

BLUE RIBBON PANEL – EQUITY AND ACCESS ISSUE BRIEF

I. SUMMARY OF PROBLEMS AND OPPORTUNITIES IN EQUITY AND ACCESS

Many Connecticut families do not have access to high-quality, affordable early care and education (ECE). This impacts children's overall well-being and development, affecting parents' ability to work as well as their upward mobility and contributions to the state's economy. The gap between the supply and demand for ECE varies by geography, with approximately 40% of the state lacking access to available child care where they live, with this access shortage particularly acute among infants and toddlers.

Affordability is a significant issue given the high cost of child care and sizable income inequality across the state. While some subsidies and state funded programs are available for low-income families, these can be difficult for families to access, and they pay below what is typically charged for care and below what it costs providers to deliver high-quality care. In addition, families whose income is just out of reach of subsidies struggle to afford care, let alone high-quality care, and even middle-income families pay considerably more than the US Department of Health and Human Service's recommended cap of 7% of income.

The current landscape of ECE programs is fragmented and complex making it difficult for families to access, understand and navigate and therefore, inadequate to meet the needs of Connecticut's families and employers. There are more than eight state and federally funded early childhood programs, each with its own enrollment systems, eligibility, and oversight. This complexity inhibits equitable access to high-quality ECE.

Currently, families have trouble even gathering information about child care which inhibits their ability to find child care. In addition, families may have a range of needs related to potential care (e.g., children with special needs, location, care in non-traditional hours, part-time care, multilingual and culturally responsive settings, accreditation of providers). For example, families of children with special needs may find it especially important to access ECE that supports inclusion and belonging. Families are generally guided by their wish to find a setting that they trust matches their educational and cultural values. They very often rely on informal networks to access child care. A more formal and nuanced information system could help to differentiate among programs, so they can find the right fit for their family. In turn, the state needs a more robust system to track the extent to which families are able access affordable high-quality ECE that fits family needs. The 2-1-1 child care system addresses some of these challenges, but a more robust parent information system that could help more families locate a good child care fit.

While the topics of Workforce and Quality will be explored at a subsequent panel meeting, it should be noted that high-quality programs are healthy and safe; support children's early learning, help prepare children for their next educational step; partner with families to support and monitor children's learning and development; and advocate for providers, children, and families as indicated by NAEYC accreditation, NAFCC accreditation and/or Head Start approval. High-quality care is not possible without a credentialed, well-compensated workforce, and current funding levels do not support this. Because of this, the lack of access to high-quality care is exacerbated, resulting in classrooms across Connecticut being closed, long waitlists for families to obtain child care spaces, and lack of staff to meet minimum qualifications requirements.

This lack of equitable access to ECE matters a great deal because the early years matter for children and families. Research on children's brain development and early childhood investments that have measured the impact of ECE on education and economic outcomes shows that high-quality ECE is critical for children's development and supports our economy. Early childhood investments also reduce future social costs in areas like special education, health care, and criminal justice. A broader understanding about the role that early care and education plays in children's long-term development can help families and communities as they make choices related to ECE.

Connecticut is uniquely positioned to build an equitable, improved and more responsive ECE system that reaches more families, meets the individual needs of each and every child and leads to positive outcomes. Connecticut can enhance its existing systems to better track and match the variety of parent demand and system-wide outcomes for children, families, and the state. Connecticut can foster the successful transition for children from early childhood to the PreK-12 system. Building on its strong foundation as a family friendly state, Connecticut can tap into its assets and invest in equitable, expanded access to affordable, high-quality ECE to encourage families to come, stay and thrive in Connecticut.

II. EQUITY AND ACCESS AS GUIDEPOSTS

The Equity and Access workgroup is the first workgroup to present to the Panel by design as the commitment to equity will permeate throughout Blue Ribbon planning. In addition, this workgroup reflects the centrality of children and families in Blue Ribbon Planning.

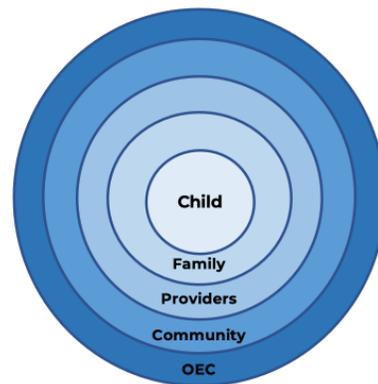
Equity: A guiding pillar of Blue Ribbon Planning is a commitment to equity, consistent with the emphasis that the national [Association of Children and Families](#) places on equity.

The National Association for the Education of Young Children (NAEYC) defines equity as: “the state that would be achieved if individuals fared the same way in society regardless of race, gender, class, language, disability, or any other social or cultural characteristic. In practice, equity means all children and families receive necessary supports in a timely fashion so they can develop their full intellectual, social, and physical potential. Equity is not the same as equality. Equal treatment given to individuals at unequal starting points is inequitable.”

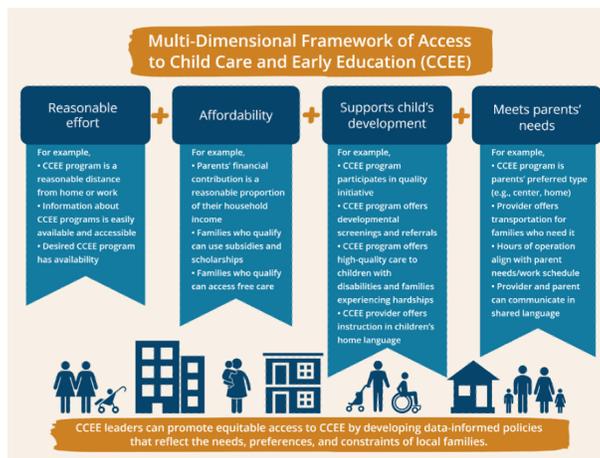
Specifically, the [OEC](#) has pledged to “assertively remove barriers and build upon the strengths of historically disenfranchised people and communities to ensure fair access to OEC resources... [and] intentionally work to dismantle any systemic racism that may be embedded within policies and practices affecting all aspects of early childhood.”

Access: [Administration for Children and Families](#) describes access as follows: “...parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child’s development and meets the parents’ needs.” Implicit in this is that child care is located where parents can access given their available transportation and hours needed.

FIGURE 1 | BRONFENBRENNER’S ECOLOGICAL SYSTEM



Adapted from Bronfenbrenner’s Ecological Systems Theory, <https://www.simplypsychology.org/bronfenbrenner.html>



Source: https://www.acf.hhs.gov/sites/default/files/document/opre/opre_defining-measuring-access-highlight_feb2022.pdf

III. EQUITY AND ACCESS IN EARLY CHILDHOOD CARE AND EDUCATION

Potential Impact of Access to Care

1. Brain Development

The early years matter. Science has shown that the early years are the most critical years to our brain development. According to [the Harvard Center for the Developing Child](#), “the basic [architecture of the brain](#) is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, more than [1 million new neural connections are formed every second.](#)”

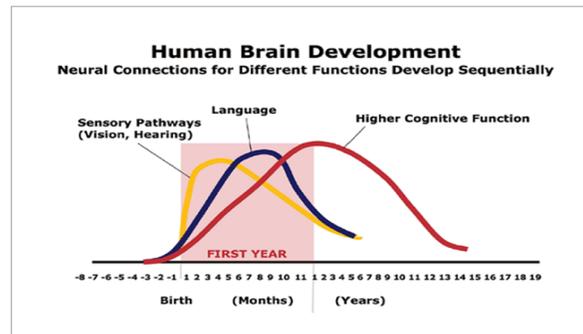
2. Social Return on Investment

Access to high-quality ECE has been shown to positively impact the short-term development and long-term well-being of our children, which in turn generates positive social returns as well. A recently published [review](#) of center based care for 3 and 4 years old children, concluded that “it is clear that ECE can benefit children, especially those most disadvantaged, with additional societal benefits and positive long-run economic returns.” Another recent [MIT study](#) suggested positive long-term outcomes of preschool on children included significantly higher rates of college attendance and “fewer behavioral issues later on, including fewer suspensions, less absenteeism, and fewer legal-system problems.”

