



RESEARCH REPORT

# Supporting the Child Care and Early Education Workforce

## A Menu of Policy Options for the COVID-19 Pandemic and Recovery

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# Supporting the Child Care and Early Education Workforce

The COVID-19 pandemic has created unprecedented, urgent challenges for the child care and early education workforce. Though the workforce has always been fragile, new stressors presented over the past year have highlighted fundamental structural problems in the system, including the inequities facing Black, Latina, and Native American child care and early education staff and providers. Based on interviews with 20 experts about strategies to support the child care workforce, this report presents a set of 19 diverse state and local policy strategies that policymakers, philanthropists, and key stakeholders could implement to address these structural inequities and build a stronger and more equitable workforce in the future.

## Background

When the novel coronavirus began to spread in the United States in March 2020, most child care centers and home-based providers across the country shuttered their doors. From February to April of 2020, more than 370,000 members of the child care workforce left the field.<sup>1</sup> Although workers slowly began to return to work as the country reopened, as of December 2020, the workforce is still 17 percent smaller than it was before the pandemic began.<sup>2</sup> And those in the child care/early childhood education (CC/ECE) workforce who have returned to work are facing harsher working conditions and greater stressors than ever before. In this report, the term “child care/early education workforce” is defined to include center-based staff (including directors, teachers, and aides) and family child care and home-based providers (including legally operating unlicensed providers and family, friend, and neighbor caregivers).

CC/ECE workers must now contend with more stringent cleaning, health, and safety requirements,<sup>3</sup> while caring for young children who may be unable to understand the severity of the moment. Providers are facing increased operating costs and decreased enrollment, and centers must try to maintain staff through a period of serious fiscal uncertainty (Workman and Jessen-Howard 2020). Every child care worker serving families during this pandemic is risking their own health and the health of their family to provide the care needed to keep our economy open.<sup>4</sup> These concerns compound the challenges the

child care workforce, especially many Black, Latina,\* and Native American providers, have faced for decades: low pay, inadequate benefits, high turnover rates, and challenging work (Austin et al. 2019).

Women of color have most acutely felt the impacts of COVID-19 on the child care workforce.<sup>5</sup> Child care workers are more than two and a half times more likely to be either Black or Latina compared with the overall workforce (Austin et al. 2019).<sup>6</sup> And following the disturbing pattern shown for communities of color across the country, Black, Latina, and Native American child care providers are more likely to test positive for COVID-19 than their white counterparts—a pattern attributed to structural inequities in access to health care (Gilliam et al. 2020). Without efforts to stabilize the child care field and address the particular challenges of the COVID-19 crisis, we risk permanent job loss and damage to a field dominated by women of color. The pandemic has exposed many of the structural challenges facing this group of workers; this may be a unique opportunity for policymakers to take significant action to improve working conditions, compensation, and benefits for and stabilize the child care and early childhood workforce.

In this report, we aim to provide policymakers with concrete, feasible policy solutions that could be implemented in the near term to better support the CC/ECE workforce. Laying out these strategies is critical to informing several possible policy opportunities, including how to allocate new funding available in the coronavirus stimulus package passed in late December 2020 or from other congressional actions in the coming year, inform policy actions of the incoming Biden administration, and inform investments and strategies of state policymakers and the philanthropic community as they consider ways to shore up the CC/ECE workforce in these complex times.

## What Is in This Report

The pandemic has raised awareness of both the importance and fragility of child care. Some states and communities have developed new and creative strategies to support the child care system. This is a time of both enormous challenges and potential opportunities; although the system has fundamental challenges that must be addressed, there are steps that could be taken to make an important difference for the workforce and children in care.

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\* The term “Latina” is used throughout this report to reflect the fact that almost all CC/ECE caregivers are women. The US Census Bureau uses the term “Hispanic.”

To achieve this project’s goals, we interviewed 20 experts in the CC/ECE field (table 1). We asked our respondents to provide policy ideas that met some or all the following criteria:

- help address **inequities** in the CC/ECE workforce
- **relevant given the additional stressors placed on the workforce because of the COVID-19 pandemic**
- support **improved compensation or resources** for the workforce and/or address the **structural challenges** in the market that were either caused or exacerbated by the pandemic
- **feasible or actionable in the short term at the local, state, or federal levels within the current funding/political context** (many of these ideas are immediately actionable, especially with the infusion of funds in the Consolidated Appropriations Act of 2020; others will take some time for states to process and implement after the pandemic)
- **support a broad continuum of the child care workforce**, including relative caregivers, friends, neighbors, and other small providers that may be exempt from licensing, as well as licensed home-based providers and the center-based workforce

Note that in this report we focus primarily on strategies in the realm of state policy, though some also could be implemented at the federal or local levels. However, we are not focusing on strategies led by nongovernmental entities to support the workforce in other ways, such as unionization and efforts to support collective action, though these efforts can and do play an important role in supporting the workforce.

**TABLE 1**  
**ECE Experts Interviewed**

Rhian Allvin	Calvin Moore	Mary Beth Salomone Testa
Lanette Dumas	Sessy Nyman	Valora Washington
Linda Espinosa	Kris Perry	Albert Wat
Ellen Frede	Erik Peterson	Marcy Whitebook
Erica Greenberg	Natalie Renew	Ashley Williams
Lauren Hogan	Heather Sandstrom	Simon Workman
Julie Kashen	Diane Schilder	

Below, we briefly describe 19 policy actions recommended by experts to help stabilize the CC/ECE workforce. The suggested policy strategies present very different strategic approaches to supporting the workforce. Each falls into at least one of four broad categories (labeled with letters for easier tracking throughout this report):

- A. rapid crisis response
- B. informing key policy decisions to maximize impact
- C. driving equity-based systems change
- D. laying the foundation for effective action

Within each general approach, we lay out a set of policy strategies that our expert advisors suggested, presenting those that can be implemented in the short term first, followed by medium term, and ending with those that will take longer to implement. For each suggested policy, we briefly outline the action, its potential impacts, any important considerations for policymakers considering the policy, and the segment(s) of the workforce that it will likely affect. For a summary list of recommended policies, see table 2.



TABLE 1

Policy Actions to Support the CC/ECE Workforce in the COVID-19 Pandemic and Recovery

	Strategy	Time frame	Impact	Potential impact on workers	Page
A. A rapid crisis response	A-1. Create a mechanism to report unsafe working conditions during the pandemic	Short-term	Improve health and safety for the workforce during the pandemic	Center-based workforce and family child care providers with staff	11
	A-2. Provide PPE, sanitizing supplies, free access to COVID-19 testing, and priority for vaccines	Short-term	Reduce COVID-19 risks	Entire workforce depending on design	12
	A-3. Provide bonus pay for working during the pandemic	Short-term	Increase compensation	Center-based workforce	14
	A-4. Extend supports to relatives and license-exempt home-based providers	Short- to medium-term	Health and safety, increased compensation, and decreased isolation	Relatives and small home-based providers who are legally exempt from licensing	15
	A-5. Expand access to key federal benefits for the CC/ECE workforce	Short- to medium-term	Health and safety, increased compensation, and decreased isolation	Entire workforce depending on design	16
	A-6. Increase mental health consultations for the child care workforce	Medium-term	Support the mental health of the workforce	Entire workforce depending on design	17
B. Informing key policy responses to maximize impact	B-1. Use contract-based financing approaches to support the workforce	Short-term	Increase compensation, access to training, and more	Entire workforce depending on design	19
	B-2. Expand access to virtual learning, training, and online credentialing support	Short-term	Improve training and credentialing, potential to increase compensation	Center-based workforce and licensed family child care providers	20
	B-3. Expand networks of family child care providers and other home-based caregivers	Short-term	Improve job quality; increase access to training, peer support, reduced stress, and other resources	Licensed family child care and small, legally exempt home-based providers	23
	B-4. Connect child care settings to more stable CC/ECE funding sources	Medium-term	Increase compensation, training, and financial stability	Center-based workforce and licensed family child care providers	25
	B-5. Expand use of shared service approaches	Medium-term	Improve job quality and decrease stress,	Small center-based and family child care providers	27

			reduce administrative burden, and support higher compensation		
	B-6. Base subsidy payment rates on livable or minimum wages	Longer-term	Increase compensation	Workers in settings participating in the subsidy system	29
<b>C. Driving equity-based systems change</b>	C-1. Expand home visits for home-based providers	Medium-term	Make training and supports more accessible	Home-based providers	31
	C-2. Rethink compensation to pay workers for time on all tasks	Long-term	Increase compensation	Workers in settings participating in the subsidy system	31
	C-3. Provide translation services for the workforce	Medium-term	Make various supports and resources available to members of the workforce not proficient in English	Entire workforce depending on design	33
	C-4. Reform licensing systems to better support the home-based workforce	Longer-term	Expand access to public resources, potential impact on compensation and resources	Centers and home-based child care	34
	C-5. Rethink Quality and Improvement Systems	Longer-term	Increase compensation, training, and other workforce investments	Entire workforce	36
<b>D. Laying the foundation for effective action</b>	D-1. Support new leaders	Short- to medium-term	Diversify child care leadership	Entire workforce	38
	D-2. Strengthen workforce registries	Medium-term	Allow for more efficient targeting of strategies to support the workforce	Entire workforce	39

## Suggested Policy Strategies

As noted above, the policy strategies our respondents suggested to support the workforce can be loosely grouped into four different overarching approaches (labeled with letters for easier tracking throughout this report):

- A. rapid crisis response
- B. informing key policy responses to maximize impact
- C. driving equity-based systems change to better support the CC/ECE workforce
- D. laying the foundation for effective action

### A. A Rapid Crisis Response

Our respondents suggested numerous strategies that were immediately needed to respond to the crisis created by the pandemic:

- Create a mechanism to report unsafe working conditions during the pandemic.
- Provide PPE, sanitizing supplies, free access to COVID-19 testing, and priority for vaccines.
- Provide bonus pay for working during the pandemic.
- Expand access to key federal benefits for the CC/ECE workforce.
- Increase mental health consultants for the child care workforce.

