



The State of Child Care for Babies: The Need to Do Better for Our Youngest Children



ZERO to THREE
Early connections last a lifetime

TABLE OF CONTENTS

INTRODUCTION	3
HIGH CHILD CARE COSTS, LITTLE ACCESS TO SUBSIDIES	6
LOW REIMBURSEMENT RATES LIMIT ACCESS AND QUALITY	8
MOST STATES SET A LOW FLOOR FOR INFANT-TODDLER QUALITY	9
MINIMUM STAFF-CHILD RATIO STANDARDS IMPACT CHILDREN'S DEVELOPMENT	13
FEDERAL RECOMMENDATIONS TO EXPAND ACCESS TO QUALITY, AFFORDABLE CHILD CARE	14
THE IMPACT OF COVID-19 ON CHILD CARE	15
SUPPORT FOR THE CHILD CARE SYSTEM WILL NEED TO CONTINUE WHILE THE ECONOMY RECOVERS	16
APPENDIX A:	
Access Indicators by State	17
Average Monthly Children Eligible and Served by Child Care Development Block Grant	18
APPENDIX B:	
Child Care Quality Indicators by State	20
Child Care Quality Indicators by State	26
AUTHOR	28
ABOUT ZERO TO THREE	28
ENDNOTES	28



INTRODUCTION

A key aspect of the state of America's babies is their early care and learning opportunities. With three in five mothers with an infant or toddler in the workforce prior to the pandemic, child care is a critical support for the economy. For infants and toddlers who are in child care, it is a prime setting in which foundational early brain development unfolds. *The State of Babies Yearbook: 2020*ⁱ revealed that while the cost of care for very young children and especially infants is prohibitive and a challenge for even moderate-income families, little direct assistance is available to help families afford the care they want. Eligibility and funding levels progressively squeeze the number of families receiving help to a very small pool. Most states do not ensure a high base level of quality in center-based care, in many cases setting the bar low, especially for toddlers. Moreover, states with the largest populations of children in families with low incomes are less likely to set their standards at levels more likely to give them the developmental boost they may need. The time has come for a more expansive vision for child care, one that encompasses all families that need help accessing this essential service and supports early childhood educators in providing the quality services that shape fast-growing young brains.

The State of Babies Yearbook: 2020 examined child care for very young children through (1) indicators of the cost of care, (2) the proportion of families who could benefit from help paying for care who actually receive it, and (3) eligibility and reimbursement levels compared to state median income as well as federal poverty levels. Because of the importance of quality in supporting strong early development, especially among young children in families with low incomes, the *2020 Yearbook* added indicators to look at the floor states set for quality in infant-toddler care in center-based programs. This brief unpacks the story behind those indicators, supplementing with other research and information to develop the case for a new direction for early care and learning.

The earliest years of a child's life are the time of fastest brain development. As babies interact with their new environments during these critical years, their brains are making more than one million neural connections every second, building a foundation for all their future development and learning.ⁱⁱ The strength of this early brain foundation is largely dependent on the quality

of relationships babies experience with their adult caregivers. Consistent warm, nurturing interactions between babies and the key adults in their lives lead to healthy brain development, and help babies develop a strong foundation for the skills they will need throughout their lives. Meanwhile, babies who experience fewer nurturing and high-quality interactions are at risk of having their brain development damaged or delayed, with severe consequences for the rest of their lives.ⁱⁱⁱ



Babies' parents or other primary caregivers will always play the most critical role in shaping the crucial early foundation of their children's brains. But today more than ever, young children spend increasingly long hours in the care of adults other than their parents. With 62 percent of mothers of children under three in the workforce prior to the pandemic, child care providers also play a critical role in shaping infants' and toddlers' early brain development.^{iv}

For these infants and toddlers, child care is second only to interactions with their families in shaping the foundation of babies' early brain development. High-quality child care improves children's early learning; cognitive and language development; social and emotional development; and school achievement; building the foundation children need to thrive as adults. Poorer quality child care does not provide this boost and can even be detrimental to development where children lack other resources.^v Too often families' access to quality child care is limited by under-investment in the child care system.



Unlike K-12 education, which is largely funded through public tax-dollars, the United States places the majority of the burden for paying for child care on parents of young children, subsidized by the low wages of the early educators who provide care. Even families with moderate incomes struggle to afford child care for infants, which exceeds the cost of four-year public college in 30 states and the District of Columbia.^{vi} Similarly, early educators, who are doing the critical work of facilitating young children's learning during these years of most rapid brain development, struggle to make ends meet for themselves and their families, with the median child care worker making less than \$12 an hour.^{vii} These challenges limit access to quality child care for all families, but especially the most overburdened and under-resourced families.

The federal government and the states do provide some public support for child care, largely through the Child Care and Development Fund (CCDF), but that funding is far too limited to ensure quality care for all families who need it. Fewer than one in seven federally eligible families receive help paying for child care under CCDF,^{viii} and as will be explored in this brief, the floor for the quality of care families receive through CCDF varies widely from state-to-state. Notably, states have flexibility under federal law to increase both access to child care and the quality of care available to families with low incomes, but are limited in their ability to do so by the diminishing value of federal child care dollars.

Quality child care is important for all families with young children, but it is especially beneficial for children from families with fewer resources.^{ix} However, as with many of the issues explored in the *State of Babies Yearbook: 2020*, the current state of child care poses severe equity concerns. Children from families with low incomes and children of color are less likely to have access to quality child care options in their communities,^x and states with higher concentrations of children living in families with low incomes are less likely to take steps to ensure that child care is of high quality. States and the federal government can

and should do more to support access to quality care, especially for these children and families.

This brief draws on data reported in the *2020 Yearbook* to highlight how a lack of public investment in child care leads to high costs for families. The first section of the report focuses on data related to children's access to child care and state policies impacting the quality of care available. The second section highlights specific state strategies working to enhance children's access to quality child care, while the third provides recommendations to federal policymakers to do the same.

While there are key ways in which states could do more, the key takeaway from this report should not be that states do not care about providing quality child care for young children. Rather, the

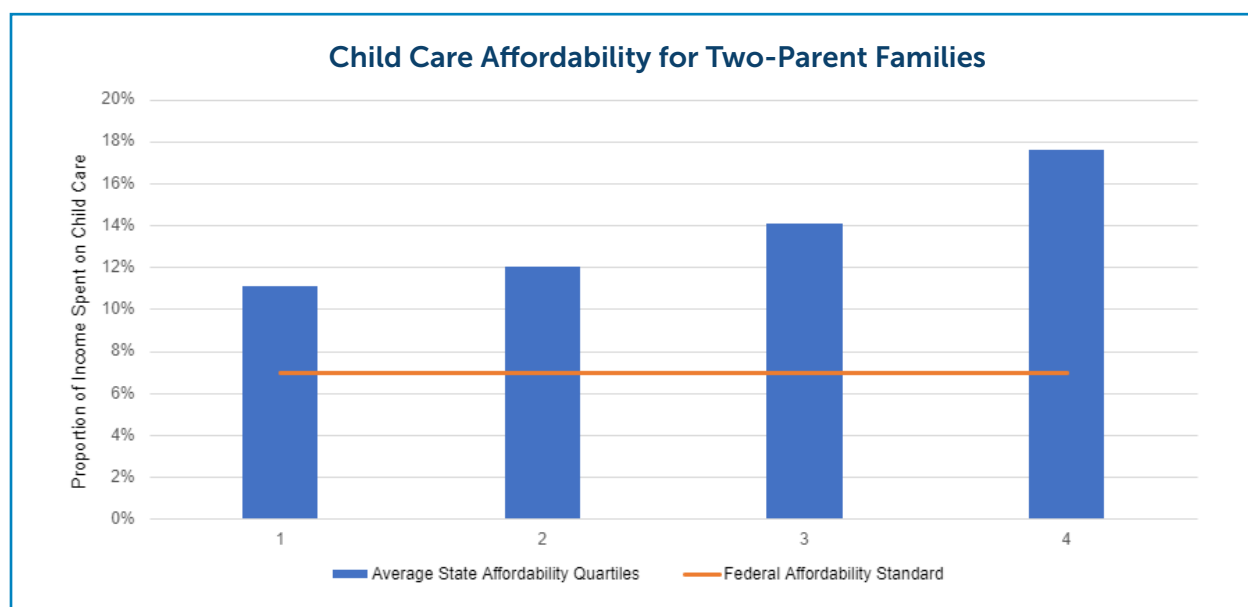
major factor driving a low floor for both quality and access in most states is a severe lack of public funding available for child care. Our national under-investment in what should be treated as a critical public good: forces policymakers to make difficult trade-offs between setting higher reimbursement rates for providers, which raise the quality of care low-income families can access, or ensuring more families can access subsidies; forces providers to make difficult decisions on whether to pay their staff lower wages or charge working families more than they can afford; and forces families to choose between sending their children to lower-quality care settings that they can afford or giving up work or income.