According to [the 2023 Economic Report of the President](#):

“When deployed well, ECE investments can advance both economic efficiency and equity. The return on these investments manifests not only as improved individual life chances but also as societal benefits, in the form of greater productivity and economic growth; less individual reliance on government transfers; and fewer bad outcomes that are costly for society, such as poor health, high school dropout, and crime (Heckman and Masterov 2007). Figure 4-1 presents a stylized depiction of the return on investments at various stages of life, with examples of programs in each period. The figure shows how the Heckman curve, as it is known, maps the economic argument that \$1 invested earlier in life can yield a greater return than \$1 invested later (Heckman 2008). ...According to this argument, policies and programs targeted at the earliest years of life have the greatest potential to generate large individual and societal returns, followed by investments in the preschool years, when children are three to five years of age.”

FIGURE 3 | HUMAN BRAIN DEVELOPMENT

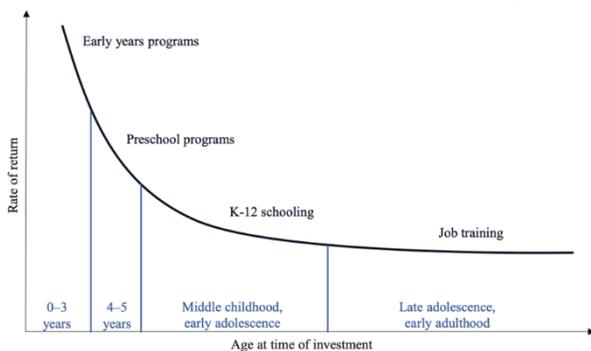


In the proliferation and pruning process, simpler neural connections form first, followed by more complex circuits. The timing is genetic, but early experiences determine whether the circuits are strong or weak. Source: C.A. Nelson (2000). Credit: Center on the Developing Child

Source: <https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/#:~:text=Brains%20are%20built%20over%20time%2C%20from%20the%20bottom%20up.&text=In%20the%20first%20few%20years>

FIGURE 4 | HECKMAN CURVE

Figure 4-1. Return on Investment in Human Capital, by Age



Source: Adapted from Heckman (2008), <https://www.whitehouse.gov/wp-content/uploads/2023/03/ERP-2023.pdf>

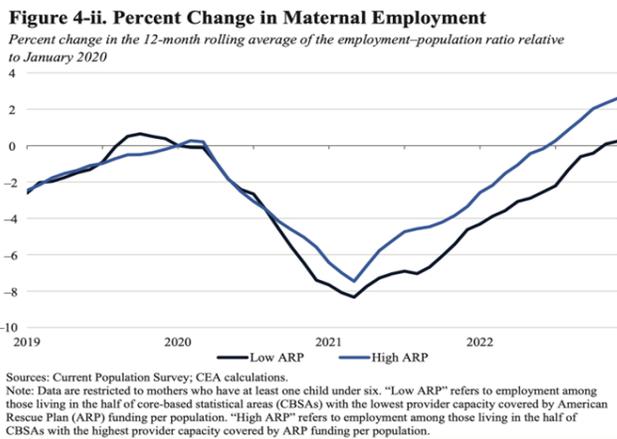
...According to this argument, policies and programs targeted at the earliest years of life have the greatest potential to generate large individual and societal returns, followed by investments in the preschool years, when children are three to five years of age.”

According to the [research](#) by Nobel prize winning economist James J. Heckman, \$7-12 dollars is returned for every \$1 invested in early childhood, the highest potential return of any social investment.

3. Economic Productivity and Employment

Access enables families, particularly women, to work and is an important source of family economic stability. The Covid crisis, which limited access to care, demonstrated the connection between women’s ability to participate in the workforce and access to care.

FIGURE 5 | MATERNAL EMPLOYMENT



Source: <https://www.whitehouse.gov/wp-content/uploads/2023/03/ERP-2023.pdf>

Women have been slow to return to work post-Covid. As further evidence that access to ECE enables women to work, the [District of Columbia](#), which offers universal preschool and expanded early care, boasts the highest female workforce participation rate in the country at 66.5%.

According to the Connecticut Business Industry Association ([CBIA](#)), the state still has over 100,000 unfilled jobs. A recent [BCG survey](#) on child care revealed that some of the fastest growing industries in need of additional workforce are the ones most likely to employ parents with young children.

Exhibit 1 - Fast-Growing Industries Tend to Employ More People with Children

	Employees with children below age 18 (in millions)	Estimated annual growth rate, 2021–2031
Health Care	9.7 (Children) / 11.2 (No Children)	1.2%
Educational Services	5.7 (Children) / 7.6 (No Children)	1.2%
Retail Trade	4.1 (Children) / 7.7 (No Children)	-0.2%
Manufacturing	4.0 (Children) / 5.9 (No Children)	-0.1%
Professional, Scientific, and Technical Services	3.1 (Children) / 5.8 (No Children)	0.7%
Transportation and Warehousing	4.0 (Children) / 4.5 (No Children)	0.7%
Information Technology	3.1 (Children) / 4.6 (No Children)	0.7%

■ Children ■ No Children |
 Key: ■ Growing (above 1% CAGR) ■ Slower growth (0%–1% CAGR) ■ Declining (CAGR below zero)

Sources: US Census Bureau; US Bureau of Labor Statistics; BCG analysis.

Note: Data shown for top-ten largest employment industries, excluding “Other services.”

According to the [Bipartisan Policy Center Morning Consult](#) research, access to child care impacts parent’s work life in a variety of ways.

FIGURE 7 | SUPPORTING CHILD CARE RESPONSIBILITIES

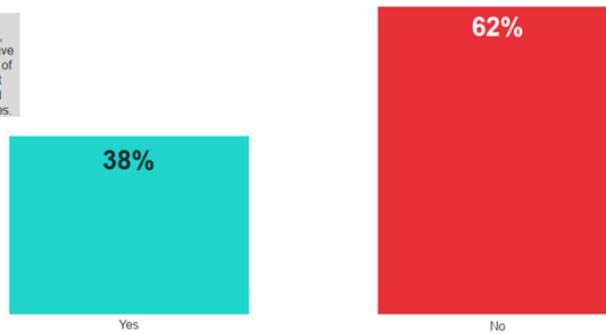
SUPPORTING CHILD CARE RESPONSIBILITIES

Two in five parents (38%) say child care responsibilities have impacted their ability to work over the past month.

In the past month, have child care responsibilities impacted your ability to work? If yes, how many work hours have you missed due to child care responsibilities?

EMPLOYED PARENTS

Among those who have missed work, 56% of parents have missed 10+ hours of work over the past month due to child care responsibilities.



Women (40%) are more likely than men (28%) to say child care responsibilities have impacted their ability to work in the past month.

MORNING CONSULT



Source: <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/04/BPC-Child-Care-and-the-Illusion-of-Parent-Choice-3.27.23.pdf>

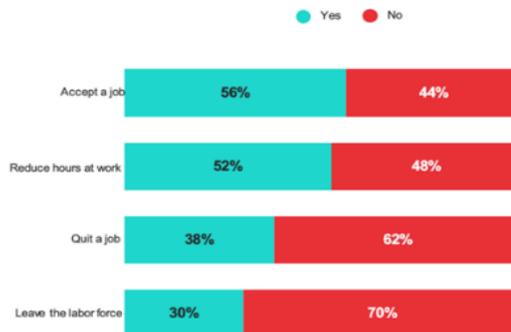
FIGURE 8 | SUPPORTING CHILD CARE RESPONSIBILITIES - CONTINUED



MORNING CONSULT

Have child care responsibilities ever been a factor in your decision to take any of the following actions?

