



EARLY CHILDHOOD EDUCATION AND ITS IMPACT ON HEALTH OUTCOMES

September 2020

Executive Summary

Early Childhood Education (ECE) is a critical support in our society that is particularly important when we look at upstream prevention and improving health outcomes. A high quality early learning system that is affordable and widely accessible to all children could have widespread impacts – not only for parents and children specifically, but also for businesses, schools, and broader society. Despite the extreme importance of ECE, our state and nation has been experiencing a child care crisis for many years. Parents struggle to afford quality child care while at the same time early learning providers make some of the lowest wages and many lack access to health care coverage. And while state investment in early learning has been building in recent years, it has still not been sufficient to address the barriers and challenges.

This policy brief provides an overview of the importance of ECE as a social determinant of health; an overview of the early learning system in Washington; a discussion of barriers to quality, affordable ECE; the impact of the COVID-19 pandemic on child care and how it has further exacerbated barriers; and an overview of the work being done in Washington to better support and improve the early learning system in Washington.

Early Childhood Education as a Social Determinant of Health

ECE has often been acknowledged as important for education as well as for businesses and the economy. For education, goals of [kindergarten readiness](#) focus on the critical role of early learning providers in making sure that when kids enter the K-12 school system they have the skills they need to learn and thrive in an education setting. At the same time, the [business community](#) has stated how vital early learning and care is to both supporting the current workforce while also building a future workforce. Child care is often viewed as ‘the business that powers business.’

The education and business arguments for the importance of ECE are important perspectives, but there is an additional lens to take into account and leverage: the impact of early learning and care on health outcomes. The Centers for Disease Control and Prevention highlight ‘Early Childhood Education and Development’ as one of [the social determinants of health](#), which are “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes.” Within the lens of being a social determinant of health, ECE is actually dual generational in its impact on health outcomes: both for a child as well as for the parent(s) or caregiver.

ECE as a Social Determinant of Health for Children

When looking at the impact of Early Childhood Education on a child, there is great opportunity to positively shape both physical and mental health. ECE aims to improve

the cognitive and social development of children in their early, formative years. ECE can help shape a child's development in multiple ways¹:

- **Brain development** through early stage literacy, numeracy, motor skills, and other forms of cognitive development
- **Physical development** through physical activity, access to nutrition, and the development of healthy habits at an early age, and
- **Behavioral development** through relationship building, social-emotional learning (SEL), and more.

In addition, some programs may also offer additional supports such as health care, parental supports, and social services. The potential to shape all of these different components of a child's health and development can positively impact their health both in the short term as well as their lifelong behavioral and physical health outcomes. Strong associations have been found between early learning acting as a protective factor against the future onset of adult diseases such as coronary artery disease, chronic pulmonary disease, and cancer. ECE can also counteract the disadvantage that some children experience, especially those who are furthest from opportunity.²

ECE as a Social Determinant of Health for Parent(s) & Caregivers

When looking at the impact of Early Childhood Education on a parent(s) or other caregiver, there is opportunity to positively impact [another social determinant of health](#) for that adult(s) – economic stability, and more specifically poverty. Research has shown that there is a clear and established relationship between poverty and health outcomes, including people living in lower income neighborhoods and communities being at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.³ People of color living in poverty may have even greater risk for poor health outcomes due to the significant disparities in both health and poverty experienced by these communities. Without proper child care, parents often have to miss work or aren't able to further their career or education. And when their employment and/or education is hindered because they are having to skip work or turn down new job or promotion opportunities to take care of their children, the cycle of poverty continues and perpetuates itself.

Improving access to quality, affordable early learning can help break that cycle of poverty (both for an individual as well as [intergenerational poverty](#)) by creating opportunity for parents and caregivers to be engaged members of the workforce, or if they do not yet have a job can create time and space for them to advance their

¹ *Early Childhood Education – Helping Children Develop to their Full Potential and Live Healthier Lives*. Center for Disease Control and Prevention. <https://www.cdc.gov/policy/hst/hi5/earlychildhoodeducation/index.html>

² *ibid*

³ *Healthy People 2020 – Poverty*. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty>

education or pursue job training. In turn, when the cycle of poverty is broken, health outcomes for impacted individuals and communities can improve.

