



# EARLY LEARNING FACT SHEET

Promoting early learning and development Birth to 8

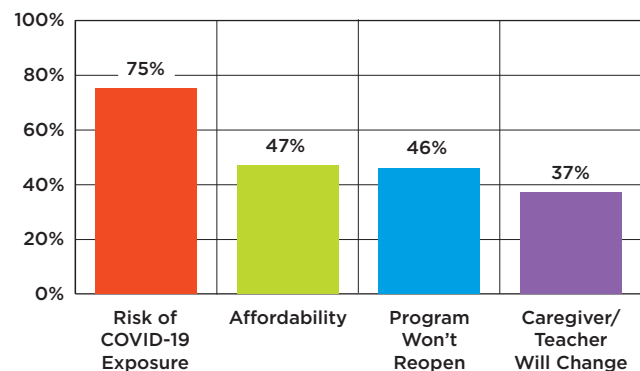
## Funding Safe, Healthy, Quality Child Care

Decades of research show that high-quality child care helps children gain language, cognitive, and social emotional skills necessary for success in school and life. Health and safety have always been prioritized in child care and are the foundation of quality care for children. The COVID-19 crisis has increased scrutiny on the health and safety of licensed child care, particularly as the Centers for Disease Control and Prevention (CDC) calls for more stringent standards to prevent the spread of the virus.<sup>1,2,3</sup>

Infection control is challenging in child care since high-quality care requires close, physical contact between caregivers and children, and high-quality learning experiences involve frequent interactions among children and their teachers. Children must be healthy and secure in order to learn.<sup>4,5</sup>

In response to the pandemic, Rhode Island ordered all child care programs to close in March to prevent the spread of the virus. Child care programs are allowed to reopen as of June 1, 2020. Exposure to COVID-19 is the number one concern reported in a national survey of working parents considering sending their children back to child care during the pandemic.<sup>6</sup>

### WORKING PARENTS' CONCERNS ABOUT CHILD CARE DURING THE PANDEMIC, UNITED STATES, APRIL 2020

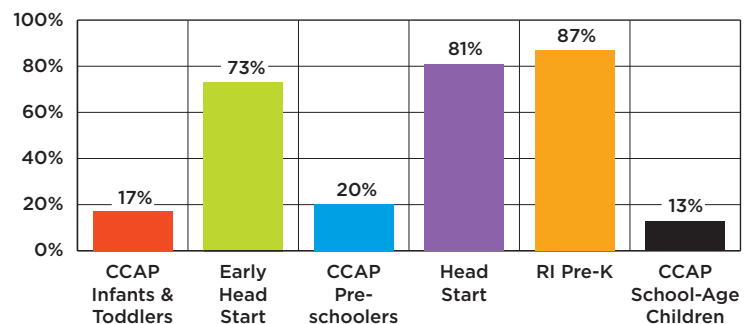


Source: Morning Consult and Bipartisan Policy Center. (2020). *Changes in child care*. Retrieved May 27, 2020, from [www.bipartisanpolicy.org](http://www.bipartisanpolicy.org) Note: Concern data reflect parents who were somewhat or very concerned.

### Access to High-Quality Programs

In Rhode Island, children enrolled in Early Head Start, Head Start, and RI Pre-K are much more likely to be enrolled in a high-quality program than children in the Child Care Assistance Program (CCAP). Across the U.S., early care and education programs vary markedly in quality, and many families cannot find or afford high-quality care. Inadequate public funding levels, low staff education and compensation, and inconsistent monitoring and support for quality improvement are key barriers to improving access to quality child care.<sup>7</sup>

### PERCENTAGE OF CHILDREN IN HIGH-QUALITY PROGRAMS (4 OR 5 STARS), RHODE ISLAND, 2019-2020



Source: CCAP data from Rhode Island Department of Human Services, December 2019; Early Head Start and Head Start data from Rhode Island Head Start programs, October 2019; RI Pre-K data from Rhode Island Department of Education, October 2019. Note: licensed family child care slots were evenly divided across age groups, estimated at 33% infants and toddlers, 33% preschoolers, and 33% school-age children.