EMPLOYED PARENTS, DECEMBER 2022

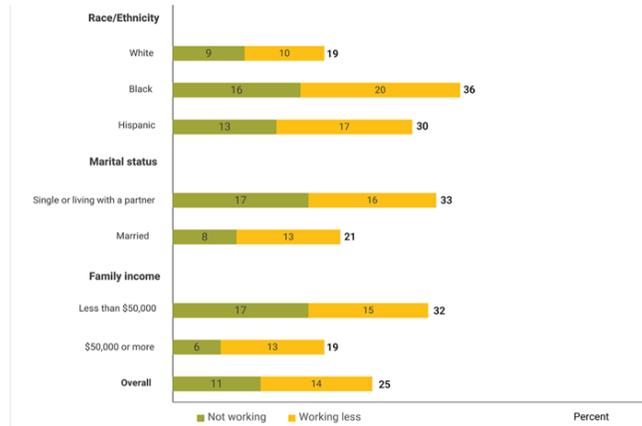


Source: <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/04/BPC-Child-Care-and-the-Illusion-of-Parent-Choice-3.27.23.pdf>

Moreover, lack of access is an issue of equity as it disproportionately impacts Black and Hispanic families, single parents, and low-income families.

FIGURE 9 | SUPPORTING CHILD CARE RESPONSIBILITIES - CONTINUED

Reduced hours worked or not, working due to childcare or school disruption amongst mothers (by race/ethnicity, marriage status, and family income)



Note: Among mothers. Parental status is based on whether the respondent lived with their own children under age 18. Asian adults omitted due to sample size limitations. Key identifies bars in order from left to right.

Source: <https://fedcommunities.org/care-workers-keep-others-workforce/>

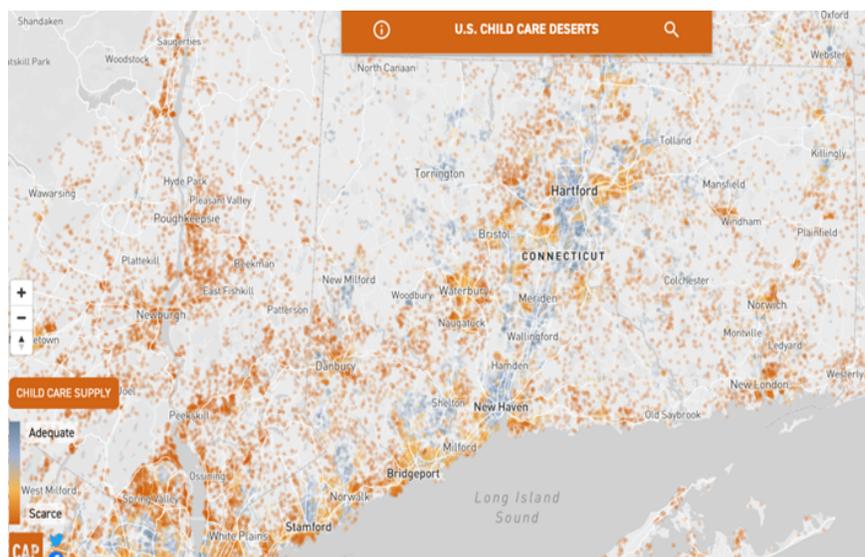
Inadequate access to ECE has a ripple effect throughout our state economy as well. [Ready Nation](#) estimates that the lack of infant and toddler care alone costs our state’s economy \$1.5B in lost earnings, productivity, and revenue each year.

IV. CURRENT STATE OF ACCESS AND UNMET NEED IN CONNECTICUT

Child Care Deserts

Child care access varies significantly across the state. The [Center of American Progress](#) maps areas across the country where there are too few licensed slots for the number of children who need care, often referred to as “child care deserts”. An estimated 44% of Connecticut’s families live in a child care desert. The map below indicates that Connecticut’s deserts tend to be in rural areas and low-income cities.

FIGURE 10 | CHILD CARE DESERTS



Source: <https://childcaredeserts.org>

Infants and Toddlers

The overarching supply and demand imbalance in Connecticut is concentrated in infant and toddler spaces. The size of this imbalance can be difficult to estimate due to the challenges in estimating current and potential parent demand. The Bipartisan Policy Center (BPC) research suggests 43% of our nation’s families use formal care nationally and 56% use informal care. It is possible that if high-quality care was truly affordable and accessible, demand for formal care might increase. However, for the 32% of families who currently use parent-provided care for their youngest child, the Bipartisan Policy Center estimates that only just over 40% would switch if free and conveniently located formal care was available.

FIGURE 11 | CHILD CARE DEMAND VS UNMET NEED

Assumption Description	I / T Demand Assumption	I / T Unmet Need
Census data minus slots supplied in CT with both parents in workforce	72.5%	47,278
Figure above, adjusted for proportion of children with both parents in workforce and paid leave	64.1%	39,384
Estimated range nationally according to Bipartisan Policy survey incorporating paid leave adjustment	44.2%	20,602
	39.8%	16,428
	35.4%	12,254

Source: U.S. census, BLS, Bipartisan Policy

That this unmet need is concentrated in infant and toddlers reflects the fact that it is far more expensive to provide care for this age group. It is more labor intensive to provide infant and toddler care because the ratio of educators to infants and toddlers for all provider settings is low relative to preschool. Compounding this, a recent OEC and SVP financial model study found that infants and toddlers receive about one third the level of federal and state funding of preschool.

Preschool

With respect to preschool supply, there are approximately enough slots in aggregate to cover predicted demand for child care, but these are not always distributed where families need them, and are not always affordable for all families. The OEC and SVP CT financial model study indicated that pre-k supply exceeds demand in total across the 169 towns in the state with 95 towns estimated to have excess capacity and 74 towns with unmet need.

Preschool access is complicated by differences in public school preschool policies by location. Many Connecticut towns offer preschool for children with special education needs, and peer models, and some offer preschool as a part of their public school system. Additionally, the vast majority of regional elementary magnet schools offer school day, school year preschool and many charter schools do as well. When offered, these spaces are free or low-cost to families with a wide range of incomes, and often offer teachers’ salaries and benefits on par with public schools.

There was a [nationwide decline](#) in preschool enrollment during Covid that does not appear to be rebounding as much for low-income families. Here in Connecticut, 14% of subsidized preschool spaces are not being utilized in our highest needs communities and 3% in rim suburbs are not utilized for a total of 1,488 spaces open in March of 2023.

Concerted efforts to reach out to families through cold calling and door-to-door outreach, as well as the input of trusted advisors in the community, seem to have had positive impact on enrollment in other geographies, with a notable [example](#) being New York City’s early successes related to universal preschool enrollment.

Addressing Unmet Need

In addition to fully leveraging its existing capacity and increasing enrollment to address unmet need, there are other strategies that have been employed successfully. For example, there are some examples of successful Connecticut state and local partnership models that have helped to address unmet need that could be expanded, (e.g., Smart Start, public school preschool, community collaboratives, donated or discounted use of municipal or public-school facilities). During Covid, the OEC supported the training and development and initial start-up costs to incentivize the development of new family child care facilities.

Recently, the OEC implemented a program offering contracted slots for infants and toddlers as a part of Governor Lamont’s budget to address infant and toddler care shortages. Notably, these new state funded infant toddler spaces are being offered for the first time since the late 1990s. Demand for these limited slots has been high. Grounded in the equity and funding work conducted during COVID-19, OEC used an RFP process to focus these resources with a lens on equity by prioritizing census tracks with the highest child care needs based on the [CDC’s Social Vulnerability Index](#) combined with Connecticut’s data about child care deserts as well as programs with NAEYC or Head Start Accreditation.

All other state funded early childhood spaces were assigned to locations in the 1960s and the 1990s, based on population and child care need data at that time.