Overview of Early Learning System in Washington

The early learning system is a multi-pronged system comprised of child care, preschool with wraparound supports and services for young children, and supports for parents. The sections below provide an overview of these components in Washington.

Child Care

Child care is one of the core components of the early learning system. This is where children go to early learning providers or family and friends to both have care and supervision while also getting that critical early childhood education, physical and cognitive development, and social emotional learning. There are several different types of child care facilities and settings. Some are licensed by the Department of Children, Youth & Families (DCYF); some are legally exempt from licensing; and some operate illegally without a license.

Licensed Child Care Providers

There are three different types of licensed child care providers in Washington State: family home child care providers, child care centers, and school-age programs. These different types are described by DCYF as follows:⁴

- **Family home early learning program** is an early learning program licensed by the department where a family home licensee provides child care or education services for 12 or fewer children age birth through twelve years old in the family living quarters where the licensee resides.
- **Child care center early learning program** is a facility providing regularly scheduled care for a group of children birth through 12 years old for periods of less than 24 hours a day. Program capacity for child care centers is determined by DCYF based on several factors including facility size, equipment, age range of children, etc.
- **School-age program** is a facility providing regularly scheduled care for a group of children five through 12 years old for periods less than 24 hours a day when children are not attending school (before school, after school, and during the summer and holiday breaks).

Licensed-Exempt Care

There are some types of child care that are legally exempt from licensing. This can include school districts, community-based organizations, small and large business owners, and youth development organizations. This type of care is for kids age 3 through 12 and can operate in school buildings, community based settings, or other exempt facility types as outlined in [RCW 43.216.010\(2\)](#) and [WAC 110-300-0025](#).

⁴ DCYF Licensing Rules. Department of Children, Youth & Families. <https://www.dcyf.wa.gov/services/early-learning-providers/licensed-provider>

Family, Friend and Neighbor Care

Family, friend and neighbor (FFN) providers are people like ‘grandparents, aunts and uncles, older siblings, friends, neighbors, and others who help families by providing child care.’ FFN care is the most common type of child care for infants and toddlers and for school-age children before and after school.⁵ FFN providers are unlicensed and not regulated by the state, but there are certain [requirements in the Washington Administrative Code](#) that must be met to legally be considered an FFN provider.

Illicit Market

There are of course unlicensed child care businesses that operate in a way that they should be licensed but are operating illegally. The Department of Children, Youth and Families works hard to try to have all child care businesses go through the proper channels and get licensed for the safety and wellbeing of the children in their care. However, despite these efforts there remains an unknown but significant number of illicit child care businesses in Washington.

Quality Rating Improvement System – Early Achievers

A Quality Rating and Improvement System (QRIS) is a systemic approach to assess, improve, and communicate the level of quality in ECE programs. In Washington, our QRIS system is called [Early Achievers](#). The Early Achievers rating system assesses licensed child care providers and then assigns a [rating level](#) based on that assessment. This rating both communicates to families the quality of a facility to help them make informed decisions about their child care and also helps the state work with providers to make improvements. From the Department:⁶

- **Level 1: Licensed Facilities** – To join Early Achievers, early learning providers must meet licensing requirements to ensure a safe and healthy environment for children. Licensed staff are trained in child development, first aid and CPR and have passed comprehensive background checks.
- **Level 2: Professional Growth and Facility Management** – Facilities at Level 2 are participating in quality improvement. These providers are working toward meeting Early Achievers Quality Standards and program requirements through training, self-assessment and documentation.
- **Levels 3 - 5: Evaluation and Rating A Guide to Early Achievers Ratings** – Rated facilities have achieved a quality level of excellence. These facilities have demonstrated quality through an on-site assessment focused on the learning environment and interactions between teachers and children.

Under the [Early Start Act](#), which was passed by the legislature in 2015, beginning August 1, 2016, licensed early learning providers offering services to children and families that qualify for Working Connections Child Care subsidies must be enrolled in Early Achievers to maintain

⁵ *Family, Friend and Neighbor Care*. Department of Children, Youth & Families.
<https://www.dcyf.wa.gov/services/earlylearning-child-care/ffn>

⁶ *Early Achievers Quality Rating and Improvement System*. Department of Children, Youth & Families.
<https://www.dcyf.wa.gov/services/earlylearning-child-care/early-achievers/rating-system>

subsidy authorization. (See *Subsidies and Other Supports for Low Income Families* section below for more information on Working Connections Child Care.)