More than any other factor, this lack of public funding is what has set our child care system up for failure, and it will continue to harm working families, their children, and the early educators who care for them until our country begins to fund child care as the public good it is.



HIGH CHILD CARE COSTS, LITTLE ACCESS TO SUBSIDIES

Child care is one of the greatest expenses families with young children will face in the earliest years of their children's lives, with center-based care for one infant exceeding the cost of public college tuition and fees in 30 states and the District of Columbia.^{xi} The average cost of infant care in 2018 ranged from approximately 8 percent of a two-parent family's income in Mississippi to 18 percent in California, and from as high as 25 percent of a single parent's income in South Dakota to 89 percent in the District of Columbia. By comparison, the federal government's standard for affordability is that families spend no more than 7 percent of their income on child care.



Given the high cost of child care, with its significance for children's development, families with low and moderate income in every state would benefit from help paying for child care. However, federal and state policies largely shut out many families that still could use help with the high cost of care. National child care policy can be seen as one of constriction, where we start with a large pool of families who could benefit from support in accessing an essential, but expensive, service to participate in the economy. Federal eligibility policies shrink that pool to a much smaller group of families with low to moderate income, and state eligibility

policies constrain that eligibility even further, with only low-income families retaining eligibility in most states. Finally, resource constraints ensure that even among families that are eligible, only a small portion actually receive help paying for care.

Rather than look only at families eligible for child care assistance, the *State of Babies Yearbook* looked at a more expansive range of families with babies who could benefit from help paying for care — which encompasses the vast majority of infants and toddlers. Only 4.01 percent of infants and toddlers in families with low or moderate income received help paying for child care in 2017.^{1, xii}

¹Data included in the 2020 State of Babies Yearbook reflect 2016 data, in which 4.2 percent of infants in families with low or moderate income received help paying for care.

We defined families having low or moderate income as those whose income was equal to or below 150 percent of the median income in their state, paralleling the eligibility level in the Child Care for Working Families Act as it was introduced in the 116th Congress. This benchmark encompasses 80 percent of all infants and toddlers, reflecting several factors including the prevalence of jobs with low wages as well as workers who become parents at early stages of their careers.

In fact, current policies to help families pay for child care have a much more modest goal than creating broad support for families' economic stability and children's development. Eligibility levels for the federal Child Care and Development Block Grant (CCDBG), which drives policy on national child care assistance, are set largely to help only working families who are poor or near-poor. We analyzed state policies related to child care eligibility to paint a picture of how access to child care subsidies for families with babies and toddlers varies state-by-state. Our key national findings are summarized in the next paragraphs, and data by state are available in Appendix A.

Under current federal law, only families with incomes at or below the 85th percentile of their state's median income (SMI) are eligible to

receive child care subsidies through CCDF, so that on average, the maximum income of an eligible three-person family was \$57,331 in FY2017. By this definition, fewer than one in seven eligible children receive a subsidy to help pay for child care.^{xiii} In some states with particularly low median incomes, like West Virginia, this maximum eligibility actually falls below twice the federal poverty line, severely constraining access to help paying for child care for even families with low income.^{xiv}

States have the freedom to set eligibility far lower than the federal maximum, and most do. State eligibility levels for a family of three range from 32 to 85 percent of SMI,^{xv} with half the states clustered between 50 and 61 percent of SMI.^{xvi} The average income eligibility limit for a family of three across all 50 states and District of Columbia is only \$37,644, or 56 percent of the average SMI. The limited aspirations of public child care funding become clear when we examine eligibility in relation to the federal poverty line. **Only 13 states provided access to child care subsidies for families at or above 200% of the federal poverty line in 2018.**^{2,xvii}

These data illustrate that the vast majority of states are failing to support even families with low income in accessing affordable child care. In fact, for states where the median income is low, federal law actually limits their ability to set their eligibility levels as high as 200 percent of poverty. It is important to underscore that given low levels of public funding for the child care system as a whole, eligibility for child care subsidy payments does not guarantee access to those subsidies. Many states maintain long waiting lists for families who are eligible for but cannot access child care assistance, and just over one in five children eligible to receive subsidies under state policies actually receive assistance.^{xviii}

The low rates of children and families receiving child care support must be viewed in the context of the stagnation of child care funding over the past 20 years, reversed only beginning in 2018



²New data indicate that this has expanded to 14 states in 2019, however these data were not available in time to be included in the *State of Babies Yearbook 2020*.

with a \$2.3 billion infusion of funds to CCDBG. Even so, total combined public child care spending in 2018 (including federal and state CCDBG spending and transfers from the Temporary Assistance for Needy Families program), the latest year for which data are available, remained lower than its peak of \$13 billion in 2007. Moreover, the 1.3 million children served by CCDBG in 2018 remained a lower number than any other point in the last 20 years, while the number of providers receiving federal funds through the program was less than half of those that received funding just 10 years earlier, in 2008.^{xix}

For families, the lack of access to assistance, combined with limited purchasing power for

those families who do receive assistance (discussed further in the next section), means that far too many families with infants and toddlers are forced to make difficult choices on a daily basis about whether to keep working, or to send their children to lower-quality or unregulated care settings. For states, it means that no state can serve all federally eligible children with the funding available and most are challenged to provide access to high-quality, more costly programs, leaving them open to difficult tradeoffs between their policies related to child care access and those that establish a floor for child care quality within their state.

LOW REIMBURSEMENT RATES LIMIT ACCESS AND QUALITY

While some states utilize CCDBG funding to pay for contracts with child care providers to directly cover the cost of subsidized child care, the most common method used to support eligible families' access to care is the use of child care subsidies that parents can use to help pay for the care of their choice. The monetary value of these subsidies is set by state reimbursement rate policies. Federal regulations require states to tie these reimbursement rates to market rate surveys or alternative methodologies, which must be updated at least once every three years.

