



## Your Question:

You asked for information on key components of the early care and education policy landscape, including:

- [Child Care](#).
- [State Pre-K](#).
- [Early Care and Education Workforce](#).
- [Infant and Early Childhood Mental Health](#).
- [Quality Rating and Improvement Systems \(QRIS\)](#).
- [Special Education/IDEA Parts C and B](#).
- [Home Visiting](#).
- [Infant and Toddler Care](#).

## Our Response:

[Birth through age eight](#) is a critical time in child development, characterized by [the rapid growth](#) that has a significant impact on long-term physical, social and emotional, and academic development. Despite the importance of the birth through age eight continuum, state policy impacting early care and education (ECE) systems is often siloed across various agencies, including health and human services and K-12 education, among others. In an effort to increase alignment, improve coordination and collaboration, and support positive outcomes for children, state policymakers have established [new governance structures](#), encouraged cross-agency collaboration, and developed standards and oversight provisions for positive child development.

Funding presents a challenge in each area of ECE policy. State leaders have leveraged state and federal funding to stabilize and increase access to high-quality ECE programs and services. Despite these efforts, [federal funding cliffs loom](#) and the need for aligned, sustainable and systemic approaches continue to grow.

The following response provides an overview of key components of the early care and education policy landscape.

### **Child Care**

Child care is a preschool care arrangement for children from working families not yet in kindergarten, which may be home- or center-based. These services play a critical role in supporting early childhood development and are vital to a robust workforce and economy. States are looking for [innovative ways to fund child care](#), including efforts to subsidize costs for [families](#) and [providers](#). This has traditionally been done in a multifaceted approach through various funding streams, often at the expense of building aligned, comprehensive, high-quality and sustainable systems. Moreover, these services rarely reach a majority of those who are eligible. Recent state efforts to increase access have been supported by federal pandemic relief funding, creating a situation in which states are working to spend down federal dollars in the face of a [fiscal cliff](#) in 2024.

States are also working to build a more cohesive, mixed-delivery system of ECE that supports families and providers and connects high-quality child care, state pre-K and transitions to the K-12 system. Federal funding through the [Child Care and Development Fund](#) and the [Preschool Development Grant Birth through Five](#) have spurred some state policy action by supporting efforts to increase access to child care and [state quality activities](#). State

policymakers have sought to build a [coherent and aligned system](#) through governance changes to distribute resources and foster successful transitions more efficiently. At least 10 states operate within [a governance structure](#) where the same agency administers both the Child Care and Development Fund and state pre-K, creating opportunities to break down silos and establish more streamlined service provision for families. Other states have created [advisory councils](#) to improve the coordination services across agencies.

### *State Examples*

The following examples highlight state efforts to provide funding that adequately covers the true costs of child care.

**Rhode Island** — [H. 7123](#) (2022) created an early childhood governance working group, composed of multiple cabinet-level agency heads, to develop recommendations addressing the coordination and administration of programs and services; the fiscal, governance and organizational structures; and implementation of early childhood data systems by Oct. 1, 2023.

**Vermont** — [Act 45](#) (2021) commissioned a Child Care and Early Childhood Education Financing Study and Child Care and Early Childhood Systems Analysis. The [financing study](#) is scheduled to be released in January 2023. The end product will be a comprehensive fiscal analysis of the child care and early childhood education system, including an estimate of the total cost of high-quality care for infants, toddlers, preschool and school-age children in Vermont and how any funding gap should be financed. The [systems analysis](#) was published in July 2022 and it includes an overview of Vermont’s current context and recommendations to improve coordination and collaboration across agencies governing aspects of the early childhood system.

Additional issue areas impacting child care access and quality — such as the early care and education workforce and quality rating and improvement system — are addressed below.

### **State Pre-K**

State pre-K programs are publicly funded education programs offered for children between the ages of three- and five-years-old. These programs are voluntary and eligibility varies significantly across the states: some are available to all children, regardless of family income, whereas others are accessible to specific student populations, like children from low-income backgrounds. Currently three states — **Florida, Oklahoma,** and Vermont — and the **District of Columbia** offer [universal pre-K](#), while another nine states have universal eligibility policies for state pre-K programs. Thirty-three states offer programs that have established eligibility criteria based on family income, English learner status, or disability status, among others.

