

Supporting High-Quality Early Care and Education from Birth to 5: *State Strategies to Strengthen Infant-Toddler Care as Public Pre-K Expands*

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ZERO TO THREE
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ZERO TO THREE's Policy Center often receives questions from state policymakers and advocates who have concerns about the potential unintended impacts of pre-kindergarten (pre-k) expansion on child care for infants and toddlers. This policy brief provides guidance for states on best practices in sustaining and expanding access to infant-toddler child care, in the context of pre-k expansion

Access to a High-Quality Continuum of Early Care and Education is Critical for Early Development

The science shows us that early experiences matter. A child's brain grows faster during the first 3 years than at any later time in life, with more than a million new brain connections forming each second.ⁱ In the preschool years, young children's brains continue to develop rapidly, building on the foundational pathways from the first 3 years and strengthening cognitive and social-emotional capacities that prepare them for success in kindergarten and beyond.

During these years of critical early development, most families seek out early care and education (ECE) programs both to provide care while primary caregivers are at work and for the benefits of early education. Prior to the COVID-19 pandemic, two thirds of mothers with children under 6 years old and 63 percent of mothers with children under 3 years old were in the workforce. Working families seek care for their children in child care centers, family child care homes, schools, and through family, friends, and neighbors.ⁱⁱ In the past year, the COVID-19 pandemic raised awareness of the importance of these settings to the broader economy, as ECE closures forced many parents to leave the workforce.ⁱⁱⁱ

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Public Pre-k Expansion Can Unintentionally Reduce Access to Infant-Toddler Child Care

Policymakers have invested in separate ECE funding streams over the years, including: the Child Care and Development Fund (CCDF) subsidy program for low-



income families; growing state pre-k programs for 3- and 4-year-olds, which are often located in public schools; and grants to community providers for early developmental services through Head Start and Early Head Start. Competitive federal Preschool Development Grants, initially focused on preschool but reframed in 2018 to focus on the full birth-5 ECE system, have supported early childhood system-building efforts. Despite different policy approaches and funding sources, the reality is that ECE programs across the birth-5 continuum are often closely linked at the community level. Many programs in centers and homes serve infants, toddlers, and preschoolers and rely on multiple funding sources. Programs also braid together funding to support full-day programming for working families.

Unfortunately, this patchwork system of funding ECE programs comes with unintended consequences. ECE programs have long struggled to provide affordable high-quality infant-toddler child care, because the low child-teacher ratios required to support safety and responsive care for this age group come with significantly higher staffing costs.^{vii} Within programs serving children from birth to 5, preschool enrollment, with higher child-teacher ratios, often subsidizes the higher cost of infant-toddler care. Without proper considerations, when publicly funded pre-k is expanded, particularly if concentrated in public schools, the fragile financial model supporting these programs can be at-risk. Programs may close due to decreased preschool enrollment or infant-toddler care may become even more costly. Highly qualified early educators may also leave infant-toddler care when pre-k programs offer higher levels of compensation or benefits.^{viii}

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As policymakers make plans for new investment in pre-k and child care, state leaders can act now to ensure that new resources support high-quality ECE for children from birth to 5. As of 2020, 44 states, the District of Columbia, and Guam fund public pre-k programs, with significant growth in enrollment over the last two decades.^{ix} Several governors across the political spectrum have made pre-k expansion a policy priority and, most recently, the Biden administration proposed new federal funding to provide universal, high-quality preschool to 3- and 4-year-olds. At the same time, recent federal investments in the child care system address the impact of COVID-19 on the viability of child care programs, with proposed new funding to strengthen the system long-term. Proposed federal funding for child care would expand subsidies to support affordability but would not set uniform standards for quality.

