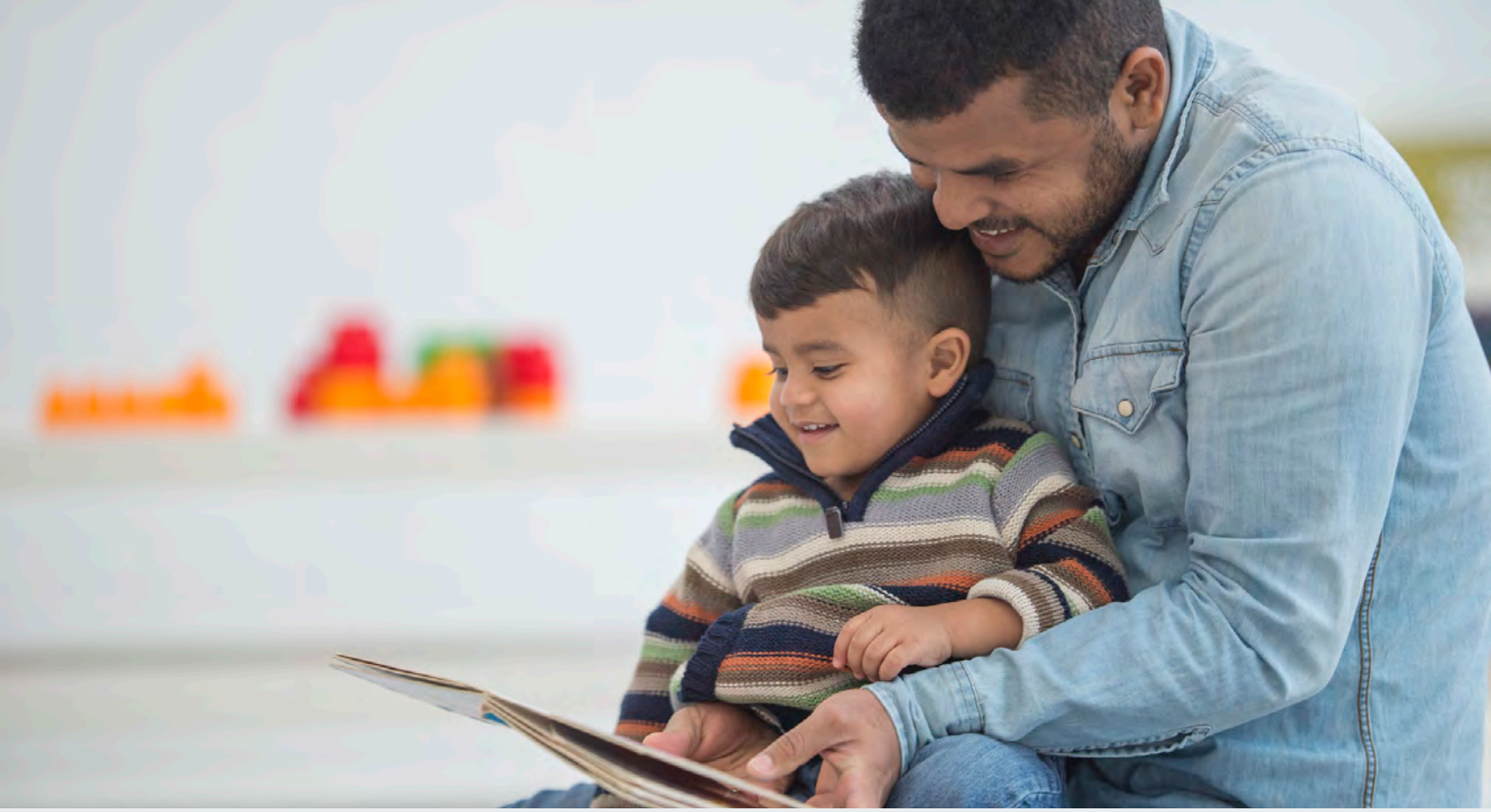
MARYLAND
FAMILY
NETWORK

THE ABC's OF EARLY CHILDHOOD

The Building Blocks of Child Development, Practice, and Policy



LET'S BUILD TOGETHER

We start with an assumption that for one or more of many possible reasons, you've taken an interest in the development, care, and education of young children. That's an interest Maryland Family Network shares very deeply, and we don't think it's an exaggeration to say that it's one of the most important subjects there is. Whether you're a parent, a policymaker, a member of the media, or a concerned citizen, we hope you'll find the information here helpful.

You can either digest this information quickly or delve into each topic at greater length, as you choose. The six sections, marked by tabs, focus on separate topic areas. Each section begins with a one-page overview, followed by multiple pages with more detailed descriptions and authoritative source material. Together, they form the building blocks of knowledge, best practices, and public policy in the early childhood field.

The topics we cover are:

- The science of brain growth and early childhood development.
- The social and economic benefits of investing in young children.
- Data about Maryland's child population.
- A survey of child care and other early education programs.
- Issues of equity in early education.
- Changes on the horizon for early childhood education policy in Maryland.

This document in no way presumes to contain "all the answers" about these topics. On the contrary, we hope it piques new interest and generates additional questions. If we succeed, please visit our website *(www.marylandfamilynetwork.org)* or contact Clinton Macsherry, Maryland Family Network Director of Public Policy, at *cmacsherry@marylandfamilynetwork.org*. We're grateful for your interest.

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A THE FIRST FIVE YEARS LAST FOREVER

The single greatest factor determining a child's success in school and later in life is the quality of his or her experiences from birth to age 5—prior even to entering kindergarten.

The critical importance of early childhood is demonstrated by mounting evidence from two fields of research: neurological studies of early brain development and longitudinal studies of the long-term impact of high-quality preschool programs. This evidence fundamentally changes the context in which we must evaluate the billions of public and private dollars Marylanders spend each year in pursuit of educational excellence, a productive workforce, and safe, thriving communities.

The years from birth to age 5 constitute the most expansive period of brain development and learning.

- 95% of brain growth takes place before the age of six.
- During the years from birth to age 5, children develop the foundational capacities that will set the stage, either fragile or sturdy, for all later learning and functioning.
- Young children need nurturing care and stimulating environments and experiences in order to achieve normal brain growth and to support the explosion of development—cognitive, social/emotional, and physical—that occurs during this time.
- Children who experience abusive or neglectful care are at risk of not experiencing healthy brain development and of failing to acquire necessary skills and abilities. The negative impacts of Adverse Childhood Experiences, or ACEs, can last well into adulthood.
- Language acquisition, self-regulation, and social competence are among the critical school-readiness skills that children should develop between birth and age 5.

Maryland's current system of early care and education is not equal to the task of reliably promoting learning, healthy development, and school readiness for all children. (The cost of this failure and the benefits of success are quantified in the "Smart Investments, Lifelong Dividends" section.) The pages that follow indicate why Maryland must do better.

Harvard University's Center for the Developing Child describes the key developmental concepts of "Brain Architecture," "Resilience," and "Executive Function & Self-Regulation." *From Neurons to Neighborhoods: The Science of Early Childhood Development*, first published in 2000, galvanized the field and examined developmental neuroscience squarely within the context of public policy. Its "Executive Summary" is excerpted here. The U.S. Centers for Disease Control and Prevention, better known as the CDC, provides emerging data on the prevalence of ACEs and strategies for prevention.

Key Concepts

Brain Architecture

Early experiences affect the development of **brain architecture**, which provides the foundation for all future learning, behavior, and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood.

Brains are built over time, from the bottom up. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Simpler neural connections and skills form first, followed by more complex circuits and skills. In the first few years of life, more than 1 million new neural connections form every second. After this period of rapid proliferation, connections are reduced through a process called pruning, which allows brain circuits to become more efficient.

Brain architecture is comprised of billions of connections between individual neurons across different areas of the brain. These connections enable lightning-fast communication among neurons that specialize in different kinds of brain functions. The early years are the most active period for establishing neural connections, but new connections can form throughout life and unused connections continue to be pruned. Because this dynamic process never stops, it is impossible to determine what percentage of brain development occurs by a certain age. More importantly, the connections that form early provide either a strong or weak foundation for the connections that form later.

The interactions of genes and experience shape the developing brain. Although genes provide the blueprint for the formation of brain circuits, these circuits are reinforced by repeated use. A major ingredient in this developmental process is the serve and return interaction between children and their parents and other caregivers in the family or community. In the absence of responsive caregiving—or if responses are unreliable or inappropriate —the brain's architecture does not form as expected, which can lead to disparities in learning and behavior. Ultimately, genes and experiences work together to construct brain architecture.

Cognitive, emotional, and social capacities are inextricably intertwined throughout the life course. The brain is a highly integrated organ and its multiple functions operate in coordination with one another. Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities, and together they are the bricks and mortar of brain architecture. The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important for success in school, the workplace, and in the larger community.

Toxic stress weakens the architecture of the developing brain, which can lead to lifelong problems in learning, behavior, and physical and mental health. Experiencing stress is an important part of healthy development. Activation of the stress response produces a wide range of physiological reactions that prepare the body to deal with threat. However, when these responses remain activated at high levels for significant periods of time, without supportive relationships to help calm them, toxic stress results. This can impair the development of neural connections, especially in the areas of the brain dedicated to higher-order skills.

Center on the Developing Child at Harvard University Resilience

Key Concepts

Resilience

Reducing the effects of significant adversity on children's healthy development is essential to the progress and prosperity of any society. Science tells us that some children develop **resilience**, or the ability to overcome serious hardship, while others do not. Understanding why some children do well despite adverse early experiences is crucial, because it can inform more effective policies and programs that help more children reach their full potential.

One way to understand the development of resilience is to visualize a balance scale or seesaw. Protective experiences and coping skills on one side counterbalance significant adversity on the other. Resilience is evident when a child's health and development tips toward positive outcomes — even when a heavy load of factors is stacked on the negative outcome side.

The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalized responsiveness, scaffolding, and protection that buffer children from developmental disruption. They also build key capacities—such as the ability to plan, monitor, and regulate behavior—that enable children to respond adaptively to adversity and thrive. This combination of supportive relationships, adaptive skill-building, and positive experiences is the foundation of resilience.

Children who do well in the face of serious hardship typically have a biological resistance to adversity *and* strong relationships with the important adults in their family and community. Resilience is the result of a combination of protective factors. Neither individual characteristics nor social environments alone are likely to ensure positive outcomes for children who experience prolonged periods of toxic stress. It is the interaction between biology and environment that builds a child's ability to cope with adversity and overcome threats to healthy development.

Research has identified a common set of factors that predispose children to positive outcomes in the face of significant adversity. Individuals who demonstrate resilience in response to one form of adversity may not necessarily do so in response to another. Yet when these positive influences are operating effectively, they "stack the scale" with positive weight and optimize resilience across multiple contexts. These counterbalancing factors include

1. facilitating supportive adult-child relationships;
2. building a sense of self-efficacy and perceived control;
3. providing opportunities to strengthen adaptive skills and self-regulatory capacities; and
4. mobilizing sources of faith, hope, and cultural traditions.

Learning to cope with manageable threats is critical for the development of resilience. Not all stress is harmful. There are numerous opportunities in every child's life to experience manageable stress—and with the help of supportive adults, this "positive stress" can be growth-promoting. Over time, we become better able to cope with life's obstacles and hardships, both physically and mentally.

The capabilities that underlie resilience can be strengthened at any age. The brain and other biological systems are most adaptable early in life. Yet while their development lays the foundation for a wide range of

resilient behaviors, it is never too late to build resilience. Age-appropriate, health-promoting activities can significantly improve the odds that an individual will recover from stress-inducing experiences. For example, regular physical exercise, stress-reduction practices, and programs that actively build executive function and self-regulation skills can improve the abilities of children and adults to cope with, adapt to, and even prevent adversity in their lives. Adults who strengthen these skills in themselves can better model healthy behaviors for their children, thereby improving the resilience of the next generation.

Key Concepts

Executive Function & Self-Regulation

Executive function and self-regulation skills are the mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully. Just as an air traffic control system at a busy airport safely manages the arrivals and departures of many aircraft on multiple runways, the brain needs this skill set to filter distractions, prioritize tasks, set and achieve goals, and control impulses.

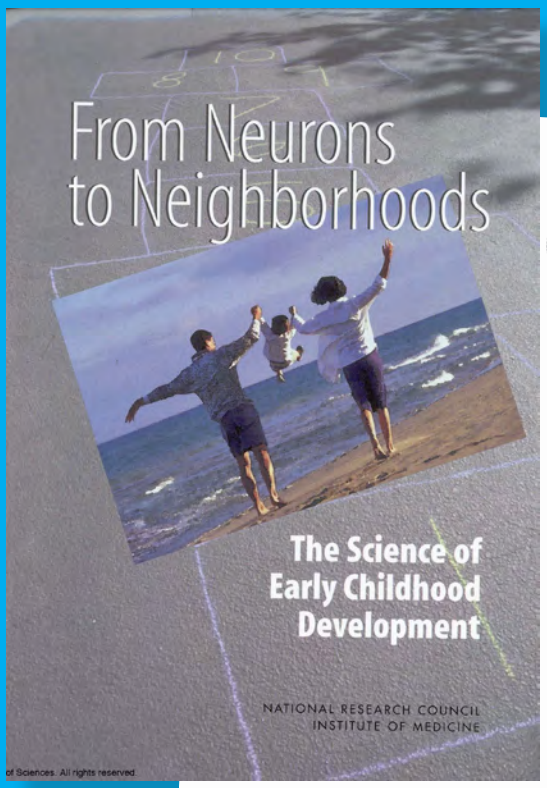
When children have opportunities to develop executive function and self-regulation skills, individuals and society experience lifelong benefits. These skills are crucial for learning and development. They also enable positive behavior and allow us to make healthy choices for ourselves and our families.

