Maximum staff-child ratio of 1:10
- Vision, hearing, and health screenings for children, and at least one support service
- At least one meal per day
- Regular site visit monitoring

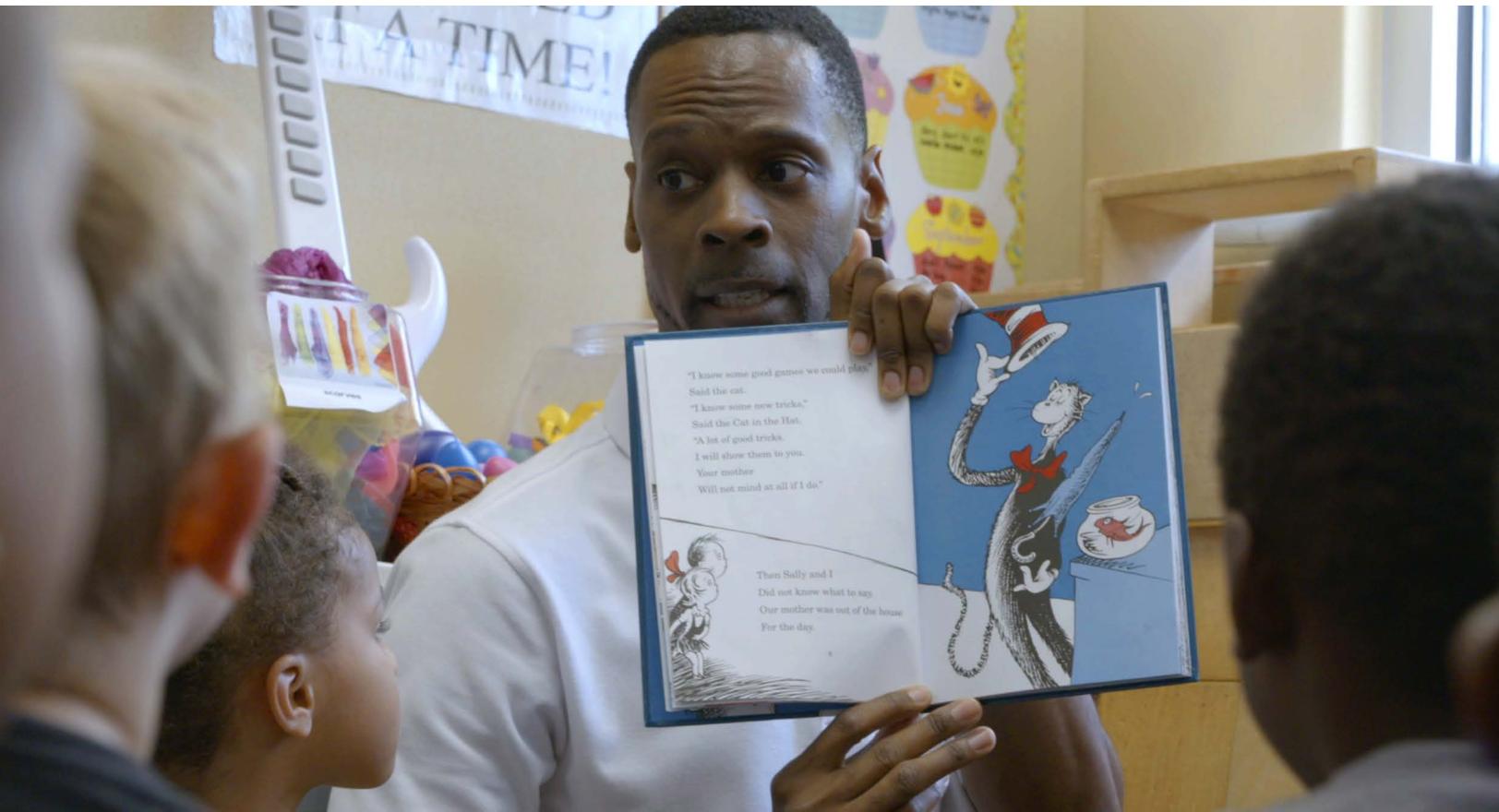
To meet these benchmarks does not guarantee that a program will provide high quality services to children, but it does constitute a step in the right direction. The ideal universal pre-K program, though, would *exceed* NIEER's benchmarks. Researchers still do not have all the answers on what matters most in program quality. Perhaps the most important indicator of quality, which is not included in NIEER's list, is the nature of the interactions between adults and children in the classroom.³⁰⁶ Children need to form relationships with their teachers and caregivers to foster both academic and social-emotional development, but many caregivers do not receive the appropriate training or preparation in early childhood education and development and thus do not always engage children in the most developmentally appropriate way. These teacher-child interactions are more difficult to measure than teacher credentials or class size, which can be a barrier to reform. Teachers are the key to a high quality program and they need to receive training, feedback, support, and compensation that's comparable to K-12 teachers to best serve their students.