#### A-1. CREATE A MECHANISM TO REPORT UNSAFE WORKING CONDITIONS DURING THE PANDEMIC

**Understanding this approach and what it could accomplish:** This pandemic has highlighted the fact that child care is an essential service and providers are essential workers for children, families, and the economy. This should not mean that child care providers are forced to face heightened risks at work with no recourse for protecting themselves. These workers, 40 percent of whom are women of color and chronically underpaid, should have an efficient, responsive, and confidential system in place to report unsafe working conditions until the COVID-19 pandemic has ended (Austin et al. 2019). The reality of having to work in confined spaces with young children unable to maintain social distancing rules, as well as the financial challenges facing many child care providers that make accessing PPE and

other basic supplies difficult, can lead to serious challenges in keeping employees and children safe. These issues are important for all staff but are often particularly problematic for staff who work in lower-resourced programs, or in communities—including many communities of color—that face higher risks of COVID-19 infection. Accordingly, some of our respondents suggested it is the responsibility of each state to ensure there is as an appropriate and rapid response when a child care worker is placed in unnecessary danger because of working conditions.

**Considerations for policymakers:** Child care providers may not have the information needed to report unsafe working conditions. Policymakers can publicize the state Department of Labor reporting mechanisms, publish information about safe working conditions, and provide guidance on how to create and maintain safe working conditions in response to COVID-19. This recommendation has minimal costs, as informative materials may already exist, and can be distributed through electronic communication, digital portals, social media, and trusted intermediaries. And as noted in the next policy suggestion, they can also invest in supporting access to the basic supplies and resources child care staff need to keep themselves safe and healthy during the pandemic.

**Implementation timing:** Short-term

**Potential impact:** Health and safety for the workforce during the pandemic

**Sector(s) of the workforce potentially affected:** Center-based workforce and family child care providers with staff

## A-2. PROVIDE PPE, SANITIZING SUPPLIES, FREE ACCESS TO COVID-19 TESTING, AND PRIORITY FOR VACCINES

**Understanding this approach and what it could accomplish:** States can undertake numerous steps to reduce the risk of COVID-19 for the child care and early childhood workforce, including the full range of licensed and license-exempt home-based settings:

- Make ongoing direct payments to providers to help cover new operating costs. Many providers were operating close to the financial margin even before the pandemic began. As new cleaning, PPE, and staffing costs associated with COVID-19 grew, the financial strain on these providers became more dire (Workman and Jessen-Howard 2020). Respondents suggested that states could make ongoing direct payments to providers through individual contracts or buying cooperatives. Many states used funding through the CARES Act<sup>7</sup> for this purpose and could use new funds from the Consolidated Appropriations Act to create or expand these programs.

- Ensure child care providers are eligible for participation in the emergency supply chain—the same as hospitals and nursing homes. Some states, including New Mexico, did this at the early stages of the pandemic, which reportedly made it much easier for providers to secure PPE and cleaning supplies.
- Provide access to free COVID-19 testing for child care workers who are actively caring for children. According to the US Department of Health and Human Services, “COVID-19 tests are available at no cost nationwide at health centers and select pharmacies. The Families First Coronavirus Response Act ensures that COVID-19 testing is free to anyone in the U.S., including the uninsured.”<sup>8</sup> In addition, some states have created testing pools for particular groups, such as health care workers or teachers so they can continue working. However, child care providers have been left out of these testing pools in some states, making it harder for them to get access to regular, low-cost or free testing.<sup>9</sup> All solutions that make access to testing simple, easy, and affordable must include child care workers.
- Ensure child care and early education workers are included and prioritized in the second phase of COVID-19 vaccinations as recommended by the CDC, and that proactive steps are taken to do outreach to child care providers and staff overall and particularly to staff in communities at greatest risk (Dooling et al. 2020). These efforts should not only focus on staff in child care centers, who may be the easiest to identify, but also family child care providers and smaller home-based providers who may be legally exempt from regulation. Including the latter group will require states to develop mechanisms to identify such providers who are not part of licensing lists.

**Considerations for policymakers:** New federal funding designed to address the COVID-19 crisis can and should be used for the PPE and cleaning costs facing child care providers, and to support COVID-19 testing as well as outreach and other costs associated with targeted vaccination efforts.

In terms of PPE and cleaning costs, states that can provide PPE directly or provide new funding specifically for these costs will help ensure that providers do not have to make cuts to their budgets in other areas, including worker salaries and compensation. Policymakers should assess the costs of PPE and cleaning materials and ensure that providers receive at least the current market price for these materials. Policymakers should also work with child care centers and family child care providers to understand the increased use of these materials and provide funding that fully covers the new monthly costs through the next calendar year.

States can also use the new funds to support targeted testing and vaccination strategies, including communication about safety and access points, for the CC/ECE workforce. Developing partnerships with various child care networks and other trusted intermediaries as well as public outreach campaigns focused on those caring for children could help improve vaccination rates and reduce exposure and illness.

**Implementation timing:** Short-term

**Potential impact:** Reducing COVID-19 risks

**Sector(s) of the workforce potentially affected:** Full range of sectors possible depending on how the initiative is designed and targeted

### A-3. PROVIDE BONUS PAY FOR WORKING DURING THE PANDEMIC

**Understanding this approach and what it could accomplish:** Though many child care workers lost their jobs during the pandemic, many others continued to care for the children of other essential workers, despite the increased risk of exposure to COVID-19. In response, numerous states developed mechanisms to drive additional compensation to classroom workers regardless of the provider participation in the subsidy system.<sup>10</sup> For example, North Carolina child care providers were paid bonus payments during April and May 2020 and November and December 2020.<sup>11</sup> Teaching staff who continued in the classroom were eligible to receive an extra \$300 a month, and nonteaching staff were eligible for \$200 a month. In a time where the field appears to be losing shares of its workforce, providing these individuals with bonus pay may encourage them to stay in the profession and help compensate for the sacrifice and risk they are taking by continuing to serve their communities in providing child care, as well as the extra work involved in keeping children healthy and safe during the pandemic.

**Considerations for policymakers:** Although numerous states were able to develop payment mechanisms using funds available through new Child Care and Development Block Grant (CCDBG) funds in the Coronavirus Aid, Relief, and Economic Security (CARES) Act or Consolidated Appropriations Act to provide incentive or bonus pay directly to providers during the COVID-19 crisis, it is unclear whether these mechanisms will be adopted in other states. State policymakers may have to create new contracting mechanisms and monitoring and accountability systems to ensure that funds go directly to classroom workers and that family child care providers can participate. These approaches also require sustainable funding so providers do not see radical changes in their compensation if payments are discontinued. Also, these payments do not compensate for the low pay of the child care

industry, and they should not be used to ignore the need for systemic improvements in compensation for staff.

**Implementation timing:** Short-term

**Potential impact:** Improving compensation

**Sector(s) of the workforce potentially affected:** Center-based child care staff, though could potentially be made more broadly available

#### A-4. EXTEND SUPPORTS TO RELATIVES AND LICENSE-EXEMPT HOME-BASED PROVIDERS

**Understanding this approach and what it could accomplish:** Research suggests that relative caregivers and friends and neighbors and other small home-based settings that are often exempt from licensing are the largest provider of child care supports to families (Grunewald and Horwitz 2019). These caregivers, who are often described as “family, friend, and neighbor caregivers,” may be related to the children they care for or connected to the family in other ways, and they often provide many hours of care for low or no compensation. They may be preferred by families because they provide care during nonstandard hours, including nights and weekends, they reflect the language or culture of the family, or families may not be able to afford or find other care options (National Center on Early Childhood Quality Assurance 2015). Like other provider groups, a survey of these license-exempt home-based caregivers revealed that these providers have seen their enrollment decline during the COVID-19 crisis and have raised concerns about their health and safety.<sup>12</sup> The survey by Home Grown found that these providers were often left out of various policy responses to the COVID-19 crisis, leaving them isolated from needed supports and resources.

