

Positive Early Learning Experiences

Access to quality early learning experiences was challenging before the pandemic, from reading with family members to accessing high-quality early care and learning settings. The pandemic's impact continues to have serious implications for babies' early learning and development, both in the home and in increasingly stressed child care settings.

Over the course of the past year, more child care centers have reopened than were available in 2020; however, the child care sector as a whole has not yet recovered to pre-pandemic levels. Programs that have reopened continue to operate with social distancing measures in place for parents, staff, and babies, as well as mask wearing and additional hygienic protocols in place to prevent virus spread. As noted in the *2020 Yearbook*, these measures have the potential to reduce infants and toddlers' opportunities to spend time interacting with other children and practicing key social skills such as sharing and working with a group. At the time of this *Yearbook*, the child care

workforce job loss since the start of the pandemic is estimated to be as high as 12.4 percent,^{xlvii} and those providers who are operating face an ongoing struggle to keep their doors open to families, although a more broad collapse of the child care sector has been forestalled for now due to critical investments made in child care stabilization through the ARP.^{xlviii} The costs of care have substantially increased for parents, especially those with infants and toddlers, and frequent temporary closures due to outbreaks of the virus continue to destabilize parents' work and children's experiences in care.

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infants and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care benefits infants and toddlers in multiple ways, providing direct stimulating and nurturing



interactions that support their development, reinforcing and enhancing their parents' interactions with them in the home learning environment, and supporting their parents' ability to go to work or attend school. Equitable access to high-quality care ensures all infants and toddlers have the opportunity for optimal development; however, access to quality care remains a challenge for many families with young children, due in large part to the high cost of infant and toddler care and limited availability of quality options.

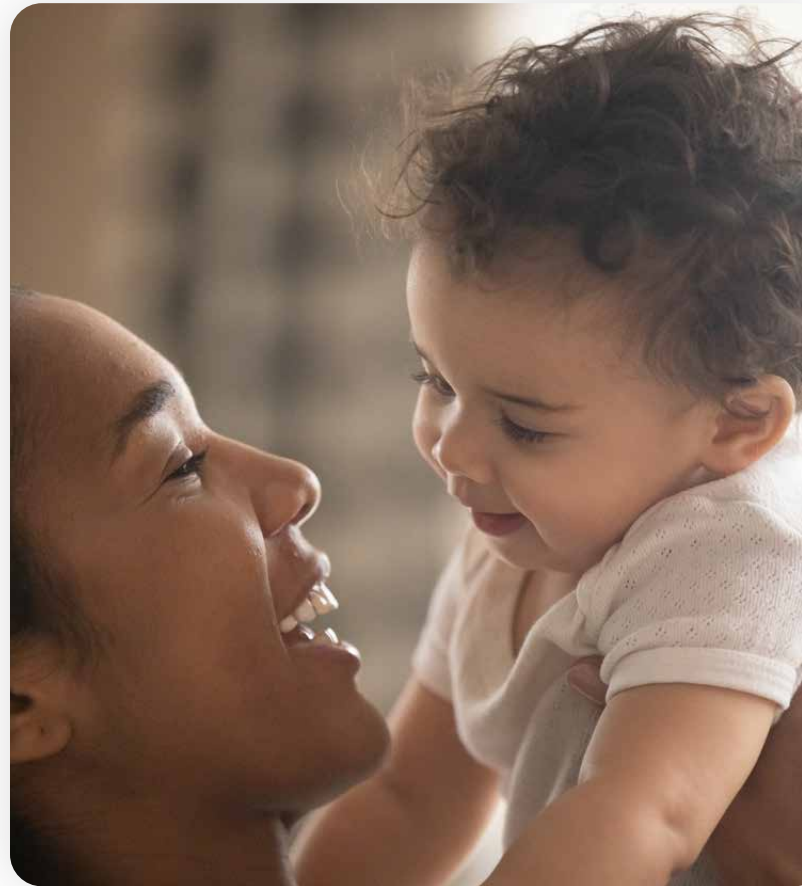
Indicators in this domain address infants and toddlers' exposure to learning experiences at home, families' access to child care (including costs and the reach of assistance to families), child care quality, and the extent to which babies receive developmental screening and early intervention services.

Key Findings

EARLY CARE AND EDUCATION OPPORTUNITIES

Long before they are able to read, infants and toddlers develop literacy skills and an awareness of language.^{xlix} Language and literacy skills begin developing at birth and are fostered by parents and caregivers. Because language development is fundamental to many areas of learning, language skills developed early in life help set the stage for later school success. The *Yearbook* includes two indicators of adult-child interaction that support early language—reading to babies every day, and singing or telling stories every day.