While pre-K can and does take many different forms throughout the United States, we propose that publicly funded pre-K should ideally include the following components in addition to meeting NIEER's current baseline benchmarks of quality:

- Universal access for all three- and four-year-olds with an emphasis on serving those with higher needs when resources are limited
- Full-day programs that align with the K-12 school day so that children have sufficient time to learn and play, and so that parents' work schedules are minimally impacted
- Sufficient funding to provide high quality services and a stable funding stream that is less vulnerable to cuts
- Well-prepared and well-paid teachers who receive the training and support they need to succeed in the classroom
- Coordination with elementary school principals and kindergarten teachers to ensure instructional alignment and ease transitions from one year to the next

There has been progress in expanding access to pre-K and improving program quality in recent years, as well as strong public support for doing so. But in most of the country we still have a far way to go before we can provide all children with the kind of high quality early education that they deserve.

Storytime in a pre-K classroom at Sheltering Arms. Photo: Long Story Short Media



DUAL LANGUAGE LEARNERS

Dual language learners—children between the ages of 0-8 who are in the process of learning English while still learning their home language—represent a large and growing share of the early childhood population in the United States.³⁰⁷ Nearly thirty percent of children enrolled in Head Start are DLLs, as are an estimated 23 percent of three- and four-year-olds in the United States.³⁰⁸ Research suggests that high-quality early childhood education is particularly beneficial for DLLs' early literacy, numeracy skills, and English language development.³⁰⁹ Early childhood education provides young dual language learners with early exposure to the English language, access to a rich literacy environment, and opportunities to develop their language skills through conversation and play with peers and teachers.

Research from the Care Index has demonstrated relationships and trade-offs between the cost, quality, and availability of care, and that no state is providing all three. Further, the importance of early care and learning for DLLs was highlighted in New America's analysis and in-depth report on those trade-offs in four states. Researchers in Georgia, which has funded a universal pre-K program for nearly 25 years, have found that while children from all backgrounds benefit from the program, those who don't speak English at home begin the year with lower skills than their English-speaking peers, but learn at a faster rate and make

large gains throughout the year.³¹⁰ And those gains tend to continue beyond the pre-K program. Yet the challenges families face accessing care are compounded by cultural and linguistic barriers, especially as dual language learners become an increasing portion of the population.

Moving forward, parents, educators, and policymakers need to consider the unique needs of these children and families, and how to incorporate them into the early learning environment. The following factors should be considered in the construction of a robust care infrastructure for DLL children:

Screen and identify DLLs in the early years to ensure that they receive targeted instruction that supports their language development in English *and* in their home language.

Increase access to high-quality public pre-K and Head Start programs to help DLLs gain necessary school readiness and language skills. While Head Start does track DLL enrollment, only 22 state pre-K programs track these data, which makes it challenging to determine access and participation in these programs nationwide.³¹¹

Improve teacher preparation to work with DLLs across all early care settings. Early care providers and teachers should receive professional

development and training geared to supporting language learners, including how to support native language development and promote family engagement in their classrooms.

