

**SUMMARY OF STATEMENT BY MYRA JONES-TAYLOR, PH.D.
BEFORE THE COMMITTEE ON HEALTH, EDUCATION, LABOR AND PENSIONS**

Hearing on

Supporting Children, Workers, and Families by Strengthening America's Child Care Sector
April 27, 2021

- **Child care before the pandemic was already in crisis, summarized by one word: unaffordable--**
 - For families, where cost was often a barrier to finding care and neighborhoods determined the level of care available. Over half of Americans live in “child care deserts” with too few regulated places for the number of young children living there.
 - For early childhood educators, whose low wages mean many must turn to public assistance. Inequities abound, within a workforce disproportionately made up of women of color, those women are paid less than the average, as are infant-toddler teachers also are paid less, even with credentials similar to preschool teachers.
 - For our children, whose brain development is shaped by their environment, regardless of what we as adults label it. Too many young children, especially from families with low-income and children of color, lack consistent access to quality care.
 - For our economy, where wages, work productivity, economic activity and tax revenue lost due to insufficient access to child care adds up to about \$57 billion each year.
- **Almost impossible for free market to ensure all families who need it have access to quality child care that compensates providers as the professional early educators they are.**
 - CCDBG falls far short of meeting the needs of even the limited population of children who are eligible, serving just 1 in 7.
 - The value of child care subsidies is insufficient in almost every state for families to choose high quality care, or for providers to pay their staff competitively and invest in quality.
- **COVID-19 exposed the system's fragility.**
 - Many providers closed at the pandemic's onset, re-opening in conditions making already razor-thin margins untenable.
 - A NAEYC survey found more than half of centers surveyed lost money every day, often accruing personal debt or drawing down personal savings to remain open.
 - Funds provided for COVID relief, particularly \$50 billion since December 2020, will stabilize the industry for providers and families, while helping build foundations for critical services such as early childhood mental health support.
- **What's next for child care? We need comprehensive action from Congressional leaders to shape a stronger, more resilient future for child care funded as a public good. This system ensures:**
 - All children can receive high-quality care that supports their healthy development.
 - Families have options for high-quality care settings that best meet their needs and the needs of their children – including by proactively building a supply of quality care in communities where one doesn't exist.
 - All families who need help paying for child care have the financial support they need to afford quality care – HHS sets 7 percent of family income as the benchmark.
 - Early childhood professionals in all settings receive the support, resources, and fair compensation they need to provide high quality care.

**STATEMENT BY MYRA JONES-TAYLOR, PH.D. BEFORE THE COMMITTEE ON HEALTH, EDUCATION,
LABOR AND PENSIONS**

Hearing on Supporting Children, Workers, and Families by Strengthening America's Child Care Sector
April 27, 2021

Good morning Chair Murray, Ranking Member Burr, and other distinguished members of the Senate Committee on Health, Education, Labor and Pensions.

My name is Myra Jones-Taylor and I am the Chief Policy Officer at ZERO TO THREE, the leading national nonprofit working to ensure that babies, toddlers and their families have the resources and support they need to thrive. For more than four decades, ZERO TO THREE has worked to translate the science of early childhood development into resources, tools, and responsive policies for millions of parents, professionals and policymakers.

I am incredibly grateful for the opportunity to testify before the Committee today about the longstanding child care challenges this country has faced and the impact of those challenges on families, early childhood professionals, and the healthy development of the children together they both nurture and care for. In addition to highlighting the structural challenges that have existed in the child care system, both pre-COVID and during the ongoing pandemic crisis – I look forward to sharing our vision for the stronger, more equitable, and more resilient child care system that this committee can play a key role in shaping for current and future generations.

The Status Quo of Child Care in the U.S.

Much attention over the past year has been focused, justifiably, on the devastating impact the COVID-19 pandemic has had on the child care sector. While this is a critically important story, that I will touch on in more detail later in my testimony, the narrative around the pandemic obscures the fact that for far too many families, children and early educators, child care was already in a crisis state long before March of last year. As we work together to apply the lessons learned in the pandemic and build a stronger, more resilient child care system for the future, we have to clearly understand these long-standing challenges.