Executive function and self-regulation skills depend on three types of brain function: working memory, mental flexibility, and self-control. These functions are highly interrelated, and the successful application of executive function skills requires them to operate in coordination with each other.

- **Working memory** governs our ability to retain and manipulate distinct pieces of information over short periods of time.
- **Mental flexibility** helps us to sustain or shift attention in response to different demands or to apply different rules in different settings.
- **Self-control** enables us to set priorities and resist impulsive actions or responses.

Children aren't born with these skills—they are born with the potential to develop them. If children do not get what they need from their relationships with adults and the conditions in their environments—or (worse) if those influences are sources of toxic stress—their skill development can be seriously delayed or impaired. Adverse environments resulting from neglect, abuse, and/or violence may expose children to toxic stress, which disrupts brain architecture and impairs the development of executive function.

Providing the support that children need to build these skills at home, in early care and education programs, and in other settings they experience regularly is one of society's most important responsibilities. Growth-promoting environments provide children with "scaffolding" that helps them practice necessary skills before they must perform them alone. Adults can facilitate the development of a child's executive function skills by establishing routines, modeling social behavior, and creating and maintaining supportive, reliable relationships. It is also important for children to exercise their developing skills through activities that foster creative play and social connection, teach them how to cope with stress, involve vigorous exercise, and over time, provide opportunities for directing their own actions with decreasing adult supervision.



Executive Summary

Scientists have had a long-standing fascination with the complexities of the process of human development. Parents have always been captivated by the rapid growth and development that characterize the earliest years of their children's lives. Professional service providers continue to search for new knowledge to inform their work. Consequently, one of the distinctive features of the science of early childhood development is the extent to which it evolves under the anxious and eager eyes of millions of families, policy makers, and service providers who seek authoritative guidance as they address the challenges of promoting the health and well-being of young children.

PUTTING THE STUDY IN CONTEXT

Two profound changes over the past several decades have coincided to produce a dramatically altered landscape for early childhood policy, service delivery, and childrearing in the United States. First, an explosion of research in the neurobiological, behavioral, and social sciences has led to major advances in understanding the conditions that influence whether children get off to a promising or a worrisome start in life. These scientific gains have generated a much deeper appreciation of: (1) the importance of early life experiences, as well as the inseparable and highly interactive influences of genetics and environment, on the development of the brain and the unfolding of human behavior; (2) the central role of early relationships

as a source of either support and adaptation or risk and dysfunction; (3) the powerful capabilities, complex emotions, and essential social skills that develop during the earliest years of life, and (4) the capacity to increase the odds of favorable developmental outcomes through planned interventions.

Second, the capacity to use this knowledge constructively has been constrained by a number of dramatic transformations in the social and economic circumstances under which families with young children are living in the United States: (1) marked changes in the nature, schedule, and amount of work engaged in by parents of young children and greater difficulty balancing workplace and family responsibilities for parents at all income levels; (2) continuing high levels of economic hardship among families, despite overall increases in maternal education, increased rates of parent employment, and a strong economy; (3) increasing cultural diversity and the persistence of significant racial and ethnic disparities in health and developmental outcomes; 4) growing numbers of young children spending considerable time in child care settings of highly variable quality, starting in infancy; and (5) greater awareness of the negative effects of stress on young children, particularly as a result of serious family problems and adverse community conditions that are detrimental to child well-being. While any given child may be affected by only one or two of these changes, their cumulative effects on the 24 million infants, toddlers, and preschoolers who are now growing up in the United States warrant dedicated attention and thoughtful response.

This convergence of advancing knowledge and changing circumstances calls for a fundamental reexamination of the nation's responses to the needs of young children and their families, many of which were formulated several decades ago and revised only incrementally since then. It demands that scientists, policy makers, business and community leaders, practitioners, and parents work together to identify and sustain policies and practices that are effective, generate new strategies to replace those that are not achieving their objectives, and consider new approaches to address new goals as needed. It is the strong conviction of this committee that the nation has not capitalized sufficiently on the knowledge that has been gained from nearly half a century of considerable public investment in research on children from birth to age 5. In many respects, we have barely begun to use our growing research capabilities to help children and families negotiate the changing demands and possibilities of life in the 21st century.

CORE CONCEPTS OF DEVELOPMENT

As the knowledge generated by interdisciplinary developmental science has evolved and been integrated with lessons from program evaluation and professional experience, a number of core concepts, which are elaborated in the report, have come to frame understanding of the nature of early human development.

1. Human development is shaped by a dynamic and continuous interaction between biology and experience.
2. Culture influences every aspect of human development and is reflected in childrearing beliefs and practices designed to promote healthy adaptation.
3. The growth of self-regulation is a cornerstone of early childhood development that cuts across all domains of behavior.
4. Children are active participants in their own development, reflecting the intrinsic human drive to explore and master one's environment.
5. Human relationships, and the effects of relationships on relation-ships, are the building blocks of healthy development.
6. The broad range of individual differences among young children often makes it difficult to distinguish normal variations and maturational delays from transient disorders and persistent impairments.
7. The development of children unfolds along individual pathways whose trajectories are characterized by continuities and discontinuities, as well as by a series of significant transitions.
8. Human development is shaped by the ongoing interplay among sources of vulnerability and sources of resilience.
9. The timing of early experiences can matter, but, more often than not, the developing child remains vulnerable to risks and open to protective influences throughout the early years of life and into adulthood.
10. The course of development can be altered in early childhood by effective interventions that change the balance between risk and protec-tion, thereby shifting the odds in favor of more adaptive outcomes.

POLICY AND PRACTICE

The committee's conclusions and recommendations are derived from a rich and extensive knowledge base and are firmly grounded in the following four overarching themes:

- All children are born wired for feelings and ready to learn.
- Early environments matter and nurturing relationships are essential.
- Society is changing and the needs of young children are not being addressed.
- Interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking.

All Children Are Born Wired for Feelings and Ready to Learn

From the time of conception to the first day of kindergarten, development proceeds at a pace exceeding that of any subsequent stage of life. Efforts to understand this process have revealed the myriad and remarkable accomplishments of the early childhood period, as well as the serious problems that confront some young children and their families long before school entry. A fundamental paradox exists and is unavoidable: development in the early years is both highly robust and highly vulnerable. Although there have been long-standing debates about how much the early years really matter in the larger scheme of lifelong development, our conclusion is unequivocal: What happens during the first months and years of life matters a lot, not because this period of development provides an indelible blueprint for adult well-being, but because it sets either a sturdy or fragile stage for what follows.

Conclusions

- From birth to age 5, children rapidly develop foundational capabilities on which subsequent development builds. In addition to their remarkable linguistic and cognitive gains, they exhibit dramatic progress in their emotional, social, regulatory, and moral capacities. All of these critical dimensions of early development are intertwined, and each requires focused attention.

- Striking disparities in what children know and can do are evident well before they enter kindergarten. These differences are strongly associated with social and economic circumstances, and they are predictive of subsequent academic performance. Redressing these disparities is critical, both for the children whose life opportunities are at stake and for a society whose goals demand that children be prepared to begin school, achieve academic success, and ultimately sustain economic independence and engage constructively with others as adult citizens.

- Early child development can be seriously compromised by social, regulatory, and emotional impairments. Indeed, young children are capable of deep and lasting sadness, grief, and disorganization in response to trauma, loss, and early personal rejection. Given the substantial short- and long-term risks that accompany early mental health impairments, the incapacity of many early childhood programs to address these concerns and the severe shortage of early childhood professionals with mental health expertise are urgent problems.

Early Environments Matter and Nurturing Relationships Are Essential

The scientific evidence on the significant developmental impacts of early experiences, caregiving relationships, and environmental threats is incontrovertible. Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood years. The science of early development is also clear about the specific importance of parenting and of regular caregiving relationships more generally. The question today is not whether early experience matters, but rather how early experiences shape individual development and contribute to children's continued movement along positive pathways.

Conclusions

- The long-standing debate about the importance of nature *versus* nurture, considered as independent influences, is overly simplistic and scientifically obsolete. Scientists have shifted their focus to take account of the fact that genetic and environmental influences work together in dynamic ways over the course of development. At any time, both are sources of human potential and growth as well as risk and dysfunction. Both genetically determined characteristics and those that are highly affected by experience are open to intervention. The most important questions now concern how environments influence the expression of genes and how genetic

makeup, combined with children's previous experiences, affects their ongoing interactions with their environments during the early years and beyond.

- Parents and other regular caregivers in children's lives are "active ingredients" of environmental influence during the early childhood period. Children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration. Without at least one such relationship, development is disrupted and the consequences can be severe and long-lasting. If provided or restored, however, a sensitive caregiving relationship can foster remarkable recovery.

- Children's early development depends on the health and well-being of their parents. Yet the daily experiences of a significant number of young children are burdened by untreated mental health problems in their families, recurrent exposure to family violence, and the psychological fallout from living in a demoralized and violent neighborhood. Circumstances characterized by multiple, interrelated, and cumulative risk factors impose particularly heavy developmental burdens during early childhood and are the most likely to incur substantial costs to both the individual and society in the future.

- The time is long overdue for society to recognize the significance of out-of-home relationships for young children, to esteem those who care for them when their parents are not available, and to compensate them adequately as a means of supporting stability and quality in these relationships for all children, regardless of their family's income and irrespective of their developmental needs.

- Early experiences clearly affect the development of the brain. Yet the recent focus on "zero to three" as a critical or particularly sensitive period is highly problematic, not because this isn't an important period for the developing brain, but simply because the disproportionate attention to the period from birth to 3 years begins too late and ends too soon.

- Abundant evidence from the behavioral and the neurobiological sciences has documented a wide range of environmental threats to the developing central nervous system. These include poor nutrition, specific infections, environmental toxins, and drug exposures, beginning early in the prenatal period, as well as chronic stress stemming from abuse or neglect throughout the early childhood years and beyond.

For more on *From Neurons to Neighborhoods*, visit *https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development.*

CDC Vitalsigns™

#vitalsigns
NOV. 2019

Adverse Childhood Experiences (ACEs)

Preventing early trauma to improve adult health

Want to learn more?
www.cdc.gov/vitalsigns/aces

1 in 6 1 in 6 adults experienced four or more types of ACEs.

5 of 10 At least 5 of the top 10 leading causes of death are associated with ACEs.

44% Preventing ACEs could reduce the number of adults with depression by as much as 44%.

Overview:

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented.

PROBLEM:

Adverse Childhood Experiences impact lifelong health and opportunities.

ACEs are common and the effects can add up over time.

- 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.
- Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.
- Many people do not realize that exposure to ACEs is associated with increased risk for health problems across the lifespan.

Preventing ACEs can help children and adults thrive and potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking, and heavy drinking.
- Improve education and job potential.
- Stop ACEs from being passed from one generation to the next.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Preventing ACEs could reduce a large number of health conditions.

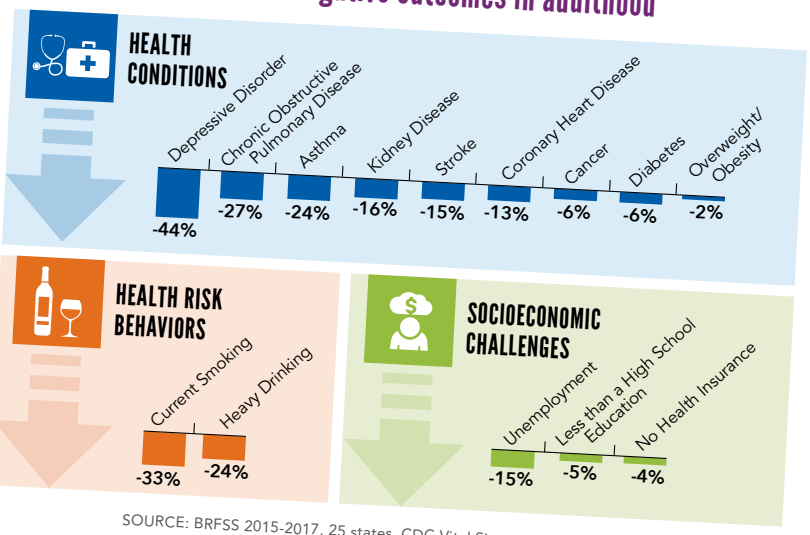
UP TO
21 MILLION
CASES OF DEPRESSION

UP TO
1.9 MILLION
CASES OF HEART DISEASE

UP TO
2.5 MILLION
CASES OF OVERWEIGHT/OBESITY

SOURCE: National Estimates based on 2017 BRFSS; Vital Signs, MMWR November 2019.