**Considerations for policymakers:** States include relatives and home-based providers who are legally exempt from licensing as eligible providers in their state subsidy systems, though the share of children receiving subsidies going to these providers has fallen significantly in the past decade (Henly and Adams 2018). Some states also include these providers in their quality rating and improvement systems (QRIS), though they usually are not a major focus. However, as states make policy changes to address the ongoing crisis caused by COVID-19, they need to intentionally include relatives and other small home-based caregivers who are legally exempt from licensing (Early Learning Challenge Technical Assistance 2017). These may include the following:

- information and supports to relatives and small home-based caregivers to receive COVID-19 testing and access to vaccines

- contracts to intermediary organizations to provide supports to relatives and small home-based caregivers, including peer-to-peer support<sup>13</sup>
- home visiting that includes these caregivers
- increased subsidy reimbursement rates to relatives and small license-exempt home-based caregivers to offset increased costs and declining enrollment during the COVID-19 crisis
- technical assistance to help interested providers access the licensing system and supports through licensing agencies, subsidy programs, and quality rating systems
- support for Play and Learn groups to bring relatives and small home-based caregivers together in peer support cohorts
- inclusion of these caregivers in QRIS design and supports in ways that recognize their unique qualities and differences from the CC/ECE workforce in licensed settings
- development of appropriate training, technical assistance, and other quality supports that recognize the particular needs of license-exempt caregivers
- proactive strategies to include these caregivers in outreach and enrollment for the Child and Adult Care Food Program

These approaches may require state policymakers to do significant outreach to identify these providers, understand their unique role and needs, and bring them resources. It will require partnerships with trusted community-based organizations, translation services, and additional resources. Outreach and supports can be funded through CCDBG and new federal funds to address the COVID-19 crisis and may also be supported by philanthropy.

**Implementation timing:** Short- to medium-term

**Potential impact:** Health and safety, increased compensation, and decreased isolation

**Sector(s) of the workforce potentially affected:** Relatives and small home-based providers who are legally exempt from licensing

#### A-5. EXPAND ACCESS TO KEY FEDERAL BENEFITS FOR THE CC/ECE WORKFORCE

**Understanding this approach and what it could accomplish:** It is well documented that CC/ECE workers are poorly paid and unlikely to have health insurance, and that workers of color are paid less than white workers (Whitebook et al. 2018). It is also clear that all these problems have become more widespread and severe because of the child care crisis caused by the pandemic, resulting in rising



material hardship for the CC/ECE workforce and particularly communities of color who are bearing the brunt of the impact and risks of the pandemic (Malik et al. 2020). At the same time, strong evidence across a range of studies shows that participation in key federal safety net benefit and tax programs—including the Supplemental Nutrition Assistance Program (SNAP), Medicaid and health care exchanges, and the Earned Income Tax Credit (EITC)—can make a significant difference in recipients’ lives (Greenstein 2015; Hoynes and Schanzenbach (2018). Taking active steps to conduct outreach, simplify access, and support enrollment of child care and early education workers in these key programs (including those who are newly eligible because of income loss due to the pandemic) could reduce material hardship and result in immediate relief for the CC/ECE workforce.<sup>14</sup> One key step will be to ensure that child care workers are included in definitions of essential workers so they are eligible for Medicaid in states that opted for expansion.

**Considerations for policymakers:** This strategy has the potential to support the well-being and basic needs of the full range of the child care workforce, including relatives, small home-based caregivers who are exempt from licensing, licensed family child care, and those working in child care centers. Numerous outreach and enrollment campaigns could be built upon to reach the CC/ECE workforce, and because these rely on helping the workforce access benefits to which they are entitled, they bring new resources to the workforce. There are, however, some gaps in coverage which would remain, including for many immigrants who may not be eligible, as well as for some childless adults in some programs and/or some states.

**Implementation timing:** Short- to medium-term

**Potential impact:** Health and safety, increased compensation, and decreased isolation

**Sector(s) of the workforce potentially affected:** Relatives and small home-based providers who are legally exempt from licensing

#### A-6. INCREASE MENTAL HEALTH CONSULTATIONS FOR THE CHILD CARE WORKFORCE

**Understanding this approach and what it could accomplish:** The COVID-19 crisis has placed enormous burdens on the CC/ECE workforce as they cope with new health and safety protocols, worry about their health, and fear losing their livelihoods.<sup>15</sup> Most providers do not have health insurance, and even with insurance and other benefits, few communities have enough mental health providers to meet the increasing needs (Reinert, Nguyen, and Fritze 2020). The resulting untreated stress and mental health issues in the workforce will impact the quality and availability of child care for years. Recruiting and funding mental health consultants trained to work with the early childhood workforce at this time, and supporting them in reaching out both to workers who are caring for children during the pandemic, as

well as those who have lost their jobs, could help lessen the damage done by the pandemic to the well-being of the CC/ECE workforce.

**Considerations for policymakers:** Various funding sources would be necessary to support the large number of mental health consultants needed at this time. Administrators across many programs, including CCDBG, Medicaid, TANF, and the Social Services Block Grant will need to be flexible, opportunistic, and innovative. The pandemic has exposed significant gaps in the availability of mental health resources across the country. State policymakers will need to work with institutions of higher education, hospitals, and others to identify and train new mental health and well-being consultants who reflect the language and culture of the early childhood workforce, are flexible with office hours and availability, and understand the stressors of early childhood work. Finally, Head Start, as well as several states, have invested in mental health consultation projects that are designed to address the well-being of children in child care (Zero to Three 2017). State policymakers may want to work with these programs to expand services and supports to the adults working with young children. In all of these situations, policymakers should take extra steps to ensure that these services reach out to and are appropriate and culturally relevant for all caregivers, including Black, Latina, and Native American workers who are likely to have faced higher levels of trauma, loss, and fear from the pandemic because of the higher incidence of infection and death in these communities.

**Implementation timing:** Medium-term

**Potential impact:** Supporting the mental health of the CC/ECE workforce

**Sector(s) of the workforce potentially affected:** Depends on focus of the initiative but could be designed to reach all sectors

## **B. Informing Key Policy Responses to Maximize Impact**

Six suggested strategies fall into this general category of approaches:

- use contract-based financing approaches to support the workforce
- expand access to virtual learning, training, and online credentialing support
- expand networks of family child care providers and home-based caregivers
- connect child care settings to more stable CC/ECE funding sources
- expand use of shared services approaches

- base subsidy payment rates on livable or minimum wages

## B-1. USE CONTRACT-BASED FINANCING APPROACHES TO SUPPORT THE WORKFORCE

**Understanding this approach and what it could accomplish:** Although the majority of child care subsidy funds are distributed through voucher-based financing mechanisms that eligible parents can use at a provider of their choice (as long as it is approved by the state), there has been a growing interest in using contract-based financing approaches to help stabilize resources flowing to providers. Contracts implemented across the country vary widely along a number of parameters but often involve a commitment to pay a provider to serve a certain number of children in the subsidy system for a prearranged period of time (National Center on Child Care Subsidy Innovation and Accountability 2016). In exchange, the provider often is required to meet certain conditions, such as providing care that meets certain quality standards or providing care for a particular population such as infants and toddlers, or children who are homeless.

Some of our respondents suggested using contract financing approaches to address workforce issues, such as enhancing salaries and other compensation (McLean, Whitebook, and Roh 2019). They suggested testing ideas such as designing and targeting contracts to meet specific workforce goals (such as raising salaries or ensuring benefits), supporting particular segments of the workforce (such as relatives, small license-exempt home-based caregivers, licensed family child care, family child care networks, or center-based staff), supporting workforce and care options in targeted geographical communities or providers who serve specific groups of children, or supporting other provider needs to free up resources to better support the workforce. Although little information is available about using this financing approach to support the workforce, numerous states provided funding to child care businesses designed to increase salaries for classroom teachers and other workers during the COVID-19 crisis.<sup>16</sup> These innovations could serve as a model for other states.

**Considerations for policymakers:** Using contract financing approaches to support the child care and early childhood workforce has some important strengths as well as some issues that make this strategy challenging.

The strengths of this approach include the ability to target resources to particular providers to meet specific goals, stabilize resources for participating providers, and pilot and test strategies in a targeted way to assess impact before large-scale investing. Further, states already have the ability to use this approach with their funds from the Child Care and Development Fund and could invest in these strategies with the funding allocated to them through the recent COVID-19 relief package passed by Congress at the end of 2020.

One challenge to using contract-based financing is how limited the use of contracts has been to support workforce-specific outcomes such as salaries or benefits, and how little has been documented or researched about the design or implementation of this strategy. We also know little about the scope of the impact, as it is not clear that contracts can or will affect the larger market beyond the classroom or program receiving the contract. Additionally, while contracts are designed to address gaps caused by failures in the child care market, they do not directly address the underlying causes. And the narrow scope of the contract and inability to provide these additional resources to staff beyond that scope creates the potential for new inequities to emerge between classrooms within programs, across programs, and across sectors.

To use this approach to address inequities in the CC/ECE childhood workforce, it will be important for states to proactively work to ensure that this strategy is designed specifically to address this problem. To assess success, it will be important to collect data on which businesses and providers are receiving contracts that can improve compensation and benefits to ensure that providers of color and those with the lowest salaries and least access to benefits are able to participate, and data on whether the strategy is addressing inequities in access to resources and for whom.

