



POLICY CONSIDERATIONS TO ENSURE ACCESSIBLE AND QUALITY CHILD CARE



Even before the COVID-19 pandemic, the United States faced a crisis with affordability and accessibility of quality child care. Numerous families—not just those who are low-income—have struggled to find quality child care that meets their individual needs, and many have a large percentage of their household income going toward child care.

Child care providers continue to struggle with increasing operational costs and outdated infrastructure and facilities. Too often, these providers have to decide between shifting the burden of increased costs to the families they serve or to their workforce through maintaining low salaries. The pandemic only exacerbated these issues and affected the ability of working parents, particularly those who are low-income and lack job flexibility, to remain in the workforce.



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A holistic set of policy recommendations to support families and the child care sector

Families face many well-documented challenges accessing high-quality child care. Common barriers include *high costs* with *limited financial support*, irregular working hours that make it *difficult to find child care*, a *shortage* of high-quality child care providers, and lack of paid family leave combined with *shortages of infant slots*, which adversely affects families with very young children.

The child care sector also faces significant challenges. It may be *administratively burdensome* to obtain subsidies, which are *often insufficient* to cover the high cost of care, particularly for *infants and toddlers* and for *children with special needs*. Child care workers are *severely underpaid*; in only five states do child care workers, on average, earn a livable wage, and most do not receive benefits such as paid leave or *health insurance*. These conditions contribute to *high turnover* in the field.

While this brief focuses on issues specific to our expertise and work in child care, we emphasize the importance of a broad, holistic policy agenda to address these challenges and support both families and child care providers. Essential policies include, but are not limited to:

- Paid family, medical and sick leave
- Regular work hours and a living wage for both families and child care workers
- Increased child care subsidies that reflect the true cost of care
- Reduced administrative burdens in child care subsidy programs for both families and child care providers
- Additional financial support for child care slots for populations who are underserved, including infants and children with special needs
- Increased support for child care provider professional development, technical assistance and to expand hours of operation
- A permanent expanded *Child Tax Credit*

Many organizations have already described these issues and policy recommendations in depth, and relevant resources are included at the end of this brief.

Quality, safe child care is a pathway to economic stability, can play a role in promoting equity, and is essential to children's health and development. Public investment in high-quality early care and education *yields a high rate of return* through *increased workforce participation* and outcomes such as improved long-term educational achievement, reduced crime and reduced use of welfare benefits. As health care clinicians and child health researchers who have supported the child care sector both before and during the COVID-19 pandemic, we welcome renewed federal and state interest in improving policies that support a high-quality, accessible child care system.

In this brief, we highlight policy changes that are needed to ensure a robust, quality child care system and, based on our work and expertise, outline pressing issues that warrant further attention. Given our vantage point, this brief focuses on:

- the physical and environmental safety of child care settings,
- the importance of child care navigation supports to families,
- supporting child care providers with behavioral interventions to help reduce suspensions and expulsions, and
- training in medication administration and health literacy to help child care providers address medical needs.

The brief also includes recommendations to federal and state policymakers to ensure long-term support for families and the child care sector.



CHALLENGES FACED BY FAMILIES AND CHILD CARE PROVIDERS

Other policy and advocacy organizations have highlighted both the challenges that families face in accessing care and the challenges faced by child care providers in providing quality child care (see “A holistic set of policy recommendations to support families and the child care sector” on page 2). From our perspective as a pediatric health organization that provides support to child care providers, we wish to draw particular attention to the following specific issues impacting child care:

Child care settings may be physically unsafe

The physical infrastructure of child care settings requires attention. Child care is offered in many settings, including homes, church annexes and older buildings. While research on the physical condition of child care centers is lacking, the studies that do exist *indicate* that health and safety hazards are common, including broken or unlocked gates, water damage, chemicals within reach of children, lack of sinks in classrooms, and insufficient ventilation and fire safety.

Environmental contaminants pose significant risks to children and child care staff. For instance, individuals who are pregnant and small children are uniquely vulnerable to adverse health effects from lead exposure. Exposure to lead can contribute to decreases in children’s cognitive functioning and to behavioral issues including inattention, impulsivity, aggression and hyperactivity. Lead exposure most commonly occurs through paint, dust, and water exposed to lead pipes, all of which can *be present* in child care settings. Other chemicals that are harmful to human health, such as *formaldehyde* and *perfluorinated compounds (PFCs)*, have also been identified in child care settings.

Physically unsafe child care settings may also exacerbate health disparities. Many disadvantaged communities are at *higher risk* for environmental exposures. These include low-income children, communities of color, individuals who are pregnant, and immigrant and refugee children. Because toxins like lead may be found in various *sources* and *accumulate* in the body over time, exposure in child care settings may exacerbate the already high environmental risk among vulnerable communities.

Despite these risks, environmental contaminants are often *neglected* in health and safety regulations. Most child care programs do not have access to additional funding to support their facilities costs or to help them make capital improvements. As a result, these critical environmental issues are often not addressed.