Subsidies and Other Supports for Low Income Families

There are two child care subsidy programs in Washington that help families be able to afford placing their child in an early learning program – Working Connections Child Care and Seasonal Child Care.

- **Working Connections Child Care (WCCC)** is a subsidy program that helps families with low incomes pay for child care. The parent may be responsible to pay a [copayment](#) to their provider each month. To qualify for WCCC, the child must be a U.S. citizen or legal resident and the child's family income must be at or below 200% of the federal poverty level when applying, or 220% of the federal poverty level when reapplying. The parents of the child must be employed or self-employed in legal, income-generating, taxable activities; or the parent must meet all [TANF/WorkFirst requirements](#) if participating in that program.⁷ Families experiencing homelessness may be approved for up to twelve months to resolve issues surrounding homelessness (this grace period was four months prior to the 2020 legislative session). The WCCC program has a cap of 33,000 families (not children, but families). WCCC served 32,000 children 0-5 and 30,000 school-age children in 2019. Funding for WCCC is currently largely supported by the [Child Care & Development Block Grant](#).
- **Seasonal Child Care** is a subsidy program that pays for eligible families who are seasonally employed in agricultural work, live in designated counties, and are not receiving TANF benefits. The purpose of the Seasonal Child Care program is to provide safe, licensed child care while parents work in agricultural settings.⁸

Kindergarten Readiness & Wraparound Supports for Children

While kindergarten readiness and wraparound supports for children can come through many different sources, the core systemic programs for very low income families are delivered through our state's preschool and wraparound service programs, ECEAP and Head Start.

ECEAP & Head Start

Early Childhood Education and Assistance Program (ECEAP – pronounced “E-Cap”) and Head Start are both comprehensive preschool programs that provide free services and support to eligible children and their families. ECEAP is funded by Washington State while Head Start is funded by the federal government. Both programs serve children ages 3 and 4; in some locations Head Start is also accessible to pregnant women and children birth to three. Both ECEAP and Head Start include free early learning, family support and parent involvement, child health coordination and nutrition, and services responsive and appropriate to each child's and

⁷ *Working Connections Child Care*. Department of Children, Youth & Families. <https://www.dcyf.wa.gov/services/earlylearning-childcare/getting-help/wccc>

⁸ *Seasonal Child Care*. Department of Children, Youth & Families. <https://www.dcyf.wa.gov/services/earlylearning-childcare/getting-help/seasonal-child-care>

family's heritage and experience.⁹ While there are a lot of similarities between the programs, there are some key differences. (See Table 1).

More information on both programs including eligibility criteria, enrollment, and other program information can be found on the Department of Children, Youth and Families website [here](#). Both programs work to build cognitive skills, help children learn to manage their feelings and get along with others, and work with parents to support their children's health and education.

Table 1. Key Differences Between ECEAP and Head Start¹⁰

ECEAP	Head Start
State Funded	Federally Funded
<p>ECEAP eligibility: children must be 3 years old but not yet 5 years old on August 31st of the school year, and:</p> <ul style="list-style-type: none"> • On Individualized Education Programs (IEPs) for special education or • From families at or below 110 percent of the federal poverty level, which includes all children in foster care and all families with Temporary Assistance for Needy Families (TANF) cash grants. Some children may be accepted who are over the income limit, if they have developmental or environmental factors. 	<p>Head Start eligibility: children must be 3 to 5 years old for preschool Head Start; pregnant or 0 to 3 years old for Early Head Start, and:</p> <ul style="list-style-type: none"> • From families at or below 130 percent of the federal poverty level, with priority to those at or below 100 percent or • Homeless, in foster care, or from families with Temporary Assistance for Needy Families (TANF) cash grant. • Some children may be accepted who are over the income limit if they have developmental or environmental factors
<p>Other ECEAP Program Considerations:</p> <ul style="list-style-type: none"> • Part Day classes are 2 ½ or more hours, several days a week, during the school year. • Full School Day classes are 5.5-6.5 hours per day, 4 or 5 days a week, during the school year. • Extended Day is available at least 10 hours a day, year round, combining child care and ECEAP. Parents must meet work or training requirements. • Of note, 60% of ECEAP slots are delivered on K-12 campuses. 	<p>Other Head Start Program Considerations:</p> <ul style="list-style-type: none"> • Head Start is for 3- to 5-year-olds. • Early Head Start is for pregnant women and children birth to age three. It promotes healthy prenatal outcomes, enhances the development of infants and toddlers, and promotes healthy family functioning. Children are served in their homes or in centers. • Migrant and Seasonal Head Start is for pregnant women and children birth to age five live in communities with migrant and seasonal workers. • Tribal Head Start serves American Indian and Alaska Native children birth to age five and their families. Services are located on or near reservations.