If I had to summarize our child care status quo prior to the pandemic in one word it would be “unaffordable.”

Our child care status quo was unaffordable for families. Even for those who were fortunate enough to find care in their communities that met their needs and those of their children, the cost of care is too often an insurmountable barrier to access. One family who shared their story with us talked about beginning their child care search during the early stages of pregnancy – and contacting more than 30 providers who did not take infants or had waiting lists up to two years. Another family, making just over the limit to receive a subsidy through CCDBG shared that the cheapest care they were able to find cost 1.5 times their monthly rent, and that they had to put their infant in care with unsafe staff-child ratios in order to be able to work to support their family financially. According to research by the Center for American Progress, over half of Americans live in communities considered child care deserts – where there are more than three times as many children under 5 as there are licensed child care slots.ⁱ Center-based care for infants and toddlers costs more than in-state tuition and fees at a public 4-year college in 30 states and the District of Columbiaⁱⁱ – and those costs hit families earlier in the careers, who frequently earn less money and fewer savings built up.

Our child care status quo was unaffordable for the early education professionals who make up the child care workforce – a workforce that is disproportionately made up of women of color. One early educator who shared her story with us told us that even with a master’s degree and 10 years of experience, she made less than \$30,000 a year - eventually having to leave a job she loved when the cost of her own two children’s care equaled her monthly take-home pay. She reflected that when she was in high school, she was told she could be anything she wanted to be, and that it was a shame in the richest country in the world, she couldn’t be the two things she wanted to be the most at the same time – a preschool teacher and a mother. On average, child care providers make less than \$12 per hour, and providers of color and those serving infants and toddlers make even less. As a country, we compensate our early educators so poorly that over half are enrolled in at least one of the EITC, Medicaid or CHIP, SNAP, or TANF.ⁱⁱⁱ

Our child care status quo was unaffordable for our children, whose development is being rapidly shaped in the earliest years of their lives. As infants and toddlers interact with their environments and caregivers during the earliest years, their brains are making more than one million neural connections every second – building a foundation for all future development and learning.^{iv} The health of this foundation is shaped by the relationships children have with their caregivers, and given that 62 percent of mothers with children under three were in the workforce prior to the pandemic,^v the quality of child care environments plays a critical role in supporting this foundational brain development. High-quality care supports children’s early learning, cognitive and language development, social and emotional development, and later school achievement – but unfortunately our child care status quo leaves too many young children, especially for children from families with low-income and children of color, without consistent access to quality care.^{vi}

Finally, our child care status quo was unaffordable for our broader economy. When you add up wages, work productivity, economic activity and tax revenue lost due to insufficient access to child care it comes out to approximately \$57 billion each year.^{vii} As conversations in Washington turn towards long-term investments and job creation, our leaders must consider the foundational importance of child care in ensuring those investments reach their maximum potential.

As we talk about these significant challenges that faced the child care sector even before the COVID-19 pandemic, it is important to focus on *why* our current system was so unaffordable for parents, early educators, children, and our broader economy. The answer to that question is not particularly complicated, but it does demand a stronger policy response than we have historically been willing to offer as a nation.

Simply put, it is exceedingly difficult, if not impossible for the free market to ensure that all families who need it have access to quality child care that compensates providers like the professional early educators they are. As a simple, illustrative example, I ask you to consider the staffing needed to operate a typical infant classroom.

The federal government recommends, and the majority of states’ basic licensing standards reflect, that for children under 12 months, one trained adult should care for no more than 4 infants, and that 2 trained adults should always be present in a classroom of 6-8 infants.^{viii} These staff-child ratio and recommendations not only serve to keep young children safe and healthy in care settings, but also facilitate increased opportunities for age-appropriate activities and responsive caregiving critical to supporting children’s healthy development.