**Implementation timing:** Short-term

**Potential impact on workforce:** Increased compensation, access to training, or any other goal of the strategy

**Sector(s) of the workforce potentially affected:** Has potential to impact all parts of the early childhood workforce depending on the focus of the policy

## B-2. EXPAND ACCESS TO VIRTUAL LEARNING, TRAINING, AND ONLINE CREDENTIALING SUPPORT

**Understanding this approach and what it could accomplish:** High-quality online learning, training, and credentialing can help providers improve their practice, gain credentials, and potentially attain higher wages, while allowing for flexibility in how and when the individuals prefer to learn (Ackerman 2017). COVID-19 has expanded the demand for online learning, as attending trainings in-person became unsafe (OECD 2020). This could be an opportunity for policymakers to build on the lessons learned during the pandemic to permanently expand online learning and credentialing for child care providers and offer a wider swath of the CC/ECE workforce access to high-quality learning opportunities.

The experts we interviewed believed that the efficacy and convenience of online learning—if of good quality and containing meaningful content—could improve training and credentialing for much of the workforce if the following guidelines were followed:

- Classes meet providers’ needs, including content and contextual needs, and are appropriately designed for the realities of different child care settings including home-based settings.
- Classes offer resources that are otherwise unavailable to providers, including materials, and access to experts and coaches and mentors.
- Training programs are clearly tied to credentialing or degree programs.
- Classes are offered at convenient times for providers, including nights and weekends.
- Classes are culturally relevant and available in multiple languages.
- Learners are offered additional supports to stay connected and on top of school work.
- Learners are placed in cohorts or groups for engagement in classwork and additional connections.
- Learners have equitable access to software and hardware (including computers, laptops, tablets, and Wi-Fi).
- Access to online services does not come with hidden costs that will harm workers with lower incomes.

However, it is not clear that such efforts will necessarily result in higher compensation, unless the online training and credentialing is closely aligned with other state initiatives to raise base pay, as well as to improve compensation (like apprenticeships, T.E.A.C.H., and WAGE\$).

**Considerations for policymakers:** Expanding online professional development opportunities has both strengths and challenges.

Online learning has been found effective for many workers and can allow for greater flexibility compared with a traditional in-person class. For workers who are un- or underemployed because of the COVID-19 pandemic, or because of the continued slow reopening of the child care sector during the recovery period, as well as for workers in areas with limited access to higher education or training and credentialing programs, online learning may be an opportunity to increase their access to education and their chances of employment after the pandemic. This strategy is also one that could be supported by CCDF funds and could be a focus for the new CCDF funds allocated to them through the recent COVID-19 relief package passed by Congress at the end of 2020.

Although online learning could expand access to opportunities, obtaining more professional development may not affect workforce compensation or benefits if there are insufficient resources from parents or the public sector to support higher pay and benefits. In addition, it is important for policymakers to understand the realities and barriers that workers and members of the CC/ECE workforce with fewer resources can face—the following are examples:

- Worker ability to participate in online learning depends on reliable access to Wi-Fi, computers, and other software. If there is inequitable access to these resources, providing additional online training and education will only exacerbate these inequalities. Therefore, policymakers would need to ensure that this effort addresses inequities in the extent to which different parts of the workforce have access to technology.
- Similarly, some members of the CC/ECE workforce face other barriers, such as inadequate time or money, caregiving responsibilities for their own children or family members, or language or literacy challenges. To ensure that this strategy addresses equity, it will be essential to ensure that policymakers consciously address these barriers. Otherwise these efforts run the risk of exacerbating inequities.
- Access to online credentialing and degree programs requires two- and four-year colleges and universities, as well as credentialing organizations, to make these programs and areas of study available and affordable.
- Online or e-learning is not “one size fits all.” For this type of learning to be effective, policymakers will need to invest in models that are fully online, incorporate a hybrid model, and are both synchronous and asynchronous in presenting information. The COVID-19 crisis has created opportunities to evaluate and understand best practices for virtual learning; these should be incorporated in any online professional learning opportunity for child care workers. Similarly, training and supports need to be designed to reflect the setting and type of worker including, for example, developing training that is relevant and appropriate for home-based caregivers.

**Implementation timing:** Short-term

**Potential impact:** Improving training and credentialing; possibly compensation if linked

**Sector(s) of the workforce potentially affected:** Depends on design of strategy, but most likely the center-based workforce and licensed family child care providers

### B-3. EXPAND NETWORKS OF FAMILY CHILD CARE PROVIDERS AND OTHER HOME-BASED CAREGIVERS

**Understanding this approach and what it could accomplish:** Family child care (FCC) networks offer an opportunity for states to help providers that are often left out of CC/ECE policy supports, which can often be more focused on, or relevant to, child care centers. Some evidence exists that, as a result of COVID-19, families may have an increased preference for home-based care options (Hooper et al. 2020; Child Care Resource and Referral Network 2020).<sup>17</sup> Given that family child care providers and other home-based caregivers are themselves the workforce that directly care for children in their homes, strategies that bring more resources and supports to family child care providers and other home-based caregivers by definition support the workforce. Further, recent evidence suggests that the home-based CC/ECE workforce is equally likely to be Black and Latina, and slightly more likely to have been born in another country when compared with the center-based workforce, and more likely to reflect the racial and ethnic diversity of the children they serve, underscoring the importance of investing in this sector as a strategy to support greater equity in investments (Paschall, Madill, and Halle 2020; 2021).

Staffed FCC networks are defined as “organizations that offer [home based child care] providers a menu of quality improvement services and supports including technical assistance, training, and/or peer support delivered by a paid staff member” (Bromer and Porter 2019). Note that these networks can support the full range of home-based child care settings, though often more focused on licensed family child care homes than relatives or license-exempt smaller home-based settings. These supports are delivered directly to the owner of the family child care home and staff or the home-based caregiver. Networks involving family child care providers can take on many different forms: groups of family child care providers (sometimes including relatives and smaller license-exempt home-based settings), child care centers acting as the network hub for home-based child care providers, Head Start/family child care networks, or family child care and state prekindergarten networks. Networks can have multiple benefits for providers, depending on the services and supports they offer and which providers are targeted. They also can address the structural inequities in the child care system by targeting services and supports at providers of color and those in underserved or lower-resourced communities by working within immigrant communities and proactively reaching out to license-exempt home-based providers. These supports can include, for example (Porter and Bromer 2020),

- facilitating access to training and peer learning specific to home-based child care providers’ needs;

- identifying and including relatives and license-exempt home-based providers in supports and access to materials and resources;
- relieving isolation of providers, especially those in immigrant communities or who speak languages other than English;
- creating and navigating centralized enrollment to fill vacancies, joint purchasing, and more;
- helping providers navigate public systems such as subsidy, licensing, or child care nutrition systems that can directly affect their ability to access public resources;
- providing a centralized administrative function (similar to shared services above) that can facilitate participation of home-based providers in larger and more stable funding streams such as Head Start, as well as facilitate their access to the subsidy system; and
- improving the business management skills of providers to help them be more efficient and profitable.

**Considerations for policymakers:** Networks can provide important administrative supports and facilitate access to resources for home-based providers, including those who may not be part of the formal system. Providing supports to the full range of home-based providers is important both because these caregivers have always cared for a large share of the young child population, as well as because families appear to be more likely to use these settings during the COVID-19 pandemic. Networks have the potential of stabilizing and supporting the supply of home-based providers in a community. Although little research has been done specifically on the impact of networks on the workforce, it seems likely that they could be a useful support mechanism for the home-based child care workforce (Bromer and Porter 2019). Note, however, that any strategy to support networks should ensure they are designed or codesigned with the providers they are supposed to support, as this approach is much more likely to be successful in meeting the needs of providers.

This strategy is also one that could be supported by CCDF funds and be a focus for the new CCDF funds allocated through the recent COVID-19 relief package passed by Congress at the end of 2020. States could also encourage Head Start providers to enter into network relationships.

The impact of networks on the workforce and on the goals of supporting greater equity and supports for the CC/ECE workforce, however, seems likely to be highly dependent on other issues, including the following:

- the availability, accessibility, quality, and type of services available to home-based providers through the network



- the providers that are prioritized by the strategy, and whether it is designed to support providers in communities with the least resources as well as smaller home-based providers who may be exempt from licensing
- whether networks are supported by trained staff, with understanding of the needs of family child care providers as well as smaller home-based providers who may differ in key ways from larger family child care providers
- the relationship between participation in networks and access to the subsidy program and any increases in reimbursement rates, as well as participation in food programs and other benefits

**Implementation timing:** Short-term

**Potential impact:** Job quality, access to training, peer support, reduced stress, potential for increased revenue streams, and other resources

**Sector(s) of the workforce potentially affected:** Licensed family child care, and—depending on the network—smaller legally exempt home-based providers

#### B-4. CONNECT CHILD CARE SETTINGS TO MORE STABLE CC/ECE FUNDING SOURCES

**Understanding this approach and what it could accomplish:** One strategy suggested by some of our respondents was to expand the extent to which child care programs can receive funding from the more stable and better-funded early childhood systems such as state-funded prekindergarten programs and Head Start. This suggestion stems from the significant inequities in workforce compensation and access to benefits across different CC/ECE funding streams (Whitebook et al. 2018). The clearest differences can be found in compensation—in 2019, for example, the median annual income of a child care worker was around \$25,000, while Head Start and Preschool teachers earned closer to \$30,500.<sup>18</sup> There also appear to be differences across these sectors in access to other job-based benefits. Very few child care workers receive job-based benefits, such as health care coverage (Otten et al. 2019) or are covered by paid leave programs at the state or federal levels.<sup>19</sup> Head Start<sup>20</sup> and state prekindergarten programs may provide benefits, though these too may not be available to all workers in the sector (Barnett and Kasmin 2017). In addition, both Head Start and state-funded prekindergarten are more stable funding sources, allowing child care providers who partner with them to have a commitment of funding for a school year or longer,<sup>21</sup> which allows providers to plan budgets and potentially invest in supports such as higher salaries for their employees.