⁹ ECEAP & Head Start. Department of Children, Youth & Families. <https://www.dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart>

¹⁰ ECEAP & Head Start. Department of Children, Youth & Families. <https://www.dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart>

Parent Supports

There are also several supports for parents and their children as they are in their early formative years. There are many supports beyond what is included in this brief, but some of the core systemic supports include home visiting and early support for infants and toddlers (ESIT). There has also been significant work done in recent years to build a statewide family linkage system in Washington to better connect families to services.

Home Visiting

Home visiting is a voluntary, proven program where trained home visitors and parents work together to strengthen and support families in the child's first years of life. Home visiting services are offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of their child.

When a family is enrolled in a home visiting program, trained professionals visit families in their homes or community settings to provide information and support related to children's healthy development, support parent-child relationship, and provide information on importance of early learning and connections to other information, services and supports in the community. Some of the proven benefits of home visiting include:

- Improved birth outcomes
- Early detection of health issues and developmental delays
- Improved coordination and referral for other community services
- Improved kindergarten readiness
- Improved family self-sufficiency
- Reduced child abuse and neglect
- Reduced crime and domestic violence.

There are multiple home visiting models offered throughout Washington. An overview of the different home visiting programs available in each county can be found [here](#). Eligibility for home visiting is currently defined as families at or below 200% of the federal poverty level with a child age 3 or younger.

The number of home visiting slots available in the state is determined by funding provided by the state legislature as well as available local, federal, and private dollars. The primary funding for home visiting in Washington for state fiscal year 2020 includes \$45.4 million in federal funding and \$9 million in state funding. This provides for 7,329 home visiting slots in Washington. While this funding is providing this critical service to a lot of families, it falls significantly short of the 125,800 eligible families. This means that 118,471 families are left unserved, and the need has most certainly increased in light of the COVID-19 pandemic.

Early Support for Infants & Toddlers

[Early Support for Infants & Toddlers \(ESIT\)](#) is a program that provides family-centered services to young children ages birth through two (not yet age three) with developmental delays and/or

disabilities base on eligibility criteria. The program was established by Congress in 1986 through the Individuals with Disabilities Education Act (IDEA).

ESIT services can be provided in home, in community-based settings, or in other types of settings. When enrolled in ESIT, an Individualized Family Service Plan (IFSP) must be developed and implemented for each child and their family. Through ESIT, the primary early intervention services provided include:

- Family resources coordination
- Developmental services
- Occupational or physical therapy
- Speech/language therapy
- Psychological, social services, and other related services

To be eligible for early intervention services through ESIT, a child must have a 25% delay or show a 1.5 standard deviation below his or her age in one or more of the developmental areas. A child may also be eligible if he or she has a physical or mental condition such as Down Syndrome that is known to cause a delay in development. ESIT is an entitlement program, which means all eligible children must be served. The ESIT program in Washington currently serves over 10,000 children.

The ESIT program in Washington is primarily funded through three funding streams: IDEA Part C federal funds, state birth-to-three special education funds, and state education legacy trust account (ELTA) funds.

Connecting Families to Other Services

There are also many other services available to help families with young children as they go through their early, formative years. Families might need help accessing food, health care, housing, behavioral health services, diaper banks, and more. But navigating the multiple systems to access these resources can be difficult, especially given the fact that different services and resources are administered by different agencies and there is often significant fragmentation and siloes between these agencies. There has been an effort in recent years to build a statewide family resource and referral linkage system in Washington called [Help Me Grow](#).