Support bilingual early care providers' career pathways to develop a robust bilingual teacher workforce. The push towards promoting bilingualism and supporting the home language in early care programs means that there will be a growing need for multilingual providers and educators. Multilingual teacher assistants and family-care providers often require additional supports to overcome the structural and linguistic barriers that can prevent them from obtaining lead teacher positions.³¹²

Access and Enrollment Challenges

Many DLL children participate in formal child care and high-quality early education programs at lower rates than their non-DLL peers.³¹³ One 2014 study found that Hispanic children, DLLs, and children with an immigrant background each had lower rates of participation in either center-based or Head Start pre-K programs than their White and Asian peers. About 50 percent of each of these subgroups of children were not enrolled in pre-K—compared with about 30 percent of White and Asian children.³¹⁴ Additionally, research shows that the preschool enrollment of Latino children also lags behind that of African-American children.³¹⁵ The educational opportunities and outcomes for DLLs in immigrant households—a group that researchers Michael Gottfried and Hui Yon Kim define as “first generation children born outside of the U.S. or second-generation children of foreign-born parents”³¹⁶—are often shaped by “risk factors,”

including lower socioeconomic status, levels of parental education, and English proficiency.³¹⁷ Similarly, Lynn Karoly and Gabriella Gonzalez suggest in a 2011 article that immigrant families face multiple barriers accessing high-quality early care including affordability, language, and informational gaps that make it difficult for immigrant families to know about all available options.³¹⁸

Educators, administrators, and policymakers can work with families to lower these barriers and build bridges to increase access to early care. This includes creating bilingual early education programs that support families' native languages and acquisition of English. Several studies document the preference of some immigrant families' to enroll their children in bilingual early care settings where providers speak the child's first language to help maintain cultural connections and facilitate easier communication between providers and families.³¹⁹

Programs can address informational gaps by partnering with community-based organizations that work closely with immigrant families. In New York's Onondaga County, the local office of Head Start partnered with refugee resettlement agencies to help increase access and (by extension) enrollment for refugee families.³²⁰ Specifically, Head Start coordinated cross-agency trainings, held intake and enrollment sessions at resettlement agencies, and created an online case management database to share with those agencies. Localities can also create designated offices for enrolling in programs and dedicated staff to work with immigrant families. In Harrisonburg, Virginia, the local school district has a Welcome Center where all language minority families receive assistance enrolling their child in pre-K programs from

Nearly thirty percent of children enrolled in Head Start are DLLs, as are an estimated 23 percent of three- and four-year-olds in the United States.

multilingual staff.³²¹ The district also employs multilingual home-school liaisons who help DLLs and their families navigate the school system and provide necessary interpretation and translation support.

Instructional Considerations for DLLs

However, simply increasing DLLs' access to these programs is not enough. Dual language learners have unique linguistic and academic needs that must be considered in the design and provision of early care and education so that they reap the maximum benefits from these experiences. Consensus is building among researchers and practitioners regarding the essential elements of DLL instruction in the early years.³²² These include:

- Instructional models that support home language development
- Instructional practices that provide additional supports and are focused on DLLs' linguistic development
- Appropriate assessments (in children's native languages to the extent possible)
- Targeted, culturally responsive family engagement

The newly adopted Head Start Performance Standards include many of these elements. These quality guidelines could provide a national model for other early childhood programs. When implemented, the new standards will mean programs will need to recognize bilingualism as an asset, implement "research-based" instruction that encourages its development, and assess DLLs' language development in their native languages *and* English.³²³ The standards suggest that infant and toddler programs focus heavily on development of the home language. Research shows that infants are able to learn two languages simultaneously and that "their language growth is directly related to the quality and quantity of speech they hear *in*

each language."³²⁴ That means that hearing lots of English only predicts growth in their English language development and not in their second language. Bilingual infants' vocabulary size and language development is best facilitated through "frequent, high-quality, social interactions with native speakers."³²⁵ And importantly, continued use of the home language does not interfere with a DLL child's acquisition of English.³²⁶

Research shows that infants are able to learn two languages simultaneously and that "their language growth is directly related to the quality and quantity of speech they hear in each language."