There is room to look at state regulations to address unmet need as well. There are currently regulations under review that would adjust ratios to be more in line with NAEYC standards. In addition, group home licensing regulations could be made to be more parallel with family child care regulations to encourage the expansion of group homes. Currently, the group home regulations in Connecticut make it cost prohibitive for family child care homes to take the next step to become a larger group home licensed for 12 children, so there are very few group homes relative to New York where licensing rules for group homes are more similar to family child care than centers.

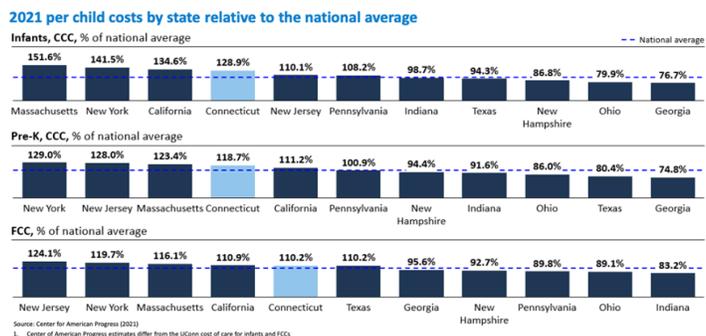
The options to fund the expansion of existing or the development of new facilities to address unmet need are presently limited. The OEC recently contracted LISC to provide a needs assessment of facilities investments and to distribute some stabilization funds to address facilities needs in the near term. Facility investments can help existing programs to expand and/or convert preschool to infant and toddler rooms. They can also support the development of new programs in partnership with school systems and/or third-party financing partners where there are clear shortages. Infrastructure grants can also help to stabilize existing businesses. [Some states](#) and cities, such as New York, Denver, and California, are innovating in recognition of the critical need for facilities funding. In addition, facility costs are a considerable operating expense. If these could be offset, providers could put these funds to other use, such as increasing the compensation of their workforce.

Affordability

The lack of affordable care is especially an issue in Connecticut. Reflecting that it is a high cost of living state, Connecticut has some of the highest child care costs in the country.

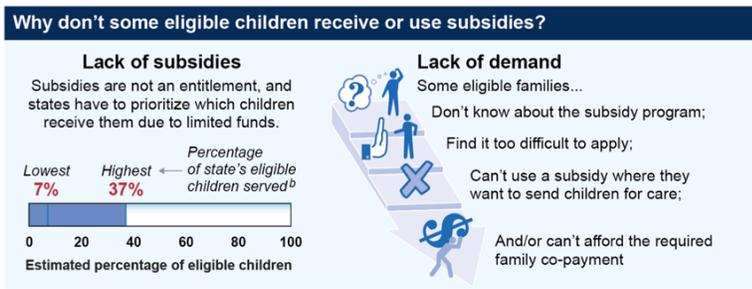
Significant [income inequality](#) exacerbates the affordability problem, especially for low- and middle-income families. Based on a standard measure of income inequality, the Gini coefficient, Connecticut has the 2nd highest income inequality in the country. In particular, Connecticut is one of the worst ranking states in terms of its [wealth gap by race and ethnicity](#).

FIGURE 12 | CHILD CARE COSTS RELATIVE TO NATIONAL AVERAGE



According to the recent OEC parent survey, 17% of families with young children reported spending more than 30% of their income on child care. Almost one-third (31%) of families earning less than \$25,000 report paying for child care entirely from their own income. This is consistent with national data about subsidies not reaching eligible families.

FIGURE 13 | WHY DON'T SOME ELIGIBLE FAMILIES ACCESS SUBSIDIES?



Source: GAO analysis of U.S. Department of Health and Human Services data; interviews with child care experts and state Child Care and Development Fund administrators; GAO-17-80; and stock.adobe.com (line of children). | GAO-23-106073

A recent [U.S. Government Accountability Office report](#) showed that child care subsidies funded through the Federal CCDF grant reach only about 12% of federally eligible families in Connecticut, and 21% based on state eligibility. Connecticut has made a concerted effort to remove barriers to ensure more successful applications for subsidies, but even so, application denials are at about 40%. This reflects a few different factors: Connecticut's regulations are not aligned with federal guidelines, the regulations are not responsive to evolving parent needs, and are time consuming and arduous to change. A

marketing campaign may help increase awareness and applications, but enrollment would still be capped at 19,500 children due to funding constraints.

Connecticut's subsidy rates are also low relative to the market price of ECE and they are based on the market rates, rather than on the cost of care as federal guidelines recommend. This market rate is based on what parents can pay and unlike other markets, this price is typically lower than the cost to providers to offer care. Governor Lamont's 2024-25 budget proposal requests a 10% increase per year in the subsidy rates.

Although federal guidelines allow eligibility up to 85% of state median income (SMI), Connecticut's subsidy program is currently open to families of up to 60% of the state's SMI. In addition, Connecticut requires that families be working or in an approved activity, such as participating in workforce training, and does not grant families conditional approval for first three months to secure a job as is permitted by federal guidelines.

State-funded programs are generally targeted to families earning up to 75% of SMI. Although a small percentage of slots in these programs also helps families above this income range, in general, for families just out of reach of these income qualifications, child care expenses are a burden. For example, a family of three at 100% of SMI earning \$107,052, would pay in excess of the recommended [US Department of Health and Human Services 7% of income](#) for either the care of one infant or a preschooler.

Supporting All Children's Needs

High-quality ECE should be available to [all children](#), but not all children have the same needs. The ECE system must be able to support the range of children's needs. While the federal IDEA laws create an entitlement to services, families with children with special needs still often struggle to find suitable care for their children that meets their child care needs. In addition, mental health and behavioral issues have increased dramatically since Covid, [nationally](#) and in [Connecticut](#), and young children with these challenges are often expelled from child care. [Research](#) also indicates that there are racial disparities in education-based disciplinary actions. Families need access to ECE programs with enough teachers who are trained to support the needs of each and every child.

Parents and Providers as Partners in Child Development

Parents are central partners in the ECE system. The state has already begun to develop parent leadership opportunities, including the newly formed Parent Cabinet and the statewide advocacy organization, Child Care for Connecticut’s Future also is committed to elevating parent voice. However, more can be done to recognize families as key decision-makers in the early childhood education system at the local and state level.

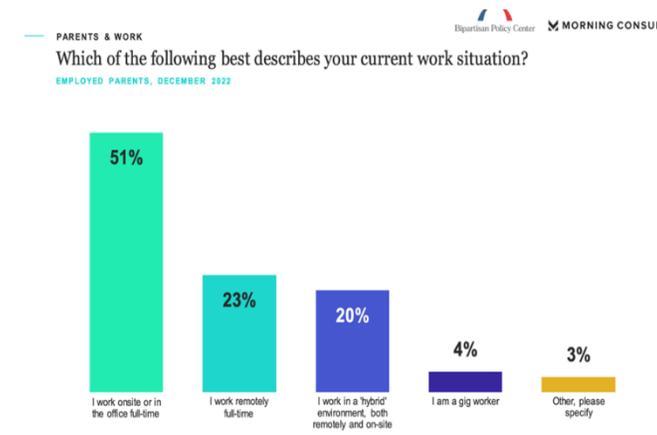
Parents and providers can support each other in ensuring the healthy development and well-being of children. Parents are typically the primary adults in a child’s life. According to [the Harvard Center for the Developing Child](#), “supportive relationships and positive learning experiences begin at home” and “the basic principles of neuroscience indicate that early preventive intervention will be more efficient and produce more favorable outcomes than remediation later in life” and “babies’ brains require stable, caring, interactive relationships with adults — any way or any place they can be provided will benefit healthy brain development.” The Sparkler app is a developmental screening tool that parents can access to understand whether their child might need to be evaluated for possible developmental delays.

Matching Parent Demand

A key issue parents and employers face is that the child care system is based on an antiquated industrial 9-5, M-F work week, which does not reflect current workplace realities in which there may be flexible schedules with limited advance notice, nontraditional hours necessitating a need for before or after care, nights, weekends, part time. The Bipartisan Policy Center conducted over four years of research studying the specific characteristics of parent demand, culminating in their most recent report titled, *Child Care and the Illusion of Parent Choice*.