Through Help Me Grow, families can call, text or email resource navigators, who are highly trained in child development and are extensively familiar with the services and resources in the area. The resource navigators work to identify appropriate services and supports and keep in touch with the family to ensure their needs are fully met.

This facilitated referral allows families to make more informed choices and is an easy way to learn about community support available for their children, ensuring they are connected to the most appropriate services for their needs. Help Me Grow is available to all children, including those whose families may have concerns or simply want to learn more about their child's development.

While momentum has been building around establishing a statewide family resource and referral linkage system in Washington, there is not yet state funding provided for the statewide linkage system with the exception of a pilot in Pierce County. Instead, Help Me Grow Washington is currently being built with private dollars as well as federal funding under the [Preschool Development Grant](#).

Barriers in Access to Early Learning

There are many barriers that can prevent a family from accessing the different core components of the early learning system including child care as well as the wraparound supports for children and the parent supports like home visiting, ESIT and an infrastructure for linking families with other services. While there are many barriers to the latter programs and services, a lack of funding for programs and services to build and expand is at the core of the program. While this brief will not be going into detail on other systemic barriers that may exist for access to wraparound services and parent supports, it is important to note that providing adequate funding for these vital services to be able to adequately serve children and their families is critical.

The remainder of this section will focus specifically on barriers in access to child care. The [Child Care Industry Assessment](#) done for the *Child Care Collaborative Task Force* under the Department of Commerce found two key barriers to child care – affordability and accessibility. A 2019 survey by Elway Research found that 49% of Washington parents found it difficult or very difficult to find, afford and keep child care.¹¹ The identified barriers included¹²:

- 50% found no openings near home or work
- 37% did not find nearby care that fit their work schedule
- 33% did not find nearby care of good quality
- 12% did not find nearby care that accepted state child care subsidies

Affordability – Parents surveyed for the assessment report indicated that affording tuition costs was the greatest barrier or challenge to accessing child care. Child care costs are not only a challenge for low-income families. Moderate- and even middle-income families also face significant cost barriers with the annual cost of child care often exceeding tuition at public colleges. Even when families qualify for subsidies through Working Connections Child Care, there is a significant ‘cliff effect’ – a sudden loss of child care benefits due to an increase in income. An increase in income may bump a family into a different subsidy category that has an increase in copay that is greater than the income increase. WCCC’s co-pay structure has a steep increase from about 140% to 200% of the federal poverty level (see figure 1) and jumping into a higher copay level may reduce a household’s income. An increase in income may also bump a family

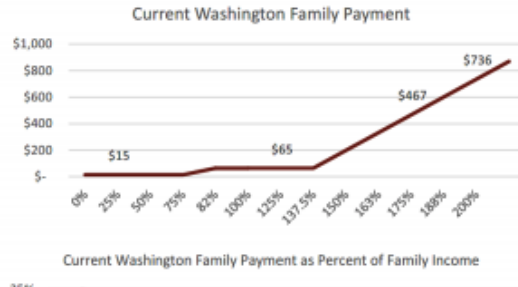
¹¹ *The Mounting Costs of Child Care: Impacts of child care affordability and access to Washington’s employers and economy*. The Department of Commerce. https://www.commerce.wa.gov/wp-content/uploads/2019/09/MountingCostsReport_FINAL.pdf

¹² *ibid*

completely out of eligibility, which again could result in a loss in subsidy money that outweighs any increase in income.

Figure 1: Washington Working Connections Child Care Subsidy Co-Payment Structure¹³

Co-Payment Structure has steep co-payments for all but very low-income families.



Accessibility – According to the Department of Children, Youth & Families, there are 1,185,852 children under the age of 13 in Washington. Of those children, about 64% had all available parents working and therefore likely needing child care (this is prior to the COVID-19 pandemic). But the existing child care capacity at the start of the pandemic was only 188,000 licensed slots for children age 0-13. While some kids are in FFN care, there are many other families with kids who should be in child care but there are not enough licensed slots to meet demand. There are many reasons for this limited capacity, but some of the reasons include the low wages and lack of access to benefits (such as health care) for early learning providers, licensing requirements, and inadequate levels of public financing.