The Department of Health and Human Services recommends states set reimbursement rates at or above the 75th percentile of current market rates to ensure families receiving subsidies have access to at least 75 percent of providers in their market. However, there is no federal requirement that states meet this threshold—and many states set these reimbursement rates at much lower levels. In 2018, just one state, California, set its reimbursement rates for center-based child care subsidies at or above the federally recommended standard; and in 25 states, reimbursement rates for one-year-olds in center-based care were set at least \$200 a month below the 75th percentile of the most recent market survey.^{xx} More recent data that were not available in time to be included in the *State of Babies Yearbook: 2020* showed that four states met or surpassed that standard in 2019, reflecting the historic 2018 increase in CCDBG funding.^{xxi}

Low reimbursement rates limit both eligible families' access to subsidized child care and the quality of subsidized care. In some cases, providers may choose not to participate in serving children eligible for the subsidy or justify higher administrative costs related to participation. Higher quality child care programs are also likely to be more expensive than the value of a subsidy, and while many states allow programs to charge parents the difference between the subsidy and the actual cost of care, it can be difficult for providers to collect these payments, particularly from families with the lowest incomes. Furthermore, the low monetary value of subsidies in many states reduces the ability of child care providers serving change to children eligible for CCDBG to invest in quality improvements, including paying their early educators fair wages, while increased public spending on subsidies is associated with higher quality care in child care

centers.^{xxiii} In essence, while the goal of the child care subsidy program is to enhance low-income families' abilities to choose the child care option that best meets their needs, low reimbursement rates constrain parents' choices by creating disincentives for higher quality programs to serve eligible families while making it more difficult for programs who do choose to participate to invest in higher quality care.

Many states have attempted to address these challenges through systems of tiered reimbursement tied to their quality rating and improvement systems (QRIS). In 2018, 41 states paid higher reimbursement rates for higher quality care, with the intention of increasing parents' access to higher quality care and encouraging providers serving eligible families to take steps to improve their quality.^{xxiii} Of course, successfully doing so would both require that providers have the resources they need to improve quality before higher reimbursement rates could kick in, as well as have those higher rates to accurately

reflect the higher costs of quality. Some studies have found that tiered reimbursement policies have a positive impact on raising provider quality and supporting families' access to higher-rated programs.^{xxiv} However, it should be noted that in 2018, the highest reimbursement rate in the vast majority of states with tiered reimbursement fell below the 75th percentile of current market rates, suggesting that access to the highest quality care remains limited for eligible families in those states.^{xxv}

The rate at which states set the value of a child care subsidy plays a significant role in determining what types of care families can access, while also impacting the ability of providers serving these families to invest in quality improvements. Yet subsidy policies are not the only ways in which state policy decisions impact the quality of available care. The next section explores licensing policies that set the floor for quality within the states. For more information on reimbursement rates by state, see Appendix B.

MOST STATES SET A LOW FLOOR FOR INFANT-TODDLER QUALITY

The quality of care infants and toddlers receive is of utmost importance because child care is such a key setting for brain development for today's babies with all available parents in the workforce. Yet, comparable data on the quality of child care both within and across states and settings is limited. To get a sense of the basic level of quality states are requiring for formal infant-toddler care, *State of Babies Yearbook: 2020* included indicators related to licensing standards for center-based infant-toddler care, which set the floor for the quality of care in most states.

Before we discuss how states are promoting quality in child care, it is important to define quality in the context of these programs. Ultimately, the quality of child care boils down to the relationship between the child care provider and the child—skilled, nurturing, and stable providers promote positive child development.^{xxvi} We looked at structural regulatory requirements that seek to create the environment for promoting these positive relationships. Caregivers and teachers should have specialized knowledge and skill in early childhood

development, with a focus on infants and toddlers. Caregivers should have the ability to give each child individual attention, so staff:child ratios should be no greater than 1:4 with no more than eight children per group to further facilitate quality caregiver-child interactions and limit overstimulation.^{xxvii} While the *State of Babies Yearbook: 2020*'s focus on state policy indicators did not allow us to conduct a deeper dive into early educator pay and benefits, these factors also play a significant role in shaping quality.

Low wages have a particularly negative impact on early educators' job quality and satisfaction and are associated with high turnover rates, all factors that impact the caregiver-child relationship.^{xxviii}

States play several important roles in determining the quality of child care available to children in their states. Most states, for example, have adopted QRIS, to define and make public information about quality across care settings, and in many cases provide additional funding to providers who meet higher standards. However, participation in such systems is voluntary, and evidence on the validity of such systems in accurately measuring quality remains mixed.^{xxix} In addition, home-based child care programs are less likely than center-based programs to participate in these systems, as many home-based programs view aspects of those systems as inappropriately designed for their care settings.^{xxx}

Given the inconsistency in state quality systems, and the challenges in comparing their policies across states and provider settings, ZERO TO THREE instead chose to use state licensing standards to assess the floor established for quality of care across states for the *State of Babies Yearbook: 2020*. These licensing standards govern health and safety practices, caregiver to child ratios and group size, and staff qualifications. Providers can of course take steps to increase the quality of care beyond what is required by licensing standards, but these standards set the floor for quality in every state.

Exceeding state minimum licensing standards can be incredibly costly for child care providers who already operate on razor-thin margins. Programs that meet higher standards, such as those set by national accrediting bodies or state QRIS, may have higher costs associated with increased staff to meet smaller ratios and group sizes and staff with early childhood credentials. These programs may be out of reach of families with lower incomes, whose children could benefit most from quality developmental support, especially if the monetary value of child care subsidies that help those families pay for care does not reflect the added costs of quality.

The State of Babies Yearbook: 2020 analyzed these state licensing requirements for center-based care to paint a picture of how the floor for the quality of child care available to families with babies and toddlers varies state-by-state. State licensing requirements for center-based care were compared with Early Head Start Program Performance Standards as a baseline of high quality. The *Yearbook* looked at licensing policies at 11 months (infants), 19 months (younger toddlers), and 30 months (older toddlers). Early Head Start requires a staff-child ratio of 1:4 and a maximum group size of eight for all children under 3 years old. Early Head Start teachers are required to have at least a Child Development Associate (CDA) credential or a comparable credential and to have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.^{xxxi}





Key national findings are summarized below, and data by state are available in Appendix B.

- While 35 states met or exceeded Early Head Start adult/child ratio standards for infants, only 12 states met this standard for younger toddlers (19 months) and only two states met it for all children under 3 years old.
- While 23 states have group size requirements that meet or exceed the standards set by Early Head Start for infants, only seven states achieve it for younger toddlers, and only one state (Connecticut) achieves it for all three age groups.
- Thirty states have adopted an infant-toddler professional credential for child care providers to help formally develop and recognize the specialized knowledge and skills that support high quality interactions and care for infants and toddlers.
- Only six states require teachers of infants and toddlers to have either a CDA credential or state equivalent. In fact, a vast majority—45 states—require no credential beyond a high school diploma, despite the fact that an infant-toddler credential is available in more than half of states.