PARENT READS TO BABY EVERY DAY By reading aloud to their young children, parents help them acquire the skills they will need to be ready for school.ⁱ Young children who are regularly read to have a larger vocabulary; higher levels of phonological, letter name, and sound awareness; and better success at decoding words.ⁱⁱ Despite the importance of reading, **nationally, only 36.9 percent of babies are read to daily.** This low level is



virtually unchanged from the previous Yearbook's finding and may be due to a combination of practical factors (e.g., limited time available to parents, parental stress); cultural influences (e.g., traditions of oral storytelling); or the broader public's general lack of understanding that even very young infants benefit from hearing language and the close contact these activities bring. Notable differences continued to be found on this indicator when examined by race/ethnicity and income.

Race and Ethnicity. Nationally, the percentage of White parents (45.2 percent) who reported reading to their baby daily was above the national average of 36.9 percent. The percentages of Asian (35 percent), Black (24 percent), and Hispanic (23 percent) parents who reported reading to their baby daily were lower than the national average.

Income. Parents in households with low income were significantly less likely to read to their infants/toddlers every day (26.9 percent) than those in households above low income (43.7 percent).

ACCESS TO EARLY LEARNING PROGRAMS

Investments in comprehensive early childhood education, beginning at birth, are a powerful and cost-effective way to mitigate the negative consequences that poverty has on child development and later opportunity in adulthood.^{lii} Economic analysis shows that high-quality care from birth to 5 years old yields a return on investment of 13 percent per annum in the form of better outcomes in education, earnings, and health.^{liii} Despite these benefits, far too few babies have access to high-quality early learning programs, due in large part to limited funding.

INCOME-ELIGIBLE INFANTS/TODDLERS WITH EHS ACCESS Only 11 percent of eligible infants and toddlers were reached by the EHS program.


EHS is the only federal program dedicated to comprehensively promoting healthy child and family development for pregnant women, infants, and toddlers living in families with incomes below the poverty line. EHS's effectiveness is supported by program performance standards that are a benchmark toward which other early childhood programs should strive.

INFANTS/TODDLERS IN CCDF-FUNDED CARE Fewer than 1 in 7 federally eligible families (4.6 percent) receive help paying for child care under the Child Care and Development Fund (CCDF),^{liv} and the floor for the quality of care families receive through CCDF varies widely from state to state.

The federal government and the states do provide some public support for child care, largely through CCDF, but that funding is far too limited to ensure quality care for all families who need it. Notably, states have flexibility under federal law to increase both access to child care and the quality of care available to families with low incomes, but they are limited in the ability to do so by the diminishing value of federal child care dollars.

ELEMENTS THAT SUPPORT CHILD CARE QUALITY

For infants and toddlers, child care is second only to interactions with their families in shaping the foundation of early brain development.



“Before COVID, I worked a minimum-wage job, 40 hours a week, at our local grocery store. After each of my daughters was born, I had to quit work, as we could not afford child care. We faced many difficulties living on one paycheck.”

Teresa S., Garden City, KS

High-quality child care improves children's early learning, cognitive and language development, social and emotional development, and school achievement, building the foundation children need to thrive as adults. Child care of lower quality does not provide this boost and can even be detrimental to development where children lack other resources. Higher-quality child care and early education has been found to be of particular benefit to children in families with low income, promoting positive child development outcomes to a greater extent than for their more affluent peers.^{lv} However, it comes at high costs for families.

Too often, families' access to quality child care is limited by underinvestment in the child care system. This issue is explored in-depth in the 2021 brief, *The State of Child Care for Babies: The Need to Do Better for Our Youngest Children*.^{lvi} Unlike K-12 education, which is largely funded through public tax dollars, the United States places the majority of the burden for paying for child care on parents of young children, subsidized by the low wages of the early educators who provide care. Even families with moderate incomes struggle to afford child care for infants, which exceeds the cost of 4-year public college in 30 states and the District of Columbia.^{lvii} Exceedingly high costs and low-quality floors, combined with insufficient public investment, means access to quality care that supports this foundational development is limited to far too few infants and toddlers.