Expanding the extent to which child care programs and caregivers can access funding from these more stable early childhood programs could maximize resources for centers and licensed home-based

providers, potentially allowing for higher staff salaries and greater access to benefits. Research suggests that child care providers can benefit from being part of or partnering with these CC/ECE funding streams. For example, one study found that providers partnering with Early Head Start (EHS) programs had access to additional professional development and training, smaller class sizes, increased compensation, and assistance in paying for supplies (Osgood-Roach and Wevers 2020).

This suggests that investing in significant expansion of the extent to which child care can be part of these CC/ECE funding streams could support more resources going toward center- and home-based providers. In the case of family child care providers, these resources could directly support higher levels of staff compensation and benefits; in the case of child care center staff, these resources could result in greater compensation and benefits if the center director decides (or is required) to invest these resources for those purposes. In addition, these partnerships provide programs with greater financial stability.

This strategy could be put into action in two ways:

- First, states can use their own funds through the Child Care and Development Block Grant, COVID-19 relief funds, or other funds to expand Head Start/Early Head Start partnerships with child care. These partnerships are more common in center-based programs, but family child care providers have developed successful partnerships as well (Bipartisan Policy Center 2019; Mayoral 2013).
- Second, states can expand their state prekindergarten requirements to allow child care programs to offer state-funded prekindergarten services, or to expand the share of their funds going to such programs. Currently at least 29 states have community-based child care programs participating in their prekindergarten programs (Friedman-Krauss et al. 2020). Increasing the number of states taking this approach, as well as the share of child care programs participating in prekindergarten programs in states that already allow funds to flow to child care programs, could provide important and needed supports for child care providers and therefore potentially flow to their workforce.

**Considerations for policymakers:** Linking child care providers to more stable CC/ECE funding sources such as Head Start and prekindergarten has both strengths and challenges as a mechanism to support staff compensation and benefits.

Head Start, Early Head Start, and state prekindergarten programs are established entities at the community and state levels; research and experience can be built on to support expansion of partnerships. Both Head Start and Early Head Start have experience and technical assistance to support

home-based models so may not find coordination with the home-based child care sector as difficult as some of the other funding streams. During and after the COVID-19 crisis, this approach may also help to stabilize the child care industry.

Despite these strengths, Head Start, Early Head Start, and state prekindergarten efforts only serve a fraction of the eligible population with current funding (Friedman-Krauss et al. 2020),<sup>22</sup> which means this strategy will require major increases in funding to have any significant impact on salaries and compensation in child care programs. Partnerships between child care providers and other CC/ECE systems require investment of time and resources to support coordination, and reconciliation of differing financing and administrative approaches.

Finally, partnership strategies must recognize the important differences in the culture, motivation, service delivery model, and financing structures of each of these different sectors. In addition, states will need to take active steps to ensure that this strategy addresses structural inequities in the CC/ECE market and carefully consider whether staff and providers who are most in need are benefiting from these efforts. For example, the varying levels of quality in the child care sector mean that only a subset of providers, most likely those that are already better resourced, will be likely candidates for such initiatives unless there are significant investments in helping lower-resourced providers both raise their quality initially and providing ongoing financial support to help them sustain this effort. Any effort to use this strategy to address system inequities for the CC/ECE workforce must proactively address these challenges.

**Implementation timing:** Medium-term

**Potential impact on workforce:** Compensation, training, and financial stability

**Sector(s) of the workforce potentially affected:** Center-based workforce and licensed family child care providers

#### B-5. EXPAND USE OF SHARED SERVICES APPROACHES

**Understanding this approach and what it could accomplish:** Small child care programs—whether center-based or home-based—are valuable in their ability to meet the needs of families and neighborhoods, but they are not the most cost-efficient in providing services to children given their size. Shared service strategies effectively create an alliance or allied group of providers designed to centralize administrative and office functions for several providers at once, allowing them to benefit from efficiencies of scale.<sup>23</sup> Shared services can reduce the costs and increase the capacity of small providers by merging various business functions and sharing staff. Economies of scale in payroll,

benefits management, purchasing, and food services could result in lower costs and increased revenues to these smaller programs,<sup>24</sup> freeing up funds to be spent to improve quality—including, if desired, to improve salaries and compensation for the child care workers (Early Learning Challenge Technical Assistance 2017).

Although not designed to focus on supporting the workforce, per se, shared services could benefit staff in other ways:

- If these savings were funneled into supporting higher salaries and benefits, this approach could in theory result in improved compensation, benefits, or training, though it is not clear that the savings would be sufficient to make a significant difference in these supports, nor how to ensure that the funds were funneled into that priority.<sup>25</sup>
- Shared service models can reduce stress and administrative burden on small providers, allowing them to spend more of their energies on caring for children while alleviating time demands of business operations that may be less rewarding and more challenging.
- Providers could link together through the shared service models to purchase health insurance or other group benefits through existing affiliate organizations with discounted insurance plans such as the National Association for the Education of Young Children (NAEYC).
- A shared services approach could also allow for the development and maintenance of substitute pools across programs, making it easier for providers to allow their workers take advantage of leave and reducing stress.
- Shared services models can also hire “floaters” to cover across providers if there are individual gaps or create vacation and sick leave pools for staff to utilize as needed.
- As programs return to pre-COVID-19 levels of staffing and enrollment, a shared services model can help connect families with programs that can best meet their needs and help programs fill empty slots equitably across a community.

Cost savings could more directly support the workforce in the case of family child care homes or other home-based settings where the provider and staff are one and the same but would have to be more proactively targeted to staff in child care centers.

**Considerations for policymakers:** Children and providers can benefit in many ways when shared services models are implemented successfully.

Shared service models have various strengths, some of which are described above. In addition, shared services can be integrated in strategies to support family child care networks (see section on this topic on page 23) whether existing networks or new networks are put into place to better support the workforce. This would ensure that areas with strong networks and experience with those systems could easily reduce the burden on small child care providers (Easterling and Stoney 2018). States could use funds from various sources, including CCDBG, state-funded prekindergarten, and private philanthropy. Further, as noted earlier, states should make sure to involve providers in the design and management of shared service alliances, as this is important to support participation, effectiveness, and the sustainability of the strategy.

One challenge for state policymakers to consider is whether and how to use state funds and other resources to support shared services alliances. While the state may wish to provide seed money at the beginning of the Alliance, their role may be to bring together private funders or identify child care providers or other agencies who can serve as the hub for a shared service alliance.

Finally, as state and philanthropic actors consider investments and supports for shared service models, they will need to ensure that providers serving low-income children and their families, and those staffed primarily by women of color, will benefit from expansion of these models.

**Implementation timing:** Medium-term

**Potential impact on workforce:** Improve job quality and reduce stress, reduce administrative burden, identify additional sources of income and potentially leverage resources to be used to support higher compensation

**Sector(s) of the workforce potentially affected:** Smaller center-based and family and home-based child care providers

## B-6. BASE SUBSIDY PAYMENT RATES ON LIVABLE OR MINIMUM WAGES

**Understanding this approach and what it could accomplish:** Some of our respondents posed the following question: why don't we build a basic acceptable wage level (such as a minimum wage or living wage) into the base rate for our subsidy payment rate systems? If a living wage is only available with higher-quality tiered rates, what does that say about who is valued and which workers might be able to get this rate? Further, some respondents broadened out this concept, framing this as part of a larger goal to move the overall market rates for child care based on this premise.

**Considerations for policymakers:** This issue is worth further exploration, although there are many challenges with the concept that would need to be investigated and better understood before developing appropriate strategies and policies, such as

- the challenges of building per child rates based on the impact on the workforce in a context where different programs have different staff-to-child ratios and numbers of children;
- whether this model can result in stable workforce supports within an unstable voucher funding model or would instead require a contract-based financing mechanism or a blend of the two, and whether this approach can address the equity concerns embedded in each funding model; and
- the implications of building on the subsidy system whose resources are not equitably distributed across the CC/ECE workforce, across different programs, or sometimes even within specific programs.

Additional research and thoughtful consideration of subsidy payment rates based on minimum wages are likely required before successful implementation.