In general, [research demonstrates](#) some evidence that state pre-K programs improve students’ school readiness and increase academic achievement, especially for children from low-income backgrounds and English learners. However, critics of pre-K programs often point out the lack of long-term effects on students as they enter the K-12 system. This finding may indicate that state pre-K program’s quality varies significantly across and within states, with high-quality pre-K [programs less likely](#) to be offered in the places that need them the most.

Although state [pre-K policy](#) encompasses a range of [important issues](#), including instructional quality, intervention services, workforce recruitment and retention, governance and kindergarten transitions, the primary challenge facing policymakers is state financing and student access.

Pre-K programs are typically funded through a combination of federal, state and local funding. States take [several approaches to funding](#), including general fund appropriations, block grants or the [K-12 funding formula](#). States have earmarked specific revenue sources for pre-K, including tax revenue generated through property or sales taxes, as well as taxes on alcohol, cannabis and/or gambling. States have also leveraged special funds such as those from tobacco settlements for state pre-K programs.

### *State Examples*

The following examples of enacted legislation represent recent state policy efforts to fund pre-K expansion.

**Alaska** — [H.B. 114](#) (2022) established a three-year grant program for school districts to establish pre-K programs. Following the three-year grant cycle and confirmation by the state education agency that the program complies with the adopted standards, districts are eligible to receive one half of the full-time equivalent for average daily membership funding under the school funding formula.

**Maryland** — [H.B. 1300](#) (2021) enacted the [Blueprint for Maryland's Future](#), a comprehensive bill addressing early childhood and K-12 education. The legislation includes a significant investment in pre-K expansion, providing voluntary, free full-day pre-K to all three- and four-year-olds from families with incomes up to 300% of the federal poverty level, and to all four-year-olds from families with incomes between 300% and 600% of the federal poverty level. The expansion relies on revenue from a [digital advertisement tax](#) that is currently being [litigated](#) in Maryland State Court.

### **Early Care and Education Workforce**

The early care and education [workforce](#) includes individuals working in a variety of settings who serve children prior to kindergarten, including home- and center-based child care, Head Start and Early Head Start, private pre-K and public pre-K. Within those programs, individuals may be program administrators, lead teachers, assistant teachers or aides. It is also among the [lowest paid](#) occupations in the country, disproportionately affecting women and people of color.

Within this sector, state policymakers pursue [policy levers](#) such as compensation, recruitment and retention strategies, licensure and certification requirements, professional development and preparation pathways. Recently, efforts to strengthen the B-5 workforce have included methods such as improving compensation, equitable access to and cost of educator licensure programs, mental health supports and diversifying the workforce to match children in their learning setting. A [brief](#) from the National Association of State Boards of Education highlighted the ways in which states have leveraged federal relief funds to bolster the workforce in these areas.

### *State Examples*

The following examples provide a sampling of recent state legislative action on the topic.

**California** — [A.B. 131](#) (2021) provided workforce development grants to support current and future early childhood education teachers. Funds can be used for apprenticeship programs that integrate and embed higher education coursework with on-the-job training of professionals. Funding may also be used to support current teachers in their attainment of increased education or English language proficiency, as well as professional development in early childhood instruction or child development, including developing competencies in serving children with exceptional needs and dual language learners.

**Colorado** — [S.B. 21-236](#) (2021) establishes the Early Care Education Recruitment and Retention Grant and Scholarship Program. Program funds can be used for several pathways into the profession, including tuition, fees and materials for early childhood courses that lead to a degree or credential; costs for providers, institutions and early childhood councils to create a grow-your-own program; and payments for apprenticeships for work-based learning opportunities. Funding can also go towards professional development, including costs for an educator to earn a coaching or mentorship certification; paid release time or substitute costs for an educator to pursue training; and financial incentives for current educators to pursue training.

**District of Columbia** — [B 24-0650](#) (2022) created a grant program from Early Childhood Educator Pay Equity Fund that supports pay parity for early childhood educators in accordance with the recommendations of the Early Childhood Educator Equitable Compensation [Task Force](#).

**Delaware** — [S.C.R. 36](#) (2021) directed the Delaware Department of Education and the Delaware Early Childhood Council to create a state target compensation scale and professional career pathway for early child care educators who teach ages birth through five.

**Hawaii** — [H.B. 1362](#) (2021) established an early childhood educator stipend program to address shortage of early childhood education educators.