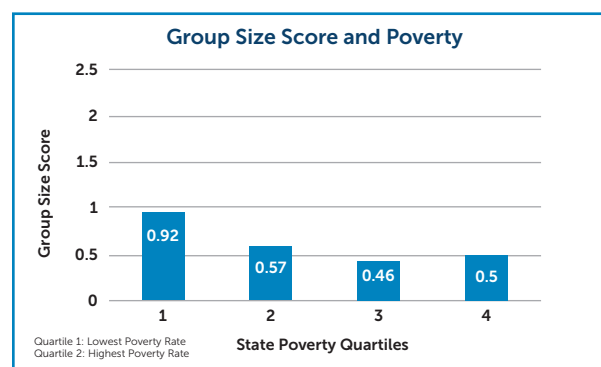
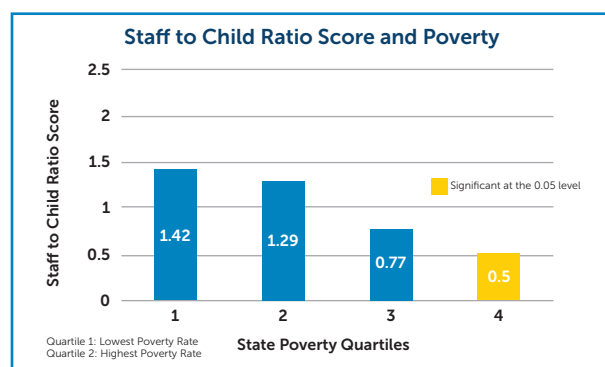
These data clearly illustrate that most states are falling far short of promoting policies that support the high-quality child care that babies and toddlers need to thrive. They also indicate an age-based cliff in states' quality floors. Most states meet Early Head Start's 1:4 staff-child ratio requirements for infants for example; however, by 19 months only 12 states met the standard, even though child development experts recommend programs maintain a 1:4 ratio until children turn three to best support the early connections that are so key to child development.^{xxxii}

However, some states are doing more than others to support access to higher quality care. Given the particular benefits of quality care for the most overburdened and under-resourced children and families and our broader interest in the implications of state policies on equitable opportunities for children, ZERO TO THREE conducted a further analysis of these data from the *State of Babies Yearbook: 2020* to determine whether variations in family income by state had an impact on policies related to child care quality.

To conduct these analyses, we first assigned each state a numerical score based on the num-

ber of child care quality measures they met with their current policies. For example, a state that met Early Head Start adult-child ratios for children under one and 2 years old, but not under 3 years would receive a two out of three. We next divided the 50 states and D.C. into 4 quartiles based on the percentage of infants and toddlers living in poverty in the state. We then averaged state quality scores in each quartile to determine whether there were significant differences in scores based on the poverty levels for babies in the states.

Our analysis showed that poverty levels in a state were negatively associated with key quality indicators. States in the highest quartile for infants and toddlers in poverty were significantly less likely than those in the lowest quartile to meet Early Head Start standards for staff-child ratios for infants and toddlers. This finding suggests that children in the states with the highest levels of poverty have less access to quality child care than their peers in states with lower levels of poverty simply because states set their floors so low. While states at the highest quartile for poverty were less likely than those in the lowest quartile to meet quality standards related to group size, significance could not be established.



It is concerning that states are not placing a higher floor under infant-toddler child care quality, especially where a high percentage of their babies live in families with low income. Quality of care is particularly important for children in such families, who may start falling behind their more advantaged peers almost from birth. Studies of high-quality programs, such as the Abecedarian study, have found significant gains and long-term outcomes including higher levels of college completion, employment, and wages. Economist James Heckman's reanalysis of Abecedarian and The Carolina Approach to Responsive Education (CARE) found a return on investment of 13 percent per annum. It is important to note that poor-quality care, such as was experienced by some children in the control group, also had consequences: boys were especially affected, with negative impacts from being placed in low-quality care.^{xxxiii}



MINIMUM STAFF-CHILD RATIO STANDARDS IMPACT CHILDREN'S DEVELOPMENT

The brain architecture of young children is built by positive, warm relationships with their caregivers.^{xxxiv} Positive, brain-building relationships flourish in high-quality child care settings with staff-child ratios and group sizes that allow for increased, higher quality interactions between children and staff.^{xxxv} Numerous studies have found correlations between smaller adult:child ratios and group sizes and young children's functioning across language, cognitive, and social domains - as lower ratios and group sizes create more opportunities for age appropriate activities, play, and responsive caregiving.^{xxxvi} However, many children lack opportunities for high-quality child care. Only 10 percent of child care programs nationwide were rated as high-quality in the last available national survey.^{xxxvii} States have the power to regulate higher quality child care, but only 35 states require Early Head Start's 1:4 recommended staff-child ratio standard for infants, and even fewer states meet the minimum standard as children grow older. Only 12 states meet the standard for younger toddlers and only two states meet the standard for all children under 3 years.

These low floors for a key quality indicator leave many children in potentially developmentally inappropriate care environments that could disrupt early learning and brain development. For example, using staff-child ratio as an indicator, in Texas a child's opportunity for quality care drops precipitously as the child gets older. At 11 months, a child in Texas shares their caregiver with, at-most, three other infants. However, at 19 months, the same Texan child might suddenly share their caregiver with a group of eight other toddlers, more than twice the Early Head Start ratio. At 30 months, this Texan child could share their caregiver with 10 other babies, nearly three times higher than Early Head Start ratio of 1:4.

Texas is not the only state that allows developmentally inappropriate child care environments. Like Texas, Mississippi permits staff-child ratios of 1:9 for a group of 19-month-old toddlers. In Arkansas, Georgia, and Louisiana, one caregiver is permitted to supervise and educate a group of eight 19-month-old toddlers. In Louisiana, Mississippi, and West Virginia, 30-month-old toddlers can experience staff-child ratios of 1:12, three times higher than the Early Head Start standard.

The 49 states that do not meet minimum ratio recommendations for all age groups are failing to create an environment conducive to the best development of their youngest children. Because this early development lays the foundation for all future development and learning, the ramifications of these policies that set a low floor for quality have the potential to ripple through lifetimes.^{xxxviii}

FEDERAL RECOMMENDATIONS TO EXPAND ACCESS TO QUALITY, AFFORDABLE CHILD CARE

As the indicators in the *State of Babies Yearbook: 2020* revealed, child care in the United States, though an essential service, remains a significant cost burden for the vast majority of families. Yet access to help paying for child care is constricted to a very small group. We start with most families with infants and toddlers needing help with the cost of care if they are working, shrink that down to national and state eligibility, and then to the small group of families who actually receive assistance—an approach in part dictated by the level of funding provided. Given that child care is also essential to a functioning economy and an important setting for early brain development, this pinched approach is exactly backwards. The time has come to imagine, create, and robustly fund a system that starts with an expansive view of what families and young children need and seeks to answer that need in a high-quality, comprehensive way.

While the states lead in establishing policies that most directly affect quality and innovations designed to enhance access to quality child care for babies and toddlers and their families, many of the examples in previous sections also high-

light the key role the federal government plays as the primary source of public funding for child care and early learning opportunities. Given existing constraints on state budgets and the variation in policies related to access to quality child care across states, in the near term any attempt to ensure equitable access to quality child care for all children and families who need it will likely need to start with significantly enhanced federal funding dedicated to quality child care. Over time, however, the states must become stronger partners in finding sustainable funding sources that recognize child care as a benefit to both the current economy and future workforce.