The Urgent Need to Support High-Quality Infant-Toddler Child Care

Even without unintended effects of pre-k expansion, our country faces an urgent need for investment in infant-toddler child care. Research shows that investing in infants and toddlers has the greatest impact on children's development and return on investment over time, due to the number of neural connections made in the first 3 years of life.^x Recent research shows disparities in child outcomes as early as 9 months and growing by 24 months, with significant gaps in development by the time children enter pre-school.^{xi}

Unfortunately, access to high-quality infant toddler child care is out of reach for many families, particularly for the 40 percent of babies born to low-income households^{xii}, a disproportionate number of whom are babies of color.^{xiii} An analysis of child care supply in 19 states and the District of Columbia



found that there are more than four children under 3 years old for every licensed child care slot, making licensed child care 3 times as hard to find as care for preschool-age children.^{xiv} Families living in rural areas and other “child care deserts” may find it difficult to find any licensed provider in their communities serving infants and toddlers.^{xv}

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parents pay out of pocket for child care and face staggering costs. In 30 states and the District of Columbia, center-based child care for infants and toddlers is more expensive than in-state tuition and fees at a public university.^{xvi} Despite the high cost for families, infant-toddler care providers face low pay, with incomes typically below a living wage and lower than wages for educators working with older children.^{xvii} This low pay contributes to high staff turnover, which can undermine the continuity of care for young children.

Current public funding streams support access to infant-toddler care, but fall far short of meeting families’ needs. Only 4.2 percent of infants and toddlers in families with low or moderate incomes are served by child care subsidies through CCDF, with subsidy rates often far too low to cover the cost of quality.^{xviii} Early Head Start, which provides comprehensive early learning and family supports to low-income families, serves only 11 percent of eligible infants and toddlers.^{xix} An Urban Institute analysis found that per capita federal and state spending on infant-toddler ECE is less than \$800 per child, far less than investments in education for older children.^{xx}

State Strategies at a Glance

Access to high-quality pre-k supports early learning, building on the foundation of early brain development in the first 3 years of life. Because babies’ brains are built from the bottom up, it is critical that policymakers also act to expand and stabilize infant-toddler child care and ensure that families have affordable access to a full continuum of high-quality ECE. Depending on the state context, states leaders can act to:

- implement pre-k in schools, child care, and Head Start classrooms using a mixed-delivery approach to limit the risk of destabilizing child care programs serving infants and toddlers;
- allocate a portion of pre-k investment to infant-toddler programs;
- expand investment in infant-toddler care, including:
 - increasing CCDF subsidy rates, with a focus on addressing the higher cost of high-quality infant-toddler care;
 - contracting directly with high-quality infant-toddler child care programs;
 - supplementing infant-toddler educator pay; and
 - supporting greater investment in the Early Head Start model; and
- invest in family child care programs that play a critical role in serving infants and toddlers through staffed family child care networks and other supports.

State Strategies to Strengthen Infant-Toddler Care, while Expanding Pre-k

Anticipating potential growth of state pre-k programs, state policymakers should consider a number of approaches to protect and expand the existing infant-toddler child care infrastructure. Beyond limiting harm to infant-toddler programs, state leaders could take the opportunity to invest in a birth-5 system that equitably supports high-quality services for infants and toddlers and preschool-age children. State policymakers may consider the following promising strategies:

- **Implement a mixed delivery approach to pre-**

kindergarten: A state can offer public pre-k classrooms in multiple settings, which may include schools, licensed child care centers, family child care, and Head Start programs, as long as these programs meet state pre-k standards. While not sufficient as a strategy to strengthen infant-toddler child care, a mixed delivery system can support investment in existing ECE programs and limit the risk of destabilizing programs that also serve infants and toddlers. In addition, a mixed delivery system allows parents more choices in selecting a program that meets their needs, including language and culture preferences, as well as the option to select a program that offers full-day wraparound care. This approach appears to be most effective when implementation includes collaborative planning with ECE stakeholders.