**Oklahoma** — [H.B. 2748](#) (2021) created an early childhood or elementary education alternative teacher certification, valid for one-year and renewable for up to three years. Candidates seeking this certification must meet specific requirements, including specific education requirements and the intention to earn a standard certification within three years.

### Infant and Early Childhood Mental Health

Early experiences and development have significant impacts on child and adolescent mental health. Experiences such as adverse childhood experiences, trauma or toxic stress have an impact on children’s executive function and ability to engage in the learning environment. Mental health supports, social emotional learning and supportive relationships with adults — including parents, teachers, coaches — can be critical to building a child’s resilience when faced with these experiences. Education Commission of the States’ [Glossary of Student Mental Wellness Concepts](#) explores the definitions and interplay of mental wellness terms and lays the foundation for further discussions about early childhood mental health and wellness.

Although infant and early childhood mental health (IECMH) is of paramount importance to healthy child development, a number of obstacles prevent a comprehensive approach to mental health from birth to age eight. While children in school-based preschool or pre-K programs may be able to access mental health services offered [through the K-12 system](#), children in home- or center-based environments may not have the same access.

State policymakers can [leverage funding](#) to elevate IECMH, support professional development and training and tap into state and federal [funding streams](#) to develop a coherent and aligned system of care that enables successful transitions into the K-12 system through governance changes or targeted funding that supports collaboration. Recently, the U.S. Department of Health and Human Services and Department of Education partnered to publish [four recommendations](#) for early childhood systems that support young children’s mental health and well-being.

### State Examples

The following state examples highlight state efforts to improve IECMH.

**California** — [A.B. 133](#) (2021) established the mental health partnership grant program. The program requires [applicants](#) outline how partners will “collaborate with preschool and childcare providers, or other early childhood service organizations, to ensure the mental health needs of children are met before and after they transition to a school setting.”

**Colorado** — [H.B. 1053](#) (2020) directed the department of human services to establish a mental health consultation program designed to increase the number of mental health consultants and support consultations in a variety of environments for children ages birth to eight, including home- and center-based child care and elementary schools. More recently, the office of early childhood took over responsibility for the [consultation program](#) and established a IECMH [support line](#) to increase access to consultants.

**Minnesota** — established IECMH [certificate](#) programs [to build](#) provider capacity. The state education agency also established eight [Centers of Excellence for Young Children with Disabilities](#) that offer professional development to early care and education providers in addressing IECMH.

### Quality Rating and Improvement Systems (QRIS)

Quality rating and improvement systems are designed to “assess, improve and communicate the level of quality in early care and education settings.” States use QRIS to evaluate early care environments, including home- or center-based programs, Head Start programs and school-based preschool programs. Programs are typically assigned a tiered-rating based on their performance on a number of indicators, ranging from health and safety provisions to assessment, teacher-student interactions and curriculum. These ratings are used to [award funding](#) that rewards quality and supports improvement.

The [development of QRIS](#) was largely spurred by [federal funding](#), but [participation rates](#) vary widely from state-to-state. In some cases, participation is voluntary while other states may require participation in the QRIS to receive state funding, including child care subsidies. Home and center-based programs are most likely to participate in QRIS, but more than half of the states have expanded QRIS to include school-based and school-age programs.

State policymakers can leverage QRIS to [improve equity](#) and align ECE providers with the K-12 system to facilitate quality early care and education experiences and positive transitions into kindergarten. As a way to incentivize and increase participation by school-based or preschool providers, states may consider combining their QRIS with their licensing system. As a part of integrating these two systems, states can consider quality measures that are aligned to state [early learning guidelines](#) and [assessment options](#) that support kindergarten readiness.

### State Examples

The following policy examples highlight state efforts to leverage their QRIS to improve ECE quality and support seamless transitions into kindergarten.

**Maine** — [H.P. 59](#) (2021) requires the department of health and human services to pay a differential rate for child care services that meet or make substantial progress toward meeting nationally recognized quality standards. The legislation requires the QRIS to include a minimum of three ratings and graduated quality differential rates.

**Minnesota’s** QRIS [standards](#) for teaching are aligned with the [early childhood indicators of progress](#) and their assessment standards include [kindergarten entry profile](#) assessment tools.

**Tennessee** — [S.B. 749](#) (2021) aligned licensing requirements with the state QRIS system. The legislation specifies that health and safety practices and teacher-child interactions must be prioritized in the updated system. Providers are also required to publicly post their rating.

