



EARLY CHILDHOOD EDUCATION AND CARE

Racial Equity in Advocacy Series, Fact Sheet #12

October 2020

This fact sheet is the eleventh in the *Racial Equity in Advocacy* series for social policy advocates addressing unequal opportunities by race. Each fact sheet will provide information equipping advocates to embed a racial equity lens into their work to close gaps and improve outcomes for communities of color. Please see the [first fact sheet](#) in the series for a review of key terms and concepts.

Early childhood education and care are critical services because they support the healthy development of children and support parents' ability to work and provide for their families. Historically, these facts have either not been recognized or are unevenly applied across racial and ethnic groups. The current methods for assessing quality providers limits access to subsidies for providers disproportionately serving communities of color.

Early Beginnings

In the early 20th century, there was no national policy or investment specific to child care, in part because of societal norms about family structure and the primacy of women's roles as homemakers. However, widows and women raising children alone became a policy issue that needed to be addressed. By 1930, nearly every state had a mothers' or widows' pension law, which provided financial support to mothers so they could stay at home with their children.ⁱ Although this was the policy of choice for addressing the needs of low-income mothers, Black women were frequently denied benefits on the grounds that they were accustomed to working and should not be encouraged to stay home with their children.ⁱⁱ While the Great Depression caused state and local governments to struggle and eventually cease to fund women's pensions, the spirit of the policy went on to inspire the Aid to Dependent Children Program.ⁱⁱⁱ

The Great Depression prompted the federal government's first significant foray into child care. To support the parents on various Works Progress Administration (WPA) work-relief projects, in 1933 the WPA established Emergency Nursery Schools which enrolled between 44,000 and 72,000 children in any one year.^{iv} However, these schools faded away after the New Deal recovery ended. Over the next several decades, more and more women entered the workforce. President Kennedy's Commission on the Status of Women reported that maternal employment was becoming the norm and that child care could support women to work, help children's development, and also advance social and racial integration.^v

Expansion of Federal Investment

The next major investment in child care came with the welfare reform bills of the 1960s which were aimed at reducing public assistance rolls. To encourage low-income women to enter training programs or employment, Congress linked child care to Aid to Families with Dependent Children (AFDC) eligibility.^{vi} When the War on Poverty was launched, 15 percent of whites and half of Blacks were in poverty.^{vii} There was also growing acceptance of new research indicating that a child's environment and educational exposure in the first few years of life has more impact on their lifetime intelligence than his/her race/ethnicity.^{viii}

Preschool education was considered an essential service included among the Johnson Administration's strategies for fighting poverty, noting that strong educational services to children of low-income families is crucial to providing them with equal opportunity.^{ix} The Head Start program was established to be culturally responsive to the communities served and families were to invest in its success by contributing volunteer hours.^x During fiscal year 1968, approximately 30,000 paraprofessionals and 39,000 volunteers staffed year-round projects. Many volunteers were parents of Head Start children. Among paraprofessionals in the year-round programs, 31 percent were white, 45 percent African American, 12 percent Hispanic, and 8 percent American Indian.^{xi}

Head Start grants are awarded directly to local organizations from the federal government, thereby bypassing any biases that states may hold. This is a critical difference between the administration of Head Start and AFDC. Local flexibility allows many programs to combine funding from multiple sources to maximize the impact of available resources.^{xii}

Congress passed the Child Care and Development Block Grant (CCDBG) in 1990. Today, it is the largest federal investment in child care allocating funds to individual states. In 1996, welfare reform restructured AFDC from an entitlement into a block grant, renaming it Temporary Assistance for Needy Families (TANF); public assistance became time-limited with additional employment mandates attached to eligibility. TANF's emphasis on work necessitated the expansion of child-care benefits, so Congress combined CCDBG and other smaller programs into the Child Care and Development Fund (CCDF).^{xiii}

The Quality Debate

The quality rating and improvement system (QRIS), funded by the CCDF, is the primary mechanism states use to evaluate child-care providers. QRIS is significant because many states reimburse higher-ranked child-care providers at higher rates. Parents are also encouraged to use QRIS ratings to compare child-care providers. Each participating state has its own QRIS that builds on the minimum standards in CCDBG. Therefore, there is variation in each state's definition of quality in five common elements: (1) program standards, (2) supports for programs and practitioners, (3) financial incentives for providers, (4) quality assurance and monitoring, and (5) consumer education.^{xiv} Unfortunately, inconsistent quality metrics can result in inequitable outcomes for both parents and child-care providers.