In **West Virginia**, for example, public school districts receive West Virginia Universal Pre-K funding directly, but partner with a local community collaborative that includes representatives from local child care, Head Start, and early childhood special education to determine a local service delivery plan. School districts contract with local ECE providers to provide services and communities often braid and blend pre-k funds with other ECE funding sources to support full-day comprehensive programming. State law requires that 50 percent of classrooms be offered in community-collaborative settings. The collaboration rate has been 82 percent in recent years.^{xxi}

Similarly, in **New Jersey**, the 1998 Abbott v. Burke Supreme Court decision required the state to provide access to high-quality pre-k for all 3- and 4-year-olds in the state's 31 poorest school districts by the next school year, approximately 15 months from the release of the decision. The necessity of quickly establishing large-scale implementation of pre-k prompted widespread partnerships between the public schools, community-based providers, and Head Start. The Court, in a 2000 decision, required that regardless of auspice, all classrooms were required to meet the same high standard of quality. To meet this quality standard, the implementation of New Jersey's mixed delivery system brought additional supports to the child care and Head Start community, including professional development opportunities, to educators in existing ECE settings. Anecdotal evidence suggests that this

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system has helped protect infant-toddler slots and, for participating sites, may have contributed to improved quality of care for infants and toddlers. Advocates emphasize that intentional planning with all partners at the table and relationship building between districts and community-based providers is essential to success for a mixed delivery system and suggest consideration of a policy requiring collaboration with community-based providers.^{xxii}

Some states directly link the state pre-k program to their child care QRIS. For example, in **Maryland**, child care programs ranked at the highest quality level in Maryland EXCELS, the state QRIS, are eligible to apply for the state pre-k expansion grant funds.

- **Allocate a portion of pre-k investment to infant-toddler programs:** States may also consider ongoing investment in infant-toddler child care, by setting aside a percentage of total pre-k funding to support infant-toddler programs. For example, **Illinois** funds pre-k through the state's Early Education Block Grant. While the Block Grant primarily supports pre-k programming, state statute requires that 25 percent of funds support infant-toddler services. Funds are available through competitive grants for infant-toddler child care, as well as evidence-based home visiting programs.^{xxiii} The **Kansas** Early Childhood Block Grant similarly provides grants for pre-k programs, as well as a range of services for at-risk families with children from birth-3.^{xxiv} As another potential model, **Multnomah County, Oregon's** plan for universal preschool includes an Infant and Toddler Slot Preservation Fund, which will provide funding for incentives to providers serving infants and toddlers, including wage supplements.^{xxv}
- **Expand investment in high-quality infant-toddler child care:** Further investment is needed to fully address the urgent need for access to high-quality infant-toddler child care. With increasing numbers of preschool-age children served by publicly funded pre-k programs, there may also be opportunities to reallocate existing ECE funding to meet the needs of families with infants and toddlers. The following approaches can help expand investment in infant-toddler child care:
 - **Increase child care subsidy rates to better promote access to infant-toddler child care.** Currently, only four states reimburse center-based child care at or above the federally recommended rate of 75th percentile of market rates.^{xxvi} Moreover, state subsidy rates typically do not account for the higher cost of offering safe and high-quality care in infant-toddler settings. According to an analysis by the Center for American Progress, infant care costs, on average, 61 percent more than care for a preschool-age child, but subsidy rates are only 27 percent higher for infants than preschoolers.^{xxvii} Further investment in the child care subsidy system, including targeted rate increases to address the higher cost of care for infants and toddlers, can help make child care more accessible to families. Expanding eligibility criteria for child care subsidies will also help more working families to participate in this program.

Many states also provide higher reimbursement rates for programs offering higher quality care, as measured by the state's quality rating and improvement system. When the quality measures underlying these systems are validated and grounded in equitable practices, these incentive structures provide opportunities to focus investment on high-

quality infant-toddler care. State-funded support to providers serving infants and toddlers can help these programs to reach higher levels of quality.

For example, a 2018 state law in **Rhode Island** increased reimbursement rates and established a tiered payment system for the state's Child Care Assistance Program linked the state's QRIS. The tiered payment system has been expanded in subsequent years to include all age groups of children enrolled in centers and all children under age 6 in family child care. During the pandemic, emergency child care rate increases were made under Executive Order providing up to a 30 percent increase in rates for infant toddler child care providers of all quality levels. And in 2021, new permanent rates were established that provide an additional increase to infants and toddlers in high-quality child care centers.

