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Getting the Most Bang for the Buck: Quality Early Education and Care
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Good morning Madam Chairwoman and Ranking Member Senator Burr. I am pleased to be here today to testify before the Subcommittee on Children and Families. My name is Linda K. Smith and I am the Executive Director of the National Association of Child Care Resource & Referral Agencies (NACCRRRA). We work with 600 state and local Child Care Resource and Referral agencies throughout the country training 650,000 child care providers and serving 7 million parents every year. About 40 percent of our agencies administer state child care subsidies to low income families. I have been at NACCRRRA for nearly 10 years but prior to that time, I worked at the Department of Defense for 25 years helping to develop the military child care system.

While at the Pentagon, I held a number of positions as a career employee. I was Director of Family Policy for the Secretary of Defense, the Director of Child Care and Youth Policy, and I played a leading role in implementing the Military Child Care Act of 1989. I welcome an opportunity today to compare and contrast the Military Child Care Act (MCCA) and the Child Care and Development Block Grant (CCDBG). And, to talk about the importance of quality child care for all children.

Every week, more than 11 million children under age 5 with working mothers are in some type of child care arrangement. On average, these children are in care for 35 hours per week. Over half (55 percent), return to the workforce within 6 months of giving birth. These children are cared for in settings that range from the more formal child development centers and preschools to informal family child care homes.

The majority of adults working in these programs are untrained and lack the resources to do the job expected. They are poorly paid – the average pay is \$10.07/hour – and they turnover at approximately 30 percent a year. Few states require comprehensive background checks of the workforce, have solid health and safety standards, and fewer do comprehensive routine inspections.

Given the number of children in care and the amount of time they spend there, to say that child care isn't the primary early learning experience for them, is simply denying the facts.

What is most interesting is that the Military Child Care Act and the Child Care and Development Block Grant were enacted around the same time. The MCCA was enacted in 1989 and CCDBG was enacted in 1990. Both had as a centerpiece of the law parental choice. Both were enacted to respond to an increase in working women and a greater need to make child care more affordable for working families. But, that is about all the two laws had in common. The approach to assisting families and the objective with regard to child development were quite different.

The structure of the military is often a mystery to those who have not served in it. But, actually, there are many similarities in that structure that correspond to civilian government.

The Department of Defense (DoD), like the Department of Health and Human Services (HHS), is charged with implementing the laws passed by Congress. The military services (the Army, Navy, Air Force, and

Marines) function like states. The major commands are akin to county governments. And, installations act like city and local governments.

Child care policy is written at DoD, just as federal policy on civilian child care is written by HHS. And, policies from both agencies stem from requirements put in place through laws.

When DoD writes policies, regulations are put into place by the four military services. The military services have latitude to exceed the minimum policies, but not relax them. These regulations are passed onto the major commands, who in turn, issue guidance to military installations. Again, the major commands can exceed minimum policies, but not relax them. The installations implement the regulations and in some cases, they may add further requirements, but they are not allowed to relax the basic requirements. In this way, there are minimum protections for the children of military families.

The Department of Defense through the Military Child Care Act has developed a system of quality child care. The proof of this can be seen in national accreditation rates: 100 percent are accredited within the military child care system compared to 8 percent of child care programs in the civilian world. The system has minimum protections for children, parents can choose among an array of settings that all meet these minimum protections, and there is accountability for how DoD child care funds are spent.

In contrast, the Child Care and Development Block Grant has led to a patchwork array of child care settings under different laws in every state. There is no system. There are no minimum protections for children. Parents can choose either licensed or unlicensed care. And, accountability for spending public dollars is weak at best. NACCRRRA's parent polling shows that parents neither understand nor demand quality because they simply don't know what questions to ask. Most make logical assumptions about licensed care (such as assuming programs that are licensed include providers who have had a background check, minimum training, CPR, and other basic health and safety training). Unfortunately, there is a large gap between logical assumptions made by parents and state child care policies.

At the core of the Military Child Care Act are some key provisions that help set a framework for a system of quality care.

First, there are comprehensive background checks, including a fingerprint check against state and federal records. Child abuse records are checked for substantiated claims. The intent is that children should be safe in child care. Convicted felons, sex offenders, and those with a history of child abuse should not receive DoD money to care for children. This was a Congressional mandate in 1990.

In contrast, CCDBG has no background check requirement. As a result, state laws vary greatly. Only 10 states require a comprehensive background check for those working in child care centers. Only 8 states require a comprehensive background check for family child care home providers. Between the two, only 5 states require a comprehensive check for both centers and family child care homes.

A comprehensive background check means a fingerprint check against state and federal records, and a check of the sex offender and child abuse registries. Just over half the states require fingerprint checks for child care center employees (30 states for federal records; 28 states for state records) and fewer than half (22 states for federal records; 24 states for state records) require fingerprint checks for family child care home providers.