At these low staff-child ratios, which again are critical for keeping children safe and supporting their healthy development, the existing child care system largely relies on private-paying parents to fully cover the cost of staffing, physical operating space, food and supplies, and insurance. Some states allow for higher staff-child ratios and increase ratios and group sizes after age one.^{ix} And while providers can and do manage to survive on thin margins by subsidizing some of the added costs of serving infants by operating more classrooms for older children, who can be served with higher staff-child ratios, the underlying mathematical impossibility of keeping care affordable for families with infants and toddlers while ensuring fair compensation for providers remains the same.

The federal government does provide some support for the child care system, largely in the form of child care subsidies for families through the Child Care and Development Block Grant (CCDBG). And these supports can make a world of a difference for families who are fortunate enough to receive them. Unfortunately, even with a much needed, bipartisan increase in funding for the program in 2018 – CCDBG falls far short of meeting the needs of even the limited population of children who are eligible. Just 1 in 7 federally-eligible children – those with incomes below the 85th percentile of their state’s median income – received a subsidy through CCDBG in 2017, the latest year for which data were available.^x Of the broader universe of low- and moderate-income families with infants and toddlers who could benefit from access to a subsidy if they were eligible, just 4.2 percent have access to them, according to the latest data from ZERO TO THREE’s State of Babies Yearbook.^{xi}

It is also important to note that the value of child care subsidies is insufficient in almost every state to offer eligible families the opportunity to choose high quality care for their children, or to offer providers enough funding to pay their staff competitively and invest in quality. Just 4 states set their reimbursement rates for child care assistance at or above the 75th percentile of current market rates in 2019.^{xii} And those market rates do not even take in to account the actual costs of providing high quality care, including providing fair compensation to early educators.

Ultimately, before the pandemic, our child care system could be characterized as failing families, providers, children, and our broader economic infrastructure. The market has clearly failed in this case to create an adequate supply of affordable care for families or fair compensation for providers, and absent sufficient public support, this failure has forced parents and providers to subsidize the system with high costs and unlivable wages. While there was welcome, widespread acknowledgement from members of both parties about the need to fix these challenges, even prior to the pandemic, it unfortunately took the COVID-19 crisis to throw into sharp relief just how fragile and vulnerable this status quo had left our child care sector.

Impact of COVID-19 on Child Care

The fragility of our child care system was brought into sharp focus at the onset of the COVID-19 pandemic last year, as many providers closed under public health orders at the onset of the pandemic, only to re-open in conditions that made the already razor-thin margins they operated under before untenable.

Higher costs due to the need to provide PPE for staff and lower ratios and group sizes to mitigate the spread, combined with reduced income from enrollments to drive many providers to closure. For those that remained open, or re-opened, they often did so at great personal sacrifice. The State of Babies Yearbook: 2021 shows a roller coaster of trends in parental use of care and preferences during the

pandemic, adding to difficulties for providers to stabilize. ^{xiii} A December survey from the National Association for the Education of Young Children reported that more than half of centers surveyed were losing money every day they remained open – and many providers accrued personal debt or drew down on their own personal savings to remain open to serve working families in their communities. ^{xiv} By January of this year – more than 1 in 6 child care jobs had been lost, according to the Bureau of Labor Statistics, threatening efforts to support a strong economic recovery. ^{xv}

The losses to the child care sector during the pandemic were felt across the broader economy – for no group more than women. A survey from the Chamber of Commerce released last December revealed that six percent of working parents had left the workforce entirely as of last October, with child care challenges being cited as the primary reason for doing so. Of those surveyed, women were nearly twice as likely as men to have declined a new job opportunity during the pandemic and more than four times as likely to have left the workforce altogether. ^{xvi} While women’s workforce participation numbers overall have recovered slightly since their nadir in December, the critical fact remains that access to child care access is essential to ensuring parents can participate equally in the workforce.