## Child Care is Expensive and Public Funding Is Inadequate to Ensure Quality

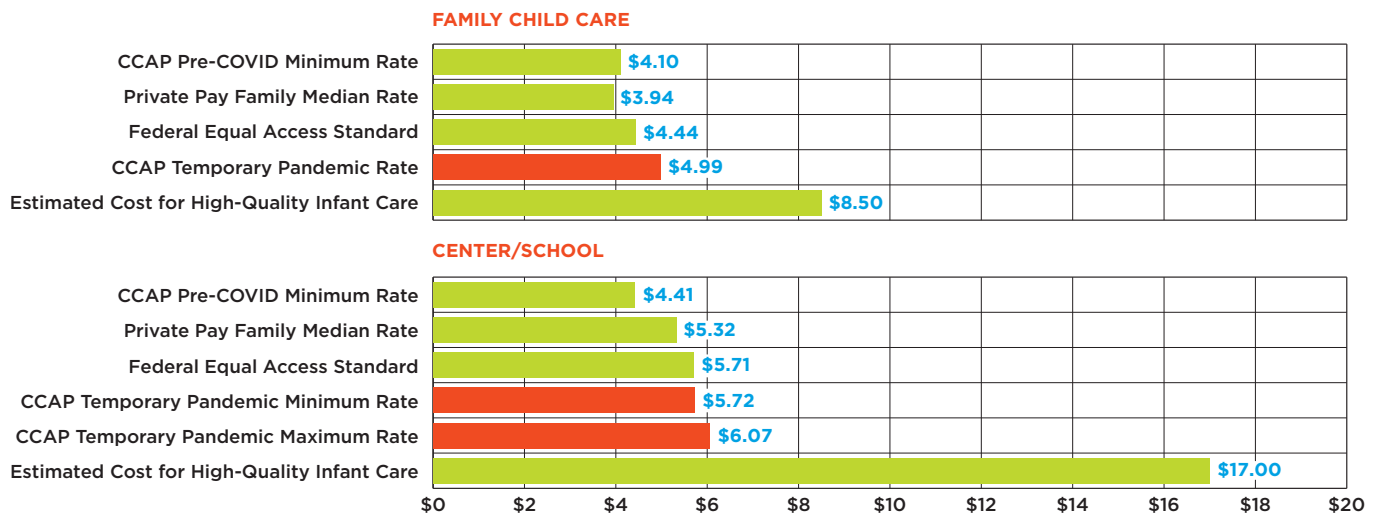
Even before COVID-19, child care was expensive. It is often the first or second largest household expense for families. Some families qualify for a child care subsidy through the RI Child Care Assistance Program (CCAP). However, the rates that the state paid for child care before a temporary rate increase in effect June - August 2020 fall well below the federal equal access standard (a benchmark to ensure rates are high enough to ensure low-income families have access to the child care market), and well below funding levels for other early education programs and K-12 education. Moreover, many families do not qualify for subsidy but cannot afford to pay the full cost of quality care.<sup>8</sup>

Child care programs need adequate revenue in order to pay wages and offer benefits to attract, develop, and retain more qualified and effective teachers. Current compensation levels for most child care teachers are at or near the poverty level, and many educators rely on public assistance programs to make ends meet. A 2019 survey of early educators in Rhode Island found that less than half of the centers in the state (49%) offer health insurance to staff and about half of teaching staff in centers (48%) worry about having enough money to pay their family's monthly bills, including food, health care, and housing.<sup>9,10,11</sup>

The cost to deliver high-quality early care and education, with adequately compensated teachers, far exceeds the funding that is currently available from families paying tuition or from public sources. Publicly-funded programs that have a more clearly articulated focus on education provide much higher funding levels per child per hour. Funding for preschoolers in Head Start and RI Pre-K is more than twice as high as funding for the same age children in CCAP or child care tuition paid by families. Funding for children in grades K-12 is about four times higher than funding for school-age children or younger children in CCAP, even though more staff are needed in early care and education programs to ensure health, safety, and high-quality learning opportunities.<sup>12,13</sup>

Rhode Island used federal *CARES Act* funding to support child care programs that were closed by continuing to make CCAP payments based on pre-COVID enrollment and covering family co-payments through May 2020. *CARES Act* funding has also enabled the state to provide temporary CCAP rate increases to programs that reopen and serve children with CCAP subsidies and to pay programs based on March pre-COVID enrollment.<sup>14</sup> It is essential to allocate state and federal resources to continue these rates beyond August to comply with the federal equal access benchmark and to support programs that operate during the pandemic. Additional funding and even better rates are needed to deliver high-quality child care with improved wages and benefits for effective educators.