A fingerprint check makes a difference. Providers can evade the system by using an alias that a name check simply won't pick up. That's why a fingerprint check is more effective. And, for family child care

homes, all adults in the household need to have a background check, not just the individual applying for a license. Consider the following:

- In Illinois, an audit found that 90 providers' addresses matched those listed for sex offenders.
- In California, an audit found 49 matches for sex offenders.
- In Kentucky, an audit found 30 sex offender matches.

NACCRRRA's polling of parents shows that overwhelmingly they support comprehensive background checks for child care providers. In fact, most parents logically assume that licensed care means that providers have had a background check. But, the reality is far different.

Senator Burr has introduced legislation, S. 581, the Child Care Protection Act, to require a comprehensive background check for licensed care and those receiving CCDBG subsidies. Madam Chairwoman, I am hopeful you and the other members of the HELP Committee will cosponsor the bill and that it will pass either by itself or as part of CCDBG reauthorization.

Second, the Military Child Care Act requires the Secretary of Defense to establish a uniform training program for child care providers. The Act requires, at a minimum, that training shall cover:

- Early childhood development
- Activities and disciplinary techniques appropriate to children of different ages
- Child abuse prevention and detection
- CPR and other emergency medical procedures

As a result, the Department of Defense policy establishes a minimum requirement of 40 hours of initial training either before a provider cares for children or early on in their caregiving responsibilities. Also, DoD requires 24 hours of annual training as follow-up and to reinforce initial learning.

Research shows that better trained providers lead to higher quality care and more positive outcomes for children. Higher quality care is linked to increased school readiness, reduced use of special education, reduced use of public assistance, and reduced juvenile crime. While quality child care is important for all families, higher quality care has an even greater impact on children from low income families.

Just last year the National Institute of Child Health and Human Development (NICHD) found that high quality child care for those under age 5 had a long-lasting impact on children's future development.

Specifically, NICHD found that those children who had received high quality child care scored higher at age 15 on measures of academic and cognitive achievement and were less likely to misbehave than those who were enrolled in lower quality child care.

After 40 years of research, the results are consistent: quality child care makes a difference. Unfortunately, studies show that less than 10 percent of child care is of high quality.

But, in contrast, the CCDBG has no minimum training requirement. State requirements vary greatly. Only 13 states require child care providers in centers to have initial training in child development. While state requirements are improving on health and safety requirements, only 34 states require all 10 basic health and safety practices that experts recommend (such as requiring babies to be placed on their backs to sleep as recommended by the American Academy of Pediatrics).

Safe sleeping practices can save lives. It's related to training because health and safety requirements often lead to training to promote better daily practices for children. It's not theoretical. It's practical. We can't teach common sense, but what we can do is ensure that child care providers have been exposed to practices that can make a difference in the health and safety of the children for which they provide care.

Third, the Military Child Care Act requires at least quarterly inspections for child care programs. Regular inspections are a means of ensuring that children are cared for in settings that meet minimum health and safety requirements. Onsite guidance during inspections can help providers to improve the level of care they offer.

- Unannounced inspections help prevent providers from covering up violations, particularly when there is a history of violations or sanctions.
- Unannounced inspections can help reduce fraud by ensuring that providers are actually caring for the children they claim subsidies for and to promote safety by ensuring that providers are not caring for more children than a license allows.

In contrast, the Child Care and Development Block Grant has no inspection requirement. State laws vary greatly. Only 8 states conduct inspections at least quarterly for centers (Florida, New Mexico, North Carolina, Oklahoma, Oregon, Tennessee, Virginia, and Wyoming). The reality is:

- 20 states (including DC) conduct inspections of centers once a year or less frequently.
- California inspects child care centers once every five years.
- Iowa and Montana inspect family child care homes once every five years.
- Michigan inspects family child care homes once every 10 years.
- 8 states issue a license to family child care home providers without conducting an inspection first (Georgia, Kansas, Michigan, Montana, Pennsylvania, South Carolina, Texas and West Virginia).

Inspections are about promoting child safety. They are about promoting accountability for the expenditure of federal money. The standards a state has are important. But, they won't matter if inspection policies are weak. The two go hand-in-hand: quality standards to ensure children are safe in child care and oversight to ensure that programs comply with state standards.

At it's core, DoD sets a minimum quality bar for child care. Background checks, training in the basics like CPR, first aid, basic health and safety, child abuse prevention and detection, and child development. Added to that are inspections. There's attention to quality, not just access. There is accountability. And, DoD has the authority to enforce compliance.

In contrast, there is no core minimum quality piece to CCDBG. State standards are weak. State oversight is weaker. And, HHS has no authority to improve it.