Beyond the macro-level impacts of COVID-19 on the child care system and the economy, I think it is also critical to raise here, the traumatic individual impact the pandemic has had on individuals. The COVID-19 pandemic has heightened stress and mental health needs for young children, families, communities, and the child care providers who serve them, especially among people of color. ^{xvii} Recent research has shown not only heightened mental health concerns for children and families, but also a doubling or tripling of rates of depression among child care providers and elevated stress levels, especially among child care providers of color. ^{xviii} The stressors are from COVID-19 itself (e.g., illness, hospitalization, loss), economic impact (e.g., loss of jobs, loss of child care, uncertain viability of the child care industry), increased racism-motivated aggression (e.g., racist violence and rhetoric), and more. Previous research has shown that as either child/family stress or child care provider stress increases, so increases preschool and child care expulsions and other forms of exclusions, which have historically impacted all subgroups of young children yet also been very racially disproportionate. ^{xix}

Fortunately, there is now solid data showing that early childhood mental health consultation (ECMHC) is not only highly effective, but is also very cost efficient to sustain. Statewide random-controlled trials in both Connecticut (2016) ^{xx} and Ohio (2021) ^{xxi} have shown that ECMHC interventions can improve the mental health of young children in as little of 2-3 months of intervention, including not only the target children who promoted the request for mental health supports but also the bystander children in the classroom. Additional information suggests that ECMHC improves parent provider communication ^{xxii} and provider stress levels and burnout, ^{xxiii} areas of heightened concern, while also increasing overall equity of interactions in child care programs receiving this support. ^{xxiv} Of course, long-term, sustained investments are needed to scale up access to early childhood mental health consultation to the broader range of programs that could benefit from it.

In the midst of highlighting the severe challenges the pandemic has posed for children, families, and providers, I do want to take a moment here to thank the members of this Committee, and our broader Congressional leadership, for recognizing the critical role child care and responding boldly to address the worst of the COVID-inflected child care crisis, including by providing \$3.5 billion to the sector in the CARES Act, \$10 billion in the Coronavirus Relief and Relief Supplemental Appropriations Act (CRRSA), and \$39 billion in the American Rescue Plan. These funds have and will continue to provide much

needed relief to providers who have either stayed open during the pandemic or been forced to close due to the crisis, as well as much needed relief to families who need help paying for and accessing care. These funds were much needed to stabilize the sector, children, and families from the worst impacts of the pandemic, including by supporting increased access to mental health supports for children feeling emotional distress from the pandemic. However, they were not designed to be, nor are they sufficient to make the long-term, lasting changes to the pre-pandemic status quo that failed too many parents, children, and providers.

What's next for child care?

If the child care system could be categorized as resting on a faulty, unstable foundation prior to the pandemic, then COVID-19 was an earthquake that revealed its fragility and shattered that foundation. As we now work to rebuild and strengthen the child care sector as we hopefully come out of the pandemic and return to normal, it would be irresponsible and short-sighted for us to return to the pre-pandemic status quo for child care, which left too many parents, providers, and children behind. Instead, we must look to rebuild a stronger foundation for the child care system, acknowledging its role as an essential public good to maintain our economy, and built on principles of equity for parents and providers and designed around an understanding of the critical role child care plays in shaping children's development.

For far too long, we have allowed our fragile child care system to be subsidized on the backs of unaffordable high costs for parents, and unlivable, low wages for providers. For no other age group than our youngest children, during their years of most rapid brain development, do we expect most parents to take the lead in shouldering the full cost of education and care. Neither parents nor providers have the capacity to bear any additional burden for shouldering the weight of the system – it is past time for our policymakers to invest in child care as the public good it is.

In this moment, we need comprehensive action from our Congressional leaders to shape a stronger, more resilient future for child care. Such a system should ensure that all children can receive high-quality care that supports their healthy development. It should ensure families have access to their choice of high-quality care settings that best meets their needs and the needs of their children – including by proactively building a supply of quality care in communities where one doesn't exist. It should ensure that all families who need help paying for child care have the financial support they need to afford quality care – HHS sets 7 percent of family income as the federal benchmark for affordable child care.^{xxv} And it should ensure that early childhood professionals in all settings receive the support, resources, and fair compensation they need to both provide high quality care, including supporting providers' and children's mental health while avoiding exclusionary discipline practices that disproportionately affect Black children.

