

# 2011 Public Policy Agenda-in-Brief

National Association of Child Care Resource & Referral Agencies



The poor state of the economy is hurting millions of Americans. Working families with children depend on child care to get and keep a job.

More than 11 million children under age 5 are in the care of someone other than their mother. Millions more school-age children are in after-school programs. Child care often is difficult to find, especially for infants and toddlers. It is challenging to afford and of questionable quality.

## What We Know from Parents and Providers

- **Child care is expensive.** In many communities, safe and reliable care is so expensive that parents do not have a real choice. Families of all income levels, not just poor families, struggle with the cost of care. For example, in Massachusetts, infant care in a center costs more than \$18,750 a year. For preschoolers, center-based care costs more than \$13,150 a year.
- **The quality of care varies between and within states.** Research shows that about 80 percent of the brain develops by age 3. Unfortunately, few states hold child care to any standards that support healthy child development. NACCRRR's studies of state child care policies reveal weak standards and weaker oversight.
- **The income eligibility threshold for child care assistance is very low, and the cost of care is high.** Current economic conditions place added stress on working families. This makes quality child care even more important to the healthy development of children. State cutbacks in child care funding increase these difficulties for working families. As a result, more children are forced into potentially unsafe care.
- **The training of the workforce is inconsistent and few providers have the training they need.** Minimum education requirements are weak, which makes training even more important. Yet, required training varies greatly. Fourteen states do not require any specific training hours before allowing providers to care for children in a center. In 17 states, providers in small family child care homes do not need any initial training to care for children.
- **State inspection and oversight is weak.** Children with working mothers spend an average of 35 hours a week in child care. Child care quality matters for a child's safety, healthy development, and school readiness. Unfortunately, quality is not a top priority in either federal law or state practices.



## What We Need from Congress

NACCRRR's public policy agenda is both grassroots-inspired and research-based. NACCRRR recommends that Congress:

### Reauthorize and strengthen CCDBG

NACCRRR calls on Congress to reauthorize and strengthen the Child Care and Development Block Grant (CCDBG) in 2011 so that parents have real choices among quality child care providers. CCDBG is the primary federal grant program that provides child care assistance to states. Parents receive subsidies to help pay for care. While most of this care is in licensed settings, state standards and oversight are weak.

- **Require complete background checks** for all paid providers who regularly care for unrelated children. This includes fingerprint checks.
- **Require quarterly unannounced inspections** of licensed providers. This is what Congress requires of military child care.
- **Require all paid providers to complete adequate training.** This means 40 hours of initial training and 24 hours of annual training. Initial training should include CPR, first aid, recognizing child abuse, basic safety and health, and child behavior and development.

### Increase the CCDBG quality set-aside

Current law requires at least 4 percent of CCDBG funds to be used to improve the quality of care. This amount

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is insufficient to close the gap between state early learning standards and state child care licensing standards. Congress must make quality a national priority and significantly increase the quality set aside. Parents need child care to work. At the same time, children need to be in a safe setting that promotes their healthy development.

- **Increase the quality set-aside** to 12 percent, and further increase it to 25 percent over time. This would bring child care on par with Head Start.

### Require accountability for CCDBG funds

Currently, federal funds are used to pay for care in programs that are not subject to state licensing standards or inspection. Nothing is known about the quality of this care or the impact it has on a child's development.

- **Require licensing, inspections, training, and background checks** for all paid providers who regularly care for unrelated children.

### Ensure affordable child care for families

Families at all income levels struggle to find and afford quality child care. In 2010, NACCRRA conducted a national survey of parents with children under age 12. The top two concerns to parents were the quality of care followed by the cost.

- **Require states to conduct and use current market rate studies.** These studies should be used to ensure that low-income families have access to no less than 75 percent of providers in a community.
- **Provide resources to strengthen the quality of child care.** This includes increasing the supply of quality care, especially in low-income neighborhoods.
- **Require states to have more gradual sliding fee scales** to avoid the "cliff effect" – when families lose assistance based on a modest increase in income. No family should be worse off for receiving a modest pay increase.
- **Improve federal and state tax codes** to help families at all income levels pay for quality care.

### Make child care part of disaster planning

Congress should require child care to be part of the disaster preparedness plans of states and communities.

- **Require states to include child care in disaster planning, response, and recovery efforts.**
- **Designate a lead agency to coordinate federal support** to child care during and after disasters.

- **Create a federal disaster contingency fund within CCDBG.** This fund could be released by the President during federally declared disasters. It would assist repair, renovation, reconstruction, and the provision of temporary child care.
- **Authorize HHS to expand assistance to families significantly impacted by disasters.** This includes assistance for first responders who suddenly may need more child care as part of recovery efforts.

### Strengthen rural child care

Rural communities have unique needs and challenges far different from urban settings. Child care options for rural families are reduced because of a lack of formal child care, greater distances to work sites, lack of transportation, and irregularity of work schedules.

- **Authorize a specific pilot for rural areas** to better meet the needs of families. This pilot should encourage combining federal funding streams related to early childhood programs.
- **Require the evaluation of pilots and a report to Congress and the President.** The report would include recommendations for sustainability and replication.

### Limit potentially unsafe license-exempt care

Census Bureau data show that more than half the children under age 5 of working mothers who are in child care are not in organized care (a child care center or a family child care home). Nearly half of the states (24) allow providers to care for more than four children without requiring a license. For example, South Dakota allows up to 12 children to be cared for in a home without a license. About 1.6 million children each month receive CCDBG subsidies. Nearly one-quarter of these children are in unlicensed care.

- **Require child care providers who receive federal subsidies to have a license.**
- **Require background checks for all providers receiving federal funds.** This includes a fingerprint check.
- **Require states to publicly disclose their rationale for any category of license-exempt care.** For each category, the rationale should be about the safety or quality of care. The rationale should be backed by data and posted on the Internet. This would allow parents to make informed choices among providers.