STATE STANDARDS FOR INFANT AND TODDLER CARE Given the importance of quality in supporting strong early development, the minimum floor that states set for providers caring for infants and toddlers should be shared and based on requirements that research has demonstrated create optimal environments for early learning and development. The Early Head Start (EHS) program provides such a benchmark, with performance standards for adult-child ratios and group size that optimize the amount of individualized attention and interaction babies receive from their care providers, as well as education requirements that ensure lead teachers have the foundational knowledge to provide infants and toddlers with enriching cognitive, developmental,

and social-emotional experiences.

ADULT-CHILD RATIO REQUIREMENTS More states meet or exceed EHS's adult-child ratio requirement (one adult for every four infants and toddlers) for infants than for older babies. **35 states meet or exceed the standard for children at 11 months old, 14 states at 19 months, and 2 states at 30 months.** Among the 35 states, 21 meet or exceed the standard for one of the ages (infants), 12 states achieve it for 2 ages (infants and 1-year-olds), and two states achieve it for all three ages, including 2-year-olds.

GROUP SIZE REQUIREMENTS More states meet or exceed EHS's group-size requirement (no more than eight infants or toddlers in a group) for infants than for older babies. **23 states meet or exceed the requirement for one of the ages (infants), seven states achieve it for two ages (infants and toddlers), and only one state achieves it for all three ages.**

TEACHER QUALIFICATIONS Only six states require teachers of infants and toddlers to have either a child development associate (CDA) credential or state equivalent. In fact, **a vast majority—45 states—require no credential beyond a high school diploma.** These requirements fall short of EHS's requirement that teachers have



a minimum of a CDA or comparable credential, with training or coursework in early childhood development with a focus on infant/toddler development.

INFANT/TODDLER PROFESSIONAL CREDENTIAL Thirty states have adopted an infant/toddler professional credential, a component of early childhood workforce development that recognizes providers' achievement of the specialized knowledge and skills required to provide high-quality care for babies.

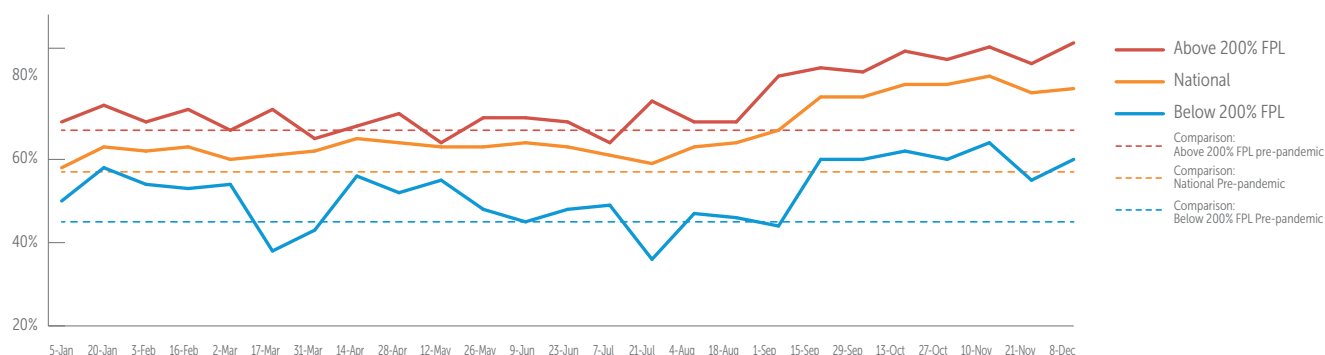
EFFECTS OF COVID-19 ON CHILD CARE The RAPID Survey findings in 2021 continued to show the impacts of chaotic child care situations on families and providers, with lower levels of improvement among families with low income. **Overall household use of non-parental child care¹² (center-based or non-center-based) substantially increased over the course of the year, from 53.3 percent of surveyed families in January to 66 percent in December; however the return to non-parental care was lower among families with low income.** While this is a marked change from the initial plunge seen at the start of the pandemic (when factors such as job loss, reduced child care affordability, and safety concerns kept non-parental child care use well below pre-pandemic levels), use of non-parental

care continued to be lower for families with low income than those above low income. Trends in non-parental child care use in 2021 also show declines in use, for families of both income levels, around weeks when national COVID-19 spread data patterns were elevated (see Figure 20). Specifically, child care use dropped around weeks that coincided with the emergence of new and more contagious strains of the virus.^{lviii}

This slower rate of return to non-parental child care among households with low income coincides with higher rates of unemployment and job loss compared with higher-income families. While widespread closure of child care programs and pandemic-related unemployment in families initially decreased the need for non-parental child care in 2020, child care shortages and disruptions in the availability of reliable non-parental care options in 2021 may also contribute to lower use of care.^{lix} This ongoing challenge is reflected in the comments of one RAPID Survey respondent from Tennessee, "[My biggest challenge is] finding child care for the baby I'll be having next month. Between staffing shortages and knowing they won't be safe from COVID-19, I'm unsure if I'll be able to return to work full time."