COVID-19 and Child Care

While the crisis in child care in Washington has been building for years, the COVID-19 pandemic has brought the issues and barriers to the forefront, and in many cases has further exacerbated them. While child care facilities were allowed to continue to operate during the pandemic and were encouraged to prioritize serving families of essential workers, the supply was not always sufficient to meet the demand. The supply shortage was further entrenched as schools closed and families with working parents and no alternative had to rely on early learning providers during times when the children would have otherwise been in school. Child care facilities were also faced with the burden of the increased costs for increased levels of cleaning and sanitation, and also trying to secure personal protective equipment (PPE) for employees. These cost burdens were more than many child care providers could absorb, especially given the already low wages they are often paid and the significant loss of income as families pulled their children out of care. As of September 16, 2020:

- Child care sites with a licensed capacity of 40,196 children have temporarily closed across the state.
 - Of those, 561 sites served approximately 2,401 children on subsidy.

¹³ *Child Care Collaborative Task Force: Recommendations Report to the Legislature Under SHB 2367, Laws of 2018*. Department of Commerce. <http://www.commerce.wa.gov/wp-content/uploads/2019/11/Report-Child-Care-Collaborative-Task-Force-2019-Final.pdf>

- 16% of providers have temporarily closed due to COVID-19. This represents temporary closed capacity of 21.6%

With most schools in the state returning this fall with either online only or a hybrid model, child care providers are left filling the gap and serving as de facto teachers for kids who have parents not able to work from home. The Department of Children, Youth & Families has taken several steps to support the already fragile early learning system during the pandemic including establishing an expedited licensing process in an effort to increase the number of early learning providers. The Department has also made several short-term investments to support early learning providers such as stability grants, authorizing full day care for school age children, and waiving family co-payments. While these were important steps to take to support early learning providers in the short term, the landscape remains unstable and providers continue to struggle with the increased burden while also facing financial hardship.

Work Underway in WA

The extent of the child care crisis in Washington is widely known by providers and parents, as well as those who are impacted by the ripple effect such as employers. In 2018 the Washington State Legislature created the Child Care Collaborative Task Force ([SHB 2367](#)) to develop policy recommendations to incentivize employer-supported child care and improve child care access and affordability for employees. Legislation passed in 2019 ([2SHB 1344](#)) extended the task force and expanded its scope of work, which will culminate in a June 2021 implementation plan to achieve accessible, affordable child care for all Washington families by 2025. By June 2021, the task force will have produced four reports to the legislature (links to the completed reports and other resources can be found in Appendix A).

- [An initial report in November 2019](#) (already complete)
- [A Child Care Industry Assessment and Facilities Need Assessment in July 2020](#) (already complete)
- A Child Care Cost Estimation Model, Recommendations, and Implementation Plan (due December 2020)
- A final report and 2025 Child Care Access Implementation Plan (due June 2021)

The [November 2019 report](#) put forth key recommendations determined by the Child Care Collaborative Task Force. The recommendations fall under four goal areas:

- Stabilize, Support and Sustain the Child Care Workforce, Providers and Industry (9 recommendations)
- Increase Employer Support of Child Care (6 recommendations)
- Streamline Licensing and Permitting of Child Care Facilities (5 recommendations)
- Reduce Disparities and Disproportionalities in Child Care Service Delivery and Access (10 recommendations)

A detailed summary of these recommendations can be found in Appendix B. The list is extensive, which highlights the amount of work that lies ahead to stabilize the early learning

system in Washington and working towards the task force goal of achieving accessible, affordable child care for all Washington families by 2025.

Conclusion

Early Childhood Education is a critical social determinant of health that can have a significant impact on both the physical and behavioral health of a child, as well as their parent(s) or caregiver. Despite this significant importance of ECE, the early learning system remains fragile in Washington with providers being significantly underpaid and many low-, moderate- and middle-income families struggling to afford care. The COVID-19 pandemic has significantly exacerbated these barriers. To help make improvements and work towards the goal of all children having access to quality, affordable child care, all sectors – including health and prevention partners – should support and prioritize advancing recommendations to stabilize and improve the early learning system, such as those put forth by Washington’s Child Care Collaborative Task Force.

Prepared for the Prevention Alliance by:

Carrie Glover

Carrie Glover Consulting

carrie@carriegloverconsulting.com

For more information about the Prevention Alliance, contact:

Julie Peterson

Executive Director

Foundation for Healthy Generation

juliep@healthygen.org

This publication was supported by National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention under award number NU58DP004830. The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.

