



Access to Early Care and Education Policy Statement August 2024

Background

In 2019, approximately 59% of children in the United States under age 5 and not yet enrolled in kindergarten were in some childcare arrangement.¹ The majority participated in center-based care, such as Head Start programs, preschools, pre-kindergartens, and other early childhood programs.² As a result, early care and education (ECE) programs are an ideal setting for promoting policies and programs that support healthy development. Research shows that participation in high-quality ECE programs is associated with positive health effects for young children, including improved social-emotional and behavioral outcomes, as well as reduced risk of later cardiovascular disease and metabolic disorders.³

However, many families face difficulties accessing high-quality childcare that is both available and affordable. Unlike public K-12 education, which is available to all children and financed almost entirely by the public sector, ECE is largely paid for by families and a combination of public and other private funding streams (e.g., employers of parents, faith-based groups, and foundations). This variability in financing structure, exacerbated by overall low levels of funding, is not sufficient to provide equitable access to quality ECE programs for all children. Furthermore, infant and toddler care costs can be quite substantial, with the average cost for center-based infant care in the United States at approximately \$1,230 per month.⁴

Disparities in the early care and education system

Stark disparities in young children's access to, experience in, and outcomes during and after early learning vary drastically based on a child's race and ethnicity, where they live, what languages they speak, and where they are from.⁵ The most impacted families are those facing systemic barriers while navigating public programs, including immigrants, families with low

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Family child care homes: In these settings, providers care for small groups of children in a residential building. Often this type of care has one or two caregivers and may offer non-traditional hours. Not all family child care homes are required to be licensed. Family, friend, and neighbor care: This type of care is provided in the child or caregiver's home by a person who is a relative, friend or neighbor, or babysitter or nanny. These programs are typically not required to be licensed.

Families may choose a particular type of care for different reasons, including flexibility in hours of operation, transportation, cost, and trust. In 2019, approximately 62% of children under age five and not yet in kindergarten were in center-based care.⁹ More than 80% of centers served 3 and 4-year olds, yet fewer than 60% of centers served other age groups, including ages 0 to 3 years.¹⁰ Children who are Hispanic and Black, non-Hispanic were least likely to be in center-based care in 2019.¹¹

In addition to promoting health and well-being, accessing high-quality ECE programs also benefits working families, businesses, and communities. In 2023, the infant-toddler childcare crisis cost families, businesses, and taxpayers a total of \$122 billion in lost earnings, productivity, and revenue.¹² State policies can support access to high-quality ECE programs through investments that meet community needs.

Access to Head Start and Early Head Start programs

Head Start (HS) and Early Head Start (EHS) represent the largest public investment in ECE in the United States. These programs promote school readiness for children from families with low incomes by offering educational, nutritional, health, social, and other services.¹³ Since its establishment in 1965, HS programs have reached about 39 million children and their families. The Head Start program serves children, families, and pregnant women and pregnant people in all 50 states, the District of Columbia, and six territories. It encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children; EHS programs for infants, toddlers, and expecta1 0 0 1 502.18 374.g0 G[gra)-3(ms)3(fo)-6(r)TJETQq0.00000912 0 612 792 re

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to employment, child care, and immunizations compared to parents not participating in Early Head Start.²⁰ Despite these potential benefits, more research on the impact of HS and EHS on child development and health throughout the life course is needed.

Although primarily federally funded, states and tribal governments can expand access to HS

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suggests that updating state licensing structure or QRIS for child care settings to meet specific nutrition, sugary drink, active play, and screen time standards is an effective way to promote infant and toddler health and advance equity.³⁰

Nutrition

Lack of nutritious food, especially in the critical window between pregnancy and a child's second birthday, can negatively impact children's development and future health outcomes.³¹ Early childhood is a significant period that establishes lifelong healthy eating habits.³² The Child and Adult Care Food Program (CACFP) is a federal program that, among other benefits, provides reimbursements for nutritious meals and snacks to eligible infants and children who are enrolled for care at participating child care centers. The nutrition standards for meals and snacks served in the CACFP are based on the latest science in the *Dietary Guidelines for Americans*, cost and practical considerations, and stakeholder input. The standards support the service of a greater variety of vegetables and fruit, whole grains, lean meats/meat alternative, and low-fat and fat-free dairy while minimizing added sugar and saturated fat. In addition, the standards encourage breastfeeding to align the CACFP with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).³³

Sugary Drinks

Nearly half (46.5%) of all 2- to 5-year olds have at least one sugary drink daily.³⁴ Sugary drinks, which include sports drinks, lemonade, fruit drinks with added sugars and full-calorie sodas, can contribute to harmful health effects. A systematic review found that there is strong evidence that consumption of sugary drinks increases obesity risk and tooth decay among children, with emerging evidence supporting an association with insulin resistance (a marker of increased cardiometabolic risk and type 2 diabetes) and caffeine-related effects (including reduced sleep quality and headaches).³⁵ In 2019, experts from the American Heart Association, the Academy of Nutrition and Dietetics, the American Academy of Pediatric Dentistry, and the American Academy of Pediatrics came together to prepare consensus guidelines for healthy beverage consumption in early childhood. The guidelines advise against sugary drinks for all children ages five and under based on the latest science on children's nutrition.³⁶

Active Play

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Qualifications and education supports – removing systemic barriers to education and providing resources (i.e., financial and academic support) so all early educators can successfully attain academic degrees.

Workforce environment standards – adopting workplace standards to support early childhood educators, such as paid planning time, paid time for professional development, and a salary schedule with benefits for center and home-based providers.

Compensation and financial relief – fair wages to account for job role, experience, and education that moves toward parity with similarly qualified K-12 educators and eliminates disparities between center and home-

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²⁰ Cohen R, Brooks-Gunn J, Love JM, Raikes HH, and Chazan-Cohen R. What makes a difference: Early Head Start evaluation findings in a developmental context. Conclusions and implications. 2013 . 78(1), 130-143.

²¹ National Head Start Association. Fact Sheet: State Investments in Head Start and Early Head Start to Support At-Risk Children and Families. Published 2022. Available at: <https://nhsa.org/wp-content/uploads/2022/11/2022-EHS-State-Investments.pdf>.

²² Ibid.

²³ Churchwell K, Elkind MSV, Benjamin RM, Carson AP, Chang EK, Lawrence W, et al. Call to action: Structural racism as a fundamental driver of health disparities: A presidential advisory from the American Heart Association. . 2020; 142(24):e454-e468. doi: 10.1161/CIR.0000000000000936.

²⁴ Martin SS, Aday AW, Almaraz ZI, Anderson CAM, Arora P, Avery CL, et al. 2024 heart disease and stroke statistics: A report of U.S. and global data from the American Heart Association. 2024; 249(8): 347-e913. doi: 10.1161/CIR.0000000000001209.

²⁵ Center on the Developing Child at Harvard University. From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. May 2016. Available at: <https://developingchild.harvard.edu/wp-content/uploads/2016/05/From-Best-Practices-to-Breakthrough-Impacts-2016-05-01.pdf>.