Potential reduction of negative outcomes in adulthood



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Raising awareness about ACEs can help:

- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

THE WAY FORWARD

HEALTHCARE PROVIDERS CAN:

- Anticipate and recognize current risk for ACEs in children and history of ACEs in adults. Refer patients to effective services and support.
- Link adults to family-centered treatment approaches that include substance abuse treatment and parenting interventions.

EMPLOYERS CAN:

- Adopt and support family-friendly policies, such as paid family leave and flexible work schedules.

STATES AND COMMUNITIES CAN:

- Improve access to high-quality childcare by expanding eligibility, activities offered, and family involvement.
- Use effective social and economic supports that address financial hardship and other conditions that put families at risk for ACEs.
- Enhance connections to caring adults and increase parents' and youth skills to manage emotions and conflicts using approaches in schools and other settings.

EVERYONE CAN:

- Recognize challenges that families face and offer support and encouragement to reduce stress.
- Support community programs and policies that provide safe and healthy conditions for all children and families.

http://go.usa.gov/xVvqD

For more information
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 | Web: www.cdc.gov

Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333

For more on ACEs, visit *https://www.cdc.gov/violenceprevention/aces/index.html*

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B SMART INVESTMENTS, LIFELONG DIVIDENDS

High-quality early childhood education pays dividends that last a lifetime, and those dividends accrue not just to individuals and families but to society as a whole.

Longitudinal studies show that children, especially but not only those living in poverty and facing other risk factors for school failure, benefit tremendously from high-quality preschool programs. They are more likely to graduate from high school, to earn more (and pay higher taxes) as adults, to own their homes, and to lead healthier lives. Conversely, they are also more likely to avoid costly negative outcomes, such as teen pregnancy, reliance on public assistance, and arrests. Benefits are associated not just with long-term savings; more immediately, children from high-quality preschool programs are also less likely to require special education services or experience grade retention in their school years.

Overall, every dollar invested in high-quality early childhood education brings a return of approximately $7. Put another way, one widely cited early childhood program yielded a 13% return on investment per child, per year, according to an analysis by Dr. James Heckman, a Nobel Laureate in Economics.

The evidence is clear and overwhelming: high-quality early childhood education benefits us all. The pages attached include examples of Dr. Heckman's economic analyses and the Executive Summary of *Investing in Our Future: The Evidence Base on Preschool Education*, an extensive review of rigorous research findings by some of the field's most distinguished authors.

The Heckman Equation

Invest in early childhood development: Reduce deficits, strengthen the economy.

James J. Heckman is the Henry Schultz Distinguished Service Professor of Economics at The University of Chicago, a Nobel Laureate in Economics and an expert in the economics of human development.

"The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness. The best investment is in quality early childhood development from birth to five for disadvantaged children and their families."

James J. Heckman
December 7, 2012

Those seeking to reduce deficits and strengthen the economy should make significant investments in early childhood education.

Professor Heckman's ground-breaking work with a consortium of economists, psychologists, statisticians and neuroscientists shows that early childhood development directly influences economic, health and social outcomes for individuals and society. Adverse early environments create deficits in skills and abilities that drive down productivity and increase social costs—thereby adding to financial deficits borne by the public.

Early childhood development drives success in school and life.

A critical time to shape productivity is from birth to age five, when the brain develops rapidly to build the foundation of cognitive and character skills necessary for success in school, health, career and life. Early childhood education fosters cognitive skills along with attentiveness, motivation, self-control and sociability—the character skills that turn knowledge into know-how and people into productive citizens.

Investing in early childhood education for at-risk children is an effective strategy for reducing social costs.

Every child needs effective early childhood supports—and at-risk children from disadvantaged environments are least likely to get them. They come from families who lack the education, social and economic resources to provide the early developmental stimulation that is so helpful for success in school, college, career and life. Poor health, dropout rates, poverty and crime—we can address these problems and substantially reduce their costs to taxpayers by investing in developmental opportunities for at-risk children.

Investing in early childhood education is a cost-effective strategy for promoting economic growth.

Our economic future depends on providing the tools for upward mobility and building a highly educated, skilled workforce. Early childhood education is the most efficient way to accomplish these goals:

- Professor Heckman's analysis of the Perry Preschool program shows a 7% to 10% per year return on investment based on increased school and career achievement as well as reduced costs in remedial education, health and criminal justice system expenditures.
- Professor Heckman's most recent research analyzed Abecedarian/CARE's comprehensive, high-quality, birth-to-five early childhood programs for disadvantaged children, which yielded a 13% return on investment per child, per annum through better education, economic, health, and social outcomes.

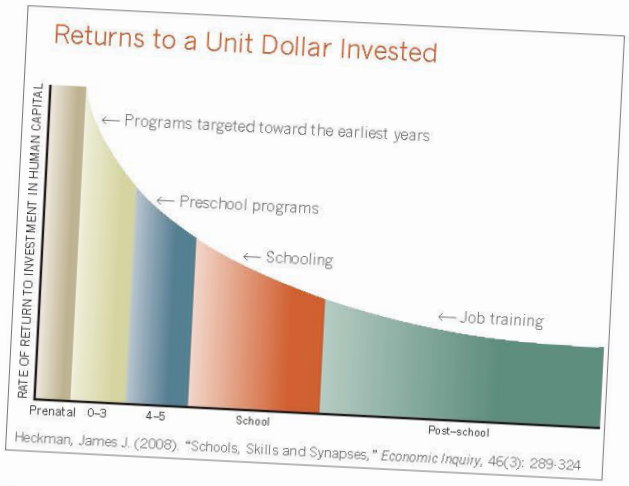
www.heckmanequation.org

The Heckman Equation

Make greater investments in young children to see greater returns in education, health and productivity.

Keep these principles in mind to make efficient and effective public investments that reduce deficits and strengthen the economy:

- **Investing in early childhood education is a cost-effective strategy—even during a budget crisis.** Deficit reduction will only come from wiser investment of public and private dollars. Data shows that one of the most effective strategies for economic growth is investing in the developmental growth of at-risk young children. Short-term costs are more than offset by the immediate and long-term benefits through reduction in the need for special education and remediation, better health outcomes, reduced need for social services, lower criminal justice costs and increased self-sufficiency and productivity among families.
- **Prioritize investment in quality early childhood education for at-risk children.** All families are under increasing strain; disadvantaged families are strained to the limit. They have fewer resources to invest in effective early development. Without resources such as "parent-coaching" and early childhood education programs, many at-risk children miss the developmental growth that is the foundation for success. They will suffer for the rest of their lives—and all of us will pay the price in higher social costs and declining economic fortunes.
- **Develop cognitive AND character skills early. Invest in the "whole child."** Effective early childhood education packages cognitive skills with character skills such as attentiveness, impulse control, persistence and teamwork. Together, cognition and character drive education, career and life success—with character development often being the most important factor.
- **Provide developmental resources to children AND their families.** Direct investment in the child's early development is complemented by investment in parents and family environments. Quality early childhood education from birth to age five, coupled with parent-coaching, such as home visitation programs for parents and teen mothers, has proven to be effective and warrants more investment.
- **Invest, develop and sustain to produce gain.** Invest in developmental resources for at-risk children. Develop their cognitive and character skills from birth to age five, when it matters most. Sustain gains in early development with effective education through to adulthood. Gain more capable, productive and valuable citizens who pay dividends for generations to come.



Early childhood education is an efficient and effective investment for economic and workforce development. The earlier the investment, the greater the return on investment.

www.heckmanequation.org

The Heckman Equation project is made possible with support from the Pritzker Children's Initiative.

Heckman
The economics of human potential.

The Heckman Equation

Early Childhood Education: Quality and Access Pay Off

James J. Heckman is the Henry Schultz Distinguished Service Professor of Economics at the University of Chicago, a Nobel laureate in economics and an expert in the economics of human development.

Professor Heckman's comprehensive new study, Early Childhood Education, addresses two important issues in the debate over early childhood education programs: are they effective and should they be subsidized by the government. Heckman and co-authors Sneha Elango, Jorge Luis García and Andrés Hojman, find that disadvantaged children benefit the most from a variety of early childhood interventions and society receives a higher return from targeted investments. As a result, policy makers would be wise to use means-testing rather than universal subsidies for all children.

Making sense of multiple studies.

The variety of early childhood programs and their evaluations often leads to confusion about the overall effectiveness of public investment. *Early Childhood Education* makes sense of it all by gathering in one place the effectiveness of a wide range of means-tested and universal programs—including Head Start, state preschool programs, and demonstration programs such as the Perry Preschool Program and the Carolina Abecedarian Project. The study analyzes data from randomized controlled trials and less rigorous evaluations to compare treatments, treated populations and findings across programs. The results consistently show program effectiveness and the economic value of providing disadvantaged children with access to quality early childhood programs.

Programs work for the disadvantaged.

Heckman finds that effectiveness depends on program quality, the characteristics of those being served and their access to alternative programs. Government programs that provide disadvantaged families with access to high quality center-based care are better and more effective alternatives than no formal care. Affluent families who can afford higher quality center-based and in-home care are more likely to do better with those alternatives, calling into question the economic effectiveness of influencing their choices with government subsidies.

Quality matters.

High quality programs produce high quality outcomes. The Perry Preschool Program and Abecedarian Preschool Project—long considered the quality gold standards—delivered better education, health-related behavior, social and economic outcomes for disadvantaged children who received treatment versus those who received none. Abecedarian, a comprehensive birth to age five program, had lasting effects on IQ, boosted academic and economic achievement and helped prevent the incidence of chronic disease and obesity in adulthood. Despite their costs, they more than pay for themselves in increased productivity and reduced social spending. However, the study also shows that less intensive programs such as Head Start still have significant short- and long-term positive effects for disadvantaged children and society.

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Head Start works.

Imperfections in the frequently cited Head Start Impact Study (HSIS) cloud the evidence of the program's effectiveness. HSIS does not address the lack of uniform quality across Head Start, control contamination in the evaluation and the lack of long-term follow-up. Heckman analyzes the work of three independent research groups that used HSIS data to assign participants into three distinct experiences: those who attended Head Start, those who received other center-based care and those who had home-based care. They found that Head Start had significant beneficial effects, was as good as other available center-based alternatives and was much better than what disadvantaged children would have received at home or with a relative. While HSIS lacks long-term follow up data, other studies have found Head Start to be effective when judged on multiple outcomes rather than just short-term cognitive gains. Across a number of different studies, positive effects were found on behavioral outcomes such as grade repetition and special education, as well as on health behaviors. Long-term, Head Start reduced obesity at ages 12 and 13, depression and obesity at ages 16 and 17, and crime at ages 20 and 21.

Lasting effects, not fadeout.

Quality early childhood education provides persistent boosts in socio-emotional skills even if the effects on cognitive skills diminish in the shortrun. The current obsession with cognitive fadeout obscures the important fact that socio-emotional skills have greater effects on later-life outcomes than cognitive skills. For example, data from the Perry Preschool Program shows that increased academic motivation creates 30% of the effects on achievement and 40% on employment for females. Reduced externalizing behavior creates a 65% reduction in lifetime violent crime, 40% reduction in lifetime arrests and 20% reduction in unemployment. Positive later-life effects are consistent across other programs with long-term follow up and speak to the need to invest in programs that develop the whole child with a full range of skills.

Policy makers should invest in quality and access.

It makes dollars and sense to target disadvantaged children with quality early childhood programs rather than subsidize low quality universal programs. Investing public dollars in quality early childhood education for disadvantaged children will provide significant social and economic outcomes in the short- and long-term. However, disadvantage in early childhood is not just income based but also depends on the quality time parents can spend with their children and the parenting resources they can allocate for early development. Today's economic pressures force poor and middle-income parents alike to spend more time away from their children to make ends meet. The need for quality early childhood education is intensifying, the costs are increasing and many more parents will find themselves without the means to provide it. Every child needs quality early childhood education. Those most in need should receive the most help from policy makers. Those with means do best on their own—and that is best for everyone.

Elango, Sneha, Andrés Hojman, Jorge Luis García, and James J. Heckman. (2016). "Early Childhood Education." Forthcoming, in Moffitt, Robert (ed.), Means-Tested Transfer Programs in the United States II. Chicago: University of Chicago Press.

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The Heckman Equation project is made possible with support from the Pritzker Children's Initiative.

Heckman
The economics of human potential.

Investing in Our Future: The Evidence Base on Preschool Education

Hirokazu Yoshikawa, Christina Weiland, Jeanne Brooks-Gunn, Margaret R. Burchinal, Linda M. Espinosa, William T. Gormley, Jens Ludwig, Katherine A. Magnuson, Deborah Phillips, Martha J. Zaslow

EXECUTIVE SUMMARY

OCTOBER 2013

Society for Research in Child Development

FOUNDATIONFORCHILDDEVELOPMENT

Executive Summary

Large-scale public preschool programs can have substantial impacts on children's early learning. Scientific evidence on the impacts of early childhood education has progressed well beyond exclusive reliance on the Perry Preschool and Abecedarian programs. A recent analysis integrating evaluations of 84 preschool programs concluded that, on average, children gain about a third of a year of additional learning across language, reading, and math skills. At-scale preschool systems in Tulsa and Boston have produced larger gains of between a half and a full year of additional learning in reading and math. Benefits to children's socio-emotional development and health have been documented in programs that focus intensively on these areas.