Consistent with the Bipartisan Policy Center’s national findings, Connecticut’s current tracking of demand and supply does not capture the full diversity of contemporary parent needs and preferences.

FIGURE 14 | PARENTS’ CURRENT WORK SITUATIONS



Source: <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/04/BPC-Child-Care-and-the-Illusion-of-Parent-Choice-3.27.23.pdf>

FIGURE 15 | PARENTS' CURRENT WORK SCHEDULES

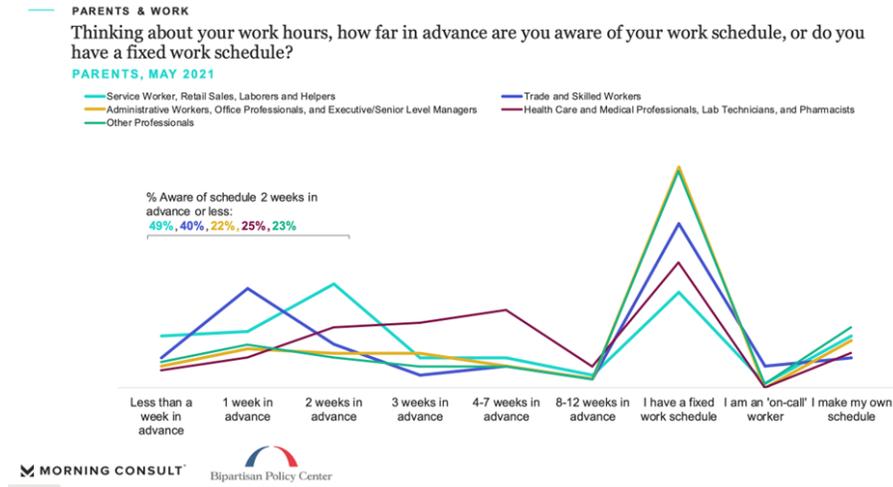
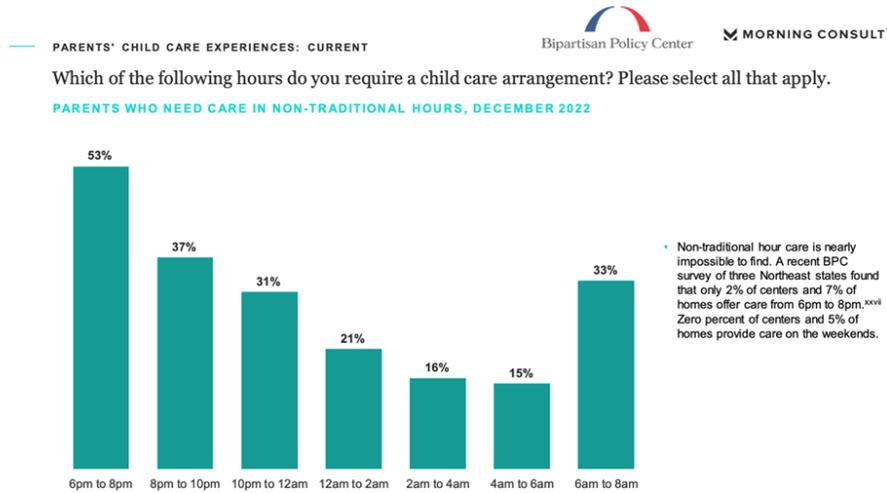


FIGURE 16 | PARENTS' NEED FOR CARE BY HOURS



Source: <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/04/BPC-Child-Care-and-the-Illusion-of-Parent-Choice-3.27.23.pdf>

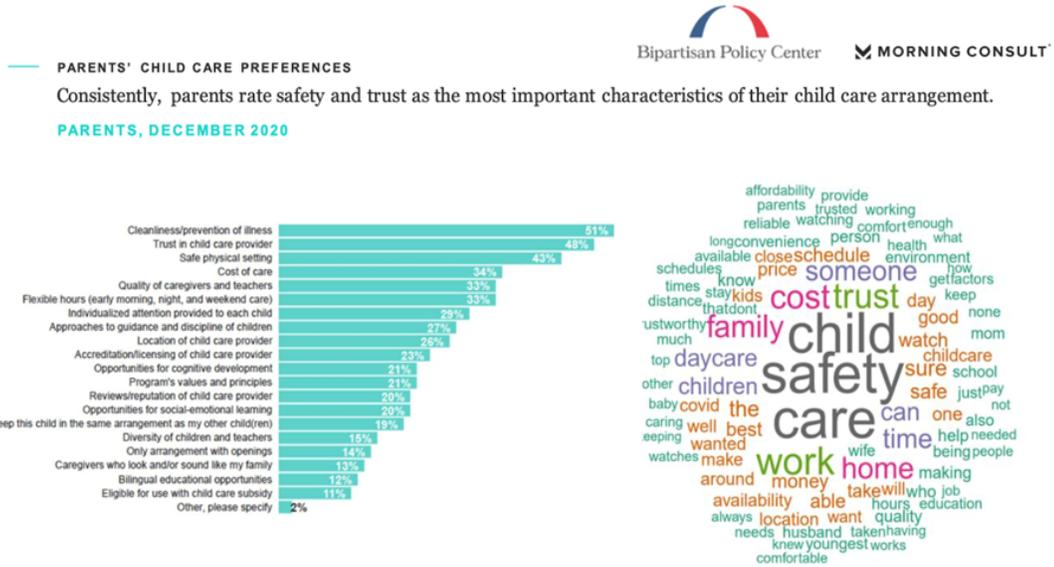
Parent Navigation

Presently, parents must gather information about child care options through a variety of means and navigate the complex and fragmented system largely on their own. Information about the potential benefits of high-quality early childhood care and education and the different child care options is not universally accessible. And as Dr. Valora Washington explained in her opening remarks to the Blue Ribbon Panel at the launch meeting on April 19, “complexity hurts equity.”

Information needs to be credible, universally accessible, multilingual, and available in a variety of ways, including via cell phones.

Safety and trust are two of the most important factors in choosing a child care arrangement.

FIGURE 17 | PARENTS' NEED FOR CARE BY HOURS

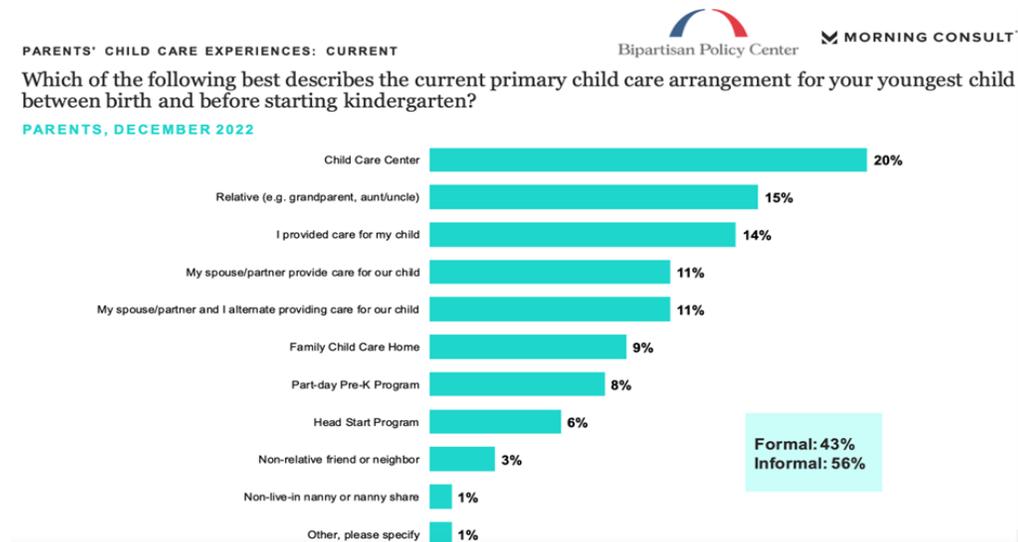


Source: <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/04/BPC-Child-Care-and-the-Illusion-of-Parent-Choice-3.27.23.pdf>

There have also been instances of misinformation and confusion as in the case of medical clinics, espousing to be able to support children with special needs, that are not licensed by the OEC.