Appendix A: Resources and Reports

- [Child Care Collaborative Task Force Web Page](#)
- [2020 Washington State Child Care Industry Assessment Report](#). Department of Commerce. July 2020.
- [Washington Child Care Industry Insights Dashboard](#).
- [2019 Child Care Collaborative Task Force Report](#). Department of Commerce. November 2019.
- [Mounting Costs of Child Care](#). Washington Department of Commerce, U.S. Chamber of Commerce Foundation, Children’s Alliance, Think Babies, AWB Institute, and Child Care Aware. 2019.
- [2019 Washington Child Care Access Economic Impact Analysis](#). Eastern Washington University. August 2019.
- [Early Childhood Education: Helping Children Develop to their Full Potential and Live Healthier Lives](#). Centers for Disease Control & Prevention, Office of the Associate Director for Policy and Strategy.

Appendix B: List of Goals and Recommendations from the Child Care Collaborative Task Force – November 2019

Source: Child Care Collaborative Task Force – Recommendations Report to the Legislature Under SHB 2367, Laws of 2018. Department of Commerce. November 1, 2019.

<http://www.commerce.wa.gov/wp-content/uploads/2019/11/Report-Child-Care-Collaborative-Task-Force-2019-Final.pdf>

Goal A: Stabilize, Support, and Sustain the Child Care Workforce, Providers, and Industry

- Rec A1. Support compensating the child care workforce competitively with educators in the state’s education continuum in order to provide living wages, reduce turnover, and promote longevity of skilled providers in the child care workforce.
- Rec. A2. Ensure child care staff can access employment benefits and develop other strategies to prevent workforce burnout and support the wellbeing of child care staff. This could include access to health insurance, dental insurance, paid leave, and retirement benefits.
- Rec. A3. Develop a network of local substitute pools across the state to allow child care staff and providers time off to attend training, personal or vacation time, and recover from illness.
- Rec. A4. Support professional development of the current and future workforce:
 - Create a system to show competency through credential- and experience-based equivalencies.
 - Develop alternative ways to receive professional development, such as online learning.
 - Incentivize higher education attainment and career pathways via scholarships and loan repayments programs.
 - Use multiple languages and platforms for all aspects of professional development.
- Rec. A5. Foster a culture of support and mutual respect between child care licensors, regulators and providers:
 - Establish consultative practices and service standards.
 - Enact a third-party evaluation of the regulatory environment, engaging both licensing staff and providers to inform collaboration and continuous improvement.
 - Compile data to better track provider closures. Conduct learning interviews with providers leaving the industry or Early Achievers system to better understand exit reasons.
 - Create and maintain a clear, shared guidebook for both licensors and providers, outlining in plain language all licensing standards and expectations.
- Rec. A6. Support child care provider startup and expansion:
 - Offer technical assistance for business startup, operation and growth.
 - Implement statewide, shared services programs and cooperatives for provider business needs (financial management, human resources, purchasing, etc.).
 - Create and maintain a “best practices” guidebook for providers, supporting quality business and management operations.

- Rec. A7. Increase access to grants, loans and other funding sources to offset child care operating and capital facility costs, including but not limited to the Early Learning Facility Fund, small grants and microloans.
- Rec. A8. Support development of child care facilities:
 - Continue to invest in the Early Learning Facilities Fund.
 - Offer retail sales and use tax exemptions. Streamline facility permitting and licensing.
 - Focus on rural and underserved areas.
- Rec. A9. Provide state funds to leverage public-private partnerships with community development financial institutions (CDFIs) to develop child care financing options, such as loan programs.
- Rec. A10. Promote diverse and inclusive child care settings so children have equitable opportunities for learning that help them achieve their full potential as engaged learners:
 - Develop the capacity of neighborhoods and communities to meet local child care needs in a variety of settings.
 - Support and enable child care programs to:
 - Implement trauma-informed, culturally responsive and bias-reducing practices, including providing opportunities for education on implicit and explicit bias and other types of cultural competency-focused training.
 - Recruit and retain educators and leaders who reflect the diversity of served families (race, ethnicity, gender and home language) and exhibit a commitment to improving their practice.
 - Ensure, to the extent possible, that any formal assessment tools are designed and validated for use with the children being assessed, considering age, culture, language, social and economic status, and abilities and disabilities.