Given the crucial role child care plays in supporting children’s healthy development and a strong economy, both now and in the future, this important sector should be treated as a key public good, rather than a largely private responsibility, as under our current policies. With that in mind, ZERO TO THREE worked with a coalition of national early childhood groups to develop a series of principles that should guide federal efforts to enhance access to quality child care in a comprehensive way.^{xxxix}

Principles for Investing in High-Quality, Affordable Child Care

- **Quality:** All children should be able to receive high-quality care that is driven by brain science, self-resourced, and values parents and family members as partners in their children’s development and program operation.
- **Access:** Families should be able to access the high-quality child care setting that best meets their needs. Publicly funded child care should provide options for families, be inclusive of a diverse range of families, and provide direct outreach to families about the availability of quality child care options. Resources must also be devoted to building and sustaining a supply of high-quality child care, targeted to the most underserved areas first.
- **Affordability:** Families should be able to get the financial support they need to afford high-quality child care for children of all age groups. More support should be provided to low- and moderate-income families, and support should be timely and direct so that families can have help paying for child care throughout the year.
- **Workforce:** Early childhood professionals across all settings should have the support, resources, and compensation they need to provide high-quality care while supporting their own families. Professionals should earn a living wage and benefits coupled with a pathway to higher wages equivalent to similarly qualified K-12 educators. They should also have easy access to high-quality professional development and training through scholarship funding and other supports. Finally, resources should be distributed with equity in mind, and devoted to retaining, attracting, and developing a diverse workforce that reflects the communities it serves.

THE IMPACT OF COVID-19 ON CHILD CARE

The COVID-19 pandemic has both exposed and exacerbated the significant gaps in the child care system discussed in this report. Child care providers have played an essential role in supporting economic recovery by allowing families with children to return to work; however, the system as a whole is at risk of collapse due to the multitude of ways the pandemic has impacted providers' operations.

Child care providers were already operating on thin margins before the pandemic, with the high costs of care largely being subsidized by a combination of high fees for families and low wages for early educators. The pandemic has thrown into that equation lower enrollment rates due to high unemployment and smaller class sizes because of pandemic restrictions, as well as increased costs in the form of greater staffing needs to meet social distancing guidelines and the need for cleaning supplies and personal protective equipment (PPE) for staff. For too many providers who barely made ends meet before the pandemic, the math no longer works for them to stay open without public investment.

Surveys of child care providers by the National Association for the Education of Young Children (NAEYC) laid bare the extent of the crisis facing the child care system. A July survey found for example that enrollment across open programs was down by an average of 67 percent, while more than 70 percent of providers were incurring substantially increased costs. To stave off collapse, more than 70 percent of providers believed they would have to engage in layoffs, furloughs, or pay cuts for their already under-compensated workers.^{xi} After Congress failed to authorize additional support for the sector until December, surveys illustrated a system in even more dire condition. A December NAEYC survey found that 56 percent of child care centers that remained open were losing money every day by doing so, while 42 percent of providers were taking on personal debt and 39 percent were dipping into their personal savings accounts to make up the difference and remain a viable option for the families they serve, even after more than half of programs had to reduce expenses

through layoffs, furloughs, or pay cuts. In addition, nearly half of providers surveyed were unsure how much longer they could stay open without assistance.^{xii}

For working families who already struggled to access affordable care before the pandemic, the impact of the collapse of the child care system would be devastating, as would be the impact on our broader economy. However, to date, Congress has not come close to taking sufficient action to address the crisis facing the child care system. While the CARES Act, passed in March, provided \$3.5 billion in flexible funding through the Child Care and Development Block Grant (CCDBG) to support the system, and the FY2021 Consolidated Appropriations Act passed in December included an additional \$10 billion in relief funding, experts estimate the actual needs of the system at closer \$9.6 billion per month.^{xiii}

In order to stabilize the child care system now, and lay a foundation for future improvements, ZERO TO THREE is calling on Congress to provide at least \$50 billion in dedicated funding to stabilize the child care system through CCDBG. These funds should maintain critical existing safeguards for children being served, including licensing requirements around staff-child ratios, group sizes, and health and safety training. At the same time, they must be flexible enough to address the specific needs of individual communities and providers, and prioritize serving the most overburdened and under-resourced communities. The longer we wait to save the child care system, the more our families, providers, and businesses will suffer. This pandemic has demonstrated that child care is an essential public good for a functioning economy, and our leaders must treat it as such.

SUPPORT FOR THE CHILD CARE SYSTEM WILL NEED TO CONTINUE WHILE THE ECONOMY RECOVERS

Economic recovery will be a long process, not a snap back to the way things were, bringing many changes in how we work and how children are cared for. As we think about how to sustain child care now and build a better system that ensures quality, accessibility, and affordability for all, this extended transition period needs to be part of the plan.

Reduced enrollment in larger programs may undermine financial viability: As more parents return to work and children return to care, providers will have to follow health and safety guidelines related to group size and social distancing, in many cases reducing the number of children they can serve. Unemployment is likely to continue at a high level for many months, slowing the demand for care in the short term. Moreover, many parents, especially of infants and toddlers, may be uncomfortable with group settings for a while. These shifts could mean that larger programs, particularly center-based, may have difficulty remaining financially viable. Yet, their capacity will be needed in the future, and such programs are the hardest to build from the ground up.

- Sustainability funding should assist programs in remaining financially viable by covering enrollment reductions so that child care capacity does not erode due to relatively short-term conditions.

Potential shifts toward more use of smaller family child care homes and informal providers will require more quality supports: Concerns about larger group settings could lead parents to choose home-based care, including more informal, unregulated options. While many home-based providers provide excellent care and already are a mainstay of infant-toddler care, the possible entry of providers who lack knowledge of infant-toddler development and how it is best supported could lead to care situations that are detrimental to development.

- States should fund quality support mechanisms such as staffed family child care networks, technical assistance from resource and referral agencies, and infant-toddler specialist networks.

Infant-toddler capacity could be lost because of the more favorable financial aspects of serving older children: There will be an increased need for school-age care as many camps are closed for the summer and schools may be following a reduced in-person schedule in the fall. Because their supervision requires fewer staff than infants and toddlers, programs may find it more financially attractive to shift away from serving babies toward older children.

- States need to plan for preserving infant-toddler capacity, especially retaining staff who have attained age-specific knowledge and competencies and credentials. This could include providing incentive funding and higher reimbursements for programs to continue to serve very young children, even when their numbers are diminished.



APPENDIX A - Access Indicators by State

State	Income limit as a percentage of the federal poverty line 2018	Subsidy income cutoff at or above 200% of poverty line
Alabama	128%	No
Alaska	298%	Yes
Arizona	162%	No
Arkansas	211%	Yes
California	251%	Yes
Colorado	162%-307%	Varies by Location
Connecticut	223%	Yes
Delaware	197%	No
Dist. of Columbia	246%	Yes
Florida	147%	No
Georgia	143%	No
Hawaii	227%	Yes
Idaho	128%	No
Illinois	182%	No
Indiana	125%	No
Iowa	143%	No
Kansas	182%	No
Kentucky	157%	No
Louisiana	155%	No
Maine	271%	Yes
Maryland	144%	No
Massachusetts	223%	Yes
Michigan	128%	No
Minnesota	183%	No
Mississippi	207%	Yes
Missouri	134%	No

State	Income limit as a percentage of the federal poverty line 2018	Subsidy income cutoff at or above 200% of poverty line
Montana	146%	No
Nebraska	128%	No
Nevada	128%	No
New Hampshire	216%	Yes
New Jersey	197%	No
New Mexico	197%	No
New York	197%	No
North Carolina	197%	No
North Dakota	220%	Yes
Ohio	128%	No
Oklahoma	169%	No
Oregon	182%	No
Pennsylvania	197%	No
Rhode Island	177%	No
South Carolina	150%	No
South Dakota	179%	No
Tennessee	230%	Yes
Texas	147-249%	Varies by Location
Utah	176%	No
Vermont	295%	Yes
Virginia	147-246%	Varies by Location
Washington	197%	No
West Virginia	147%	No
Wisconsin	182%	No
Wyoming	184%	No