NACCRRA has conducted several national polls of parents with children over the last several years. While affordability is a top concern, quality is **the** top concern. Our most recent polling (June 2010) found:

- 94 percent of parents support requiring child care providers to have some basic training in health and safety practices, and child development, before working with children;
- 94 percent of parents support quality standards for all child care programs to ensure the health and safety of children;

- 92 percent of parents support a background check using fingerprints of every child care provider caring for unrelated children on a regular basis; and,
- 89 percent of parents support requiring child care program inspections at least once a year.

So, what are the lessons from the Military experience that can help establish a framework for quality care nationwide? NACCRRRA has been working with the branches of the military, especially the Army, to use the requirements of the military to improve care in civilian programs where there are large concentrations of soldiers.

Called Army Child Care in Your Neighborhood, we have used the same training and inspection process used on the installation. To show that this can be done, we have worked with providers to achieve the national CDA credential and centers to achieve national accreditation. These projects demonstrate that civilian child care providers can, given support, achieve the same levels of quality.

Child care is a complex program that supports many - parents, businesses, government and providers all have a role to play.

While I have mentioned several of the shortcomings of CCDBG, it is not all doom and gloom on the CCDBG front. There are many outstanding programs in this country and many people working hard to do the best they can for children. CCDBG has played an important role in helping low income families better afford access to child care.

But, since 1990 when CCDBG was enacted, we have learned a lot:

- Research has found that 80 percent of brain development occurs between birth and age three, and 90 percent before age five.
- Research has found that more than half of kindergarten children are considered not ready when they arrive at school.
- NACCRRRA's own studies have documented the child care laws and policies that states have pursued with federal money.

While 20 years ago, the focus through CCDBG was to expand access to child care, it is time to focus on the quality of care to which families have access. The pendulum is swinging in many states. Nearly half have created Quality Rating Improvement Systems (or QRIS), which are designed to give parents greater awareness about the quality of child care in their community and provide an incentive to child care providers to offer higher quality care by offering greater subsidy payments to higher quality programs.

Quality rating systems are a good start, but not the total answer. The most recent CCDBG subsidy data (fy2009) shows that in 22 states, at least one-fifth (20 percent) of the children whose care is paid for by federal subsidies are in license-exempt care.

- In two states (Hawaii and Michigan), over 60 percent of the children whose care is paid for through CCDBG are in license-exempt care.
- In 9 states (Connecticut, Hawaii, Illinois, Michigan, Missouri, New York, North Dakota, Oregon and Utah), 35 percent or more of children whose care is paid for with a subsidy are in license-exempt care.

Therefore, there are really two issues related to the quality of care:

- First, what licensing means and the protections for children in licensed care; and
- Second, the quality of care in which federal subsidies can be used

While DoD funds are restricted to settings meeting minimum requirements, there is no similar requirement under CCDBG. Quality rating systems are part of the answer, but some apply to centers only, some apply only to licensed care, and few states restrict subsidy receipt to licensed care (which is the only threshold that brings with it some minimum protections for children and oversight).

Nearly \$10 billion in government money is spent on child care today. We can't fix child care in America overnight. But, we can take a few simple steps at no or little cost that would improve the quality of care for millions of children and help set a quality framework through which a child care system could be built.

1. Require a minimum core set of protections for children that apply to all programs receiving federal funds of any kind and require inspections similar to DoD. Inspection reports should be posted on the internet so that parents can make informed choices.
2. Require comprehensive background screening of workers in order to ensure children are safe.
3. Require comprehensive training programs for the workforce that are linked to higher levels of competency and incentives.
4. Give HHS more authority to enforce the provisions of CCDBG and hold them accountable for federal funds invested. Link funding to quality not just quantity.

These are simple steps. Most would have little cost. It is NACCRRRA's position that background checks and training can and should be personal responsibilities of those self-selecting to care for unrelated children or could be paid for through CCDBG or by providers. Quite frankly, if a provider wants to take thousands (or more) from the government to care for children, it is not unreasonable to ask that they take some personal responsibility to show that children will be safe in their care.

CCDBG reauthorization represents an opportunity to strengthen the quality of care for all children. The last time the law was reauthorized was in 1996. It is far past time that Congress takes a close look at CCDBG and the state laws that have emanated from it. We can do better for children. Quality care matters to their safety and development and it is time for more accountability in the way in which government dollars are spent. I look forward to working with the Committee and to respond to any questions that you may have.

I ask that NACCRRRA's *We Can Do Better* Report with regard to state child care center policies and *Leaving Children to Chance* Report with regard to state family child care home policies be included in the record. In addition, I ask that the table comparing the Military Child Care Act and the Child Care and Development Block Grant be included in the record.

Thank you.