



Improving Quality Child Care Options for All DC Children

Our city’s prosperity will be determined by how we support the education and well-being of our youngest citizens. The first five years of life, particularly the first three, are a time of critical human development, when the foundation for life-long learning and success is built to last through adulthood. Nearly 33,000 children under the age of five live in the District. Approximately 19,000 DC children are birth to age three,¹ and nearly one-quarter (26 percent) of them live in poverty.²

Increasing the availability of quality³ early care and education programs to all families in the District will:

- Ensure young children start kindergarten ready to learn.
- Reduce the achievement gap that begins as early as infancy.
- Support working parents, particularly those in low-income families.
- Strengthen the economic vitality of the District by building the foundation for future workforce productivity.
- Reduce costs that can occur later in life if children’s needs are not met during their formative years.

The District has made noticeable strides to ensure a supply of quality birth-to-five programs to meet the needs of all families. Core components of an effective early care and education state system—like policy, governance and financing—have been

established, sustained and strengthened. While these are commendable steps, the District is still not generating strong enough outcomes for young children because of several challenges.

1. Lack of Valid and Useful Data on Program Quality to Inform Families and the Public

Early care and education services in the District, like in many places, are delivered in multiple settings. These settings include child development facilities, in home businesses and centers, public schools and, in a few cases, in the child’s or child’s relative’s home. While these settings provide viable options for families, the quality levels of these programs are not measured in easily comparable ways. The quality ratings are rarely clear enough to help families make informed decisions while considering child care options and enrollment.

This data snapshot was a collaborative effort, and we are grateful for the work of many contributors, but particularly Bonnie O’Keefe (our summer 2012 Education Pioneers Fellow) and Lauren Deutsch (our 2011–2012 intern from the Trachtenberg School of Public Policy and Administration at George Washington University). For more information, please contact Gwen Rubinstein, deputy director at DC Action for Children, grubinstein@dckids.org.

i. While “quality” is a subjective term, our use of quality in child care settings was informed by literature and expert opinions on the subject, notably Zero to Three’s “Guide to Choosing Quality Child Care” and Corporate Voices for Working Families’ “Why America Needs High Quality Early Care and Education.”

The District's Office of the State Superintendent of Education (OSSE) is the lead agency responsible for providing families with access to quality early care and education programs. Under OSSE's oversight, programs have to meet multiple layers of quality standards depending on the types of funding they receive.

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The majority (193 of 305, or 63 percent) of licensed child care centers and the majority (86 of 151, or 57 percent) of child development homes in DC provided care to subsidy-receiving families in 2011.³ These programs are required to participate in DC's Quality Rating and Improvement System (QRIS), Going for the Gold, which rewards programs that go beyond minimal licensing requirements with gold, silver and bronze designations. OSSE officials are currently re-evaluating and revising Going for the Gold. The QRIS ratings system currently has seven categories, including accreditation, staff qualifications, staff compensation, legal compliance, consumer satisfaction and learning environment.⁴ Nearly half

(46 percent) of participating child care centers and 80 percent of participating child care homes were rated as "bronze" in 2011, meaning they barely exceeded minimum licensing standards.⁵

Locally funded Pre-K programs in child care centers and public schools serving 3 and 4 year olds also have to meet another set of quality standards as outlined in the Pre-K Acceleration and Expansion Amendment Act of 2008. There are variations in the monitoring system and degree to which Pre-K classrooms in the 54 DC Public Charter Schools, 85 DC Public Schools and 30 classrooms meet these standards.

In addition, there are 17 child care centers and 67 DCPS sites providing child care and education services using federal Head Start and Early Head Start funding. Federal assessors monitor these sites to ensure that they are meeting the Head Start Performance Standards.

The connections among all of these standards are too often unclear, duplicative and leave some indicators of quality unmeasured.

To address these challenges, DC Action for Children recommends:

- Align quality standards and monitoring across all programs, regardless of private or public funding stream.
- Provide the public with easily accessible data on the quality of programs across all settings.

2. Lack of Resources to Support Quality Programs

Despite recent efforts, the data on quality are still troubling. Among child care centers and home-based businesses that participated in Going for the Gold 2011:

- Child Care Centers: 33% Gold, 21% Silver, 46% Bronze.
- Home-Based Businesses: 13% Gold, 7% Silver, 80% Bronze.⁶

Improving the quality of early care and education programs across all settings solely through mandates and regulations is not effective. Programs need a wide range of resources to provide high-quality services.

Only 33% of Child Development Centers receiving child care subsidy funding to support low-income families meet the quality standards at the "gold" level. Another 20% are "silver," and 46% are "bronze."