Source: Schulman, K. (2018). Overdue for Investment: State Child Care Assistance Policies 2018. National Women's Law Center. Retrieved from: <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/11/NWLC-State-Child-Care-Assistance-Policies-2018.pdf>

Average Monthly Children Eligible and Served by Child Care Development Block Grant

State	Federally eligible children CY2016-2017	State eligible children CY2016-2017	Average number of children served FY2017
Alabama	166,170	92,750	28,500
Alaska	33,520	27,610	3,100
Arizona	257,530	178,780	24,200
Arkansas	120,270	75,550	5,200
California	1,507,590	1,309,010	96,700
Colorado	222,920	126,800	22,400
Connecticut	158,870	91,650	8,800
Delaware	48,880	35,790	7,600
District of Columbia	27,420	22,360	1,200
Florida	724,870	464,930	88,000
Georgia	507,660	251,460	50,500
Hawaii	56,940	39,650	4,700
Idaho	62,190	27,500	6,200
Illinois	539,290	320,700	43,500
Indiana	255,180	82,260	35,300
Iowa	157,270	52,920	17,200
Kansas	146,200	83,670	11,600
Kentucky	197,010	125,650	15,800
Louisiana	237,870	126,850	19,200
Maine	38,600	42,350	3,800
Maryland	294,230	104,630	13,600
Massachusetts	286,380	169,070	28,800
Michigan	365,850	139,710	30,000
Minnesota	267,990	123,310	18,100
Mississippi	137,100	109,360	17,000
Missouri	264,480	105,830	37,600
Montana	36,930	18,500	3,700
Nebraska	106,600	38,550	10,000
Nevada	105,180	119,940	7,600
New Hampshire	57,220	36,720	5,200

New Jersey	388,870	170,290	44,400
New Mexico	98,960	66,330	17,300
New York	799,960	548,810	104,800
North Carolina	386,020	333,430	47,600
North Dakota	37,140	24,520	2,500
Ohio	524,730	230,940	48,900
Oklahoma	168,150	124,380	24,500
Oregon	144,260	90,350	14,700
Pennsylvania	513,370	321,230	92,300
Rhode Island	38,940	22,040	6,100
South Carolina	191,150	138,090	12,400
South Dakota	37,830	18,940	3,600
Tennessee	249,080	133,510	21,100
Texas	1,257,250	1,099,460	104,600
Utah	118,760	69,780	12,100
Vermont	20,900	23,620	4,300
Virginia	329,800	171,960	18,500
Washington	295,390	205,460	41,900
West Virginia	53,940	26,130	7,100
Wisconsin	320,140	201,710	16,700
Wyoming	24,050	15,380	3,000
National Total	13,386,900	8,580,220	1,313,500

Source: U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation. (2020). Estimates of Child Care Eligibility and Receipt for Fiscal Year 2017. Retrieved from <https://aspe.hhs.gov/system/files/pdf/264341/CY2017-Child-Care-Subsidy-Eligibility.pdf>

APPENDIX B - Child Care Quality Indicators by State

Alabama	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:7	30 mos - 1:7/1:8	Varies see state plan	Varies see state plan	Varies see state plan
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	17th-55th percentile of 2014 rates			No		1
Alaska	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:6	30 mos - 1:6	11 mos - 10	19 mos - 12	30 mos - 12
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	15th percentile of 2015 rates			No		1
Arizona	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:6	30 mos - 1:8	11 mos - 2:11	19 mos - 12	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	75th percentile of 2000 rates			No		1
Arkansas	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:8	30 mos - 1:8	11 mos - 10	19 mos - 16	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Above or below 75th percentile of 2015 rates			Yes		1
California	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:6	30 mos - 1:6	11 mos - NA	19 mos - 12	30 mos - 12
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	75th percentile of 2016 rates			Yes		1
Colorado	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:5	30 mos - 1:7	11 mos - 10	19 mos - 10	30 mos - 15
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Locally Determined			No		1
Connecticut	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:4	11 mos - 8	19 mos - 8	30 mos - 8
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	1st-86th percentile of 2015 rates			Yes		1
Delaware	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:6	30 mos - 1:8	11 mos - 8	19 mos - 12	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	50th percentile of 2018 rates			Yes		1

District of Columbia	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:8	11 mos - 8	19 mos - 8	30 mos - 12/16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Below 75th percentile of 2012 rates			No		1
Florida	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:6	30 mos - 1:11	11 mos - 12	19 mos - 12	30 mos - 22
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Locally Determined			Yes		2
Georgia	Teacher-Child Ratio			Group Size		
	11 mos - 1:6	19 mos - 1:8	30 mos - 1:10	11 mos - 12	19 mos - 16	30 mos - 20
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	5th-30th percentile of 2017 rates			Yes		2
Hawaii	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:6 /1:8	11 mos - 8	19 mos - 12	30 mos-Missing
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Below 75th percentile of 2017 rates			No		2
Idaho	Teacher-Child Ratio			Group Size		
	11 mos - 1:6	19 mos - 1:6	30 mos - 1:8	Varies see state plan	Varies see state plan	Varies see state plan
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	65th percentile of 2015 rates			Yes		1
Illinois	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:5	30 mos - 1:5/1:8	11 mos - 12	19 mos - 15	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	18th-83rd percentile of 2015 rates			Yes		1
Indiana	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:5	30 mos - 1:5	11 mos - 8	19 mos - 10	30 mos - 10
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	53rd-75th percentile of 2018 rates			Yes		2
Iowa	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:6	Varies see state plan	Varies see state plan	Varies see state plan
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	2%, 2%, & 4% increases above 75th percentile of 2004 rates			No		1
Kansas	Teacher-Child Ratio			Group Size		
	11 mos - 1:3	19 mos - 1:5	30 mos - 1:5/1:12	11 mos - 9	19 mos - 10	30 mos - 10/24
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	40th percentile of 2014 rates			Yes		1

Kentucky	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:5	30 mos - 1:5	11 mos - 10	19 mos - 10	30 mos - 10
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	\$1 a day above 68th percentile of 2005 rates			No		1
Louisiana	Teacher-Child Ratio			Group Size		
	11 mos - 1:5/1:6	19 mos - 1:7/1:8	30 mos - 1:11/1:12	11 mos - 1:18/1:15	19 mos - 1:21/1:24	30 mos - 1:22/1:24
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	25th-50th percentile of 2014 rates			No		1
Maine	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:5	30 mos - 1:7	11 mos - 8	19 mos - 10/12	30 mos - 10/12 or 21/24/20
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	50th-75th percentile of 2015 rates			Yes		1
Maryland	Teacher-Child Ratio			Group Size		
	11 mos - 1:3	19 mos - 1:3	30 mos - 1:6	11 mos - 6	19 mos - 9	30 mos - 12
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	11th percentile of 2017 rates			Yes		1
Massachusetts	Teacher-Child Ratio			Group Size		
	11 mos - 1:3/2:7	19 mos - 1:4	30 mos - 1:4	11 mos - 7	19 mos - 9	30 mos - 9
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	5th-78th percentile of 2018 rates			Yes		1
Michigan	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:8	11 mos - 12	19 mos - 12	30 mos - 12/16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	At or above 70th percentile of 2015 rates			No		1
Minnesota	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:7	30 mos - 1:7	11 mos - 8	19 mos - 14	30 mos - 14
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	25th percentile of 2011 rates			Yes		1
Mississippi	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:9	30 mos - 1:12	11 mos - 10	19 mos - 10	30 mos - 14
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	36th-75th percentile of 2009 rates			No		1
Missouri	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:8	11 mos - 8	19 mos - 8	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	51st-81st percentile of 2016 rates			No		1