Notably, the BPC has also found that families have their own preferences and priorities around the provision of care and setting. As such, the OEC is committed to supporting a mixed delivery system, including family child care homes, center-based child care, and public schools.

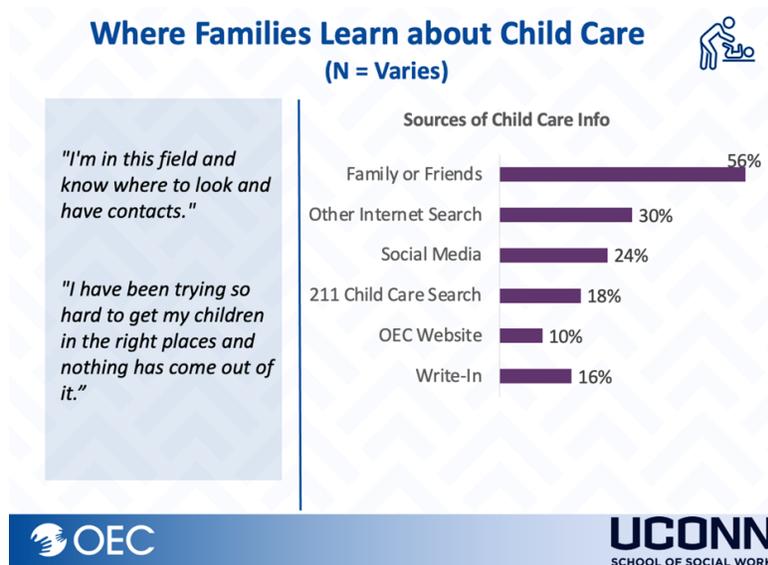
FIGURE 18 | PRIMARY CARE ARRANGEMENTS



Source: <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/04/BPC-Child-Care-and-the-Illusion-of-Parent-Choice-3.27.23.pdf>

Although 2-1-1 and Resource and Referral Centers provide some support, there is no predominant trusted portal or advisor or source with most families learning about care informally from family and friends.

FIGURE 19 | WHERE FAMILIES LEARN ABOUT CARE



As one Connecticut parent explained in a recent focus group around the OEC’s quality improvement system, Elevate, “it’s hard to find a trusted resource to evaluate child care facilities. I’m just going off what I’m seeing and my gut, and it would be nice to have more objective views.”

Parents also need to submit the same information multiple times for different programs. Although United Way 2-1-1 provides families with some supply and demand information, there is no universally accessed, up-to-date and comprehensive portal for parents. Enrollment can be a complex, lengthy, and inefficient process with, as previously mentioned, a high rate of denials for state subsidy programs. This creates challenges for providers, who lose revenues, as well as parents. And parent needs are not static, often requiring them to consider multiple ECE transitions. In addition, the early childhood system and Prek-12 system are not connected from a families’ perspective, so they must navigate that transition on their own.

Some ECE systems have created effective parent portals to support navigation. [Portland’s Preschool for All Plan](#) has a three-pronged approach to supporting parent navigation: a universal application, concerted outreach by community-based organizations, and family navigators to help families through the process and ensure “joyful, culturally responsive, developmentally appropriate, inclusive preschool experiences for all children in Multnomah County.” The Birth to Three and CAN portals can also be models.

South Carolina has recently launched [FirstFiveSC](#), a common online portal through which families can be screened for more than 40 services, banking application documents such as birth certificates and Medicaid eligibility documentation for use in applying to multiple programs.

Family and Child Outcomes

Families are seeking a good fit between their needs and preferences and the early childhood programs that they can access, yet there is no system tracking families' ability to equitably access affordable care.

Families are interested in supporting their child's development, but there is no uniform system for child assessment for early childhood programs. Right now, there are multiple platforms or assessment systems used across the state.

The OEC currently supports two system for monitoring child development, each with a different role. One is a screening tool, the Ages and Stages Questionnaires (ASQ-3 and ASQ-SE). This questionnaire is a tool used nationally and is a Brooks publication. Brooke updates and assures reliability and validity. This tool can be accessed through the Child Development Infoline or through using the Sparkler App to determine whether children might require further evaluation due to a potential developmental delay or disability. The city of Norwalk is using Sparkler to screen all children for Kindergarten entry. The other system, Connecticut Documentation and Observation for Teaching (CT DOTS) is a tool for early childhood teachers to monitor children's progress on the skills, abilities, and behaviors across eight domains in Connecticut's Early Learning and Development Standards (CT ELDS). CT DOTS offers snapshot summaries of a child's development, allowing teachers to monitor progress over time and have informed conversations with parents. When aggregated across classrooms, programs, or geographies, CT DOTS, can also serve summarize learning and development for groups of children.

The OEC is currently conducting two longitudinal research studies, one with UConn on the efficacy of home visiting, and the other with Thirty Million Words Initiative on evaluating the relationship between classroom quality and long-term outcomes, which can help to inform the future system. The OEC has also developed an innovative procurement tool through which government defines a menu of outcomes it wishes to "purchase"—and the amount it is willing to pay each time a given outcome is achieved, which can also be used in system development.

Community Voice

Community Voice is a pillar of the OEC's vision for an ECE system that works for providers, families, and our state. No one knows the needs of a community better than the members of that community, so it is difficult to allocate scarce resources without community voice. Therefore, trusted community leadership representing different stakeholders can assure that ECE needs and investments are prioritized equitably, reflecting community needs.

However, there is no common needs assessment that can be employed across the state. In addition, at the local level, there are currently several local community governance structures that exist across the state: School Readiness Councils, Local Early Childhood Collaboratives and Family Resource and Referral Centers. These organizations have been chronically under-resourced and under-funded at a state and local level. None of them covers all geographies and trying to establish community resources for all 169 towns in the state is challenging.

V. GOALS

Goal: Ensure that all Connecticut families have expanded access to affordable, high-quality ECE that prepares each and every child for future learning and improved well-being.

Sub-goals:

- **Expand supply to address unmet need** by building on existing resources where possible (e.g., expand existing programs, partner with local school districts and Family Resource and Referral Centers and incentivize the creation of programs in deserts and the development of additional infant and toddler slots)
- Formulate strategies to **expand affordable access** to high-quality care

- **Engage all parents** to support children’s early learning and development and ensure parents can access early care and education for their children that matches their family needs/preferences (e.g., infant/toddler care, special needs, non-traditional hours, part-time, multilingual, culturally responsive)
 - Design state and local infrastructure to **enhance all families’ navigation** of and access to high-quality early childhood education and offer parents information about program differentiation and quality to guide their choice of setting
 - Develop flexible demand and supply tracking that is reflective of family and modern workplace needs
- **Ensure community voice** and data-driven common community needs assessments are factored in the allocation of resources
- **Develop a child and family information and outcomes system** with a focus on access to high quality and equity

VI. PRELIMINARY DRAFT RECOMMENDED STRATEGIES TO ACHIEVE THESE GOALS

Unmet Need: Problems and Opportunities

- Connecticut’s unmet need is geographically dispersed; the Center for American Progress (CAP) estimates about 44% of the state lives in a child care desert
- Connecticut’s unmet need is concentrated in infant and toddler child care, which is more expensive to provide
- Some supply is not fully utilized, in part reflecting ECE workforce shortages
- Limited funds are available to expand or build new facilities
- The needs of families are varied and evolving based upon factors such as their work hours, family situation, and cultural and special needs and the current supply and demand systems do not fully track this
- There are multiple federal, state and locally funded programs, each with its own requirements, and not necessarily responsive to parent needs