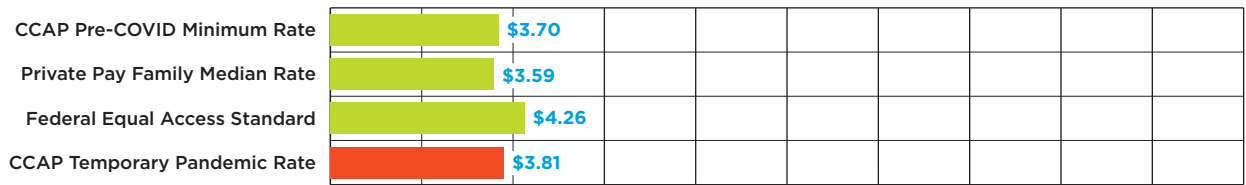
### ESTIMATED HOURLY SPENDING FOR INFANTS & TODDLERS IN RHODE ISLAND



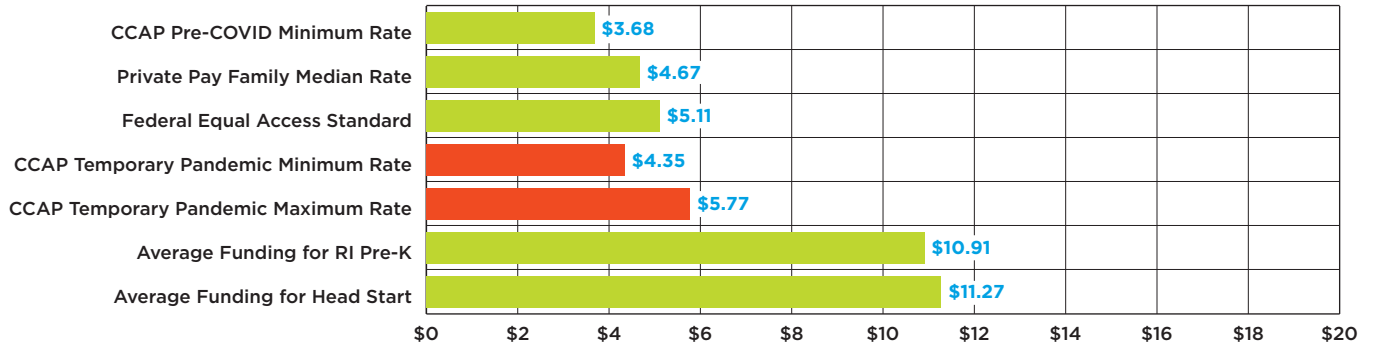
Learning begins at birth, and healthy brain development in infancy is supported when caregivers and educators provide consistent, emotionally supportive day-to-day experiences. Researchers estimate that infant/toddler care costs 61% more to deliver than preschool care, yet payment rates are only about 27% higher nationally.<sup>15,16</sup>