Many families struggle to navigate child care options

Accessing child care is often time sensitive and needs to match caregivers’ work schedules. Some families, such as those with *children with disabilities* and behavior challenges, *those with a preference for a language other than English, and immigrant families*, may face even more obstacles in navigating the system and finding a provider that meets their needs.

Quality child care settings are defined not only by physically safe environments with strict health and safety protocols, but also by warm, responsive early childhood education (ECE) professionals and a well-rounded curriculum. Most states have developed their own quality guidelines based on suggestions from organizations such as the *Office of Child Care in the Administration for Children and Families (ACF)* or the *National Association for the Education of Young Children (NAEYC)*.

However, many families are uncertain how to identify or assess the quality of child care settings. Families may not understand what factors go into quality rating systems, and they may be uncertain what questions to ask of child care providers. Families may also perceive quality in different ways. While some will focus on curricula, teacher qualifications, and safety policies, others may prioritize factors such as convenient locations, flexible schedules, cultural and religious beliefs and practices, and reputation or recommendations by word of mouth. Families must feel empowered to identify caregiving arrangements that meet their preferences.

There are existing resources to help families navigate child care options, but they are often insufficient. For example, Child Care Resource and Referral Agencies (CCR&Rs), which are nonprofit organizations that often receive state and federal funding, provide *valuable support* to families through consumer education and referrals, regardless of whether they receive child care subsidies. However, many state-based CCR&Rs do not have the capacity to provide deeper, individualized navigation support. Informational websites, such as *Child Care Aware of America*, are helpful aggregators of information as families consider their child care choices, but these resources are not always culturally and linguistically inclusive and may not be accessible for those with limited internet access.

Home-based settings also require more attention. Home-based settings include family, friend and neighbor care. *More children* are cared for in home-based settings than in center-based settings, particularly *infants and toddlers*, *children with special needs*, and children from *diverse cultural and linguistic backgrounds*. Despite this heavy utilization, home-based settings are often less integrated with formal child care navigation supports, and families may be uncertain what constitutes quality child care in these settings.

Many child care providers struggle to support children with behavioral challenges

Child care settings must be inclusive and welcoming to all children. Under the *Americans with Disabilities Act (ADA)*, child care centers cannot deny children entry because of disability (with a few exceptions). However, many teachers feel unprepared to address the needs of children with *behavioral problems or disabilities*.

When staff are unprepared to cope with children's behavioral challenges, these children may not receive the support they need and may face suspensions and expulsion. This in turn places children *at risk* for continued behavioral difficulties, reduces their kindergarten readiness, and imposes logistical and financial burdens on families. When a center relies on suspension and expulsion, the staff also miss out on learning intervention skills that could benefit the entire class.

This issue contributes to existing disparities, as minority children and boys are *more likely* to be expelled or suspended from child care settings. In a *recent PolicyLab study*, a survey of child care providers showed that while 97% stated no explicit bias, more than half were found to have weak to moderate implicit pro-White/anti-Black racial bias. Some providers have expressed concern that the pandemic *has led* to an increase in children with high behavior and social-emotional needs, which may only exacerbate these disparities.

Child care providers are often uncomfortable administering medications, which limits options for children with medical needs

Under the *ADA*, child care centers cannot deny children entry because of medication needs. However, *many states do not require* staff to administer medication or receive appropriate professional development to ensure they can administer medications properly. Providers must simply offer *reasonable accommodations* related to medications prescribed by physicians for specific, diagnosed health needs.

In our conversations with child care providers, we have learned that many are reluctant to administer medication. Administration may be complicated, often requiring careful storage as well as precise dosage, timing and special instructions. A physician's instructions may be difficult to understand and may confuse staff. Child care providers might also struggle to obtain physician instructions directly and, therefore, must rely on parents as intermediaries.

Regulations surrounding medication administration in child care centers *vary heavily by state*. This can leave child care providers uncertain of legal rules and concerned about liability; for instance, some providers may even be uncertain whether



they can administer lifesaving medications such as epinephrine, which is used for severe allergic reactions. While training could help improve provider knowledge and confidence, *few states* require this type of education. Providers may struggle to retain trained staff because of high turnover in the field.

Child care providers may thus be reluctant to go beyond the *bare minimum* required by the ADA. For instance, some providers require parents to travel to the center to administer their child's medication, imposing a significant burden on these families. At the same time, parents may *avoid center-based care* if they worry that staff might not be sufficiently trained to meet their child's unique needs.

STRATEGIES TO STRENGTHEN THE CHILD CARE SYSTEM

Ensure funding to improve the physical infrastructure of child care settings

While some *existing funding streams*, such as the Child Care and Development Fund (CCDF), can be used to address physical infrastructure issues, their scope is typically limited to minor repairs. These funding streams are also used for other vital applications such as community development and workforce training. Head Start grantees can apply for funds for capital investments, including repairs and renovations, but the Office of Head Start (OHS) has *limited funds* to disburse, and many centers *remain in disrepair*. There is no *dedicated federal funding stream* for infrastructure improvements in child care settings. We recommend that federal and state policymakers provide financial support to address environmental health and safety across child care settings.