Quality preschool education is a profitable investment. Rigorous efforts to estimate whether the economic benefits of early childhood education outweigh the costs of providing these educational opportunities indicate that they are a wise financial investment. Available benefit-cost estimates based on older, intensive interventions, such as the Perry Preschool Program, as well as contemporary, large-scale public preschool programs, such as the Chicago Child-Parent Centers and Tulsa's preschool program, range from three to seven dollars saved for every dollar spent.

The most important aspects of quality in preschool education are stimulating and supportive interactions between teachers and children and effective use of curricula. Children benefit most when teachers engage in stimulating interactions that support learning *and* are emotionally supportive. Interactions that help children acquire new knowledge and skills provide input to children, elicit verbal responses and reactions from them, and foster engagement in and enjoyment of learning. Recent evaluations tell us that effective use of curricula focused on such specific aspects of learning as language and literacy, math, or socio-emotional development provide a substantial boost to children's learning. Guidelines about the number of children in a classroom, the ratio of teachers and children, and staff qualifications help to increase the likelihood of—but do not assure—supportive and stimulating interactions. Importantly, in existing large-scale studies, only a minority of preschool programs are observed to provide excellent quality and levels of instructional support are especially low.

Supporting teachers in their implementation of instructional approaches through coaching or mentoring can yield important benefits for children. Coaching or mentoring that provides support to the teacher on how to implement content-rich and engaging curricula shows substantial promise in helping to assure that such instruction is being provided. Such coaching or mentoring involves modeling positive instructional approaches and providing feedback on the teacher's implementation in a way that sets goals but is also supportive. This can occur either directly in the classroom or though web-based exchange of video clips.

Quality preschool education can benefit middle-class children as well as disadvantaged children; typically developing children as well as children with special needs; and dual language learners as well as native speakers. Although early research focused only on programs for low-income children, more recent research focusing on universal preschool programs provides the opportunity to ask if preschool can benefit children from middle-income as well as low-income families. The evidence is clear that middle-class children can benefit substantially, and that benefits outweigh costs for children from middle-income as well as those from low-income families. However, children from low-income backgrounds benefit more. Children with special needs who attended Tulsa's preschool program showed comparable improvements in reading and pre-writing skills as typically developing children. Further, at the end of first grade, children with special needs who had attended Head Start as 3-year-olds showed stronger gains in math and social-emotional development than children with special needs who had not attended Head Start. Studies of both Head Start and public preschool programs suggest that dual language learners benefit as much as, and in some cases more than, their native speaker counterparts.

A second year of preschool shows additional benefits. The available studies, which focus on disadvantaged children, show further benefits from a second year of preschool. However, the gains are not always as large as from the first year of preschool. This may be because children who attend two years of preschool are not experiencing a sequential building of instruction from the first to the second year.

Long-term benefits occur despite convergence of test scores. As children from low-income families in preschool evaluation studies are followed into elementary school, differences between those who received preschool and those who did not on tests of academic achievement are reduced. However, evidence from long-term evaluations of both small-scale, intensive interventions and Head Start suggest that there are long-term effects on important societal outcomes such as high-school graduation, years of education completed, earnings, and reduced crime and teen pregnancy, even after test-score effects decline to zero. Research is now underway focusing on why these long-term effects occur even when test scores converge.

There are important benefits of comprehensive services when these added services are carefully chosen and targeted. When early education provides comprehensive services, it is important that these extensions of the program target services and practices that show benefits to children and families. Early education programs that have focused in a targeted way on health outcomes (e.g., connecting children to a regular medical home; integrating comprehensive screening; requiring immunizations) have shown such benefits as an increase in receipt of primary medical care and dental care. In addition, a parenting focus can augment the effects of preschool on children's skill development, but only if it provides parents with modeling of positive interactions or opportunities for practice with feedback. Simply providing information through classes or workshops is not associated with further improvements in children's skills.

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C EARLY CHILDHOOD BY THE NUMBERS

Rounding slightly, there are 471,000 children under the age of 5 in Maryland. That equates to nearly 94,000 children in each year's age cohort (i.e., 94,000 from birth to 12 months, 94,000 from age 1 up to age 2, etc.). And of the 1,137,000 children under age 12 in Maryland, 79% have mothers in the workforce. A subsequent section of this document discusses "Where the Children Are When They're Not at Home." In the meantime, the numbers themselves tell interesting stories.

For example, in almost every Maryland county, the cost of child care ranks among the top three household expenses, along with housing and taxes. In Baltimore City, child care is the highest household expense. While child care is very expensive—an annual average of $16,089 statewide for a child under age 2 in a center—child care workers are among the most poorly paid in the workforce. A child care center teacher earns on average $26,054 for a 12-month year, compared to the average annual salary of $73,444 for a public school teacher working 10 months. Nationally, child care workers are paid on par with parking lot attendants and dry cleaning workers.

To help policymakers and the public understand such figures and consider their implications, Maryland Family Network annually publishes *Child Care Demographics*, a compilation of data related to young children and their families. Among the focuses are child care supply and demand, household income, the cost of care, housing information, and more. Data are presented for Maryland as a whole and for each of the State's 24 local jurisdictions. The reports can be accessed online at https://www.marylandfamilynetwork.org/early-years-matter/2021-child-care-demographics, and hard copies are available for policymakers on request. The pages attached include the 2021 *Child Care Demographics* composite data for Maryland. Please note that in several cases, data reflect 2010 Census figures. Child Care Demographics will be updated to incorporate 2020 Census figures as soon as possible.

MARYLAND FAMILY NETWORK

Maryland Child Care Resource Network

Child Care Demographics 2021

Maryland Report

Maryland is at the center of the Boston-Atlanta Corridor on the Atlantic seaboard, and borders Washington, D.C., the nation's capital. Among the 50 states Maryland ranks 42nd in size and 19th in population, with a diversified economy rooted in high technology, biosciences and services, as well as revitalized manufacturing and international trade. Major federal facilities based in Maryland are the National Institutes of Health, National Institute of Standards and Technology, National Security Agency, Social Security Administration, Food and Drug Administration, Department of Homeland Security, and Census Bureau.[1] It is home to four Foreign-Trade Zones[2], 38 State Enterprise Zones[3], and multiple transportation resources.

Maryland ranks third among the states in educational attainment, with 39.6 percent holding a bachelor's degree or higher.[4] Maryland's 172,000 businesses employ nearly 2.2 million workers[5]; at least 127 of these businesses employ 1000 or more people.[6] Major employers in Maryland include BYK Gardner Inc, Johns Hopkins Hospital, Johns Hopkins University, Lockheed Martin, Northrop Grumman Electronic Systems, Stephen James Association, the University of Maryland, and the University of Maryland Medical Center.[6]

1.http://commerce.maryland.gov/Documents/ResearchDocument/AlleganyBef.pdf Source: Maryland Department of Commerce, Brief Economic Facts, 2019

2.https://commerce.maryland.gov/Documents/ResearchDocument/maryland-international-fact-sheet.pdf Source: Maryland Department of Commerce, Maryland International Fact Sheet, 9/2019

3.https://commerce.maryland.gov/fund/programs-for-businesses/enterprise-zone-tax-credit Source: Maryland Department of Commerce, Enterprise Zone Tax Credit (EZ), 12/20/2019

4.https://www.census.gov/quickfacts/fact/table/MD,US/PST045219 Source: United States Census Bureau, Quick Facts Maryland, United States, 2020

5.https://data.bls.gov/cew/apps/table_maker/v4/table_maker.htm#type=1&year=2020&qtr=1&own=5&ind=10&supp=0 Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, March 2020.

6.https://www.dllr.state.md.us/lmi/emplists/ Source: Maryland Department of Labor, Major Employers List- Workforce Information & Performance, 2019

The Maryland Child Care Resource Network and Maryland Family Network, Inc. are co-publishers of this Baltimore County Report for the Network's Maryland Child Care Demographics Report series. The series includes reports for the State, for each of Maryland's 23 counties and the City of Baltimore.

This publication was produced as a work for hire for the benefit of, and with funds from, the Maryland State Department of Education.

Number of Maryland Children under 12 with Mothers in the Work Force[1]

879,787– 78.9%[2] of total 2020 child population under 12 (1,115,067).

[1]Source: MFN/LOCATE: Child Care. [2]Percent based on 2010 census data. Total population number based on GeoLytics, Inc. report, 2020.

Estimated Child Population 2020

Age Group	Number in age group
0-1	187,098
2-4	283,981
5-9	471,568
10-11	194,123
Total	1,136,770

Source: Maryland Department of Planning (MDP), 2010 Census Summary File 1.

Child Care Costs as Compared to Other Major Household Expenses

County	Estimated Child Care Cost[1]	Median Family Income[2]	%of Median Income Spent On Child Care	Child Care Cost Ranked w/Other Major Household Exp[3]
Allegany	$13,829	$ 54,480	25.4%	1
Anne Arundel	$24,777	$107,728	23.0%	2
Baltimore County	$21,135	$ 87,349	24.2%	1
Calvert	$19,969	$113,295	17.6%	3
Caroline	$13,986	$ 73,685	19.0%	3
Carroll	$21,645	$105,161	20.6%	3
Cecil	$17,188	$ 82,274	20.9%	3
Charles	$21,112	$106,583	19.8%	3
Dorchester	$14,258	$ 60,717	23.5%	2
Frederick	$21,880	$106,359	20.6%	3
Garrett	$10,660	$ 59,759	17.8%	4
Harford	$22,090	$ 95,410	23.2%	3
Howard	$27,537	$133,989	20.6%	3
Kent	$17,564	$ 67,534	26.0%	2
Montgomery	$31,032	$127,529	24.3%	2
Prince George's	$22,159	$ 89,422	24.8%	2
Queen Anne's	$18,376	$103,404	17.8%	3
St. Mary's	$19,564	$101,366	19.3%	3
Somerset	$14,509	$ 53,804	27.0%	2
Talbot	$15,248	$ 88,384	17.3%	3
Washington	$15,465	$ 70,337	22.0%	3
Wicomico	$15,900	$ 67,563	23.5%	2
Worcester	$16,462	$ 76,576	21.5%	3
Baltimore City	$19,176	$ 58,302	32.9%	1

NOTE: Child Care and other household expenses are based on a family of 4 that included a couple and two children ages 0-23 months and 2-4 years. The household expenses considered include housing, income taxes, and food. [1]Combined average of full-time care for an infant in a family child care home and a preschooler in a child care center (LOCATE, 2020). [2]Current income as shown in the Geolytics Report dated July 2020. This data cannot be compared to previous data. [3]Housing costs based on U.S. Bureau of the Census 2010 median selected owner costs with a mortgage; included mortgage, taxes, insurance and utilities. State and local taxes per Comptroller of Maryland (2020). Medicare and FICA taxes per moneychimp.com (2020). Taxes do not reflect Earned Income Credit.

Child Care Demographics

Maryland

Population Information

Child Population[1]

	2000	2010
0-3 years	209,218	217,560
3-4 years	144,175	146,928
5 years	74,546	72,700
6-9 years	316,772	294,168
10-11 years	162,481	151,023
Total	907,192	882,379

Source: U.S. Bureau of the Census, 2000, 2010.

Total Population

	Maryland
2010	5,773,552
2000	5,296,486
1995	5,046,079
1990	4,780,753
1980	4,216,975

Source: U.S. Bureau of the Census, 2010, 2000, 1990, 1980.

Female Population (selected ages)

Age Group	2000	2010
20-24	157,643	193,775
25-29	176,396	199,325
30-34	209,334	189,215
Total	543,373	582,315

Source: U.S. Bureau of the Census, 2000, 2010.

Male Population (selected ages)

Age Group	2000	2010
20-24	156,486	199,923
25-29	166,474	194,223
30-34	196,317	179,279
Total	519,277	573,425

Source: U.S. Bureau of the Census, 2000, 2010.

Work Force Information

Total Population Ages 16+ in Work Force

	Maryland
2010	
Female	
Male	1,570,193
	1,623,215
2000	
Female	
Male	1,351,034
	1,418,491
Change	
Female	16.2% (+)
Male	14.4% (+)

Source: U.S. Bureau of the Census, 2000, 2010 American Community Survey (ACS).

Households

	2000	2010
Total household population	5,162,430	5,635,177
Total # of households	1,980,859	2,156,411
Average household size	2.61	2.61

Source: U.S. Bureau of the Census, 2000, 2010.

Females (16+) with Children

Age Group	2000	2010	Change
Total females (16+) with children under 6	160,214	419,077	N/A*
Total females (16+) with children under 6 in the work force	112,065	N/A*	N/A*
Total females (16+) with children 6-17	383,095	865,139	N/A*
Total females (16+) with children 6-17 in the work force	304,898	N/A*	N/A*

Source: U.S. Bureau of the Census, 2010 ACS.
* Comparable data not available for 2010 census.

Maryland

Child Care Demographics

Census Information

Families and Poverty

	2000	%	2010	%	%Change
All Families	1,359,318	100%	1,447,002	100%	6.5%(+)
Families Below Poverty Level	83,232	6.1%	95,502	6.6%	14.7%(+)
All Families w/Children Under 6**	150,011	N/A*	144,836	100%	N/A*
Families w/Children Under 5 Below Poverty Level	30,328	N/A*	N/A*	10.6%	N/A*
All Families w/Children Under 18	662,172	100%	651,028	100%	1.7%(-)
Families w/Children Under 18 Below Poverty Level	64,063	9.7%	67,056	10.3%	4.7%(+)

Source: U.S. Bureau of the Census, 2000, 2010. Prepared by MDP.
*Comparable data not available from 2010 Census.