Additionally, the U.S. Departments of Health and Human Services and Education's recent policy statement on DLLs recommends that states revisit their Early Learning Guidelines to check their appropriateness for DLLs: "States should consider ELGs that include specific guidelines for language development in both English and children's home language. States should also include components of home language development as a normative part of the early education experience for young children who are DLLs."³²⁷

Implications for the Early Childhood Workforce

These changes and recommendations could have significant implications for the preparation and professional development of the early childhood education and care (ECEC) workforce. One clear implication is the need for increased professional development opportunities for teachers and providers. Fresno, California, where 34 percent of kindergartners are DLLs, provides a strong example of how community collaboration can be leveraged to increase teachers' professional growth. With



New Mexico has a large and growing population of dual-language learners, who benefit greatly from high quality child care, yet has among the lowest availability of child care providers. Photo: Long Story Short Media

the support of the Early Learning Lab and Packard Foundation, early care educators and providers from the local school district, Head Start, Early Head Start, and family-care are brought together for monthly collaborative professional development geared towards sharing best practices for DLLs.³²⁸ This training includes many of the instructional approaches emphasized by researchers in the field including support of the home language, strategies for family engagement and enhancing language development.

Another pressing implication is the need for more bilingual teachers and staff to work with DLLs and

their families. A 2015 report by the Migration Policy Institute indicates that “less than one-quarter of the ECEC workforce speaks a language other than English” and that a large share of these multilingual workers are immigrants.³²⁹ Additionally, multilingual immigrant ECEC workers have lower levels of education and primarily work in home-based, family-based, or center-based settings due to a lack of credentials to work in other settings. As the report’s authors point out “these and new workers will likely need assistance in gaining advanced training and credentials in order of the field to retain and build its linguistic and cultural competency skills.”³³⁰

CARE INDEX METHODOLOGY AND LIMITATIONS

How we calculated cost, quality, and availability



INTRODUCTION

In order to quantify what can be an emotional and complicated experience for families, the Care Index measures three variables: cost, quality, and availability. Together, these pillars of care provide a picture of whether and how families are able to access the early care and learning system in each state.

For **cost**, we measured the average percentage of income spent on child care for each state (i.e. average cost of care relative to median income).

Because there is no single, consistent system for evaluating **quality**, we combined measures for three different kinds of providers in each state: the average Care.com rating of in-home care providers (nannies), the percentage of accredited family child care providers, and the percentage of accredited child care centers. We multiplied each by the

percentage of children who access that kind of care, and the three were added together to create an overall picture of quality.

Availability for each state measured the proportion of early childhood workers, tracked by the U.S. Bureau of Labor Statistics and Care.com, to the number of children under 5 in a state.

In addition to measuring these pillars individually, we combined the three to provide a rank for each state's overall landscape of care. However, because we are aware of the limitations of our data, we divided the states into quartiles rather than absolute rankings. For each quartile, we chose one state for further in-depth reporting to highlight any details our data might not fully capture: Massachusetts (1), Georgia (2), Illinois (3), and New Mexico (4).

The Care Index is a data and methodology collaboration between
New America, Care.com, and others.



We have three goals for impact:

- Give voice to the experiences of families and caregivers that are forced to make regular trade-offs between the cost, quality, and availability of early care and learning care depending on where they live, how many children they have, and their socioeconomic status.
- Enable legislators to identify gaps in coverage so that they can make informed policy decisions and see where more investment, better training, regulations, laws, and work may be needed to build and maintain a high quality, accessible, and affordable care infrastructure (and to make it easier for their constituents to hold them accountable for the care environment in each state).
- Supply businesses committed to improving their workforce policies and increasing their competitiveness with valuable data. We believe our comprehensive picture of care in America will illuminate for businesses where their efforts may be most needed to complement local, state

or federal policies, and how they might attract and retain talent through such efforts.

The index draws on unique proprietary data from Care.comⁱ as well as publicly available data from other organizations including the U.S. Census Bureau, U.S. Bureau of Labor Statistics, Child Care Aware of America, the National Association for the Education of Young Children (NAEYC), and the National Association for Family Child Care (NAFCC) from 2015.^{ii, iii} A new Care.com survey, conducted in October 2015 by Hanover Research (a market research company), using an online panel maintained by ResearchNow (a digital data collection company), with design input from New America, provides additional data on paid child care arrangements in each state with a sample of households with children.^{iv} Survey questions include detailed information about the primary childcare arrangement for each child, time to find a caregiver, and reasons for changing child care providers. We use the index as exploratory research to identify key child care challenges and take a deeper look into what's happening on the ground.