In addition to dedicated funding for child care settings, we emphasize that broader infrastructure investments will help protect children in all settings. For instance, major efforts to replace lead pipes or remediate lead paint could help reduce lead

exposure in homes as well as child care settings. These broad investments would help reduce overall exposure, particularly among disadvantaged communities who are disproportionately surrounded by environmental contaminants.

Improve access to child care navigation supports

In seeking advice and support about child care, parents of young children may turn to health care professionals, such as pediatricians or home visitors. PolicyLab has interviewed pediatric primary care providers and found that they generally wished to help families understand and select quality child care. However, they often had limited time and knowledge about the child care system.

One promising solution, which is currently being piloted within Children’s Hospital of Philadelphia’s (CHOP) Primary Care Network, is to use *child care navigators* as part of the care team. This role supports health system staff by providing resources and education about quality child care options. The child care navigator also directly supports families of pediatric patients in improving their knowledge of child care resources and enhancing their ability to navigate child care decisions. These methods may be particularly helpful for families with limited literacy or insufficient internet access.

Increase access to quality professional development to help child care providers address children’s behavioral needs

Two promising models to help child care providers address behavioral challenges are *Positive Behavior Interventions and Support (PBIS)* and *Early Childhood Mental Health Consultation (ECMH)*. PBIS is a systematic framework that practices building relationships among staff, students, and families to create a positive classroom atmosphere, establish appropriate classroom expectations and create structured classroom environments. ECMH consultants can provide onsite classroom observations and screening, identify strengths and learning opportunities and help create a targeted action plan for an identified child. To incorporate these models into child care, some states will need to restructure their professional development and funding systems so that a coach can be assigned to a child care setting for extended periods of time. Research *has shown* that long-term, practice-based coaching is a more effective strategy to supporting child care providers and staff.

Training should also directly address inequity and bias. Data suggests that implicit bias, impulsive actions, lack of data monitoring, and lack of individualization creates opportunities for biased teacher decisions and practices, including suspensions and expulsions. All professional development plans should incorporate efforts to address implicit bias and improve equity.

Practice-based coaching has demonstrated *positive outcomes* for child care providers and the children they serve. *Communities of Practice* are one way to incorporate coaching, in which early childhood educators and leaders meet (typically monthly) to learn from and support each other. Specialized coaching should also be available to home-based care providers, such as onsite coaching delivered at times when a single individual does not have children in their care.

Strengthen requirements for staff training in medication administration and health documentation literacy

To help child care providers feel more confident supporting children with medical complexity, we recommend stronger requirements for all staff to receive medication administration training and health literacy education. In particular, while medication administration education is typically readily available via in-person and virtual classes, health documentation literacy is often neglected. Child care providers could benefit from understanding how health information is frequently documented by physicians, including common acronyms. Child care providers would also benefit from system-level coordination between child care and medical systems to make it easier to obtain documentation such as Individualized Health Plans. These measures could ensure greater access and health equity for children with medical needs.



LOOKING AHEAD

Families have increasingly struggled to access quality child care, and the child care sector has long faced financial and workforce challenges. These issues were laid bare by the COVID-19 pandemic.

Going forward, the child care sector will require both stronger emergency planning as well as long-term, systemic change. In order to prepare for the next public health crisis, states will need readily accessible funds to disburse essential resources and supplies, and they will need to prepare to provide technical assistance and emergency funds for operational costs.

We welcome recent policy developments that deliver vital support to families and child care providers, including the American Rescue Plan Act, which *provided* necessary relief funding for the sector, as well as *temporary changes to the Child Tax Credit* that will support families with child care costs. We *encourage* policymakers to make these changes to the Child Tax Credit permanent, and to act on the broad policy recommendations outlined in “A holistic set of policy recommendations to support families and the child care sector” on page 2.

We also encourage policymakers to address the specific issues we have outlined, including supports for child care navigation, professional workforce development to address children’s behavioral challenges and special health care needs, and funding to improve physical infrastructure in the child care sector. Addressing these critical issues will go a long way to creating a child care system that can best serve children and families and that is resilient in the face of the next public health emergency.

RESOURCE LIST

Center for American Progress (2018):
Understanding the True Cost of Child Care for Infants and Toddlers

Center on Budget and Policy Priorities (2021):
To Lessen Hardship, States Should Invest More TANF Dollars in Basic Assistance for Families

The Center for Law and Social Policy (2019):
Inequitable Access to Child Care Subsidies

Child Care Aware of America (2018):
The US and the High Cost of Child Care: A Review of Prices and Proposed Solutions for a Broken System

Education Commission of the States (2020):
Strengthening the Early Childhood Education Workforce

Health Affairs (2020):
Child Care Subsidies: Supporting Work and Child Development for Healthy Families

Urban Institute (2018):
Insights on Access to Quality Child Care for Children with Disabilities and Special Needs

Urban Institute (2018):
Insights on Access to Quality Child Care for Families with Nontraditional Work Schedules

ZERO TO THREE (2021):
The State of Child Care for Babies: The Need to Do Better for Our Youngest Children

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