Children and Poverty

	2000	%	2010	%	%Change
Total Related Children Under 18	1,194,489	100%	1,170,334	100%	2.0%(-)
Total Children Under 18 Below Poverty Level	141,877	11.9%	148,632	12.7%	4.8%(+)
Total Children Under 5 Below Poverty Level	40,331	13.3%	N/A*	15.4%	N/A*
Total Children 5-17 Below Poverty Level	101,546	11.4%	N/A*	11.7%	N/A*

Source: U.S. Bureau of the Census, 2000, 2010. Prepared by MDP.
*Comparable data not available from 2010 Census.

Educational Attainment

	Maryland	% Adult pop. over 25 Yrs
High School Grad or Higher	3,410,847	88.1%
Bachelor's Degree or Higher	1,396,843	36.1%

Source: U.S. Bureau of the Census, 2010 ACS.

Families

Maryland

	Total	Total # of All Families With Related Children Under Age 6	Total # of All Families With Related Children Under Age 18
2000	1,359,318	150,011	662,172
2010	1,447,002	170,870	728,045
Change	6.5%(+)	13.9%(+)	9.9%(+)

Source: U.S. Bureau of the Census, 2000, 2010. Prepared by MDP.

Child Care Demographics

Maryland

Income, Unemployment and Housing Information

Annual Wage Rate Information

Public School Teacher Salary Average (MD)	$73,444
Nonpublic School Teacher Average (Maryland)	$58,602
Family Child Care Provider (Maryland)	$40,375
Child Care Center Director (Maryland)	$41,168
Center Senior Staff/Teacher (Maryland)	$26,054
Center Aide (Maryland)	$18,183

Sources: MSDE, Jan 2020, Association of Independent Maryland Schools (AIMS), 2019-20 school year, and MFN's 2020 Statewide Survey of Family Child Care Providers and Child Care Centers.

Family Income

Median Family Income, 2010 Census	
Maryland	$83,137

Source: U.S. Bureau of the Census, 2010 ACS.

Median Household Income[1]:	
Maryland	$72,462

Income Distribution	Percent Households
	Maryland
under $25,000	13.6%
$25,000 - $49,999	16.6%
$50,000 - $74,999	16.0%
$75,000 +	53.9%

Source: [1]GeoLytics, Inc. report, 2020. U.S. Bureau of the Census, 2014-2018 American Community Survey 5-Year Estimates. Data is not directly comparable to 2010 or earlier reports.
NOTE: Percentages may not total 100% because of rounding

Average Weekly Cost of Full-time Child Care

Maryland

Programs	Family Child Care Centers	Child Care
0-23 months	$ 209.87	$309.41
2-4 years	$ 178.86	$219.03
5 years[1]	$ 164.78	$205.42
School Age Full[2]	$ 143.56	$165.37
School Age B/A[3]	$ 100.96	$117.52

Source: MFN/LOCATE: Child Care, 6/20.
[1]Average cost of full time care for a 5 year old. Defined as child being in full time child care or being in kindergarten and out-of-school child care, i.e., holidays, school closures and summers. [2]Average cost of full time care for a 6+ school age child (out-of-school child care, i.e., holidays, school closures and summers).
[3]Average cost of before and after school child care.

Unemployment Rate

Maryland	
2000	3.4%
2001	4.0%
2002	3.9%
2003	4.1%
2004	3.9%
2005	3.9%
2006	3.7%
2007	3.6%
2008	4.5%
2009	7.1%
2010	7.3%
2011	7.2%
2012	6.5%
2013	6.2%
2014	5.6%
2015	5.0%
2016	4.5%
2017	4.3%
2018	4.5%
2019	3.9%
2020	8.3%

Maryland Department of Labor, Licensing and Regulation (DLLR) 6/2020.

Housing Information

	Maryland
Owner-Occupied housing	1,426,267 (67%)
Renter-Occupied housing	701,172 (33%)

Note: Percentage is based on total occupied housing units.

	Maryland
Mean value of Owner-Occupied Housing	$301,400
Median Selected Monthly Owner Costs With a Mortgage	$2,016
Median Gross Residential Monthly Rent	$1,131

Source: U.S. Bureau of the Census, 2010 ACS.

Maryland

Child Care Demographics

Supply of Regulated Early Childhood Programs and Education

Children's Programs by Type with Capacity/ Enrollment

	# of Programs	Open on 6/30/2020[2]	Capacity[1]
Family Child Care Providers	5,132	3,723	39,796
*OCC Licensed Group Programs	2,667	N/A	173,912
8-12 Hour Child Care Centers	1,551	1,092	110,882
Infant/Toddler	879	735	14,089
Part-Day	332	190	N/A
Before/after School (School & Center-Based)	1,806	882	123,092
Employer-Sponsored Centers	50	30	3,812
Youth Camps	585	0	N/A
Nursery Schools	528	191	N/A
Private Kindergarten	245	94	N/A
**Head Start	187	12	9,211
***Public Pre-Kindergarten Sites	643	3	N/A

[1]Capacity total refers to capacity prior to COVID-19 restrictions. Capacity during COVID-19 restrictions is not available.

[2]Reflects the number of providers that were open as of June 30, 2020 during COVID-19 restrictions.

*Note: Numbers do not total because facilities may have more than one type of program. Unless otherwise indicated, all programs are privately funded.

** Federally funded programs which include Head Start, Early Head Start and Home-based Head Start.

***State funded.

Source: MFN/LOCATE Child Care, 6/20; Maryland State Department of Education; Department of Health and Mental Hygiene.

Education

Public and Private Schools (Elementary and Middle)

	Public	Private*
Elementary Schools	787	80
Middle Schools	213	4
Combined	86	410

Elementary School Enrollment

	Public	Private*
Pre-Kindergarten	32,203	32,927
Kindergarten	65,087	7,181
Grades 1 - 6	408,311	40,486
Total	505,601	80,594

Source: MSDE, 2019-20 school year. Enrollment figures are for September 30, 2019. Private schools include MSDE approved schools and those operated by a tax-exempt religious organization which hold a letter of exemption from approval in accordance with State law.

*Self reported data from Maryland Nonpublic Schools as reported to MSDE.*Self reported data from Maryland Nonpublic Schools as reported to MSDE.

Density of Family Providers and Center Programs by Jurisdiction

The following chart shows the number of registered family child care providers and licensed full-day child care centers in Maryland as of June 30, 2020.

Jurisdiction	Family Providers	8-12 Hour Capacity	Centers	Capacity
Allegany	48	383	15	940
Anne Arundel	426	3,242	121	9,897
Baltimore City	476	3,598	181	8,099
Baltimore County	690	5,362	239	16,772
Calvert	95	747	32	1,815
Caroline	65	496	3	228
Carroll	113	864	46	3,910
Cecil	75	596	21	1,316
Charles	185	1,403	40	3,066
Dorchester	44	346	9	336
Frederick	297	2,287	61	5,152
Garrett	14	113	10	265
Harford	241	1,892	47	4,218
Howard	290	2,220	98	8,911
Kent	17	134	2	123
Montgomery	819	6,451	284	22,703
Prince George's	702	5,559	237	15,400
Queen Anne's	68	494	9	664
St. Mary's	156	1,209	20	1,308
Somerset	18	134	5	199
Talbot	41	319	10	648
Washington	147	1,140	23	1,705
Wicomico	83	640	27	2,348
Worcester	22	167	11	859
Totals	5,132	39,796	1,551	110,882

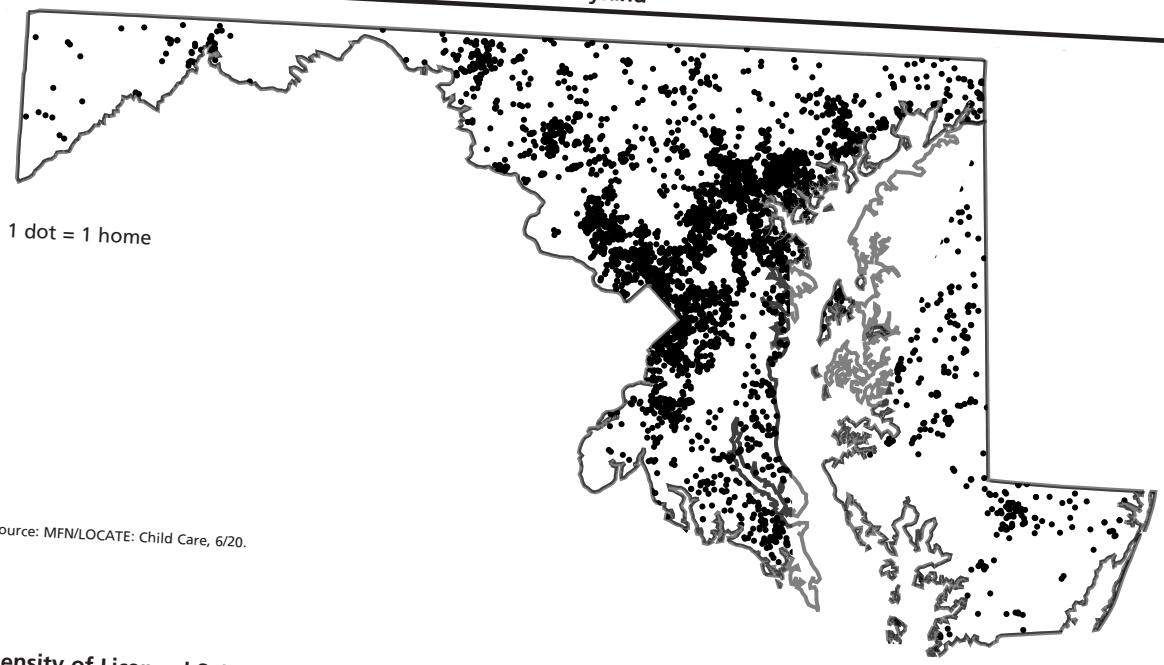
Source: MFN/LOCATE: Child Care, 6/20.

Child Care Demographics

Maryland

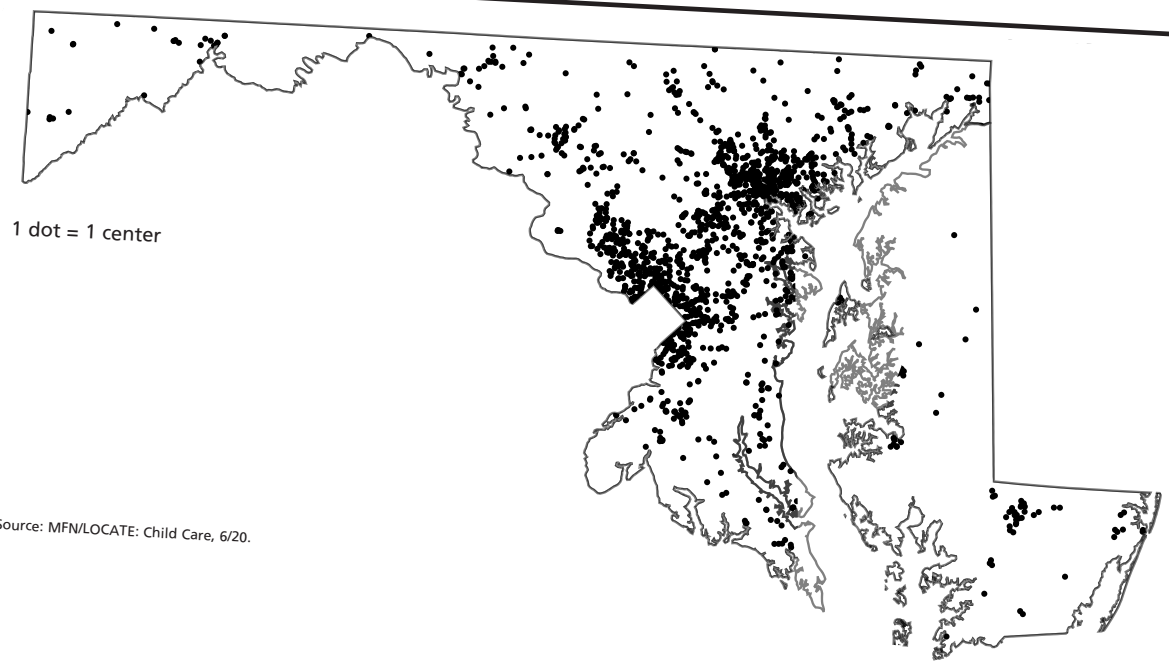
Supply of Regulated Child Care

Density of Regulated Family Child Care Homes in Maryland



Source: MFN/LOCATE: Child Care, 6/20.