Across all families, as new variants of the virus brought new spikes in infection rates, caregivers

●●● NON-PARENTAL CHILD CARE USE DURING COVID-19 Figure 20.



Note: FPL = Federal Poverty Level. Figure includes data collected between January 5 and December 14, 2021. Caregivers reported whether they had used non-parental child care in the last week.

¹² In 2021, a change was made in the way RAPID asked child care questions. For questions regarding who provides the child care, the sample size is limited and should be interpreted with caution.



"[My biggest challenge is] finding child care for the baby I'll be having next month. Between staffing shortages and knowing they won't be safe from COVID-19, I'm unsure if I'll be able to return to work full time."

RAPID Survey respondent, TN

experienced additional levels of unpredictability, and they were forced once again to make difficult decisions between delaying or disrupting their return to work in order to care for young children and placing children in child care settings that felt unsafe.

Beginning in March 2021, the RAPID team expanded its research to include a survey of family and child care provider well-being, financial circumstances, health-promoting behavior, and workplace conditions. Similar to the experience of many of the families they serve, the pandemic has taken a toll on both the emotional well-being and economic stability of child care providers, which can have adverse effects on the care they provide.^{lx} The survey findings provide important details on the extent to which providers were experiencing food insecurity, economic hardship, and work schedule disruption. As reported by the RAPID team in November, "these challenges are associated with pronounced emotional distress among child care providers and may be contributing to some providers leaving the field and to severe child care shortages during the COVID-19 pandemic."^{lxi} With the uncertainty of the pandemic's duration still a part of families' lives, it is essential that focus be placed on the recovery and strengthening of our critical child care system.

POLICY RECOMMENDATIONS AND RELATED ACTIONS

Our recommendations for improvement in access to early learning programs include:

- **Fully funding EHS as a beacon of hope.** As more families are challenged by the sharp economic downturn, this effective early development and family support program should be empowered to reach all eligible infants and toddlers as well as serve significantly more pregnant people.
- **Sustaining child care and building the world-class system families deserve.** As a key foundation for a strong economy, as well as for young children's healthy development, child care is a public good. After the COVID-19

pandemic has further decimated our existing, threadbare child care system, we must finally invest in our child care system as such. We must enact a comprehensive child care program that places quality child care within reach of all working families, particularly those with low and moderate income.

RELATED FEDERAL POLICY ACTIONS AND STATE OPPORTUNITIES

The reconciliation bill that passed out of the House last November and is now stalled in the Senate includes an historic investment in our child care and pre-K system that would help build the comprehensive, high-quality care program families, providers, and children need. The bill would create a new child care entitlement for the vast majority of families with young children; build, expand, and continually support a diverse supply of high-quality care; and ensure an appropriately compensated workforce.

State Opportunity. As states move to stabilize child care providers hard hit by the pandemic, they should adopt strategies that create a foundation for an improved system in the future. These include increasing the use of contracts to ensure that all types of providers, as well as families, can count on financing that preserves capacity. States should be particularly attentive to ensuring that child care programs that serve the most under-resourced and overburdened families, many of whom are families of color, have the resources to reopen, remain open, or pay back debts they incurred to stay open, and that they are creating the conditions to alleviate child care deserts as rebuilding begins. States should also be sensitive to the range of family preferences in types of care and increase the availability of mechanisms, such as staffed family child care networks, shared services models, resource and referral agencies, and Infant-Toddler Specialist networks that can support and stabilize all provider types. In addition, with a robust funding stream, states should be encouraged to invest in EHS services for babies in under-resourced families.

EARLY INTERVENTION AND PREVENTION SERVICES

Early intervention to identify and address developmental delays is critical, but only one in three babies received a developmental screening and only 7.2 percent received Individuals with Disabilities Education Act (IDEA) Part C services. 2022 Yearbook data show that timeliness and receipt of IDEA Part C services for infants and toddlers continued to be inadequate, despite the rapid pace of development babies experience in their first 3 three years. It is important to note that **only six states include children at risk for disabilities as eligible for IDEA Part C services or report that they serve them**, unchanged from the time of the last report.