- **Contract directly with high-quality infant-toddler programs:** States have the option to use CCDF funding to provide contracts directly to providers, in addition to offering subsidies that allow for parent choice. This approach can help to fill gaps in the supply of high-quality infant-toddler child care. **Pennsylvania's** Infant Toddler Contracted Slots program provides one-year contracts to high-quality programs serving infants and toddlers, with a higher rate of payment than they would receive through the traditional subsidy program. To promote continuity of care from birth to five, only programs that also participate in the state funded pre-k program are eligible to participate. An evaluation of the program pilot found positive effects in areas such as provider financial stability, stable enrollment, and program quality.^{xxviii}

Georgia's Quality Rated Subsidy Grant program similarly used a competitive contracting process to boost supply in high-need areas of the state targeting infants and toddlers. This program was eliminated in the 2020 legislative session because of COVID shortfalls. In prior years, grantees received reimbursement that was 50 percent higher than the base subsidy rate.^{xxix}

- **Supplement infant-toddler educator pay:** Several states draw on CCDF quality set-asides to support stipends or supplements to the child care educator salaries in an effort to address persistent concerns about low pay and encourage retention of highly qualified staff. States can target these resources to support underpaid infant-toddler educators. For example, **North Carolina's** Infant-Toddler Educator AWARD\$[®] initiative provides education-based salary supplements to low-paid teachers working full-time in infant-toddler classrooms who hold at least an associate degree or higher.^{xxx} The Infant-Toddler Educator AWARD\$[®] program recognizes the acute need for investment in wages for qualified infant-toddler teachers who are the paid the least of all early childhood teachers in North Carolina.
- **Support greater investment in the Early Head Start model:** Federal Head Start grants are awarded directly from federal to local grantees to support comprehensive center-based programming for three to five-year-olds. Early Head Start grants support center-based and home-based services for pregnant women and families with infants and toddlers. Some states provide supplemental funding to boost access to these programs.

As more preschool-age children have access to public pre-k, states may consider further investment in the EHS model. These funds can help to expand the reach of the program, support partnerships between Early Head Start and child care, and support workforce development and compensation.^{xxxix} In **Washington** state, for example, the state legislature allocated federal Preschool Development Grant resources in 2019 to support a birth to three pilot program known as Early ECEAP that builds on the EHS model and uses standards based on EHS performance standards. States might also collaborate with federal and local partners in considering the role of federal Head Start funding in serving infants and toddlers, as public pre-k continues to expand.

- **Invest in family child care programs that play a critical role in serving infants and toddlers**

Finally, state policymakers can invest in family child care programs, which play an important role in serving families with infants and toddlers. While licensing rules vary widely from state to state, this includes formal home-based programs, as well as informal family, friend, and neighbor care. In many child care deserts, home-based providers are the only programs offering infant-toddler care. Elsewhere, they can be a preferred option due to more flexible hours, affordability, and meeting language and cultural preferences. Over the last decade, family child care providers have significantly declined as a percentage of licensed providers and as a percentage of providers receiving subsidies, potentially limiting options for families with infants and toddlers.^{xxxiii}

One approach is to include high-quality family child care in a mixed-delivery pre-k system, thereby investing in the capacity of these providers. For example, in **Indiana**, licensed family homes that are rated a Level 3 or Level 4 in the state's QRIS, are eligible to apply to be a state pre-k provider.^{xxxiv} Family child care providers will need support tailored to their needs to succeed in offering a state pre-k program.