Density of Licensed 8-12 Hour Child Care Centers in Maryland



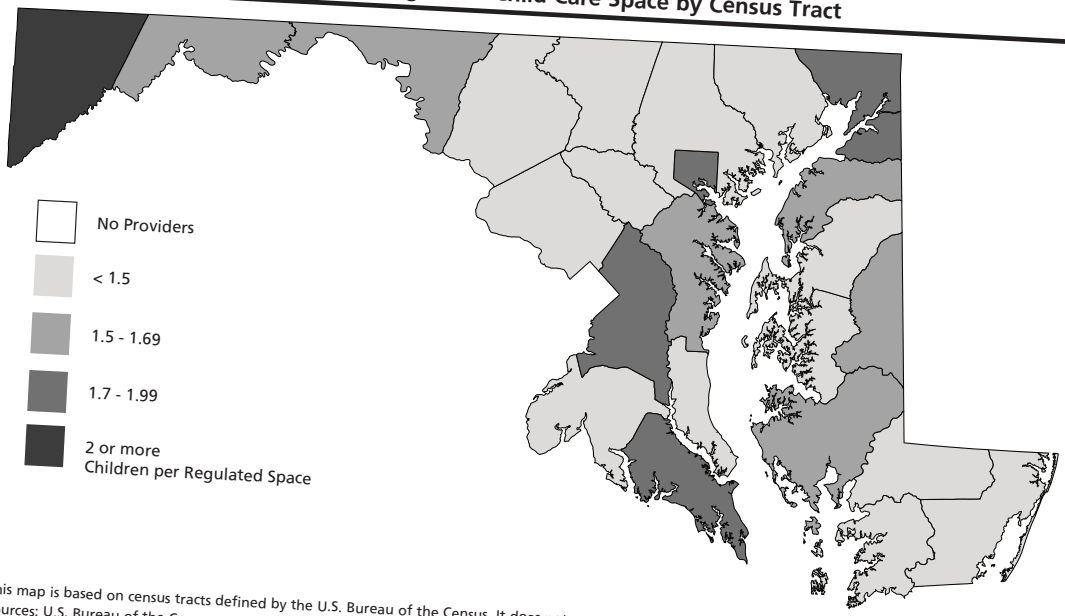
Source: MFN/LOCATE: Child Care, 6/20.

Maryland

Child Care Demographics

Supply of Regulated Child Care

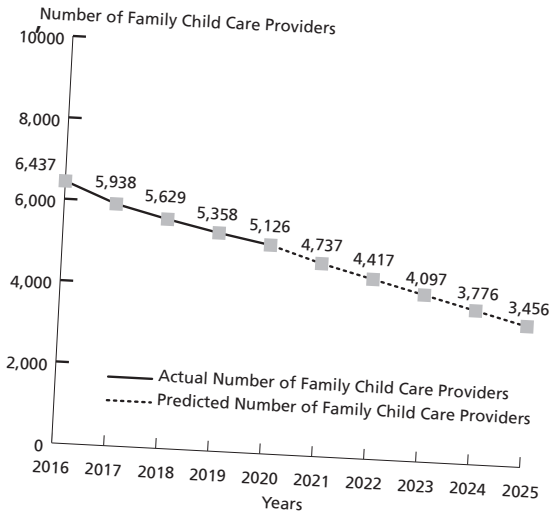
Number of Children 0-5 Years Per Regulated Child Care Space by Census Tract



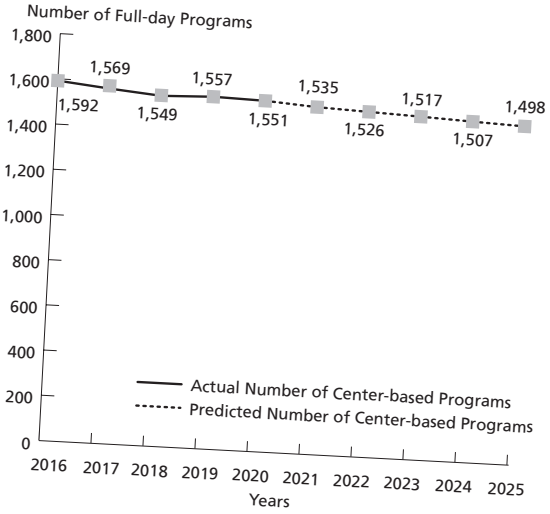
This map is based on census tracts defined by the U.S. Bureau of the Census. It does not accurately delineate land/water boundaries in some census tracts.
Sources: U.S. Bureau of the Census, 2010. MFN/LOCATE: Child Care, 6/20.

Past and Anticipated Growth Patterns for Family/Center Providers

Family Child Care Providers in Maryland 2016-2025



Center-based Programs in Maryland 2016-2025
Full-day (8 to 12 hours)



These predictions were generated with the use of the Multiple Regression Analysis and Forecasting template. The predictions generated by the Model do not reflect the effects of current changes to social programs affecting child care.
Source: MFN/LOCATE: Child Care, 6/20.

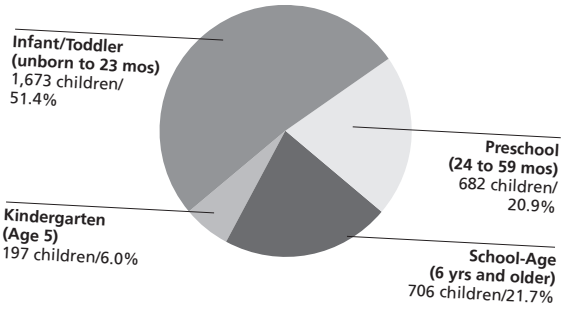
Child Care Demographics

Maryland

Demand for Child Care

Children Served by Age

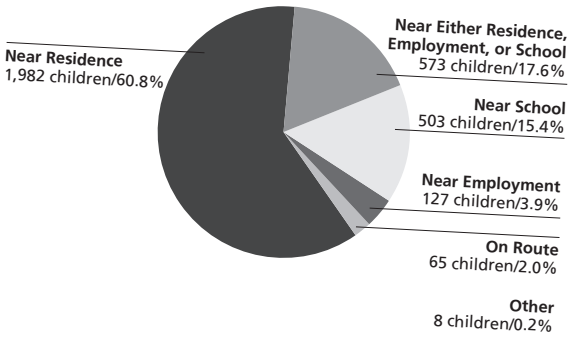
N=3,258



Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).
NOTE: Percentages may not total 100% because of rounding.

Children Served by Locational Preferences for Care

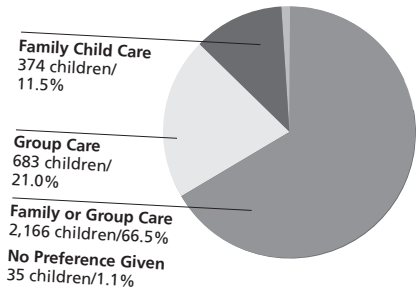
N=3,258



Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).
NOTE: Percentages may not total 100% because of rounding.

Children Served by Type of Care Preferred

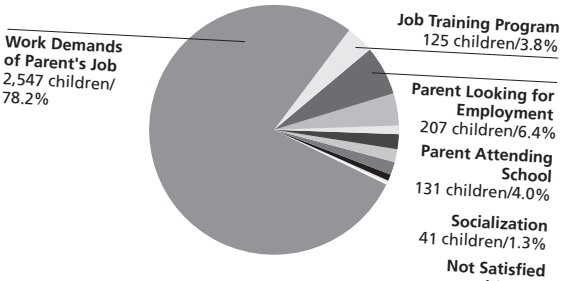
N=3,258



Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).
NOTE: Percentages may not total 100% because of rounding.

Reason Child Care is Needed

N=3,258



Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).
NOTE: Percentages may not total 100% because of rounding.

Maryland

Child Care Demographics

Demand for Child Care

Number of Children Served by LOCATE: Child Care
3,258 children (7/1/19-6/30/20)

Full-time or Part-time Care Needs of Children Served

N=3,258
Full-time: 2,324 children (71.3%)
Part-time: 679 children (20.8%)
Other*: 255 children (7.8%)

* Includes requests for sick, backup and temporary care.
Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).

Child Care Scholarship Program (CCS)*

LOCATE Calls received from parents with children eligible for or receiving CCS
1,598 (49.0%)

Note: The Child Care Scholarship Program (*formerly Child Care Subsidy Program) is a statewide subsidy program funded with federal and state dollars and administered by the Maryland State Department of Education through the local Department of Social Services. The Working Parents Assistance Program is a separate county-wide child care subsidy program funded and administered by Montgomery County Government for eligible working families.
Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).
* Formerly Child Care Subsidy Program

Major Reasons Parents Could Not Find Child Care in Maryland

Reason	Count
No vacancies for infant	21
No vacancies for preschool	9
Schedule	9
Location	8
Combination of ages	7
Cost	5
Special Needs	4
Transportation	4
No vacancies for Head Start	3
No vacancies for school age	3
Quality of care	2
No part time	1

Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).

Major Factors Important to Parents Who Found Child Care in Maryland

Factor	Count
Educational program	370
Environment	320
Proximity to home, school, work	299
Caregiver	266
Cost	189
Hours of operation/part time	126
Only program/provider with vacancy	70
Transportation	35
Escort	19

Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).

Supply of Child Care

Child Care Scholarship Program (CCS)*

Family Child Care Providers willing to care for CCS children in Maryland
990 (19.3% of total family child care providers)

Child Care Centers willing to care for CCS children in Maryland
563 (36.3% of total child care centers)

LOCATE: Child Care at Maryland Family Network Baltimore, June 2020.
* Formerly Child Care Subsidy Program

Maryland FY20 Allocation (estimated)
$147,221,853 = 20,244 full-time children

Additional Expenditures due to COVID-19 (actual)
$91,894,532 = April, May & June 2020 aggregate

Source: Maryland State Department of Education, Office of Child Care.

Special Needs Child Care

Family providers who serve/have served children with special needs
2,862 (55.8% of total family child care providers in Maryland)

Centers who serve/have served children with special needs
979 (63.1% of total child care centers in Maryland)

Source: LOCATE: Child Care at Maryland Family Network, Baltimore (7/1/19-6/30/20).

Child Care Demographics

Maryland

Definitions

Before/After-School Care: School-Age child care offers care to children enrolled in Kindergarten or above. Care is provided before and/or after school and during school holidays/vacations. Programs are licensed by the Office of Child Care. Programs may operate from a school building or other licensed facility.

Census of Population and Housing: There are two versions of the Census questionnaire: a short form which asks a limited number of population and housing questions of all households, and a long form questionnaire which asks additional social and economic questions of a sample of all households. The user should note that data obtained from a sample are subject to sampling variability, and that there are limitations to many of these data.

Child Care: The care or supervision of a child when the child's parent has given the child's care over to another for some portion of a 24-hour-day as a supplement to the parent's primary care of the child. (OCC)

Child Care Center: Child care provided in a facility that, for part or all of the day, provides care to children in the absence of the parent. Centers are licensed by the Office of Child Care.

Child Care Scholarship Program (CCS)*: Provides financial assistance to eligible families in securing care for their children in registered family child care homes or licensed child care centers while parents/guardians are attending school, working, or in job training.

Children with Special Needs: Children who, because of a disability or other special educational, developmental, physical, emotional, behavioral, or medical condition, require additional care, or whose activities are restricted by a certain condition. (OCC)

Current Median Family Income: Current median family income is the value shown in a Geolytics report dated July 2020.

Current Population Estimates: Current population estimates are based on GeoLytics, Inc. Reports.

Educational Attainment: The highest level of school completed or the highest degree received. Educational attainment figures were used for persons over 25 years of age. (U.S. Bureau of the Census)

Employer-Sponsored Centers: A child care center located on-site or off-site which is sponsored by a corporation, business, or other employer. Employees are given priority for enrollment slots.

Family Child Care: The care given to a child younger than 13 years old or to a developmentally disabled person younger than 21 years old, in place of parental care for less than 24 hours a day, in a residence other than the child's residence and for which the provider is paid. Regulations allow a family child care provider to care for as many as eight children at any time. (OCC)

Family Household Income: Family includes a householder and one or more persons living in the same household who are related to the householder by birth, marriage, or adoption. A household can contain only one family for purposes of census tabulations. (U.S. Bureau of the Census)

Head Start: Project Head Start provides comprehensive developmental services for children from low-income families. Head Start is comprised of four components including Education, Health, Parent Involvement, and Social Services. Head Start Centers serve children from age 3 to school entry age from income eligible families.

Infant/Toddler: In the State of Maryland, "infant"means a child under 18 months old. "Toddler" means a child 18 months old or older but younger than 2 years old. (OCC) MFN reports "infant" as a child birth through 23 months of age.

Kindergarten: An instructional program for children who are 5 years old by September 1st of each academic year. Programs may be operated by a private or public school. Kindergarten is the year of school which precedes entrance to first grade.

Nursery Schools: An instructional program approved or exempted by the Maryland State Department of Education for children who are two through four years old. The maximum length of the program is 6 hours per day, however most operate only a few hours per day and may meet only two or three times per week for a nine month period.

Owner Costs with Mortgage (Selected Monthly): The sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property; real estate taxes; fire hazard, and flood insurance on the property; utilities; and fuels. It also includes, where appropriate, the monthly condominium fees or mobile home costs. A housing unit is owner-occupied if the owner or co-owner lives in the unit even if it is mortgaged or not fully paid for. (U.S. Bureau of the Census)

Maryland

Child Care Demographics

Definitions

Part Day: A program regulated by OCC with an educational focus for children one or two years before entering kindergarten. These programs are usually 2-3 hrs/day, 2-3 days/week, nine months/year.