DEVELOPMENTAL SCREENING RECEIVED **Nationally, one in three babies (33.8 percent) aged 9–35 months old received a developmental screening**

using a parent-completed tool. The percentage of White (36.4 percent) babies screened was higher than the national average,





and the percentage of Hispanic (31.1 percent), Black (27.5 percent), and Asian (26.2 percent) babies screened was lower than the average. Differences were also evident when examined by income, with screening of babies in families above low income (36.9 percent) being higher than the national average, and screening of babies in families with low income (29 percent) lower than the average.

INFANTS/TODDLERS RECEIVING IDEA PART C SERVICES Although subgroup data are not available for this indicator, **the number of infants and toddlers with disabilities from birth to 2 years old who received early intervention services under IDEA Part C during the most recent 12-month period was virtually unchanged at 7.3 percent**, up from 6.8 percent in the previous year.

POLICY RECOMMENDATIONS AND RELATED ACTIONS Our recommendations for improvement in early intervention and prevention services include:

- **Expanding early intervention (as an essential part of the early care and learning system).** The federal funding structure for early intervention services through Part C of IDEA should enable states to fully meet the developmental needs of infants and toddlers, including developmental screening and follow-up, helping families navigate the system; expanding the early

intervention workforce and ensuring adequate reimbursement, ensuring coverage for more children who are at risk or could benefit from services; and incorporating more infant and early childhood mental health expertise and services.

RELATED FEDERAL POLICY ACTIONS AND STATE OPPORTUNITIES The bipartisan Funding Early Childhood Is the Right IDEA Act was introduced in the House of Representatives in early February. This legislation would set new authorization levels for early intervention services through Part C of IDEA to return funding levels to their high points in the late 1990s, adjusted for inflation, and begin to reverse decades of underinvestment in these critical services.

State Opportunity. States can consider including children at risk for developmental delays in their eligible population to ensure early intervention can be a preventive service, especially if they have concerning levels in *Yearbook* indicators related to risk for developmental delays. They also can work to expand developmental and social-emotional screening for more children, expand outreach to parents to assist them in understanding their children's developmental needs and helping them navigate the system, and incorporate IECMH expertise into their early intervention services.

State Spotlight

North Carolina Brings Dolly Parton's Imagination Library to Families with Babies

Early literacy and shared literacy activities between caregivers and babies are developmentally appropriate, nurturing opportunities that promote language development and can facilitate bonding between baby and caregiver. Since 2017, North Carolina has provided Dolly Parton's Imagination Library to children across the state from birth through 4 years old. North Carolina legislators provided funding for the statewide program, and North Carolina's network of Smart Start programs and partners ensure implementation in each of the state's 100 counties.^{lxii} The state's North Carolina Partnership for Children further supports the initiative by conducting an annual evaluation of the program, providing information back to local communities to use in enrolling and serving children and families.

The program provides a free book to each enrolled child, mailed directly to their home (or the address provided upon registration) each month. Some

books may be available in English or Spanish, and children exiting from the program on their fifth birthday receive a Graduation Book to mark the occasion. Books are chosen by a Blue Ribbon Book Selection Committee of early childhood literacy experts and are age-appropriate and developmentally appropriate.^{lxiii} North Carolina communities are focused on enrolling children as early as possible, with books available starting at birth.

The program doesn't just supply free books, however. Resources and age-specific tips for parents and caregivers also are available and help parents appreciate and enjoy the special time they can spend with their young children engaged in reading and language development.^{lxiv}

North Carolina isn't the only state to partner with Dolly Parton's Imagination Library. As reported by Dolly Parton's Imagination Library and in Rolling Stone,^{lxv} Arkansas, Colorado, Delaware, Kansas, Kentucky, Ohio, Tennessee, and West Virginia also have statewide programs.^{lxvi} Oklahoma also had legislation in 2020 that would initiate a similar state-wide program.^{lxvii}

For more information about Dolly Parton's Imagination Library in North Carolina, [visit here](#).



Positive Early Learning Experiences Table 6.