DATA AND METHODOLOGY

Cost

Cost is an important factor for families when considering child care options, yet there are few resources that allow for state-level comparisons of the complete cost of child care to families.^v The Care

Index brings together data on the cost to families of in-home care (i.e. nanny-care), family child care homes, and center-based care, and takes into account tax credits (state and federal) for child care to develop a window into the out-of-pocket price for families in each state.

Child care costs can vary significantly by the age of the child. Cost metrics were calculated for infants (ages 0-1 year), toddlers (1-3 years), and preschoolers (3-5) for comparison on the New America Care Report map. The average household cost for one child was used in the Care Index calculation. Cost data for nannies came from Care.com hourly rates offered in jobs posted by families seeking full-time child care. Child care center rates were drawn from rate cards^{vi} submitted by child care centers on Care.com. Since we are primarily interested in comparing cost rather than hours used, the Care Index is based on a benchmark of 40 hours per week of care for 52 weeks for one child. The actual amount of time spent in paid child care varies across families depending on their needs, and may be more or less than 40 hours per week. The percentage of children in each type of care was calculated for each state using new (2015) survey data collected by Care.com. Since the impact of child care costs on a family depends on household income, the cost was normalized using U.S. Census, state-level data on median household income.^{vii, viii} To test the accuracy of the cost data, we compared the state-level cost data to the state-level cost data compiled by Child Care Aware of America in their 2015 survey of Child Care Resource and Referral State Networks.^{ix}

The equation below calculates the cost component of the child care index for state *i* with the following:

$$\frac{C_{ni} * 40 \text{ hours} * 52 \text{ weeks} * P_{ni} + C_{di} * 52 \text{ weeks} * (P_{di} + P_{fr}) - X_i}{HHI_i}$$

C_{ni} = cost of paid individual caregiver (e.g. nanny) per hour^x

P_{ni} = % of children that have an individual caregiver out of the % that use paid child care

C_{di} = cost of a child care center or family child care home per week for one child^{xi, xii}

P_{di} = % of children that go to a child care center out of the % that use paid child care

P_{fr} = % of children that go to a family child care home out of the % that use paid child care

X_i = value of state and federal child care tax credits for one child for a family with the median household income

HHI_i = median annual household income

This equation gives the expected cost of childcare as a percentage of median household income for each state. Ultimately, this shows us where families are spending more out-of-pocket to cover child care expenses.

Quality

Quality child care provides the building blocks for healthy, happy kids and prepares them to succeed in school and beyond. However, it can be difficult to compare and measure the quality of different types of child care. There is no single child care quality metric with universal acceptance among child care researchers. The quality component of the Care Index combines quality data for in-home child care providers (nannies), family providers, and child care centers.^{xiii}

For in-home child care providers, the data comes from parent reviews of caregivers on Care.com. Reviews include both qualitative comments and a score on a scale from 1 to 5.

$Q1_i$ = average child care provider rating (out of 5 stars)^{xiv}

For family providers, quality is measured as the percentage of family child care homes in a state accredited by the National Association for Family Child Care (NAFCC). NAFCC is the leading accrediting organization for family child care homes. Standards cover the following categories: Relationships, The Environment, Developmental Learning Activities, Safety and Health, and Professional Business Practices.

Q_{2i} = percentage of family providers in a state with NAFCC accreditation

For child care centers, quality is measured as the percentage of centers in a state that are accredited by the National Association for the Education of Young Children (NAEYC). NAEYC is the leading accreditation organization for child care centers. Standards cover the following categories: Relationships, Curriculum, Creating Caring Communities for Learning, Assessment of Child Progress, Health, Preparation and Skills of Teaching Staff, Families, Community Relationships, Physical Environment, Leadership and Management.