**Implementation timing:** Longer-term

**Potential impact:** Compensation

**Sector(s) of the workforce potentially affected:** Workers in settings participating in the subsidy system

## **C. Driving Equity-Based Systems Change to Better Support the CC/ECE Workforce**

Our respondents suggested five policy strategies fall into this category:

- expand home visits for home-based providers
- rethink compensation to pay workers for time on all tasks
- provide translation services for the workforce
- reform licensing systems to better support the home-based workforce
- rethink quality rating and improvement systems

## C-1. EXPAND HOME VISITS FOR HOME-BASED PROVIDERS

**Understanding this approach and what it could accomplish:** In recent years, home visiting services have proven to be an effective way to support parents around parenting and child development (Michalopoulos et al. 2017). One promising strategy raised by our respondents was to tailor home-visiting services to support home-based providers. This strategy can help address several challenges that home-based providers can face with traditional training efforts, including the challenge of participating in training activities during the day, given they usually work alone or with few other providers, and the reality that many training activities are designed to support caregivers in child care centers that involve caring for larger groups of children of a similar age rather than the smaller mixed-age groups more common in home-based settings (Kane et al. 2019). Given the challenges home-based providers face in trying to access supports and trainings, embedding training into their daily operations through home visits in highly scaffolded, small chunks can provide an excellent foundation for professional development support, as well as provide caregivers time with other adults for support.

Although the pandemic has decreased the opportunities for family child care providers to welcome home visitors into their physical space, the reduction in travel could allow visitors to take on additional providers and extend the benefits of home-visiting to a greater share of the CC/ECE workforce.

**Considerations for policymakers:** Although home-visiting models show promise as a support for home-based child care providers, policymakers would need to invest in making necessary changes to the models to make sure they are relevant to these providers' unique needs. Examples of existing home-visiting programs have been used to support home-based child caregivers—such as Parents as Teachers and Parent Plus—that policymakers can look to for guidance in the creation or expansion of programs (Kane et al. 2019). To support greater equity, it will be important for policymakers to ensure these efforts proactively include relative care and smaller home-based providers who may be exempt from licensing.

**Implementation timing:** Medium-term

**Potential impact:** Making training and supports more accessible for home-based providers

**Sector(s) of the workforce potentially affected:** Home-based providers

## C-2. RETHINK COMPENSATION TO PAY WORKERS FOR TIME ON ALL TASKS

**Understanding this approach and what it could accomplish:** Usually, child care workers and family child care providers are paid for the hours they spend in the classroom or actively caring for children, which can be significantly less than the number of hours they actually spend working.<sup>26</sup> For example, a

family child care provider can spend many hours cleaning her home, purchasing and making food, creating lesson plans, and so forth. The pandemic has only increased the amount of time providers must spend on unpaid tasks; additional cleaning and management work adds to the hours spent by the CC/ECE workforce without appropriate pay.

As many in the CC/ECE field push for a more professionalized workforce and the level of unpaid work hours has become more apparent because of the pandemic, some of our respondents suggested it is important that workers are paid for all labor performed, rather than only the hours spent on direct child care. This means paying providers for the work of cleaning and planning activities for the children in their programs as well as their time with children. This approach would, therefore, more fairly compensate providers who are working for more hours than they are paid for, resulting in higher pay.

**Considerations for policymakers:** The main step policymakers could take to move this concept forward would be to redesign the subsidy rate policies to pay for more hours of care than the children are actually attending. This approach could help send a signal to providers and result in higher levels of reimbursement per subsidized child, and could result in higher levels of compensation for family child care providers. However, it is not clear whether or how policymakers could assure that these additional funds would be paid out to center-based staff in the form of higher wages, particularly within the instability of a voucher system where providers cannot be sure of how many children with vouchers they will serve from one day to the next. Finally, without a commensurate ability of private-pay parents to pay this higher amount, this is unlikely to result in fundamental changes to market compensation levels.

Policymakers can also ensure that child care centers are meeting the requirements of the Fair Labor and Standards Act and are fairly compensating classroom workers for the time they spend “on the job,” whether they are directly in contact with children or not.<sup>27</sup> Some state QRIS systems require providers to lay out policies around hourly compensation and overtime to ensure workers are treated fairly, and these models could be adopted more widely (National Center on Early Childhood Quality Assurance 2018; Austin et al. 2011).

**Implementation timing:** Long-term

**Potential impact:** Improve compensation

**Sector(s) of the workforce potentially affected:** Workers in settings that serve children in the subsidy system



### C-3. PROVIDE TRANSLATION SERVICES FOR THE WORKFORCE

**Understanding this approach and what it could accomplish:** The growing diversity of our country, and of our CC/ECE workforce means there are significant numbers of child care providers whose primary language is something other than English (Whitebook et al. 2018). Child care providers who speak the home languages of the families they serve benefit the development of children (Espinosa 2013). However, some of our respondents noted that these providers can face language barriers to becoming licensed, or to participating in training activities, technical assistance, or other supports. This is particularly concerning during the COVID-19 pandemic, when providers need access to the most up to date information about health and safety, access to sanitation and cleaning materials and resources, and information about funding and financing.

Although most states offer translation services through federal language access provisions,<sup>28</sup> many states do not provide child care specific informational materials, safety requirements, training and technical assistance, or contracts in languages other than English (Firgens and Matthews 2012). Providing translation services for providers and staff, and ensuring they have equal access to opportunities to become licensed and participate in quality improvement activities could both diversify the workforce by reducing barriers to entry and improve outcomes for existing providers by making resources fully accessible to the entire workforce. This is particularly relevant as licensing can effectively function as a gateway to allow access to subsidies, the child care nutrition programs, and other resources.

**Considerations for policymakers:** Ensuring that outreach materials and training opportunities are available in multiple languages, and that there is someone available to talk with workers whose primary language is other than English is a relatively straightforward process. The first step policymakers may want to undertake is to assess the language needs of the families and CC/ECE workers in different communities in their state and then assess the extent to which materials and supports are available in those languages. They may also want to identify trusted “translators” in the community and fund them to develop materials in various languages. This could be done through existing resource and referral contracts or by identifying and funding intermediaries in various communities. CCDBG funds can be used to meet these needs, and other social service programs may also have resources to provide translation (including TANF, Medicaid, and SNAP). Local Head Start providers may already be investing in translation of some materials. Finally, state funding used to meet federal language requirements could be leveraged to meet these needs.

**Implementation timing:** Medium-term

**Potential impact:** Making various supports and resources more available to child care workers and providers who are not proficient in English

**Sector(s) of the workforce potentially affected:** All (depending on how designed and implemented)

#### C-4. REFORM LICENSING SYSTEMS TO BETTER SUPPORT THE HOME-BASED WORKFORCE

**Understanding this approach and what it could accomplish:** Although licensing is usually seen primarily as a key lever the government uses to maintain health and safety for children in child care, it also plays an important gateway function in shaping which providers have access to public resources. Specifically, being licensed allows providers much easier access to funds from the subsidy system, funds from the Child and Adult Care Food Program, and supports through QRIS systems. Although smaller home-based providers who are legally exempt from licensing can, at least in theory in some states, access some of these resources, in reality it is much less common and much more challenging. As a result, the licensing system plays an important role in shaping the supports available to the home-based child care workforce, and particularly those who are legally exempt from licensing. In addition, though less commonly discussed, local zoning requirements also play an important gateway function in shaping which providers are allowed to legally operate. As noted earlier, recent evidence on the diversity of the home-based CC/ECE workforce underscores the equity implications of addressing these issues.

A number of respondents suggested that any effort to support greater equity and resources for the child care workforce needed to include a close examination of licensing policies and practices for two reasons:

1. Concerns that licensing policies and practices, and local zoning ordinances, are not based on concepts of quality and health and safety that are equitable and inclusive of the perspectives and realities of diverse communities.
2. Concerns about the punitive nature of the licensing system, and the lack of support for providers, particularly under-resourced providers, to help them meet the requirements through technical assistance and other supports.

Respondents suggested that these two issues—licensing and zoning policies that do not reflect the values and realities of diverse communities and the punitive and enforcement focus of the licensing process—have a disproportionately negative impact on home-based caregivers in communities with lower incomes and communities of color. This has the effect of limiting their ability or interest in becoming licensed and thereby limits their access to public resources available to those who are licensed. Respondents noted that this is not about deregulating the child care system but giving

attention to the licensing standards in place to ensure that they do not promote perspectives on child development that are rooted in the views of a single racial group—white people—and they explicitly build on and incorporate the strengths and different perspectives of other racial and ethnic groups and cultures.

To address these issues, some of our respondents suggested that state licensing agencies reassess the values and priorities held within their licensing systems. States could convene provider groups to address and make recommendations regarding each of the following issues:

- How do licensing and zoning rules differentially affect different communities?
- Are the licensing and zoning rules reflective of the cultural and linguistic norms of families from all backgrounds? Or do they use norms from only middle- or upper-income communities, or white communities?
- How can licensing resources be used to support improvement and help lower-resourced providers access supports so they can implement health and safety standards, while still ensuring the health and safety of children?

This could be an opportunity to reframe licensing and zoning as an additional support for providers, children, and families rather than solely a way to ensure compliance. A review of licensing and zoning rules to ensure cultural relevance and eliminate those that are not necessary for the health and safety of children and workers would likely support greater equity in the impacts of the licensing system.