## ESTIMATED HOURLY SPENDING FOR PRESCHOOLERS IN RHODE ISLAND

### FAMILY CHILD CARE



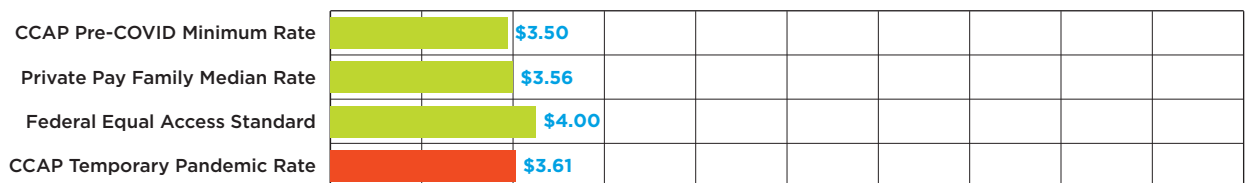
### CENTER/SCHOOL



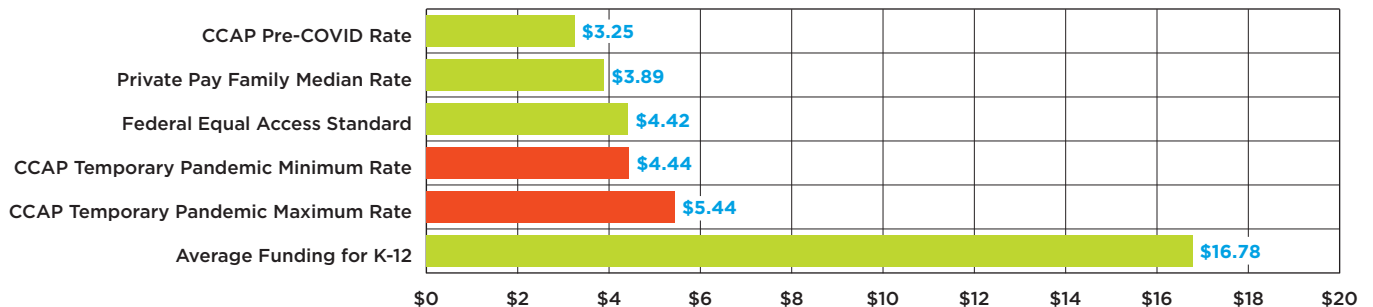
Decades of research have shown that high-quality preschool programs help children gain skills and knowledge prior to school entry and produce positive gains that last well into the school years. Inadequate funding levels prevent programs from attracting and retaining high-quality preschool teachers.<sup>17</sup>

## ESTIMATED HOURLY SPENDING FOR SCHOOL-AGE CHILDREN IN RHODE ISLAND

### FAMILY CHILD CARE



### CENTER/SCHOOL



After-school and summer learning programs are essential for children of working parents and provide opportunities to develop friendships, learn new skills, explore interests, and complete school work. Adequate funding is needed to enable programs to deliver enriching activities, including supplemental educational support.<sup>18,19</sup>

Sources for hourly spending tables: Rhode Island KIDS COUNT calculations using 30-hour week for school-day programs (K-12, Head Start, and RI Pre-K) and 45-hour week for child care and summer programs with data on private pay tuition (50th percentile) and federal equal access benchmark (75th percentile) from Silver, B. E. (2018). *Statewide survey of child care rates in Rhode Island*. Kingston, RI: University of Rhode Island; CCAP pre-pandemic rates and temporary pandemic rates from the RI Department of Human Services; and RI Pre-K, Head Start, and K-12 funding amount per child from Friedman-Krauss, A. H., et al. (2020). *The state of preschool 2019: State preschool yearbook*. New Brunswick, NJ: National Institute for Early Education Research. Hourly rate for high-quality infant care from National Academies of Sciences, Engineering, and Medicine. (2018). *Transforming the financing of early care and education*. Washington, DC: The National Academies Press.

## Child Care During the Pandemic

The CDC recommends that families continue to limit the time children spend in groups, including playdates. While most children do not have serious problems when they contract the virus, some children have become very sick and some have died. Children can spread the virus to others, and they can bring the virus home to their families. [The CDC has developed guidance](#) for child care programs that remain open. [Rhode Island has developed regulations](#) and [guidance](#) for programs that reopen and operate during the pandemic. Staff of child care programs (primarily women, many of whom are women of color) are among the lowest paid people in the workforce. Even before the COVID-19 pandemic, the occupation was known to place people at high risk for stress, injuries, and exposure to infectious diseases.<sup>20,21,22</sup>