Q_{3i} = percentage of child care centers in a state with NAEYC accreditation

The quality metrics for in-home child care providers and child care centers are not directly comparable, so these were scaled separately using a Z-score before being combined. As in the cost equation, the provider metrics were multiplied by the percentage of survey respondents who use each type of care (in-home child care or child care center).

$$Q_{1i} * P_{ni} + Q_{2i} * P_{di} + Q_{3i} * P_{fi}$$

The quality index compares the quality of paid child care options across states using summary variables that are comparable at the state level and represent the best proxies for quality available. It is important to note that we use accreditation as a *proxy* for quality.^{xv} We chose NAFCC and NAEYC as standardized observational measures of child-teacher interactions across the states. Furthermore, accreditation is used here as the *minimum* expectation or valuation of quality. We went back and forth on how to measure quality, and particularly in-home (nanny) care, and, in settling upon accreditation, want to be transparent that it is an imperfect measure and that there is currently no standard, universally accepted measure of quality. For more information, please see our brief on quality in early education.

Availability

The third pillar of the Care Index is availability. Even if child care costs are low enough to be affordable for parents, and teachers trained and paid enough for the quality to be high, the lack of child care providers can be a major cause for concern. Accurately capturing the number of early care and learning workers in the current patchwork system is difficult. Care.com has unique data that can help answer questions about the availability of in-home care based on the number of active child care provider profiles on their site, including those both employed and those looking to be employed.^{xvi} For child care centers, data on availability comes from the U.S. Bureau of Labor Statistics (BLS), which tracks the number of child care providers employed in day care centers.^{xvii}

In order to understand availability of child care in relation to the demand for child care, each metric is calculated as a ratio of the number of child care providers to children under 5,^{xviii} as measured by the U.S. Census Bureau.

The equation below^{xix} calculates the availability for each state i using the following:

N_i = number of individual child care providers on Care.com

E_i = number of employees at day care centers

H_i = Number of children under age 5^{xx}

$$\frac{N_i + E_i}{H_i}$$

By combining individual providers and child care centers, the availability index considers the number of paid child care options relative to the number of children under 5 by state. However, measuring state-level data is imprecise, as care may be more readily available in urban centers or in certain geographic areas, particularly those with more working parents or more resources. Thus, the metric more accurately captures broad coverage rates of care. Better

geographic data, more accurately pinpointing child care demand with supply and identifying child care “deserts” is needed. The state of Georgia and the city of Philadelphia have begun this more precise geographic availability mapping.

Combining Cost, Quality, and Availability

Together, the three components of the Care Index offers new ways to understand the child care landscape across the United States. Each component of the Care Index was given equal weight when ranking states.

We decided to use a Z-transform, which measures how far each state is from the mean. For all three normalized measures, a value of 100 indicates the state is at the mean. Each 15 points above or below 100 indicates one standard deviation above or below the mean.

Given that this research is exploratory, and the ranking a rough estimate, the ranking is then broken up into quartiles so that common experiences, challenges and bright spots can be identified. Four states have been selected for in-depth reporting and analysis based on the following criteria:

- One state for each geographic region (Northeast, South, Midwest, and West)
- States representing a variety of urban, suburban and rural experiences
- States representing a variety of demographic make-ups, highlighting changing and diverse composition of American families and particularly the experiences of dual-language learners
- States representing a variety of public infrastructure for ages 0-5, to highlight diverse delivery of early education resources

The states are as follows: Massachusetts (1), Georgia (2), Illinois (3), and New Mexico (4).

Limitations

This index is meant as an exploratory project, broadly mapping the landscape of child care, and highlighting where additional data is needed. We need to capture the invisible economy of unpaid and unregulated care for cost, develop standardized and reliable measures for quality, and conduct more research on the complex factors affecting care fit and accessibility considering geography, age of child, the match between parent work hours and hours care is available, and other metrics for a clearer picture of availability. Only then will we truly see the full picture of the challenges of the care infrastructure in America, which will give policymakers the best tools to begin to fix it.

Notes on Methodology

ⁱ The Care.com dataset is an important new asset and lens into the overall care market; Care.com currently hosts 18.4 million members of which 56% are families seeking care and 44% are caregivers. Care.com users are present in all states and distributed roughly equal to the overall population distribution by state. In 2015, Care.com hosted nearly 7 million caregivers, families in approximately 93% of U.S. zip codes and caregivers in approximately 88% of U.S. zip codes. The typical care seeker for U.S. consumer business is female [82%], has an average household income of \$75,000, and has at least one child under 18 in the house [73%]. The typical caregiver is also female [94%] and well educated [61% indicating they have at least some college education]. Care.com members seeking child care are similar to the U.S. population of families with children when it comes to the percentage of women who are the primary child care decision-makers and the number of families with dual incomes.