Montana	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:8	11 mos - 12	19 mos - 12	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Three 2% increases above 75th percentile of 2009 rates			Yes		1
Nebraska	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:6	30 mos - 1:6	11 mos - 12	NA	NA
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	50th percentile of 2017 rates			No		1
Nevada	Teacher-Child Ratio			Group Size		
	11 mos - 1:6	19 mos - 1:6	30 mos - 1:9	11 mos - 12	19 mos - 12	30 mos - 18
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	75th percentile of 2004 rates			No		1
New Hampshire	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:5	30 mos - 1:6	11 mos - 12	19 mos - 15	30 mos - 18
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	50th percentile of 2016 rates			Yes		1
New Jersey	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:6	30 mos - 1:6/1:10	11 mos - 4	19 mos - 6	30 mos - 12
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Below 75th percentile of 2010 rates			Yes		1
New Mexico	Teacher-Child Ratio			Group Size		
	11 mos - 1:6	19 mos - 1:6	30 mos - Missing	11 mos - 12	19 mos - 12	Missing-toddler ends at 24 mo, preschool begins at 3 yr
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Above or below 75th percentile of 2015 rates			Yes		1
New York	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:5	30 mos - 1:5	11 mos - 8	19 mos - 12	30 mos - 12
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	69th percentile of 2015 rates			Yes		1
North Carolina	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:6	30 mos - 1:10	11 mos - 10	19 mos - 12	30 mos - 20
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	At or below 75th percentile of 2015 rates			Yes		2
North Dakota	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	NA	NA	11 mos - 10	NA	NA
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	50th percentile of 2015 rates			No		1

Ohio	Teacher-Child Ratio			Group Size		
	11 mos - 1:5/2:12	19 mos - 1:7	30 mos - 1:7/1:8	11 mos - 12	19 mos - 14	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	15th-35th percentile of 2016 rates			Yes		1
Oklahoma	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:6	30 mos - 1:8	11 mos - 8	19 mos - 12	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	1st-79th percentile of 2017 rates			Yes		1
Oregon	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:5	11 mos - 8	19 mos - 8	30 mos - 10
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	10th-90th percentile of 2018 rates			Yes		1
Pennsylvania	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:5	30 mos - 1:6	11 mos - 8	19 mos - 10	30 mos - 12
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	13th-100th percentile of 2016 rates			No		1
Rhode Island	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:6	30 mos - 1:6	11 mos - 8	19 mos - 12	30 mos - 12
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	12th-56th percentile of 2015 rates			No		1
South Carolina	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:6	30 mos - 1:7	Varies see state plan	Varies see state plan	Varies see state plan
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	60th-75th percentile of 2015 rates			Yes		1
South Dakota	Teacher-Child Ratio			Group Size		
	11 mos - 1:5	19 mos - 1:5	30 mos - 1:5	11 mos - 20	19 mos - 20	30 mos - 20
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	75th percentile of 2015 rates			Yes		2
Tennessee	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:6	30 mos - 1:6	11 mos - 8	19 mos - 12	30 mos - 12
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	45th-75th percentile of 2006-07 rates			No		1
Texas	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:9	30 mos - 1:11	11 mos - 10	19 mos - 18	30 mos - 22
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	2nd-79th percentile of 2017 rates			Yes		1

Utah	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:7	11 mos - 8	19 mos - 8	30 mos - 14
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	70th percentile of 2015 rates			No		1
Vermont	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:5	11 mos - 8	19 mos - 10	30 mos - 10
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	1st-50th percentile of 2017 rates			No		1
Virginia	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:5	30 mos - 1:8	11 mos - 12	19 mos - 15	30 mos - 24
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	18th-42nd percentile of 2015 rates			Yes		1
Washington	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:7	30 mos - 1:10	11 mos - 8	19 mos - 14	30 mos - 20
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	17th-100th percentile (or above) of 2014 rates			Yes		1
West Virginia	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:12	11 mos - 8	19 mos - 12	30 mos - 16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	75th percentile of 2015 rates			Yes		1
Wisconsin	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:4	30 mos - 1:6/1:8	11 mos - 8	19 mos - 8	30 mos - 12/16
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	Below 75th percentile of 2014 rates			Yes		1
Wyoming	Teacher-Child Ratio			Group Size		
	11 mos - 1:4	19 mos - 1:5/1:6	30 mos - 1:8/2:16/3:18	11 mos - 10	19 mos - 12/18	30 mos - 12/18
	State Payment Rates Compared to Market Rates 2018			Infant/Toddler Prof Credential Req.		Teacher Qualification* (1-4)
	11th-53rd percentile of 2015 rates			Yes		1

Teacher Qualification Definition*

- 1= No credential beyond a high school diploma
- 2=Child Development Associate (CDA) or state equivalent credential
- 3=Specific infant/toddler credential or CDA with an infant/toddler credential
- 4=Associate's degree
- 5=Bachelor's degree

Sources:

Ratios and Group Size: Administration for Children and Families, Office of Child Care (2018). Approved CCDF Plans (FY 2019-2021). Retrieved from <https://www.acf.hhs.gov/occ/resource/state-plans>

Schulman, K. (2018). Overdue for Investment: State Child Care Assistance Policies 2018. National Women's Law Center. Retrieved from: <https://nwlc-ciw49tixgw5l-bab.stackpathdns.com/wp-content/uploads/2018/11/NWLC-State-Child-Care-Assistance-Policies-2018.pdf>

Zero to Three (2019). State Policy Tracker. Retrieved October 2019 from <https://www.zerotothree.org/resources/360-state-policy-tracker#downloads>

Teacher Qualification: Administration for Children and Families, Office of Child Care (2018). Approved CCDF Plans (FY 2019-2021). Retrieved from <https://www.acf.hhs.gov/occ/resource/state-plans>

Child Care Quality Indicators by State

State	Number of age groups that meet EHS standards for ratios(values 0-3) ³		Number of age groups that meet EHS standards for group size (values 0-3)		State payments meet federal recommendations (75th percentile of market rates)	Infant-toddler professional credential required	Teacher qualification (1-5)
Alabama	0	0	No	No			1
Alaska	0	0	No	No			1
Arizona	0	1	No	No			1
Arkansas	0	0	No	Yes			1
California	1	0	Yes	Yes			1
Colorado	0	0	No	No			1
Connecticut	3	3	No	Yes			1
Delaware	1	1	No	Yes			1
District of Columbia	2	2	No	No			1
Florida	1	0	No	Yes			2
Georgia	0	0	No	Yes			2
Hawaii	2	1	No	No			2
Idaho	0	0	No	Yes			1
Illinois	1	0	No	Yes			1
Indiana	1	1	No	Yes			2
Iowa	2	0	No	No			1
Kansas	1	0	No	Yes			1
Kentucky	0	0	No	No			1
Louisiana	0	0	No	No			1
Maine	1	1	No	Yes			1
Maryland	2	1	No	Yes			1
Massachusetts	3	1	No	Yes			1
Michigan	2	0	No	No			1
Minnesota	1	1	No	Yes			1
Mississippi	0	0	No	No			1
Missouri	2	2	No	No			1
Montana	2	0	No	Yes			1
Nebraska	1	0	No	No			1
Nevada	0	0	No	No			1

³. In all cases, a score of one indicates meeting the benchmark for the infant age group, while a score of 2 indicates that states meet the benchmark for infants and young toddlers.