Unmet Need: Draft Recommendations

- Improve demand and supply tracking systems to provide an evolving, accurate, up-to-date estimate of unmet need that aligns with the range of parent needs and preferences
- Increase funding options for facility expansion and start-ups
 - Secure additional facility funding (e.g., bond funding) to support expansion or classroom conversion
 - Subsidize start-up costs to incentivize the development of new community-based family child care homes and child care centers
 - Expand innovation models, such as family child care incubator model
- Expand access in areas of high need by leveraging existing local partnerships
 - Partner with public schools to expand access for 3-5 year olds, in combination with other before- and after-school partnerships
 - Seek donated space from municipalities and public schools
- Incentivize the development of additional infant and toddler slots
 - Consider options to expand contracted slots, such as the potential to convert some Care4Kids subsidy vouchers to contracted infant and toddler slots
 - Continue family child care supports to reduce closures and expand reach of this sector
- Increase the supply of programs equipped to meet the needs of all children (e.g., multilingual, culturally responsive, children with special needs, extended hours including overnight and weekends)
- Change ratios and group sizes and regulations (e.g., school age ratio > 1:10, toddler ratio >1:4, considering if the requirements have been largely met)
 - Use NAEYC Accreditation Standards to guide
- Assess the feasibility of extending CT’s paid parental leave program
 - Reduce infant care demand

- Communicate current program options to fathers to help extend families' leave time with newborns or adopted children (current data shows women are more likely to employ benefit)
- Expand access to and ensure better utilization of state funded programs
 - Enhance access to state funded programs by offering more flexible and efficient subsidized state funded spaces to serve more children in varying types of settings in varying day/week parts
 - Develop an approach to procure new state funded spaces that prioritizes high need areas, and allows for family child care options, while giving preference to current state funded programs and accredited programs
 - Reduce unused, funded state slots by developing a dynamic system to reallocate empty spaces that communities are unable to fill
 - Simplify state funded contracting systems, regulations, and administration
 - Expand Smart Start preschool program in public schools (state costs are 40% of state funded ECE space due to the local share)
 - Leverage federal Head Start and public-school systems to braid and layer funding and wrap-around model

Affordability: Problems and Opportunities

- Subsidies only reach about 12% of Connecticut's eligible families
 - Subsidy application denials hover at 40%, typically due to income limits or not being engaged in an eligible activity (e.g., work, job training, residency, and education)
 - Federal subsidy guidelines are more generous and not aligned with state regulations
 - State regulations are outdated, complex, and slow to change. Families' needs evolve.
 - Subsidy levels are not tied to cost of providing care and are low relative to market rates (MR); currently at 30-40% of MR
- Free to low-cost public school and state-funded programs are limited with long waiting lists
- Parents do not always understand what supports they might be eligible for (e.g., families with domestic violence and undocumented parents with children born in the US may not be aware that their child or children can be eligible for subsidized child care programs)
- Affordability is still a significant issue for ineligible families, with payments on average exceeding the US Department of Health and Human Service's recommended cap of 7% of income. Many families just miss income guidelines and cannot afford ECE

Affordability: Draft Recommendations

- Ensure subsidy system reaches eligible families and is responsive to parent needs
 - As Connecticut regulations aren't flexible enough to respond to evolving needs, instead adopt a policies and procedures manual aligned with Final Rule federal regulations
 - Seek opportunities to reduce complexity of administration and applications to ensure more families can access (e.g., fewer denials)
 - Improve parent awareness of subsidies as part of new parent information system
- Expand child care subsidy funding:
 - Increase the number of families served
 - Raise subsidy rates, to reimburse providers based on what it costs them to provide care, rather than limiting them to what they can charge
 - Avoid potential federal sanction due to current low rates
 - Broaden eligibility to ensure more families receive subsidies
- Increase affordability of ECE for middle income families just out of reach of subsidies and unable to access state funded programs
 - Explore opportunities to partner with local school systems to expand families' access to low- to no- cost ECE (e.g., public preschool)
 - Identify ways to partner with business (e.g., Tri-Share) and philanthropy
 - Consider opportunities to use more flexible state funds to supplement federal subsidies and expand access

- Explore opportunities to increase flexible spending accounts
- Limit family payments to a recommended amount based on their income level
 - Building on the OEC's equitable parent co-pay schedule across the system, ensure funding to limit parent pay proportionate to different income levels as it relates to the state median income or federal poverty levels and adjusted for the cost-of-living differences across the state

Parent Engagement and Navigation: Problems and Opportunities

- Parents know their child best and parents are critical partners in the ECE system
- Parents and children have a range of needs (e.g., children with special needs, care in non-traditional hours, part-time care, multilingual, culturally responsive settings of families' choosing)
- The current system is fragmented and complex for families to navigate, which presents challenges for providers as well as families
- The system is designed on an antiquated 9-5 work model and is not flexible or responsive
- Parents would benefit from trusted information and support to find the right match for their families and a high-quality ECE setting
- Simpler systems with on-the-ground trusted resources and outreach have been shown to lead to higher enrollment and parent satisfaction in NYC and Portland
- ECE system reforms need to be equitable for all families, addressing historic systemic racism

Parent Engagement and Navigation: Draft Recommendations

- Recognize families as key decision-makers in the early childhood education system at the local and state level
 - Develop and implement new policies to ensure that families' perspectives are included at the program, state, and local level
 - Increase opportunities for parent leadership training to promote meaningful participation
 - Provide training, best practices, and coaching for all types of providers to enhance parent engagement and partnership skills
 - Use Early Head Start/Head Start as a resource to support this work
 - Conduct an annual statewide parent survey to obtain feedback from families about the ECE system
- Develop a parent navigation system that is available in multiple languages, inclusive, and easily accessible that is designed to cater to the diverse range of family needs and preferences and would consist of a technology platform and trusted local resources (e.g., parent ambassadors/navigators)
 - Provide parents with information about their options for care and education
 - Further develop and market materials that give parents information about the programs' licensing and accreditation status as progress and status in the Elevate system demonstrate
 - Help parents to enroll their child(ren) in care and education programs that fit their needs and preferences (e.g., type of provider, accreditation status, language and cultural competencies, children with special needs, age of children, accessibility, and availability of public transportation)
 - Ensure there are trusted community navigators to meet parents where they are in their local communities (e.g., churches, community organizations and other community resources), building on existing resource and referral assets
- Ensure information is credible, organized, accessible and available in multiple languages to engage parents as partners in children's overall development and well-being
 - Build families' understanding of the critical nature of the early years
 - Help families understand core tenets of healthy child development and age-appropriate expectations and how to support optimal child development
 - Ensure equitable access to information and resources that are universally accessible and available in multiple languages
 - Build understanding of early learning goals of families and parents' understanding of child development through tools like Sparkler and Connecticut Early Learning and Development Standards (CT ELDS)

- Expand marketing and outreach of Elevate, CT early childhood quality improvement system, that can offer families information about program quality and support ECE programs' ongoing quality improvement
- Create an early learning/family partnership hub that includes information about child development, Elevate information about program quality, and possibly linked to MyCT for other benefits like housing, SNAP, and HUSKY

Community Voice: Problems and Opportunities

- Needs vary by geography
- It is difficult to equitably allocate limited resources without community voice
- Currently, there are several local community governance structures, including Local Early Childhood Collaboratives (LECCs), School Readiness Councils, (SR Councils), scattered throughout the state
 - These existing community engagement and governance structures have been underfunded and under-resourced
 - None of these covers all geographies
- Trying to establish community resources for all 169 towns in the state would be challenging

Community Voice: Draft Recommendations

- Design an appropriately resourced and consistently funded hub-based community resource system in order to raise up community needs and priorities and provide input into resource allocation decisions by:
 - Leveraging structure to convene stakeholders around ECE and related areas. Regional geographic coverage to be defined
 - Implementing a common community needs assessment that can be efficiently updated and used to track progress over time
 - Expanding geographic coverage of existing local resources (e.g., LECC and SR Councils) and grassroots partnerships to reach all geographies