Pre-Kindergarten: These are publicly funded pre-kindergarten programs for eligible 4-year-old children administered by local boards of education or qualified vendors. The programs have the overall goal of providing learning experiences to help children develop and maintain school readiness skills necessary for successful school performance. Local school systems shall enroll all 4-year-old applicants from economically disadvantaged or homeless families.

Poverty Level: The poverty guideline for a family of four persons was $26,200 in 2020. (U.S. Department of Health and Human Services, JAN 2020)

Renter Occupied Gross Monthly Rent: Monthly contract rent plus the estimated average monthly cost of utilities and fuels, if these are paid by the renter. All occupied housing units which are not owner-occupied, whether they are rented for cash rent or occupied without payment of cash rent, are classified as renter-occupied. (U.S. Bureau of the Census)

Unemployment Rate: Civilians 16 years old and over are classified unemployed if they (1) were neither "at work" nor "with a job but not at work"during the reference week, and (2) were looking for work during the last four weeks, and (3) were available to accept a job. Also included were civilians who did not work at all during the reference week and were waiting to be called back to a job from which they had been laid off. (U.S. Bureau of the Census)

Youth Camps (Licensed): A day camp, residential camp, travel camp, or trip camp licensed by the Department of Health and Mental Hygiene.

For demographic reports on each of Maryland's 23 counties and Baltimore City visit *https://www.marylandfamilynetwork.org/early-years-matter/2021-child-care-demographics*

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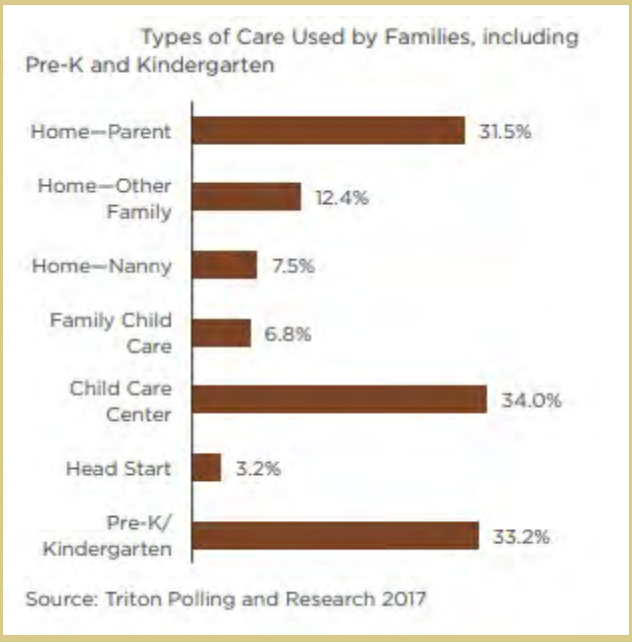
WHERE THE CHILDREN ARE WHEN THEY'RE NOT AT HOME

Early care and education more closely resembles a patchwork than a system. Maryland's children live, play, and learn in a variety of settings before they reach the age of 5, at which time full-day kindergarten attendance becomes compulsory.

Given the high percentage of working parents, most children spend large amounts of time in the care of unrelated adults outside their homes. In general, when that out-of-home care exceeds 20 hours per month and is provided for payment, it is regulated by the State to ensure the health, safety, and proper supervision of the children. For example, state regulations require that child care providers undergo criminal background checks and receive basic training in such subjects as nutrition, child development, and safe sleep practices. Publicly funded programs such as Head Start and public pre-K are similarly subject to governmental regulations.

As indicated in the chart below, the largest number of Maryland children from birth to age 5 are in licensed child care settings—for the most part, either a residence providing care for up to eight children (a "family child care" program) or a larger facility serving many more children (a "child care center"). However, these settings are not necessarily exclusive. Many parents with children under age 5 rely on more than one type of care—public pre-K followed by after-school child care, for example. (While the focus of this document is children birth to age 5, the survey from which this chart is drawn included 5-year-old kindergarten children.)

WHERE ARE MARYLAND'S 471,000 CHILDREN BIRTH TO AGE 5?



This chart is taken from *Counting Our Losses*, a 2018 report by Maryland Family Network on the impact of child care and disruptions to care arrangements on parents and the economy of Maryland (*https://www.marylandfamilynetwork.org/early-years-matter/counting-our-losses*). In a survey conducted for *Counting Our Losses*, parents were asked about all the child care arrangements for all children age 5 and under in the family. The results are presented not as parts of the whole, but as percentages of families who indicated that they use a specific type of care for one or more of their children in the usual course of a work week. "Family Child Care" refers to care given to a child in place of parental care, in a residence other than the child's residence, and for which the provider is paid. (See also the accompanying description in "Early Care and Education Program Settings.") Given the timing of the report, these results do not reflect anomalies in care arrangements created by the COVID-19 pandemic.

It's important to note that not all settings offer early care and education of equal quality. For instance, while all child care centers must meet baseline licensing requirements, many voluntarily exceed those standards and seek accreditation that reflects a higher level of quality. On the other hand, the quality of home and informal (i.e., unregulated) care is highly suspect, as indicated by the comparatively low levels of kindergarten-readiness displayed by children who previously received that type of care. Within this category are children who stay home, who receive care from relatives, or who may be in illegal arrangements with unlicensed providers, putting them at risk not only developmentally but also in some cases physically.

The pages that follow briefly describe a dozen of the major programs and services that address the early care and education needs of young children and their families in Maryland. Please note that these listings are not exhaustive. More information about these and other programs and services are available from several sources, including the Maryland State Department of Education, the Department of Legislative Services (which publishes a Legislative Handbook with a chapter on Early Childhood Development and Education), and Maryland Family Network (MFN). For more information, please contact MFN Director of Public Policy Clinton Macsherry at *cmacsherry@marylandfamilynetwork.org*.

Early Care and Education Program Settings

A **child care center** is a facility that provides non-parental care to children in a group setting for part of the day. The number of children permitted to be in a center's care is determined by several factors, including the facility's size, the ratio of staff to children, and the children's ages. (For example, there must be at least one adult staffer for every three children under age 2.) Child care centers are licensed and regulated by the Office of Child Care (OCC) within the Maryland State Department of Education (MSDE).

A **family child care home** is typically operated by a provider in her own residence. The provider undergoes background checks, a prescribed course of training, and safety inspections prior to being licensed. Group size cannot exceed eight children, with no more than two children under age 2. Family child care homes are also regulated by MSDE's OCC.

MSDE also manages the State's **Child Care Scholarship Program**, designed to help low-income families enter and remain in the workforce by subsidizing the high cost of child care. Eligibility is predicated on family size and income—as of August 1, 2021, a family of four earning up to $71,525 can receive subsidy. Families are issued subsidy vouchers and assessed co-payments on a sliding scale. Families are also responsible for covering any difference there may be between the subsidy amount and the fees charged by the child care provider. Providers are not required to accept the vouchers or serve families eligible for the program. However, subsidy rates have risen steadily since 2018 and now offer parents access to at least 60 percent of the child care programs in their communities.

Prior to the 2021 enactment of the "Blueprint for Maryland's Future," the State guaranteed access to **public pre-kindergarten** (pre-K) for four-year-olds whose families earned up to 185% of the Federal Poverty Guidelines (FPG; $49,025 for a family of four). Families with incomes up to 300% of FPG ($79,500 for a family of four) could also be eligible under pre-K expansion grants. Broadening access to high-quality pre-K for both three- and four-year-olds is a priority for many policymakers and formed a cornerstone of the "Blueprint" legislation (see the "What Lies Ahead" section). Pre-K services include either a half-day (2.5 hour) or full-day (6.5 hours) session that meets five days a week during the academic year, although full-day pre-K will become the norm as the "Blueprint" is implemented. Different program models may add or blend together different funding streams to provide a more seamless full-day, full-year option for children.

A critical component of Maryland's expansion of public pre-K is its "diverse delivery" system, through which the State partners with high-quality, community-based child care programs that meet the same standards as elementary school-based pre-K. This public-private partnership strategy allows the State to enroll more students more quickly, rather than spending enormous sums to construct new pre-K classrooms and purchase fleets of school buses. Many of these community-based settings not only provide high-quality care but also ensure that parents have access to the before- and after-school care that the lengths of their workdays require.

The **Early Head Start** program, funded primarily by the federal government with some supplemental funding by the State, nurtures healthy attachments between caregivers and children and enables parents to move toward self-sufficiency. The program serves pregnant women as well as children younger than age 3 and their families who live at or below 100% FPG ($26,500 for a family of four). Services are available at Early Head Start centers and in the home. All Early Head Start programs provide a high-quality early learning environment for children while simultaneously assisting families in meeting their goals, such as housing stability, continued education, financial security, and a strong peer support network.

Head Start, which is also funded primarily by the federal government with some supplemental funding by the State, promotes school readiness for children under age 5 from families at or below 100% FPG ($26,500 for a family of four). With education, health promotion, social services, and other program components, Head Start strives to enhance the physical, social, emotional, and cognitive development of children through the provision of comprehensive services to families. The programs are operated by a variety of public and private entities in Maryland.

MFN manages Maryland's network of 28 **Family Support Centers** (FSCs), the original models for Early Head Start. These "two-generation" programs enable parents facing barriers to success to set goals and work toward self-sufficiency while their children are enrolled in a state-of-the-art child care program. Parents work with FSC staff to become better parents, develop job skills, reach their high school or other education goals, receive health and nutrition education and referrals, and find a network of peers to support them in this journey. In addition to child care, infants and toddlers at FSCs receive regular developmental and health screenings to make sure they are meeting milestones. In several counties and in Baltimore City, FSCs have integrated Early Head Start funding and standards to enhance programming, making MFN the largest Early Head Start grantee in Maryland.

Child Care Quality Enhancement Initiatives

Among Maryland's several efforts to elevate the quality of child care, its network of **Child Care Resource Centers** (CCRCs) is the longest standing. Established in 1989 and managed by MFN, the CCRCs serve every region of the State, offering training, capacity building, and technical assistance to child care providers. CCRCs help providers comply with and exceed the standards required for licensing and achieve higher levels of professional development, the better to serve the children in their care. In a typical year, CCRCs conduct approximately 2,000 training sessions with more than 31,000 participants.

Training and other professional development activities form the core of the **Maryland Child Care Credential**, a voluntary program that recognizes individual child care providers who exceed the State's minimum licensing requirements. Six credential levels and four administrator levels each recognize a provider's achievement of a specific number of training hours, years of experience, and professional activities, all of which undergird a high-quality child care program. Incentives for participating providers include training vouchers and achievement bonuses.

Child care programs, as distinct from individual providers, can pursue **accreditation** from MSDE or from national accrediting organizations to demonstrate their attainment of high quality. Accreditation standards are often quite rigorous and greatly exceed the State's minimum licensing requirements. Training and technical assistance from CCRCs as well as grants and other supports from MSDE can help child care programs navigate the accreditation process.

Along the parallel path to accreditation, child care programs often participate in **Maryland EXCELS**. Based on nationally recognized quality standards and best practices, EXCELS promotes quality by awarding ratings to child care and public pre-K programs. Programs earn ratings on five progressive levels that form a pathway to excellence. A rating of 1 is awarded to providers and programs that successfully meet initial requirements, while a rating of 5 is awarded to those that have achieved the highest level of quality. (In effect, most programs that become accredited are eligible for an EXCELS 5 rating.) These ratings are made public so that families can make informed choices in the care of their children. Financial incentives and technical assistance are available to programs that choose to participate in EXCELS.

Other Services for Young Children and Families

Home visiting programs team parents with trained professionals to help them learn how to care for their babies and themselves during pregnancy and the child's first five years. By offering access to information about child health and development and by fostering positive parenting skills, home visiting programs promote positive birth outcomes, prevent child abuse and neglect, and foster school readiness. Maryland requires that publicly funded home visiting programs utilize "evidence-based" models, as defined by the federal government, or models in the process of becoming evidence-based. State funding for home visiting flows through MSDE, while the Maryland Department of Health manages the State's federal home visiting grant.

In concert with local jurisdiction lead agencies, MSDE also directs the **Maryland Infants and Toddlers Program**, which provides early intervention services for children under age 5 with developmental delays and disabilities and their families. These services can include (but aren't limited to) audiology, speech pathology, and vision assistance; occupational therapy and physical therapy; health and nursing services; and parent counseling and training. The goal is to enhance the child's potential for growth and development before he or she reaches school age. Children from birth to age 3 receive an Individualized Family Service Plan (IFSP) specifying the early intervention services that can be provided in the child's home or another convenient location, often an early childhood setting. Maryland's innovative Extended IFSP Option offers families the choice to remain on an IFSP beyond their child's third birthday, if their child is determined eligible for preschool special education and related services.

Maryland has utilized **Infant and Early Childhood Mental Health Consultation** (IECMHC) as a strategy to promote positive social emotional development and address behavioral concerns in young children for nearly two decades. MSDE funds IECMHC programs, which are housed in the State's Child Care Resource Centers and serve early care and education programs statewide. IECMHC aims to support young children's social and emotional development to address challenging behaviors. A majority of IECMHC services are provided in child care centers. The services include observation and assessment of children and classroom environments, along with parent/teacher training and coaching to meet children's social and emotional needs, to employ specific behavior modification skills, and to implement strategies for retaining and serving children with behavioral and other mental health needs. When appropriate, IECMHC specialists make referrals to Maryland's Infants and Toddlers program, Child Find, and other mental health services. Evaluations have shown IECMHC to be highly effective in improving child behaviors and preschool program climates while greatly reducing suspensions and expulsions.