QRIS-rated programs often prioritize higher education rather than uplifting the profession through professional development opportunities.^{xv} This generally requires higher levels of compensation for that workforce. However, early childhood specialists with bachelor's degrees are more likely to be white and not from the communities served. Meanwhile, problems with the QRIS rating method are causing many providers to exclude themselves from participation. Though they serve large numbers of families of

color in low income communities, they express fear of receiving a low rating and not having the resources or opportunities to attain a higher rating.

The most widely applied definitions or tools for assessing the quality of child care are based on child-care center models. This bias towards centers and the lack of research about family child-care settings means that family child-care providers are frequently undervalued in the quality debate.^{xvi} This is problematic because home-based care settings serve a disproportionate number of low-income families and families of color.^{xvii} Home-based child-care providers are much more likely to meet the needs of parents with variable or nonstandard work hours.^{xviii}

It is important to acknowledge that the concept of quality is highly subjective. What is valuable and important for one community may not matter as much to another. For example, many families are more comfortable with child-care providers who come from their background and/or who speak their native language, especially if English is not spoken at home.^{xix}

The Way Forward

Quality metrics are valuable because they ensure that providers are adequately supporting the healthy development of the children they serve. However, as this fact sheet describes, the limited perspective of “quality” often works against communities of color. Head Start provides a better model because it prioritizes the input of families in its design and evaluation of programs. For example, Head Start grantees conduct regular community needs assessments, which include documenting the cultural and linguistic needs of the geographic area they are serving.^{xx}

Home-based providers are a significant source of child care for families of color. Quality standards must consider the strengths and nuances of providers operating out of a home setting, without the resources of a center. Policies and systems can support children of color by supporting their child-care providers. These providers often experience the same challenges as the families they serve. Similarly, to better serve families of color, social policy advocates can push for more community engagement in the development of quality standards. This will ensure that the metrics used in state and local early childhood systems correspond to what families actually need and want in a child-care provider.

ⁱ Michel, S. (2011). *The history of child care in the U.S.* Social Welfare History Project. Retrieved from <http://socialwelfare.library.vcu.edu/programs/child-care-the-american-history/>

ⁱⁱ Ibid.

ⁱⁱⁱ Goodwin, J. L. (n.d.). Mothers’ Pensions. In *The Encyclopedia of Chicago*. Retrieved August 18, 2020, from <http://www.encyclopedia.chicagohistory.org/pages/845.html>

^{iv} Cohen, A. (1996). A Brief History of Federal Financing for Child Care in the United States. *The Future of Children*, 6(2), 26-40.

^v Michel, 2011.

^{vi} Ibid.

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- ^{vii} Vinovskis, M. A. (2005). *The Birth of Head Start : Preschool Education Policies in the Kennedy and Johnson Administrations*. Chicago, IL: The University of Chicago Press.
- ^{viii} Ibid.
- ^{ix} Ibid.
- ^x “Head Start History”. (2018, March 2). Head Start Early Childhood Learning and Knowledge Center, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-history>
- ^{xi} Vinovskis, 2005.
- ^{xii} First Five Years Fund. (2019). “Head Start and Early Head Start”. Retrieved from https://www.ffyf.org/wp-content/uploads/2019/07/FFYF_HS_EHS_FY2020.pdf
- ^{xiii} Michel, 2011.
- ^{xiv} “About QRIS”. (n.d.). National Center on Early Childhood Quality Assurance, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved August 18, 2020 from <https://qrisguide.acf.hhs.gov/about-qris>
- ^{xv} Ibid.
- ^{xvi} Ibid.
- ^{xvii} Goodson, B.D. and Layzer, J.I. (2010). *Defining and Measuring Quality in Home-Based Care Settings*, OPRE Research-to-Policy, Research-to-Practice Brief OPRE 2011-10d. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/define_measures.pdf
- ^{xviii} National Survey of Early Care and Education Project Team (2015). *Fact Sheet: Provision of Early Care and Education during Non-Standard Hours*. (OPRE Report No. 2015-44). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>
- ^{xix} Public Health Law Center. (2017). *Reimagining Quality in Quality Ratings Programs*. Retrieved from <https://www.publichealthlawcenter.org/sites/default/files/resources/Family-Child-Care-QRIS-2017.pdf>
- ^{xx} Johnson-Staub, C. (2017). *Equity Starts Early: Addressing Racial Inequities in Child Care and Early Education Policy*. Washington, DC: Center for Law and Social Policy. Retrieved from https://www.clasp.org/sites/default/files/publications/2017/12/2017_EquityStartsEarly_0.pdf