Subdomain	Indicator	Description	2019 Yearbook	2020 Yearbook	2021 Yearbook	2022 Yearbook
Early Care and Education Opportunities	Parent reads to baby every day ^a	Percentage of parents who report reading to their infants/toddlers every day	38.2%	37.8%	37.2%	36.8%
	Parent sings to baby every day ^a	Percentage of parents who report singing songs or telling stories to their infants/ toddlers every day	56.4%	57.6%	57.4%	57.3%
	Income-eligible infants/toddlers with Early Head Start access	Percentage of infants/toddlers below 100% of the FPL with access to Early Head Start	7.0%	7.0%	11.0%	11.0%
	Cost of care, as % of income (married families)	Average state cost of center-based infant care as a percentage of median income for married families	Not available at national level	Not available at national level	Not available at national level	Not available at national level
	Cost of care, as % of income (single parents)	Average state cost of center-based infant care as a percentage of median income for single parents	Not available at national level	Not available at national level	Not available at national level	Not available at national level
	Families above 200% of FPL eligible for child care subsidy	Income eligibility level for child care subsidy above 200% of the FPL	12 states	13 states	16 states	16 states
	Low-/moderate-income infants/toddlers in CCDF-funded care	Percentage of infants/toddlers with family incomes equal to or below 150% of the state median income who are receiving a child care subsidy	4.2%	4.2%	4.2%	4.6%
	Allocated CCDBG funds	State-allocated new Child Care and Development Block Grant (CCDBG) funds to invest in infant/toddler care		34 states	34 states	34 states
Child Care Quality	Group size	Whether group size requirements meet or exceed the standards set by Early Head Start at 11 months, 19 months, and 30 months old	--	23 states ^b (16 states for one age group, six states for two age groups, one for three age groups)	23 states ^b (16 states for one age group, six states for two age groups, one for three age groups)	23 states ^b (16 states for one age group, six states for two age groups, one for three age groups)
	Adult/child ratio	Whether adult/child ratios meet or exceed the standards set by Early Head Start at 11 months, 19 months, and 30 months old	--	35 states ^c (21 states for one age group, 12 states for two age groups, two states for three age groups)	35 states ^c (21 states for one age group, 12 states for two age groups, two states for three age groups)	35 states ^c (21 states for one age group, 12 states for two age groups, two states for three age groups)

Subdomain	Indicator	Description	2019 Yearbook	2020 Yearbook	2021 Yearbook	2022 Yearbook
Child Care Quality (continued)	Teacher qualifications	Level of teacher qualification required by the state, for teachers of 11-month-olds, 19-month-olds, and 30-month-olds across five categories: no credential beyond high school degree; CDA or state equivalent; specific infant/toddler credential or CDA with infant/toddler credential; associate's degree; bachelor's degree	--	6 states—CDA/state equivalent (45 states—no credential beyond high school)	6 states—CDA/state equivalent (45 states—no credential beyond high school)	6 states—CDA/state equivalent (45 states—no credential beyond high school)
	Infant/toddler professional credential	State has adopted an infant/toddler credential	--	30 states	30 states	30 states
	State reimburses center-based child care	State reimburses center-based child care at or above the 75th percentile of current market rates		1 state	4 states	1 state
Early Intervention and Prevention Services	Developmental Screening	Percentage of infants/toddlers, ages 9–35 months old, who received a developmental screening using a parent-completed tool in the past year	30.4%	31.1%	32.5%	33.8%
	At-risk children included in IDEA Part C eligibility definition	State includes “at-risk” children as eligible for IDEA Part C services	--	5 states	6 states	6 states
	Infants/toddlers receiving IDEA Part C services	Percentage of infants/toddlers receiving IDEA Part C services	3.1%	6.4% ^d	6.8% ^d	7.3% ^d
	Timeliness of Part C services	Percentage of eligible infants/toddlers required to have an initial Individual Family Service Plan (IFSP) meeting who had the meeting within 45 days	--	Not available at national level	Not available at national level	Not available at national level

NOTES: CDA = child development associate degree; EHS = Early Head Start; CCDBG = Child Care Development Block Grant; CCDF = Child Care Development Fund; FPL = federal poverty level; IDEA = Individuals with Disabilities in Education Act

^a Due to changes in data reporting and/or changes to the methods for calculating this indicator, we caution against directly comparing estimates from the 2019 Yearbook and the 2020 and 2021 Yearbooks. For a more detailed discussion, see the indicators and methodological appendices (Appendix B and Appendix C).

^b 23 states meet or exceed the requirement for one of the ages (infants), 6 states achieve it for two ages (infants and toddlers), and only 1 state achieves it for all three ages.

^c 21 states meet or exceed the standard for one of the ages (infants), 12 states achieve it for two ages (infants and one-year-olds), and 2 states achieve it for all three ages, including 2-year-olds.

^d Beginning with the 2020 calculation, cumulative count for most recent 12-month period is used, whereas snapshot was used for 2019.