I wish I could tell you that this type of system could be done on the cheap through finding new efficiencies or tinkering around the edges. But I would be lying if I said that. Additional tax credits might help lower the cost of care for some families, but do nothing to create a greater supply of high-quality care. And in a system where cost is largely driven by low staff-child ratios that are needed to protect children's health and safety and support their development, there is no way to achieve cost savings through deregulation without especially harming infants and toddlers. While such an investment might be expensive, as I have already mentioned, the cost of doing nothing and returning to the status quo is unaffordable for our families, our educators and our economy. And importantly, the expense of

supporting families' access to high quality early childhood opportunities can be more than recouped through the long term gains children and families make as a result of those investments. Economists have found the annual return on investment for high quality early childhood programs is as high as 13 percent over the course of a child's life;^{xxvi} and a recent report from the National Women's Law Center and Columbia University found that expanding access to affordable, high quality child care for all who need it would increase the lifetime earnings for women with two children by approximately \$94,000, with Black and Latina women benefiting the most.^{xxvii}

The evidence is clear, it is past time we invest in child care as the public good we know it is, and build a stronger, more equitable system for current and future generations. We all benefit when we give our children the best possible start in life. I thank you for the opportunity to testify today and I look forward to taking your questions.

Biography

Myra Jones-Taylor is the Chief Policy Officer at ZERO TO THREE, the national leader on infant-toddler policy and program development. She leads the development and implementation of the organization's policy agenda, priorities and strategies; oversees the Policy Center, which includes federal and state policy and advocacy; and serves as the principal spokesperson for the organization on public policy matters with policymakers, the media, funders and partner organizations.

Prior to this role, Myra served as Connecticut's founding Commissioner of Early Childhood. Myra received her doctorate in American studies and anthropology from Yale University. She lives in Washington, D.C. with her husband and two children.

ⁱ Malik, R., Hamm, K., Schocet, L., Novoa, C., Workman, S., and Jessen-Howard, S. (2018). America's Child Care Deserts in 2018. Center for American Progress. <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/>.

ⁱⁱ Child Care Aware of America. (2020). The US and the High Cost of Child Care. <https://www.childcareaware.org/our-issues/research/the-us-and-the-high-price-of-child-care-2019/>.

ⁱⁱⁱ Center for the Study of Child Care Employment. (2018). Early Childhood Workforce Index 2018. <https://cscce.berkeley.edu/wp-content/uploads/2018/06/2018-Index-Executive-Summary.pdf>

^{iv} Harvard University Center on the Developing Child. In Brief: The Science of Early Childhood Development. <https://developingchild.harvard.edu/resources/inbrief-science-of-eecd/>.

^v U.S. Bureau of Labor Statistics. (2019). Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2017-2018 annual averages. <https://www.bls.gov/news.release/fameet06.htm>.

^{vi} National Research Council and Institute of Medicine. (2000). From neurons to neighborhoods: The science of early childhood development. J.P. Schonkoff and D.A. Phillips, Eds, Board on Children, Youth and Families; Commission on Behavioral and Social Sciences and Education. National Academy Press.

^{vii} Ready Nation, Council for a Strong America. (2019). Want to Grow the Economy? Fix the Child Care Crisis. <https://www.strongnation.org/articles/780-want-to-grow-the-economy-fix-the-child-care-crisis>.

^{viii} Child Care.Gov. (2020). Ratios and Group Sizes.

^{ix} Hains, D. and Neuenswander, A. (2021). The State of Child Care for Babies: The Need to do Better for our Youngest Children. <https://www.zerotothree.org/resources/3924-the-state-of-child-care-for-babies-the-need-to-do-better-for-our-youngest->

[children?utm_medium=email&utm_source=email_link&utm_content=resources_03162021&utm_campaign=policy_center.](#)

^x U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation. (2020). Estimates of child care eligibility and receipt for fiscal year 2017.

<https://aspe.hhs.gov/system/files/pdf/264341/CY2017-Child-Care-Subsidy-Eligibility.pdf>.

^{xi} ZERO TO THREE. (2021). State of Babies Yearbook 2021. <https://stateofbabies.org/>.