**Virginia** — [H.B. 1012](#) requires the board of education to establish a statewide unified public-private system for early childhood care and education in the state to be administered by the board, the superintendent of public instruction, and the department of education. The department is currently transitioning to [VQB5](#), a unified QRIS for all B-5 programs beginning in 2023-24.

## Special Education/IDEA Parts C and B

[IDEA Part C](#) (Early Intervention) provides supports for eligible infants and toddlers with developmental delays and disabilities. [IDEA Part B](#) provides supports for children ages three to five (and up to age 21) with identified disabilities. IDEA services include physical or speech therapy, assistive technology devices, supplementary aides and transportation. These individual supports promote development of young children’s adaptive, cognitive, communication, physical and social emotional skills and can have lifelong benefits.

[States vary significantly](#) in their implementation of Part C services, providing them to upwards of roughly 10% of eligible children, with the [national average](#) at 2.7%. Further, the COVID-19 pandemic upended service provision; for example, in the first three months of the pandemic, 40% of parents of young children who receive special education supports reported that their children [were not receiving any services](#). Pandemic relief funding can be used in [a variety of ways](#) to support states’ efforts, including service provision during summer months, supporting transitions between settings and more.

### State Examples

While special education funding is generally dictated and provided at the federal level, a few states have allocated additional funds.

**Maryland** — [H.B. 725](#) (2022) establishes the Therapeutic Child Care Grant Program to provide grants to providers specializing in child care and early childhood education to children under the age of six years old who have delays in development, physical disabilities or delays in social, emotional or behavioral functioning.

**New York** — [S.B. 8802](#) (2021) extends the repeal date of law relating to certified school psychologists and special education services and programs for preschool children with handicapping conditions.

## Home Visiting

Home visiting is a relatively new program to support families that emerged about 10 years ago with a federal funding initiative. Most funding for home visiting is through the federal Maternal, Infant, and Early Childhood Home Visiting Program, but some states have also directed funds to programs through Medicaid/Children’s Health Insurance Program or Temporary Assistance for Needy Families.

Home visiting typically happens in the pre-child care or preschool phase of early care and education. Coupled with most funding for home visiting coming from federal sources, state policy options are limited. The National Conference of State Legislatures has [tracked state efforts](#) to establish and sustain evidence-based home visiting programs.



### **State Examples**

The following examples were pulled from the National Conference of State Legislature’s tracking.

**Arkansas** — [S.B. 491](#) (2013) required the state to implement statewide, voluntary home visiting services to promote prenatal care and healthy births. The bill specified that 90% of funding must be put toward evidence-based and promising practice models. It also required reporting of program data.

**Oregon** — [S.B. 526](#) (2019) established a voluntary statewide program to provide universal newborn nurse home visiting services to all families within the state to support healthy child development, strengthen families and provide parenting skills.

**Texas** — [S.B. 426](#) (2012) established the Voluntary Home Visiting Program for pregnant women and families with children under age six. The bill established the definitions of and funding for evidence-based and promising program. 75% of funding must go to evidence-based programs while the remaining 25% may go to promising programs.

### **Infant and Toddler Care**

According to the [Head Start Early Learning Outcomes Framework](#) for Ages Birth to Five: “Infancy and toddlerhood is the time when foundations of school readiness begin in the context of relationships — adults who interact with infants and toddlers must be aware of the opportunities that exist to appropriately support early developing abilities”. Further, social and emotional learning concepts such as forming healthy relationships and experiencing and expressing emotions become essential in a child’s beginning stages of learning. This evidence points to the need for creating high-quality environments for infants and toddlers and supporting caregivers and educators to build strong foundations for future success.

As it relates to infant and toddler issues, states have been increasingly paying attention to this age group, providing new funding or expanding current funding levels or programs and services, as families continue to struggle to access and pay for care. Key issues for policymakers include affordability for families, workforce supports, [paid family leave](#), connections to [IDEA Part C](#) (supports for infants and toddlers) and [monitoring](#).

### **State Example**

In response to growing demand for infant/toddler child care slots, states can prioritize expansion of existing providers.

**Connecticut** [appropriated](#) funds to support the Start Early – Early Child Development Initiative to support the expansion and development of high-quality infant and toddler child care spaces in addition to intervention services and parent supports. The state also [allocated](#) \$25 million to increase the reimbursement rate for infant and toddler care, which helped to create an additional 1,300 slots.