Logically, higher quality programs cost more to operate than lower quality programs and some families need subsidies to afford higher quality care. The city, through the federal Child Care and Development Block Grant (CCDBG), provides these subsidies.⁷

The current reimbursement rate allotted to "gold-rated" child development centers is \$54 for infants and \$51 for toddlers per day in full-time traditional programs.⁸ Rates for similar market-rate programs were at least \$20 more per day in 2010.⁹

While programs can use subsidized funds as a supplement and not their sole source of income, the reality is that programs serving families in low-income neighborhoods or neighborhoods of concentrated poverty are often unable to attract families with the resources to pay tuition that match or exceed the market rate. As a result, the majority of programs providing subsidized child care services to low-income families may have up to 95 percent of their slots subsidized by public funds. It is difficult, programs administrators will even say impossible, to provide high-quality services when the total program income may be only 73 percent of market value.

Also, the connections between the quality improvement resources available to programs are not directly linked to the quality standards programs are required to meet. This disconnection makes it difficult to measure how resources may (or may not) be supporting quality.

To address these challenges, DC Action for Children recommends:

- Increase the subsidy rate to programs that achieve the “gold” level of quality to reflect at least 100% of the 2010 market rate.
- Provide financial bonuses for “gold” level programs serving low-income families and underserved populations.
- Develop a menu of monetary and non-monetary resources that are directly aligned with the high-quality standards to help programs improve their measurable quality.
- Give programs at all levels further incentives to increase their quality.

3. Lack of High-Quality Infant and Toddler Slots

Most of a child’s brain’s growth occurs by age five, with the period between birth and age three as the most important because that is when the synapses that promote language develop. High-quality attachments and relationships developed during this period serve as the catalyst for the intellectual, social and emotional skills children need through adulthood.

In 2009, approximately 5,400 children under age three were living in families below the poverty line in Wards 1, 5, 6, 7 and 8. Child development centers and homes in these wards were only able to serve approximately 2,517 infants and toddlers from low-income families in 2011.

The lack of quality slots serving infants and toddlers is a challenge for all families but especially detrimental to low-income families since their children are most likely to start kindergarten behind and would likely benefit most from quality infant and toddler care. In 2009, approximately 5,400 infants and toddlers were in families living below the poverty line in Wards 1, 5, 6, 7 and 8.¹⁰ Center and home-based programs providing subsidized child care services in these wards were only able to serve approximately 46 percent of these infants and toddlers.¹¹

To address these challenges, DC Action for Children recommends:

- Provide incentives for “gold” programs to expand their capacity to serve more infants and toddlers.
- Eliminate procedural and policy barriers that slow the start-up process for new programs that have demonstrated the capacity to provide high-quality infant and toddler care in high needs wards.
- Leverage public and private partnerships that would identify underused real estate space for potential quality infant and toddler programs.

Conclusion

Developing a strong, coordinated early education system in DC will ensure that the city has the foundation in place to grow a strong and prosperous community. Policies, mandates and scattered funding will continue to be ineffective if they do not provide an array of quality options for all families that lead to strong child outcomes.

Information about the quality of programs across all settings needs to be more readily available to inform families and policymakers responsible for the future of our city’s children. Public resources should follow quality and support learning when it starts.

1. U.S. Census Bureau. 2010 Decennial Census.

2. National Center for Children in Poverty, Young Child Risk Calculator. Accessed at: <http://www.nccp.org/tools/risk/?state=DC&age-level=3&income-level=Poor&submit=Calculate>

3. Derived from data in: Office of the State Superintendent of Education and Child Trends. (2011). District of Columbia Early Childhood Risk and Reach Assessment.

4. National Center on Child Care Quality Improvement. (2011). Statewide QRIS Profile: District of Columbia.

5. Office of the State Superintendent of Education and Child Trends. (2011). District of Columbia Early Childhood Risk and Reach Assessment.

6. *Ibid.*

7. U.S. Department of Health and Human Services. Child Care and Development Fund. Accessed at: <http://www.acf.hhs.gov/programs/occ/ccdf/index.htm>

8. D.C. Department of Human Services. (2006). Notice of Final Rulemaking: Rates Paid by District of Columbia Government to Child Development Centers, Child Development Homes and Relative and In-home Caregivers for Child Care Services.

9. OSSE, Center for Applied Research and Urban Policy. (2010). 2010 District of Columbia Child Care Market Rates and Capacity Utilization.

10. Estimate developed by multiplying ward child population under three according to 2005-2009 ACS by ward poverty percentage estimates for children under five, also according to 2005-2009 ACS.

11. See note 3.