New Hampshire	1	0	No	Yes	1
New Jersey	1	2	No	Yes	1
New Mexico	0	0	No	Yes	1
New York	1	1	No	Yes	1
North Carolina	0	0	No	Yes	2
North Dakota	1	0	No	No	1
Ohio	0	0	No	No	1
Oklahoma	1	1	No	Yes	1
Oregon	2	2	No	Yes	1
Pennsylvania	1	1	No	No	1
Rhode Island	1	1	No	No	1
South Carolina	0	0	No	Yes	1
South Dakota	0	0	No	Yes	2
Tennessee	1	1	No	No	1
Texas	1	0	No	Yes	1
Utah	2	2	No	No	1
Vermont	2	1	No	No	1
Virginia	1	0	No	Yes	1
Washington	1	1	No	Yes	1
West Virginia	2	1	No	Yes	1
Wisconsin	2	2	No	Yes	1
Wyoming	1	0	No	Yes	1

Teacher Qualification Definition*

1= No credential beyond a high school diploma

2=Child Development Associate (CDA) or state equivalent credential

3=Specific infant/toddler credential or CDA with an infant/toddler credential

4=Associate's degree

5=Bachelor's degree

AUTHOR: Daniel Hains and Ashley Neuenswander

ABOUT ZERO TO THREE

ZERO TO THREE works to ensure all infants and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of parents, professionals, and policymakers.

ENDNOTES

- i ZERO TO THREE. (2020). State of Babies Yearbook: 2020. <https://stateofbabies.org/wp-content/uploads/2020/06/State-of-Babies-2020-Full-Yearbook-061820.pdf>
- ii Harvard University Center on the Developing Child. (2020). *Brain Architecture*. <https://developingchild.harvard.edu/science/key-concepts/brain-architecture>
- iii National Research Council & Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. J. P. Shonkoff & D. A. Phillips, (Eds), Board on Children, Youth, and Families; Commission on Behavioral and Social Sciences and Education. National Academy Press.
- iv U.S. Bureau of Labor Statistics. (2019). *Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2017-2018 annual averages*. <https://www.bls.gov/news.release/famee.t06.htm>
- v Heckman, J. (2017). *There's more to gain by taking a comprehensive approach to early childhood development*. The Heckman Equation. Retrieved from https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOne-Pager_120516.pdf
- vi Child Care Aware of America. (2019). *The US and the high price of child care: An examination of a broken system*. <https://www.childcareaware.org/our-issues/research/the-us-and-the-high-price-of-child-care-2019>
- vii Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, Childcare Workers*, at <https://www.bls.gov/ooh/personal-care-and-service/childcare-workers.htm> (visited January 22, 2021)
- viii U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation. (2020). Estimates of child care eligibility and receipt for Fiscal Year 2017. <https://aspe.hhs.gov/system/files/pdf/264341/CY2017-Child-Care-Subsidy-Eligibility.pdf>
- ix Id at iv.
- x Hillemeier, M., Morgan, P., Farkas, G. and Maczuga, S. (2013). Quality disparities in child care for at-risk children: Comparing Head Start and non-Head Start settings. *Maternal Child Health Journal*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3407821>

xi Id at vi.

xii Id at ii.

xiii Id at viii.

xiv U.S. Census Bureau. (2020). *2019 median household income in the United States*. <https://www.census.gov/library/visualizations/interactive/2019-median-household-income.html>

xv Schulman, K. (2018). *Overdue for investment: State child care assistance policies 2018*. National Women’s Law Center. <https://nwlc.org/resources/overdue-for-investment-state-child-care-assistance-policies-2018>

xvi Id at viii.

xvii Schulman, K. (2018). *Overdue for investment: State child care assistance policies 2018*. National Women’s Law Center. <https://nwlc.org/resources/overdue-for-investment-state-child-care-assistance-policies-2018>

xviii Id at viii.

xix Hardy, A. (2020). *Child care spending and participation in 2018*. Center for Law and Social Policy. https://www.clasp.org/sites/default/files/publications/2020/09/2020_Child%20Care%20Assistance%20and%20Participation%202018.pdf

xx Id at xv.

xxi Schulman, K. (2019). *Early progress: State child care assistance policies 2019*. National Women’s Law Center. <https://nwlc-ci49tixgw5lbab.stackpathdns.com/wp-content/uploads/2019/11/NWLC-State-Child-Care-Assistance-Policies-2019-final.pdf>

xxii Greenberg, E., Isaacs, J., Derrick-Mills, T., Michie, M., & Stevens, K. (2018). *Are higher subsidy payment rates and provider-friendly payment policies associated with child care quality?* Urban Institute. https://www.urban.org/sites/default/files/publication/96681/are_higher_subsidy_payment_rates_and_provider-friendly_payment_policies_associated_with_child_care_quality_2.pdf

xxiii Id at xv.

xxiv Id at xxii.

xxv Id at xv.

xxvi Id at iv.

xxvii Lally, J., Griffin, A., & Fenichel, E. et al. (2003). *Caring for infants and toddlers in groups: Developmentally appropriate practice*. ZERO TO THREE.

xxviii OECD. Encouraging quality in early childhood education and care, Research Brief: Working conditions matter. <http://www.oecd.org/education/school/49322250.pdf>

xxix Cannon, J., Zellman, G., Karoly, L., & Schwartz, H. (2017). *Quality Rating and Improvement Systems for early care and education programs: Making the second generation better*. RAND Corporation. <https://www.rand.org/pubs/perspectives/PE235.html>

xxx Blasberg, A., Bromer, J., Nugent, C., Porter, T., Shivers, E., Tonyan, H., Tout, K., & Weber, B. (2019). *A conceptual model for quality in home-based child care*. Administration for Children and Families and Child Trends. https://www.acf.hhs.gov/sites/default/files/opre/cccepra_hbcc_conceptual_model_508b.pdf

xxxi Office of Head Start. (2020). *Head Start program performance standards*. <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-91-staff-qualifications-competency-requirements>

xxxii Id at xxvii.

xxxiii Heckman, J. (2017). *There's more to gain by taking a comprehensive approach to early childhood development*. The Heckman Equation. https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf

xxxiv Harvard University Center on the Developing Child. (2007). *InBrief: The science of early childhood development*. <https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/>

xxxv OECD. Encouraging quality in early childhood education and care, research brief: Working conditions matter. <http://www.oecd.org/education/school/49322250.pdf>

xxxvi U.S. Department of Health and Human Services. (2006). *The NICHD study of early child care and youth development: Findings for children up to age 4 ½ years*. https://www.nichd.nih.gov/sites/default/files/publications/pubs/documents/seccyd_06.pdf

xxxvii Vandell, D.L. and Wolfe, B. (2000). *Child Care Quality: Does It Matter and Does It Need to Be Improved?* Institute for Research on Poverty. <https://www.irp.wisc.edu/publications/sr/pdfs/sr78.pdf>

xxxviii Id at iv.

xxxix Cole, Pa. (2019). *Child care principles*. ZERO TO THREE. <https://www.zerotothree.org/resources/2976-child-care-principles>

xl NAEYC. (2020). *Holding on until help comes: A survey reveals child care's fight to survive*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes_survey_analysis_july_2020.pdf

xli NAEYC. (2020). *Am I next? Sacrificing to stay open, child care providers face a bleak future without relief*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/naeyc_policy_crisis_coronavirus_december_survey_data.pdf

xlII Center for Law and Social Policy. (2020). *Child care is key to our economic recovery*. <https://www.clasp.org/publications/report/brief/child-care-key-our-economic-recovery>