Goal B: Increase Employer Support of Child Care Rec.

- B1. Educate employers on the business case for supporting child care and reducing barriers to participation in employer-supported child care programs. Demonstrate the case with data.
- Rec. B2. Develop and promote an informational web-based menu of options for employers to support employee provision of child care, such as available options, how to evaluate and access them, and available recognition or incentive programs. Examples of the menu of options could include connecting employers with resources regarding:
 - Implementing “bring your infant to work” and other family-friendly model policies
 - Allowing for parent choice among child care options
 - Providing backup child care
 - Providing onsite child care
 - Contracting with nearby child care programs
 - Accessing federal, state, and local tax incentives
 - Offering the Dependent Care Assistance Program

- Participating in voluntary programs recognizing family-, child-, and breastfeeding-friendly workplaces
- Rec. B3. Implement a tiered business tax incentive program to match business expenditures for provision of employee child care, including but not limited to the following expenditures:
 - Contributions to child care savings accounts
 - Child care vouchers or tuition payments
 - Provision of external child care and back-up care
 - Provision of onsite child care
 - Start-up costs
- Rec. B4. Provide a retail sales (and use) tax exemption or deferral for construction, renovation, and remodeling of child care facilities.
- Rec. B5. Provide a point-of-sale, sales (and use) tax exemption on consumables used in providing child care.
- Rec. B6. Pilot within state government a model “bring your infant to work” policy to demonstrate how other employers could scale and implement the model policy. Include alternative infant care options and other family-friendly policies for workplaces and jobs unable to consider hosting infants given workplace conditions.

Goal C: Streamline Permitting and Licensing to Support the Construction, Renovation, and Acquisition of Child Care Facilities

- Rec. C1. Invest in technical assistance for construction or renovation of child care facilities to ensure timely and efficient startup and expansion:
 - Scale up the child care facilities technical assistance provision funded in 2019. Target provision in areas with most significant child care access challenges. Ensure the state has capacity to provide or contract with subject matter experts.
 - Create a guidebook or other tools for prospective providers, detailing the steps to meet permitting, licensing and other specification requirements.
- Rec. C2. Streamline licensing during child care facility development:
 - Scale up the licensing pre-approval process to all new child care construction and renovation projects.
 - Coordinate local and state agencies such as DCYF, State Fire Marshal and State Building Code Council to assess and streamline licensing processes.
- Rec. C3. Partner with appropriate entities and jurisdictions to limit or eliminate local construction impact fees for child care facilities.
- Rec. C4. Evaluate child care licensing standards and their impact on the development and maintenance of child care facilities. Initiate collaborative continuous improvement processes for licensing standard implementation and monitoring.
- Rec. C5. Simplify and streamline licensing process for change of ownership of existing child care programs.

Goal D: Reduce Disparities and Disproportionalities in Child Care Service Delivery and Access

- Rec. D1. Create a graduated co-pay structure that eliminates the “cliff effect” for all state-administered child care subsidies.
- Rec. D2. Increase eligibility for state-administered child care subsidies to support more low- and middle-income families.
- Rec. D3. Prioritize increasing affordability of child care for families disproportionately affected by barriers and furthest from opportunity.
- Rec. D4. Enable child care providers to care for children eligible for state child care subsidies by adjusting provider subsidy rate payments to cover the full cost associated with providing high-quality child care.
- Rec. D5. Support and enable child care and related programs to implement trauma-informed, culturally responsive, and bias-reducing practices, including providing opportunities for education on implicit and explicit bias and other types of cultural competency-focused training.
- Rec. D6. Incentivize provision of nonstandard-hour child care, including evening, weekend, and overnight care, to increase access to child care for those who work or attend school during nonstandard hours.
- Rec. D7. Incentivize provision of child care in the child’s home language, and support dual language learning. Rec. D8. Offer information in multiple languages to reduce language barriers in seeking and accessing child care.
- Rec. D9. Enable families to navigate and access child care and related programs through informational resources, technical assistance, outreach and other supports.
- Rec. D10. Support provision of child care in underserved geographic areas and rural areas so families may access child care in their local communities.