^{xii} Schulman, K. (2019). Early Progress: State Child Care Assistance Policies 2019. National Women's Law Center. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2019/11/NWLC-State-Child-Care-Assistance-Policies-2019-final.pdf>.

^{xiii} Id at xi.

^{xiv} National Association for the Education of Young Children. (2020). Am I Next? Sacrificing to Stay Open, Child Care Providers Face a Bleak Future Without Relief. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/naeyc_policy_crisis_coronavirus_december_survey_data.pdf.

^{xv} Bureau of Labor Statistics. (2021). The Employment Situation – January 2021.

https://www.bls.gov/news.release/archives/empsit_02052021.pdf.

^{xvi} U.S. Chamber of Commerce. (2020). The Importance of Childcare to U.S. Families and Businesses.

<https://www.uschamberfoundation.org/press-release/importance-childcare-us-families-and-businesses>.

^{xvii} Gilliam, W.S., Malik, A.A., Shafiq, M., Klotz, M., Reyes, C., Humphries, J.E., Murray, T., Elharake, J.A., Wilkinson, D., & Omer, S.B. (2021). COVID-19 transmission in US child care programs. *Pediatrics*, 147(1). doi: 10.1542/peds.2020-031971; e2020031971

^{xviii} Shafiq, M., et al. (2021). *Mental health of child care providers during COVID-19*. Manuscript in preparation, Yale University.

^{xix} Gilliam, W. and Shahar, G. (2006). Preschool and Child Care Expulsion and Suspension: Rates and Predictors in One State. https://medicine.yale.edu/childstudy/zipgl/publications/Gilliam%20and%20Shahar%20-%202006%20Preschool%20and%20Child%20Care%20Expulsion%20and%20Suspension-%20Rates%20and%20Predictors%20in%20One%20State_251491_5379_v3.pdf.

^{xx} Gilliam, W., Maupin, A., and Reyes, C. (2016). Early Childhood Mental Health Consultation: Results of a Statewide Random-Controlled Evaluation. <https://pubmed.ncbi.nlm.nih.gov/27566116/>.

^{xxi} Reyes, C. and Gilliam, W. (2021) Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system. <https://pubmed.ncbi.nlm.nih.gov/33762032/>

^{xxii} Reyes, C.R., Gilliam, W.S., Grossman-Kahn, S., & Drucker, G. (2018). *Parent perspectives on exclusionary discipline practices in preschool. Report submitted to the New York City Department of Health & Mental Hygiene*. New Haven, CT: Yale Child Study Center, School of Medicine.

^{xxiii} Hepburn, K.S., Perry, D.F., Shivers, E.M., & Gilliam, W.S. (2013). Early childhood mental health consultation as an evidence-based practice: Where does it stand? *Zero to Three*, 33(5), 10-19.

^{xxiv} Spielberger, J., Burkhardt, T., Winje, C., Pacheco-Applegate, A., Gitlow, E., Carreon, E., Huang, L., Herriott, A., & Kakuyama-Villaber, R. (2021). Evaluation of the Illinois Model of Infant and Early Childhood Mental Health Consultation Pilot. Chicago, IL: Chapin Hall at the University of Chicago.

^{xxv} Federal Register, Vol. 81, No. 190. (2016). <https://www.govinfo.gov/content/pkg/FR-2016-09-30/pdf/2016-22986.pdf>.

^{xxvi} Garcia, J.L., Heckman, J. Leaf, D.E., and Prados, M.J. (2019). Quantifying the Life-cycle benefits of an influential early childhood program. <https://heckmanequation.org/www/assets/2017/01/w23479.pdf>.

^{xxvii} Hartley, R., Chaudry, A., Boteach, M., Mitchell, E., and Menefee, K. (2021). National Women's Law Center and Columbia University Center on Poverty and Social Policy. *A Lifetime's Worth of Benefits: The Effects of Affordable, High-quality Child Care on Family Income, the Gender Earnings Gap, and Women's Retirement Security*. <https://nwlc.org/wp-content/uploads/2021/04/A-Lifetimes-Worth-of-Benefits-Compliant.pdf>.