States can also invest CCDF quality set-aside funding or state funds on initiatives to support family child care providers. For example, staffed family child care networks provide supports to a cohort of providers, including: coaching, training, and assistance in operating a small business. Limited research shows that these models can contribute to increased program quality.^{xxxv} States may consider a range of other strategies to strengthen family child care, ranging from addressing barriers in housing policy, meaningfully including these programs in state quality initiatives, and creating peer support networks.^{xxxvi}

Beyond investment in family child care, states can engage with programs and providers who support families who work nonstandard hours. **Michigan's** state government invested in increasing the quality of subsidized, unlicensed child care programs, through the use of a pilot program that provided training for providers who often offered nonstandard hours of care for children and families. Providers each participated in 10 hours of approved training and became eligible to receive reimbursement from the state's tiered reimbursement program. Some participating providers eventually sought licensure.^{xxxvii}



Washington DC's Pre-k Program and the Need for Infant-Toddler Investment

Washington, DC has significantly invested in pre-k since 2008 and currently boasts higher levels of 3-year-old and 4-year-old enrollment than any other state or territory. Pre-k classrooms in public schools and other settings serve more than 70 percent of 3-year-olds and over 80 percent of 4-year-olds, supported through the K-12 education funding formula.^{xxxviii} Even as the District has celebrated the growth of their pre-k program, families continue to struggle to find affordable infant-toddler child care. A 2018 study found significant gaps in supply of infant-toddler child care, particularly in high-need communities.

A cost modeling report by the Office of the State Superintendent of Education confirmed that the cost of offering infant-toddler care is a barrier to expanding access. This report found that the cost of serving infants and toddlers exceeds potential revenues, unless a program is able to diversify and also offer pre-k or school-age care.^{xi} While most public pre-k classrooms are offered in public schools in DC, community-based organizations may receive funding through DC's PreK Enhancement and Expansion Program to offer high-quality pre-k to 3 and 4 year olds.^{xli}

To address the needs of children from birth to 3, the District passed the Birth to Three for All DC Act in 2018^{xlii}, offering a roadmap for a comprehensive system of supports for children's healthy growth and development. The plan's recommendations include: identifying the true cost of high-quality child care for infants and toddlers and raising subsidy payments to cover these costs; improving compensation for child development educators; and raising quality standards for child care programs to match those of Early Head Start. The plan also calls for strengthening pre- and post-natal support for mothers, expanding mental, physical, and nutritional health programs, and increasing parenting and family supports. The DC Council has secured partial funding for components of the legislation in recent budgets, including almost \$15 million in FY 2020. Experts estimate that fully funding the plan would require approximately \$500 million over 10 years.

Toward a Vision of High-Quality ECE From Birth-5

Our country faces a critical need for investment in high-quality infant and toddler child care. As federal and state policymakers consider expansion of public pre-k, it is important to keep a focus on the full birth-5 continuum. While there are several potential policy strategies to consider, specific solutions may vary by state and community, depending on the current ECE landscape and the needs of families. By including providers and parents in the development of a mixed delivery system, state and community leaders can better support ECE options that work for both families and ECE professionals and can identify any unintended consequences early. To ensure an equitable approach, it is critical to include diverse voices in planning efforts and examine disparities in access to high-quality care. With careful planning and a focus on children's developmental needs, states have an opportunity to expand high-quality child care options for families with infants and toddlers, while also supporting early learning for 3- and 4-year-olds.

Additional Resources from ZERO TO THREE

The following resources provide additional information about strategies to invest in high-quality infant-toddler child care:

[America's Future Depends on Quality Child Care:](#) Learn about the state of quality child care for babies in America and the critical components needed to ensure success for young children and their futures.

[Child Care Assistance: A Critical Support for Infants, Toddlers, and Families:](#) An overview about the important role of CCDF in supporting children and families, as well as recommendations to maximize this resource.

[Child Care Advocacy Toolkit:](#) Tools for advocates to tell policymakers to Think Babies and make quality, affordable child care a reality for all working families.

[State of Babies Yearbook: 2021:](#) National and state-by-state data on the well-being of infants and toddlers.

[Strengthening the Infant-Toddler Child Care Workforce:](#) The National Collaborative for Infants & Toddlers, a program of the Pritzker Children's Initiative, and ZERO TO THREE's *Think Babies™* campaign collaborated to develop this advocacy messaging tool based on experiences of states pushing to strengthen the infant-toddler workforce.

[The State of Child Care for Babies: The Need to Do Better for Our Youngest Children:](#) An examination of current child care policies and where they fall short in supporting access to high-quality care.

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