Child and Family Outcomes: Problems and Opportunities

- There is no statewide system used by all providers to track child development or support conversations and connections about child development with families
- Although many states use a common learning and development assessment platform (e.g., Teaching Strategies, High Scope), there is lack of agreement on what platform to use in Connecticut
- The current CT Documentation and Observation System (CT DOTS) is a platform that:
 - Provides framework for monitoring children's progress on the skills in the CT Early Learning and Development Standards (CT ELDS)
 - Generates snapshot summaries and is currently used by some providers
 - Will be used by the State Department of Education (SDE) for their early childhood outcomes reporting
- The OEC supports the use of the Ages and Stages Questionnaires, including through the Sparkler app for developmental screening to identify areas of strength and to catch potential delays
 - Norwalk is using Sparkler to screen all children for Kindergarten entry
 - This questionnaire is a tool used nationally and is a Brooks publication. Brooke updates and assures reliability and validity
- There is also not a system to track how well the ECE system is working for families (e.g., affordability, unmet need, subsidy denials, ability to work)

Child and Family Outcomes: Draft Recommendations

Child outcomes:

- Implement a statewide system to assess Connecticut's children early learning and development from birth to age 5 by leveraging an existing platform (e.g., CT DOTS, Teaching Strategies, High Scope) to:
 - Provide snapshots of a child's holistic development up to kindergarten
 - Aggregate data across programs and regions

- Provide a structure for providers to partner with families to help them understand and know how to support their child's development
- Support early care and education providers in observing children and planning engaging experiences for them
- Provide a structure that fosters smooth transitions from ECE to the PreK-12 public school system
- Collaborate with SDE about role of Kindergarten Entrance Inventory (KEI) in documenting child outcomes
- Meet federal reporting requirements (e.g., for the Office of Special Education Programs (OSEP), Head Start)

Family outcomes:

- Design and develop a data and outcomes system to track families' ability to equitably access affordable care and education

VII. CONCLUSION

Connecticut is poised to make significant inroads to expand equitable access to high-quality care. Progress can be made by better utilizing the existing ECE system; simplifying and streamlining to reduce complexity and increase efficiency; and investing in better systems to track parent demand, child care supply, child and family outcomes, and support parent navigation and engage communities. Additional funding can be used to increase affordability and address unmet needs for expanded programs, facility funding and infants and toddler care specifically.

Going forward, the workgroup will be assimilating feedback from the public listening session and Panel members as well as other stakeholders to prioritize the most promising high impact recommendations. For this sub-set of recommendations, additional analysis will be conducted to confirm and refine these strategies, including detailing any required structural, programmatic, or regulatory changes, investments needed, expected timeline and outcomes.

In recognition of the interconnected nature of the workgroups, Equity and Access will be closely coordinated with the Systems and Funding and Costs workgroups.

VIII.APPENDIX

Draft Glossary of Terms: *

- **Early Childhood Care and Education:** Care and education for children ages 6 weeks to 5 years.
- **The Early Education Workforce** refers to any scheduled staff member who provides a direct service to children in either a licensed home-based or center-based setting. This includes teaching staff, cleaning and cooking staff, and admin/receptionists on the program payroll, including supervisors and substitute teachers.
- **Equity:** reflecting the OEC commitment to “assertively remove barriers and build upon the strengths of historically disenfranchised people and communities to ensure fair access to OEC resources... [and to] intentionally work to dismantle any systemic racism that may be embedded within policies and practices affecting all aspects of early childhood.” In practice, equity means all children and families receive necessary supports in a timely fashion so they can develop their full intellectual, social, and physical potential. The state that would be achieved if individuals fared the same way in society regardless of race, gender, class, language, disability, or any other social or cultural characteristic (NAEYC).
- **Access:** Access to early care and education means that parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child’s development and meets the parents’ needs.
- **High-Quality:** High-quality programs are healthy and safe; support children’s early learning, help prepare children for their next educational step; partner with Families to supports and monitor children’s learning and development; and advocate for providers, children and families as indicated by NAEYC Accreditation for Early Learning Programs, NAFCC Accreditation, and/or Head Start approval.
- **Outcomes:** desired positive outcomes include access, affordability, equity, quality of care, provider stability, workforce participation as specified in the draft ECE vision
- **Outcomes rate card:** an innovative procurement tool through which government defines a menu of outcomes it wishes to “purchase”—and the amount it is willing to pay each time a given outcome is achieved.
- **Market rate:** the official estimation of the price of child care typically based on a market rate survey that is an examination of fees that child care providers typically charge and parents typically pay per unit of care (for example, per week or per hour)
- **Cost of care:** costs incurred by childcare providers to operate and provide early care and education services for infants, toddlers, and preschoolers, meet all applicable Connecticut standards and requirements, and provide resources to families. Examples include adequate teacher compensation (i.e., Level 1 schedule), training, materials, health screenings, administrative functions, support services, and occupancy costs. The UConn Narrow Cost Analysis work is capitalized, “Cost of Care”.
- **Cost of quality care:** additional costs incurred by childcare providers to provide high-quality early care and education services for infants, toddlers, and preschoolers, achieve and maintain NAEYC and NAFCC accreditation¹, and provide resources to families. Examples include costs of highly qualified and fair / equitable teacher compensation (i.e., mid-career schedule), intentional built-in planning time for the development of children, nutrition support, health and behavioral screening, family support, and an environment that is well-maintained. This will be measured by the Quality Improvement System that is currently being built out.
- **Licensed capacity:** the maximum number of child care slots available per OEC regulations. As this is largely based on square footage, it is assumed providers cannot reach 100% of licensed capacity.
- **Adjusted capacity:** An estimate of the potential slots actually available, approximately 80% of center and 100% of family child care providers. The estimate is similar to “desired enrollment” (enrollment plus vacancies) used in the UConn Cost of Care analysis.
- **Infant:** a child aged 0 to 17 months
- **Toddler:** a child aged 18 to 35 months
- **Pre-K:** a child aged 2 years and 9 months to 5 years that is not yet in Kindergarten.
- **Special education:** defined by the federal law (Individuals with Disabilities Education Act – “IDEA”), special education and related services for 3-, 4- and 5-year-old children with disabilities.

- **Family Resource and Referral Center:** promotes comprehensive, integrated, community-based systems of family support and child development services located in public school buildings
- **Early Childhood Educator:** is defined as providing direct service to children birth through age 8 are responsible for meeting the guidelines of the early childhood education profession.
- **Early Childhood Educator I (ECE I):** In birth through Grade 3 settings, an ECE I can help develop and sustain high-quality child development and learning environments and can serve as an effective member of early childhood education teaching teams. An ECE I will complete a professional preparation program that meets a minimum of 120 clock hours. Early Childhood.
- **Educator II (ECE II):** In birth through age 5 settings, an ECE II can be responsible for developing and sustaining high-quality development and learning environments with staffing and support models that provide frequent access to ECE IIIs for guidance. For example, ECE IIs working in larger community-based settings might have on-site supervisors, or those working in family child care homes or small centers might be a part of networks or have regular on-site technical assistance. However, in state-and district-funded preschool programs,² provided in mixed-delivery settings and explicitly aligned with the K–12 public school system, ECE IIs can serve only in the support educator role; ECE IIIs must serve in the lead educator role, as in K–Grade 3 settings, where an ECE II can help develop and sustain high-quality development and learning environments, can serve as an effective member of ECE teaching teams, and can guide the practice of ECE Is. An ECE II will complete an early childhood education associate degree program.
- **Early Childhood Educator III (ECE III):** In birth through Grade 3 settings, an ECE III can be responsible for independently developing and sustaining high-quality development and learning environments, can serve as an effective member of ECE teaching teams, and can guide the practice of ECE Is and IIs. An ECE III will complete an early childhood education bachelor’s degree program or an early childhood education master’s degree program for initial preparation.

**Note: this glossary will continue to be updated throughout Blue Ribbon Planning.*