ⁱⁱ In order to provide a consistent snapshot of paid child care arrangements across the course of the year [school-year and non-school year], all data are taken from the full 2015 calendar year.

ⁱⁱⁱ At the time of publication, only household median income data from 2014 were available.

^{iv} Sampling frame, technique and execution: The Care.com survey uses household contacts available from online panel company ResearchNow, whose panel consists of 2 million people. The survey targeted a sample of online panel members in households with children under the age of 18. Quotas were set to ensure 385 valid responses per state [with additional quotas by income, race and marriage], and a margin of error of 5% at a 95% level of confidence. More specifically, the survey was sent out in three waves:

- Wave one: households with children under 18 with quotas by race, income and state.
- Wave two: married couples with children under 18 with quotas by race, income and state.
- Wave three: persons age 18-64 with children under 18 (no quotas).

The response rate was 6.25%, meaning the percentage of opened survey invitations was 6.25%. It is possible that someone was surveyed more than once; ResearchNow was only able to ensure that each email address was only surveyed once. The total number of survey respondents was 15,038.

To prepare the data for state-level analysis, American Community Survey (ACS) Public Use Microdata Sample (PUMS) data were used to match the distribution of responding households on key characteristics to the state population distributions on those measures. If sample distributions on key household characteristics did not match state-level distributions of household characteristics, the data was weighted to eliminate known biases. The survey was weighted on income, marital status, and employment status.

To prepare the data for national level analysis, further weights were added based on 2010 U.S. Census data detailing the number of households with children under 18 per state. In other words, responses from states with higher proportions of total U.S. households with children under 18 were given greater weight when conducting national-level estimation, compared to responses from states with lower proportions of total U.S. households with children under 18. This approach makes the survey responses representative of state and national distributions for these variables. Nevertheless, it does not account for any bias that could arise from non-random sampling. The known limitations of the survey are as follows:

- Weighting data at the state and national level will approximate a representative sample. However, utilizing a voluntary panel rather than a probability-based panel, or random sampling through random digit dialing, introduces bias.
- Selection bias on unobserved variables is not minimized.
- Random sampling error cannot be estimated.

^v There is potentially a relationship between cost and availability we are unable to address in this iteration of the index.

^{vi} Child care centers voluntarily submit [cost] rate information to be posted on their Care.com profile. In 2015, more than 14,000 child care centers, and 4,000 family child care homes had provided weekly rate information listed on Care.com.

^{vii} We discussed calculating the opportunity cost of a parent staying home in the index but didn't feel confident we'd be able to calculate accurately. A recent report and interactive calculator from the Center for American Progress provide a valuable approach to answering this question; however, the report was not available in time for us to use while designing our methodology. This consideration is also addressed in the 2016 McKinsey *Power of Parity* research on women's labor force participation.

^{viii} At this point in time we are unable to address the issue of causality, namely, we can't explain why people's child care preferences are what they are and why parents opt for a certain type of care. We will use our state deep dives to explore this question across four local contexts.

^{ix} The correlation between child care center infant rates on Care.com and those given in the Child Care Aware report "Parents and the High Cost of Child Care 2015" is .89 (on a scale from -1 to 1 where 0 represents no relationship and 1 is perfectly correlated). The correlation for 4-year old child care center rates between the two sources is .79.

^x We are not accounting for family care, such as a [paid or unpaid] grandparent or sibling, within our individual provider/nanny definition. However, we are including any non-relative, such as a friend or neighbor, who received payment and was listed on Care.com.

^{xi} Care.com data indicate that family child care homes are about 15 percent less expensive than childcare centers in the same area. However, because the state-level data were insufficient to distinguish between the two types of care in this iteration of the index, they are combined in the calculation for 2015. As a result, the C_{di} data are likely deflated. Future studies should disaggregate the cost of child care centers and family child care homes.