### CDC NATIONAL GUIDANCE

### PROGRAM IMPLEMENTATION CHALLENGE

<p>Keep children in the same small group with the same children and staff every day.</p>	<ul style="list-style-type: none"> <li>■ Programs need full-time enrollment and payment so that programs can operate without different children participating on different days or different hours.</li> <li>■ Programs likely need additional staffing and/or reduced hours of operations to consistently cover staff breaks and eliminate common practice of mixing children together at the beginning and end of the day.</li> </ul>
<p>Whenever possible, keep people six feet away from each other at all times</p>	<ul style="list-style-type: none"> <li>■ Programs likely need larger classroom space. Most child care programs have 35-45 square feet per child without any additional space for staff.</li> </ul>
<p>Limit direct contact with parents as much as possible.</p>	<ul style="list-style-type: none"> <li>■ Programs likely need additional staffing. CDC suggests that programs have one designated staff person carry and/or walk each child to and from each classroom every day.</li> </ul>
<p>Screen children by taking temperatures and asking parents to self-report any symptoms or exposure risk before children enter the building.</p>	<ul style="list-style-type: none"> <li>■ Programs likely need additional staffing to conduct health screenings. Note: Most child care programs do not have health care professionals on staff.</li> </ul>
<p>Clean and disinfect equipment, surfaces, and materials used by children throughout the day and between groups of children.</p>	<ul style="list-style-type: none"> <li>■ Programs likely need additional staffing or funding for a professional cleaning contractor to ensure objects and surfaces are cleaned regularly while cleaning materials are kept out of reach of children. Note: Most child care programs do not have professional cleaning staff.</li> </ul>
<p>Wear masks* and wash faces, hands, necks, and other body parts and change clothes of children and staff every time there are body fluids/secretions on clothing.</p>	<ul style="list-style-type: none"> <li>■ Programs need an adequate supply of masks, readily available sinks, and multiple changes of clothes or smocks. Programs may need laundry facilities and staff who can manage laundry needs.</li> </ul>

Source: Centers for Disease Control and Prevention. (2020, April 21). *Guidance for child care programs that remain open*. Retrieved May 31, 2020, from [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

\*The CDC recommends adults and children over age two wear masks.

## References

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- <sup>4</sup> *Infection control in day care centers crucial to reducing burden of infection*. (2015). Retrieved June 1, 2020, from [www.healio.com/pediatrics](http://www.healio.com/pediatrics)
- <sup>5</sup> National Center on Early Childhood Health and Wellness. (n.d.). *Healthy children are ready to learn*. Retrieved June 2, 2020, from [eclkc.ohs.acf.hhs.gov](http://eclkc.ohs.acf.hhs.gov)
- <sup>6</sup> Morning Consult and Bipartisan Policy Center. (2020). *Covid-19: Changes in child care*. Retrieved May 27, 2020, from [www.bipartisanpolicy.org](http://www.bipartisanpolicy.org)
- <sup>8,9,15</sup> Workman, S. (2018). *Where does your child care dollar go?: Understanding the true cost of quality early childhood education*. Washington, DC: Center for American Progress.
- <sup>10</sup> Gould, E., Whitebook, M., Mokhiber, Z. & Austin, L. J. E. (2019). *Breaking the silence on early child care and education costs: A values-based budget for children, parents, and teachers in California*. Berkeley, CA: Center for the Study of Child Care Employment and Economic Policy Institute.
- <sup>11</sup> Abt Associates. (2019). *Rhode Island PDG B-5 workforce needs assessment final report*. Retrieved May 27, 2020, from [www.kids.ri.gov](http://www.kids.ri.gov)
- <sup>12</sup> Rhode Island KIDS COUNT calculations. See data sources for tables on page 3.
- <sup>14</sup> McHenry, K. & Smith, L. (2020). *State by state use of CARES Act supplemental CCDBG Funds*. Retrieved June 3, 2020, from [www.bipartisanpolicy.org](http://www.bipartisanpolicy.org)
- <sup>16</sup> Workman, S. & Jessen-Howard, S. (2018). *Understanding the true cost of child care for infants and toddlers*. Washington, DC: Center for American Progress.
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- <sup>18</sup> Mahoney, J. L., Parente, M. E., & Zigler, E. F. (2010). After-school program participation and children's development. In J. Meece & J. S. Eccles (Eds.), *Handbook of research on schools, schooling, and human development* (pp. 379-397). New York, NY: Routledge.
- <sup>19</sup> *State of out of school time learning programs in Rhode Island 2019*. Providence, RI: Rhode Island Afterschool Network. Retrieved February 17, 2020, from [www.uwri.org](http://www.uwri.org)
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