**Considerations for policymakers:** Addressing these issues is critical but challenging to undertake in a way that is inclusive and supports a broader vision of quality. Moving from a strict punitive enforcement approach to one that is more supportive and designed to help providers meet health and safety requirements is not an easy shift for licensing staff or agencies and is likely to require consistent investment in licensure training and evaluation of the system itself. If done successfully, changes to the licensing system could expand the share of providers meeting licensing standards and able to access the public resources that come with being licensed. Many states made temporary changes to their licensing rules during the COVID-19 crisis, including changes to staff-child ratios, pick-up and drop-off procedures, and health and safety practices. As communities move into a postpandemic period and reestablish licensing regulations, there may be an opportunity to begin examining these requirements through a lens that prioritizes various viewpoints and beliefs.

**Implementation timing:** Longer-term

**Potential impact:** Expanding access to public resources; potential impact on compensation and resources

**Which sector(s) of the workforce potentially affected:** Centers and Home-based child care

#### C-5. RETHINK QUALITY RATING AND IMPROVEMENT SYSTEMS<sup>29</sup>

**Understanding this approach and what it could accomplish:** Many of our respondents suggested taking a close look at the our current approach to quality rating and improvement systems (QRIS) and considering whether there are ways to use the funds currently appropriated into these programs to better and more equitably support the child care workforce.

Nearly every state has adopted a version of a quality rating and improvement system.<sup>30</sup> These “systems” have various measures of quality, different monitoring approaches and metrics for success, and reward programs that meet quality requirements in myriad ways. Although state QRIS systems vary widely, they generally involve strategies to assess and rate programs for quality, as well as quality improvement activities such as training and other quality supports. In many states, QRIS systems are one of the leading foci of state investments of funds to support quality.

However, some of our experts suggested it is time to examine QRIS investments more closely:

- Millions of dollars of public dollars have been spent on these systems (National Center on Early Childhood Quality Assurance 2017), with some funds going to various activities for the workforce, including for professional development, scholarships, and individual awards to classroom teachers.<sup>31</sup> Research suggests that QRIS systems do little to positively impact compensation for providers (Herbst 2016), and they have mixed success in raising the quality of child care programs (Tout et al. 2017). This is not surprising given that the overall quality of child care is largely constrained by the reality that parents pay the lion’s share of child care costs, which means that the market forces inherently limit the ability of providers to engage in activities such as paying staff higher wages, providing benefits, and so on unless they serve children from wealthy families (Gould and Blair 2020).
- QRIS systems are seldom designed to support the full spectrum of child care providers and workforce. Although child care centers are always a part of QRIS, family child care homes are not always a priority and the legal license-exempt home-based settings that care for many children are almost never part of the system (National Center on Early Childhood Quality Assurance 2020). Further, some of our respondents suggested that the quality metrics QRIS systems use to rate programs often apply a center-based perspective to home-based settings.

- Some of our respondents suggested that these interventions have created a two-tiered system in states, where a small number of programs have access to supports to raise quality, and the majority of programs receive no such help—and many of these latter programs are serving children receiving child care assistance, are in underresourced communities, and include child care providers and CC/ECE workers who are themselves women of color often earning poverty wages. As a result, some of our respondents suggested that QRIS systems appear to be exacerbating inequities and limiting resources available to significant shares of the overall CC/ECE workforce.
- Respondents also questioned the cost-benefit ratio of quality rating systems, and whether there are more effective and equitable ways to improve the quality of child care settings. This included specific questions about using funding to increase compensation for providers working in classrooms or those in family child care homes.

**Considerations for policymakers:** As states evaluate the costs and benefits of various investments in quality and consider ways to deploy those investments to support the workforce, it will be important to focus on their QRIS investments and whether they are having the desired effects. Specifically, policymakers may want to spend time understanding each component of a QRIS; whether and how it supports children, families, providers in all settings, and the communities in which they live; and whether there are ways to use the resources more effectively and equitably to support the full-range of caregivers and workforce caring for children. Some of the questions they may want to consider include the following: are the supports within the QRIS reaching the CC/ECE workforce in meaningful ways? Are the measures of quality embedded in systems representative of cultural and linguistic norms of providers and families from all backgrounds? Do ratings actually help families choose better quality providers, and which families and which providers? Alternatively, do the ratings drive families away from certain providers, while also limiting those providers access to resources and supports? Does the system support the full range of providers and caregivers caring for children? Are programs improving, and are the improvements raising the quality of programs and child care settings equitably in communities across the state? Are these improvements supporting real systemic change and greater equity for the full range of caregivers in CC/ECE workforce?

This approach may be challenging for many state policymakers, as it has the potential to destabilize the quality improvement system, at least in the short term. During and in the immediate aftermath of COVID-19, it may be too unsettling to the child care industry to take on a comprehensive review and reset of these programs. However, given the scope of the resources going to these activities, and the inequities of the current approach, this issue should be a priority for state policymakers.

**Implementation timing:** Longer-term

**Potential impact:** Freeing up public resources to be targeted for other purposes, potentially including compensation, training, and other investments in the workforce

**Sector(s) of the workforce potentially affected:** All sectors

## **D. Laying the Foundation for Effective Action**

### **D-1. SUPPORT NEW LEADERS**

**Understanding this approach and what it could accomplish:** Many respondents noted that often advocates and policymakers do not reflect the language, culture, background, and experiences of the early childhood workforce. They also noted that the training and expertise needed to participate in advocacy and policymaking may not reach early childhood workers, and that opportunities to sit at policymaking tables are limited as providers may not be able to take time off, may not be reimbursed for the costs of participating, and may need to find substitutes so that children are cared for appropriately (Goffin and Regenstein 2020). Investing in leadership training, providing stipends, covering travel, substitutes, transportation, and child care costs, and being intentional about inviting and supporting early childhood workers from all parts of the state—with different cultural, racial, and ethnic backgrounds, and from all types of settings—will change the policy conversation to better reflect the needs of providers and the families they serve (Peters 2020).

**Considerations for policymakers:** Leadership training takes time and resources. Policymakers may need to identify philanthropic partners to help design and fund leadership programs. They will also need to be intentional in creating opportunities for new voices to participate in policymaking; identify translation services, mentors, and facilitators that reflect provider communities; and become flexible in the design and timing of meetings to reflect the schedules and needs of those working in early childhood settings. They will also need to pay for the time of those in attendance through stipends and scholarships.

**Implementation timing:** Short- to medium-term

**Potential impact:** Diversify child care leadership, creating a more representative field

**Sector(s) of the workforce potentially affected:** Entire field

## D-2. STRENGTHEN WORKFORCE REGISTRIES

**Understanding this approach and what it could accomplish:** Nearly all states have some version of a child care workforce registry that collects basic information on CC/ECE employees and their employment programs.<sup>32</sup> If designed and maintained thoughtfully, these registries can benefit both the state and workforce. If a workforce registry encourages widespread participation, the state will have access to extensive data on the workforce, allowing for targeted policy implementation. Registries that allow members of the workforce to track professional development opportunities and needs can expand access to important training resources and further the careers—and possible earning potential—of child care workers. In addition, as providers are leaving the field during the COVID-19 crisis, having accurate information on the size and demographics of the workforce will be critical in the coming months to help fill gaps and identify training needs.

**Considerations for policymakers:** Workforce registries are underutilized and have become an administrative burden in many states. For these to be useful tools, several changes must be made. As states revisit their registries, agencies across states should collaborate on common definitions and best practices so there is consistency in data collection and a smooth transition for members of the workforce when they move. Registries should be easily accessed through online portals, and providers should have access to technical assistance to find and navigate the registry. The information collected in the registry also needs to reflect the reality of the workforce and include information on embedded/job-based learning, apprenticeships and practicums, and any participation in coaching or mentoring programs (either as a coach/mentor or as a recipient of those services).

Registries typically leave out unlicensed child care providers, which means that for states that exempt a significant share of their home-based workforce from licensing, registries will not provide a complete understanding of their workforce and reduce those providers access to resources. Registries will only be useful if widely used. States will need to consider mechanisms and include partnerships to encourage participation and simplify access so all members of the workforce are registered.

**Implementation timing:** Medium-term

**Potential impact:** Allows for more efficient targeting of strategies to support the workforce

**Sector(s) of the workforce potentially affected:** All sectors of the workforce can be included

## Conclusion

Amid the current public health and economic crisis, the child care workforce has suffered particularly troubling losses. New health risks and widespread job loss have exacerbated the existing issues facing the underpaid and underacknowledged child care workers, and have particularly impacted Black, Latina, and Native American providers.

The experts we interviewed offered a diverse set of strategies to address the child care crisis. These strategies are meant to reduce the inequities in the CC/ECE workforce and support all types of child care workers, from relatives and legally unregulated home-based providers to licensed family child care providers and staff in child care centers. They represent a range of approaches, from small, incremental actions to changes that would change the nature of the child care system.

Though the challenges facing the child care workforce are myriad and severe, COVID-19 has created an opportunity for states and the federal government to act to stabilize and improve the child care field. Although not all strategies are suitable for all states, every state can find a strategy that will improve outcomes for the child care workforce and act on them now or in the immediate aftermath of the COVID-19 crisis. As new funding is dispersed and the next presidential administration is sworn in, states have an exciting opportunity to make an impactful change for the hundreds of thousands of workers who care for our country's children.