^{xii} Child care businesses self-report this data and know that it will be searchable online. While there are inherent limitations to self-reported data—chief among them the potential for inaccurate data designed to reflect positively on the business—child care centers and family homes have little to gain by misrepresenting their prices to potential customers.

^{xiii} State licensing and monitoring requirements are not taken into consideration, as they are not consistent across states, primarily cover health and safety, not educational quality, and are thus not reliable measures of quality that we can compare across states.

^{xiv} This refers to child care providers who come to the home of the child, such as nannies. In some studies [such as the National Institute of Child Health and

Human Development (NICHD) Study of Early Child Care), researchers have observed interactions with caregivers in the home, which is probably the ideal way to measure quality. However, these studies are not large enough to compare across all 50 states. One of the advantages of reviews is that they are an evaluation of performance rather than just a characteristic of the individual. While ratings are subjective evaluations, it is probably the best currently available measure of quality for in-home care across all 50 states. The main source of bias is that people tend to submit reviews when they are passionate (positively or negatively) about a caregiver, but assuming that is true across all states, then the differences across states reveal different opinions about the quality of nanny care.

^{xv} Conclusions may only be drawn for those who are accredited. Those that are not accredited may not be for one of three reasons:

- Providers may be of high quality but uninterested in accreditation.
- Providers of low quality may have tried and failed to become accredited.
- Providers of low quality may not be aware or interested in accreditation.

Varying accreditation rates may be due to any of the following reasons:

- Accreditation rules may be more stringent than states' licensing requirements, especially around ratios and group sizes. In such states, meeting licensing regulations may be a necessity, but going above and beyond them (especially in areas that entail additional costs to programs) may not appear to be in the best business interest of the program.
- Similarly, as states rollout more early education requirements, how they set standards for those programs may move them closer to further from accreditation criteria. Some states may explicitly refer to accreditation criteria (or accreditation in total) in setting standards.
- Some states, like Georgia, are moving away from NAEYC accreditation and pursuing quality rating and improvement systems (QRIS), and setting tiered reimbursement rates for federal and state child care subsidies based on QRIS ratings. Yet these systems vary by state and thus are not easily comparable, and include accreditation in differing ways, some of which more clearly incentivize pursuing accreditation than others. In other states, such as Massachusetts and Connecticut, a comparably high percentage of programs are accredited, which may be due to

efforts at the state or in larger districts (like Boston) to support accreditation as a model of quality improvement.

- There are costs associated with meeting accreditation criteria, as well as pursuing accreditation generally. In some states or parts of states, the expense is too great compared with the revenue that a center can generate, so the ability to meet accreditation requirements may be limited.
- Some large-market providers, like KinderCare and EduKids, have supported accreditation at an organizational level. To the extent that these chains are localized (i.e. based in one particular state), they affect the number of accredited programs.

^{xvi} The U.S. Census does not track informal in-home workers. This project is one of the few that can address this important part of the child care workforce.

^{xvii} The U.S. Census employment data is based on the NAICS code 624410 for Child Day Care Services, which does not track pre-K teachers, including Head Start teachers, in public schools.

^{xviii} This index focuses on care for ages 0<5 for two reasons. First, this is an age group for whom access to learning is not currently provided by the state (i.e. prior to kindergarten-age). As a result, the time and monetary provision of early care and learning is left largely to families. This is also the age group sampled in the American Community Survey of the U.S. Census Bureau.

^{xix} It's entirely possible that someone who's working for a child care center also has an individual profile on Care.com. Unfortunately, there is no easy way for us to estimate that overlap. The employee count data for daycares does not have individual level data that we could check against Care.com data. However, as long as the overlap percent is not dramatically different by state, this should not impact the availability entry for the index. We are normalizing the entries, so assuming the double-counting factor is fairly similar across states, the overlap won't have a major impact the outcome.

^{xx} The implicit assumption of this project is that all children need care and an environment in which they can develop cognitive, linguistic and socio-emotional skills. By counting all children, we are attempting to acknowledge the care work that is done by parents (in the broadest sense) but undervalued and unpaid. Care work isn't traditionally valued or paid but should be, irrespective of who is doing it.

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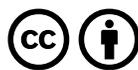
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