# Notes

- <sup>1</sup> “BLS Data Viewer,” Bureau of Labor Statistics (BLS), US Department of Labor (DOL), accessed January 10, 2021, <https://beta.bls.gov/dataViewer/view/timeseries/CES6562440001>.
- <sup>2</sup> “BLS Data Viewer,” BLS, DOL.
- <sup>3</sup> For a list of regulatory changes implemented by states during the Covid-19 crisis, see “COVID-19 State Child Care Options,” The Hunt Institute, accessed January 15, 2021, <https://hunt-institute.org/covid-19-resources/state-child-care-actions-covid-19/>.
- <sup>4</sup> Sarah Tracey, Linda Smith, and Maya Jasinska, “A Glimpse into the Child Care Industry: BPC Interviews Providers Across the United States,” Bipartisan Policy Center, November 20, 2020, <https://bipartisanpolicy.org/blog/a-glimpse-into-the-child-care-industry-bpc-interviews-providers-across-the-united-states/>.
- <sup>5</sup> “Holding On Until Help Comes: A Survey Reveals Child Care’s Fight to Survive,” National Association for the Education of Young Children (NAEYC), July 13, 2020, [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](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).
- <sup>6</sup> NWLC calculations based on “Current Population Survey Data for Social, Economic and Health Research, IPUMS-CPS, University of Minnesota, <https://cps.ipums.org/cps/>.
- <sup>7</sup> For a list of how states used CARES Act funds, see “COVID-19 State Child Care Options,” The Hunt Institute, accessed January 15, 2021, <https://hunt-institute.org/covid-19-resources/state-child-care-actions-covid-19/>.
- <sup>8</sup> For more information on the USDHHS program, see “Community-Based Testing Sites for COVID-19,” Health and Human Services, January 12, 2021, <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html#:~:text=COVID%2D19%20tests%20are,available%20in%20your%20area>.
- <sup>9</sup> Alyssa Haywoode, “EEC Programs Need Access to Rapid Testing, *Eye on Early Education* (blog), December 3, 2020, <https://eyeonearlyeducation.org/2020/12/03/eec-programs-need-access-to-rapid-testing/>.
- <sup>10</sup> “COVID-19 State Child Care Actions,” The Hunt Institute, accessed January 15, 2021, <https://hunt-institute.org/covid-19-resources/state-child-care-actions-covid-19/>.
- <sup>11</sup> “COVID-19 Child Care Payment Policies,” North Carolina Department of Health and Human Services, issued April 3, 2020, and updated December 1, 2020, [https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/COVID-19\\_Child\\_Care\\_Payment\\_Policies.pdf?ver=2020-12-01-162448-833](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/COVID-19_Child_Care_Payment_Policies.pdf?ver=2020-12-01-162448-833).
- <sup>12</sup> “Home-Based Child Care During COVID-19: Preliminary Data from Home Grown Emergency Fund Communities,” Home Grown, October 6, 2020, [https://homegrownchildcare.org/wp-content/uploads/2020/10/HomeGrown\\_HomeBasedChildCare.pdf](https://homegrownchildcare.org/wp-content/uploads/2020/10/HomeGrown_HomeBasedChildCare.pdf).
- <sup>13</sup> “Child Care and Development: Home Visiting,” Cherokee Nation, January 10, 2021, <https://childcare.cherokee.org/chr/resource-and-referral/home-visiting/>; Informal Family Child Care Project, New York Early Childhood Professional Development Institute, January 15, 2021, <https://www.earlychildhoodnyc.org/ifcc/>; partnership between King County and the Seattle Public Library: “Play & Learn,” Denise Louie Education Center, accessed January 15, 2021, <https://deniselouie.org/services/play-learn/>.
- <sup>14</sup> For examples of successful strategies to align programs and increase access to benefits, see Golden(2013).

- <sup>15</sup> “Addressing the Mental Health Needs of Young Children and ECE Staff Self-Care During COVID-19,” Ask the Expert Webinar Series, US Department of Health and Human Services, Administration for Children and Families, June 9, 2020, <https://eclkc.ohs.acf.hhs.gov/video/addressing-mental-health-needs-young-children-ece-staff-self-care-during-covid-19>.
- <sup>16</sup> “COVID-19 State Child Care Actions,” The Hunt Institute.
- <sup>17</sup> “Returning to Care...But Worried,” University of Oregon Center for Translational Neuroscience at the University of Oregon, October 27, 2020, <https://medium.com/rapid-ec-project/returning-to-care-but-worried-5093fda63dab>.
- <sup>18</sup> “Occupational Employment Statistics: Occupational Employment and Wages, May 2019,” BLS, DOL, updated July 6, 2020, <https://www.bls.gov/oes/current/oes399011.htm>; “Occupational Outlook Handbook: Preschool Teachers,” BLS, DOL, updated September 1, 2020, <https://www.bls.gov/ooh/education-training-and-library/preschool-teachers.htm#:~:text=%2430%2C520-,The%20median%20annual%20wage%20for%20preschool%20teachers%20was%20%2430%2C520%20in,per cent%20earned%20more%20than%20%2455%2C050>.
- <sup>19</sup> “Paid Family and Sick Leave in the U.S.,” KFF, December 14, 2020, <https://www.kff.org/womens-health-policy/fact-sheet/paid-family-leave-and-sick-days-in-the-u-s/>.
- <sup>20</sup> Federal Head Start regulations and guidance require programs to provide some parity with other employers in the area, although they do not require employers to provide health insurance or leave programs unless they are covered by other federal laws (see, for example, “Comparability of Wages,” Early Childhood Learning and Knowledge Center (ECLKC), updated March 17, 2020, <https://eclkc.ohs.acf.hhs.gov/fiscal-management/article/comparability-wages>; “Employee Compensation Checklist,” ECLKC, updated March 23, 2020, <https://eclkc.ohs.acf.hhs.gov/human-resources/article/employee-compensation-checklist>).
- <sup>21</sup> For information on state-funded prekindergarten operating schedules by state, see Allison H. Friedman-Krauss, W. Steven Barnett, Karin A. Garver, Katherine S. Hodges, G. G. Weisenfeld, Beth Ann Gardiner, “Appendix A: State Survey Data 2018–2019,” National Institute for Early Education Research, updated July 1, 2020, [https://nieer.org/wp-content/uploads/2020/07/Appendix-A\\_2019.pdf](https://nieer.org/wp-content/uploads/2020/07/Appendix-A_2019.pdf). For information on operating schedules in Head Start, see “Office of Head Start – Services Snapshot: National All Programs (2018–2019),” Office of Head Start, updated December 15, 2020, <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/service-snapshot-all-programs-2018-2019.pdf>.
- <sup>22</sup> “National Head Start Fact Sheets: Access to Head Start in the United States of America,” National Head Start Association, accessed January 15, 2021, <https://www.nhsa.org/national-head-start-fact-sheets/>.
- <sup>23</sup> “Shared Services in Early Care and Education: Introduction and Alliance Examples,” Opportunities Exchange, accessed January 15, 2021, <http://opportunities-exchange.org/wp-content/uploads/Shared-Services-Introduction-and-Examples-rev.pdf>
- <sup>24</sup> “Leading the Way Toolkit: A Guide for Business Engagement in Early Education—Case Study: Shared Services Alliances,” US Chamber of Commerce Foundation Center for Education and Workforce, October 17, 2017, <https://www.uschamberfoundation.org/reports/leading-way-guide-business-engagement-early-education>.
- <sup>25</sup> “What Is a Shared Services Alliance?,” Opportunities Exchange, accessed January 15, 2021, [https://opportunities-exchange.org/wp-content/uploads/OpEx\\_2020\\_WhatIsSrdSrvAllnc\\_Brief.pdf](https://opportunities-exchange.org/wp-content/uploads/OpEx_2020_WhatIsSrdSrvAllnc_Brief.pdf).
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- <sup>27</sup> “Fact Sheet #46: Daycare Centers and Preschools Under the Fair Labor Standards Act (FLSA),” DOL Wage and Hour Division, updated July 2009, <https://www.dol.gov/agencies/whd/fact-sheets/46-flsa-daycare>.
- <sup>28</sup> “Frequently Asked Questions on Legal Requirements to Provide Language Access Services,” Migration Policy Institute, accessed January 10, 2021, <https://www.migrationpolicy.org/programs/language%20access-translation-and-interpretation-policies-and-practices/frequently-asked#:~:text=Though%20you%20are%20not%20required,city%2Dlevel%20language%20access%20plans>.
- <sup>29</sup> Note that this strategy differs from the others offered in this brief as it involves examining a policy and related investments that in theory should support the workforce, and suggests redeploying the resources to more directly and intentionally support child care and early education workers.
- <sup>30</sup> “A Catalog and Comparison of Quality Initiatives (Data System),” The Build Initiative and Child Trends, accessed January 15, 2021, <http://qualitycompendium.org/>.
- <sup>31</sup> “A Catalog and Comparison of Quality Initiatives (Data System),” The Build Initiative and Child Trends.
- <sup>32</sup> See Membership Map at the National Workforce Registry Alliance: <https://www.registryalliance.org/membership-map/>

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