The term **Judy Centers** is a bit of a misnomer in the sense that they serve primarily as service coordinators, rather than bricks-and-mortar facilities providing direct services. Located chiefly in Title I school districts, Maryland's 60 Judy Centers (as of 2021) serve children birth through kindergarten and their families, primarily through partnerships with public kindergarten and pre-K programs, the Maryland Infants and Toddlers Program, preschool special education, private child care providers, Family Support Centers, Head Start programs, and other community agencies and organizations that are critical to meeting the needs of families. Although there are some constants, the services accessed and provided through these partnerships vary to some degree with the needs of individual families and communities. Some partners contribute in unique and creative ways, such as local bookstores that provide venues for story time. Based on Maryland's Kindergarten Readiness Assessment results, children who've been served in a Judy Center partnership consistently demonstrate higher levels of readiness than their peers with no Judy Center experience.

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E Equity in Early Childhood

Equity is a core value in the delivery of high-quality programs, including those serving young children and their families. Maryland should intentionally promote equity so that our early education programs, in the words of the National Association for the Education Young Children, "help children thrive by recognizing and building on each child's unique set of individual and family strengths, cultural background, home language, abilities, and experiences."

Equity can be described as the practice of recognizing and addressing the fact that certain populations—whether defined by socio-economic status, language, ability, family structure, gender, race/ethnicity, geography, or other characteristics—have historically been and are currently treated unjustly. Equitable programs should be selected and structured in ways that mitigate barriers for marginalized populations and for families and children most in need. Although all families and young children deserve to thrive, focusing on meeting the needs of Maryland's most vulnerable populations may offer the largest gains.

Advancing equity requires that disparities be identified and addressed. Disparities are disproportionate differences in outcomes and receipt of services among one population subgroup relative to another, which is usually more advantaged. Disparities also have disproportionate impact on subpopulations of children and families who historically have been treated unjustly and discriminated against. An equitable early start is essential because early disparities decrease the likelihood that children and families receive the opportunities and services they need to reach their full potential. Equitable early life experiences are formative inputs to an adult's educational attainment, health status, and social contributions. When we start from the beginning, the benefits of equity are maximized—for individuals and for society as a whole.

Ongoing efforts are needed to embed equity in the design of early childhood education policies, programs, and practices. The attached documents suggest ways in which equity will be valued and achieved.

Equity Starts Early
Addressing Racial Inequities in Child Care and Early Education Policy

CLASP

Christine Johnson-Staub
December 2017

Enger | Shutterstock

Introduction

Child care and early education policies are shaped by a history of systemic and structural racism. As a result, there are major racial disparities in children's access to quality child care that meets their cultural and linguistic needs and enables their parents to work. Early care and education workers are overwhelmingly in low-quality jobs with inadequate compensation. And workers of color are often relegated to the lowest-paid positions.

According to research, high-quality child care and early education is critical to children's development and family economic stability, particularly for low-income children and parents.[1] It is critical that children of all racial, ethnic, linguistic, and cultural backgrounds have equitable access to quality early childhood programs. Further, such programs should employ a diverse workforce with equitable access to high-quality jobs that include compensation reflecting the importance and difficulty of their work as well as the field's increasing qualifications.

Addressing racial inequities in the early childhood system will require increased investments at the state and federal levels and smart policy decisions about expectations for, and delivery of, child care and early education.

Young Children of Color in the United States

Children of color are more likely to experience the consequences of poverty, including negative effects on their educational experience and reduced success in adulthood[2] Moreover, their parents—who often struggle economically—are statistically least likely to be able to afford quality child care and early education programs.

A Racially and Ethnically Diverse Group

As a group, young children in the United States are racially and ethnically diverse. In 2015, 50 percent of young children were non-Hispanic white; 14 percent were non-Hispanic African American or Black; and 26 percent were Hispanic regardless of race.[3] Children born in recent years have been "majority minority," as racial and ethnic minorities now make up half of all children birth through five. The tipping point to a "majority minority" population for children under age 18 is estimated to happen by 2020.[4]

One in four children under age six has at least one foreign-born parent. The vast majority (96 percent) of these young children of immigrants are U.S. citizens.[5] Approximately one in four young children in the United States is a dual language learner. According to Census data from 2000, 27 percent of children under age 6 came from homes where at least one parent spoke a language other than English.

Systemic Disparities for Children of Color

Young children who are ethnic or racial minorities experience higher poverty rates than their white counterparts. Historical and institutionalized racism, which manifests in systemic and structural barriers to equitable access to opportunity, lead to pronounced disparities in socio-economic experiences for a large share of America's children. In 2015, 4.2 million young children under age 5 (21 percent) lived in poverty. Nearly half of young children lived in low-income families below 200 percent of federal poverty. Young children in low-income families are disproportionally children of

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color. About 39 percent of Black young children and 30 percent of Hispanic young children lived in poverty, while 13 percent of white non-Hispanic young children lived in poverty.[6] Higher numbers of young children live in low-income households (under 200 percent of the federal poverty level): 62.4 percent of Black children, 56 percent of Hispanic children, and 28 percent of white children.[7]

Prevalence of Low-Wage Work

The majority of young children of color who live in low-income households have working parents. Among children under the age of five who are poor, 78 percent of Asian non-Hispanic children, 69 percent of Black non-Hispanic children, and 73 percent of Hispanic/Latino children under age 5 live in households with at least one employed parent.[8] Unfortunately, employment is no guarantee of a livable wage.

People of color are more likely to be in low-wage jobs—often having erratic and unpredictable hours—and are unlikely to have employment benefits like paid time off.[9] Nearly half of women who work in industries with a median wage of less than $10.50 per hour, such as the retail and restaurant industries, are women of color. Moreover, these workers are often paid less than their white counterparts. In retail, Black and Latino full-time workers are paid 25 percent less than white full-time workers.[10] In the restaurant industry, workers of color are almost twice as likely as their white co-workers to live in poverty.[11]

Employment challenges, including involuntary part-time and unfair scheduling practices—such as unpredictable hours—disproportionately affect workers of color. Black and Latino workers are more likely to be employed in low-wage jobs and have unstable schedules.[12] Low-wage hourly workers often experience inflexible and/or unpredictable scheduling practices; between 20 and 30 percent are required to work overtime with little or no notice. About half of all low-wage hourly workers have nonstandard or nontraditional schedules that fall outside of Monday-Friday daytime hours.[13] This interferes with parents' ability to use formal child care and early education programs that typically operate during traditional work hours.[14]

Racial Equity in the Context of Early Childhood Policy

An equitable child care and education system supports all children's health and development, including socio-emotional development related to a child's cultural, racial, and linguistic identity. In addition, it provides affordable access and high-quality choices to all parents and employs its caregivers in high-quality jobs with a baseline living wage and a pathway to higher wages based on knowledge, skills, and competencies.

Achieving the goal of a more equitable system requires attention to racial, ethnic, and linguistic diversity, given the demographics of young children and the early childhood workforce and the large racial inequities in opportunities and outcomes for these populations.

This brief takes a deep dive into racial equity in child care and early education, along with the historic and current systemic underpinnings that shape policies and programs. It looks most closely at the major funding streams for child care and early education:

- The Child Care and Development Block Grant (CCDBG) is the major federal funding stream for child care assistance to low-income families. It also funds efforts to improve the quality of child care for all children. Funds flow to states, which use them to help families afford

child care and to invest in early childhood infrastructure and quality. States set the majority of programmatic policies under broad federal parameters.

- Head Start is the premiere federal program offering high-quality early childhood education to preschool-aged children in poverty (and fewer infants and toddlers through the Early Head Start program) and their families. In addition to early education, children and families in all Head Start programs have access to a range of services, such as parenting resources; social services; and health screenings, referrals, and follow-up support. Its program design and quality standards offer model practices for supporting racially, culturally, and linguistically diverse communities and families as well as a diverse workforce. Federal Head Start funds go directly to local Head Start providers that include local public or private nonprofit organizations; nonprofit or for-profit community-based organizations; and school districts.
- State pre-kindergarten programs are investments of state dollars to provide early education experiences to 4-year-olds as well as 3-year-olds in some cases. The design of pre-kindergarten programs varies by state and community. They may operate in public or private schools, private child care centers, or Head Start programs.

This report will analyze the history, policy, and practice of child care and early education programs and explain how they impact children, families, and workers of color. We will also provide recommendations for making early childhood programs more racially equitable.

The Historic Role of Race and Ethnicity in Shaping Child Care and Early Education Policy

Federal investments in child care and early education have occurred in fits and starts, often in response to larger public goals like preparing children for school, moving low-income parents into employment, and assimilating immigrant and low-income children of color into mainstream culture. However, these efforts have never been sufficiently funded to meet policy goals, provide benefits equitably, or specifically address racial gaps in access to high-quality early education.

The child care and early education discussion has historically been racialized. That includes the families accessing care and the workers providing it. The roots of racializing child care, along with other domestic work, predate the emergence of child care and early education as paid work. Black women have historically borne the burden of domestic work and child care—first as slaves, then as an undervalued labor force.[15]

The following—while not a complete history of U.S. child care and early education policy—offers examples of key federal policies, the social and political context in which they emerged, and how they may have created, perpetuated, or in some cases begun to address racial inequities:

- In the 19th century, day nurseries operated by settlement houses (residential social service organizations) and other charities cared for poor, often immigrant, children while their mothers worked or sought employment. The goals of these programs went beyond parental employment, seeking to assimilate children of immigrants into American culture.[16]
- During the Great Depression, government-funded child care programs were created to provide jobs for caregivers.[17] However, aspects of the New Deal were designed specifically

to prevent Black workers from obtaining the economic and social benefits. The Fair Labor Standards Act, enacted in 1938, specifically excluded agricultural and domestic workers, as a proxy for exclusion of workers of color. Because paid child care was typically provided in the home, caregivers were not extended the protections provided to other workers through law. Those exclusions denied domestic workers and farmworkers the right to organize.[18]

  - The 1940 federal Lanham Act created child care programs to allow women to participate in the workforce while men were fighting overseas in World War II. It served approximately 130,000 children in 47 states. The Act funded programs that served both white and African American children, increasing employment for women of both races.[19] The Lanham Act programs were quickly scaled back and eventually eliminated when the men returned from war, except in California, where a broad grassroots effort preserved some programs and funding. [20]In 1947, California narrowed eligibility by adding means testing and limiting access to the lowest-income families. According to some analysis, this detrimental change was driven by white working women, who wished to distance themselves from Black low-income women and the perceived stigma of welfare benefits.[21]

- In 1965, the federal Head Start program was created to address the educational and developmental gap between children in poverty and their peers. From its inception as part of the Civil Rights Movement, Head Start has included a focus on poor children, including Black children in southern states. The federal-to-local funding structure was intended to bypass states that would not otherwise invest equitably in communities of color.[22] This also provided the means for local communities and parents of color to lead and shape local Head Start programs. In many cases, Head Start was the first time poor children of color had access to formalized early learning.[23] It evolved into a two-generation model that also provided poor mothers with job opportunities.
- In 1988, Congress passed an entitlement to child care through a provision in the Family Support Act (FSA) for parents receiving cash assistance under Aid to Families with Dependent Children (AFDC).[24] While broadly supported, the FSA was enacted during the Reagan Administration on the heels of highly racialized campaign rhetoric about welfare reform.[25] Over decades, social welfare policy discussions have included covert and overt implications that women of color and their families are undeservingly taking resources from working white people. Bypassing the FSA, Congress acknowledged the need for families to have child care in order to meet work and training requirements included in the law.[26]
- In 1989 and 1990, grassroots advocates and child care providers won the bipartisan Act for Better Child Care, which created the Child Care and Development Block Grant (CCDBG) to address the broader issue of child care affordability and access for working families, including those not receiving cash assistance. CCDBG remains the single largest federal child care investment to date. In 1996, CCDBG was reauthorized as part of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which converted the former AFDC program to Temporary Assistance for Needy Families (TANF), a block grant to states. This eliminated the entitlement to child care for those receiving cash assistance. The national conversation around PRWORA included the same racialized stereotypes prevalent in the 1980s. It largely left out the voices of welfare recipients themselves, about

half of whom were women of color and their children.[27] CCDBG was reauthorized again in 2014 and is still the major source of funding to help working parents pay for child care and early education, with children of color representing the majority of recipients.[28]

- Beginning in the 1980s—and increasingly in recent decades—states and some localities expanded their investments in preschool education. State-funded pre-kindergarten programs were often launched as part of K-12 education reform and (in some cases) to address racial and income-based academic achievement gaps. These programs vary in design, eligibility requirements, geographic reach, and level of funding. Although the federal government has periodically made small investments in pre-kindergarten, there is no comprehensive federal program.

Differential Access to Child Care and Early Education

Funding for public early childhood programs has failed to meet need, limiting participation in federal and state early childhood programs and leaving millions of children and families unable to access affordable, high-quality child care and early education that meets their wants and needs. Improved access to the major early childhood programs—Head Start, Early Head Start, CCDBG child care subsidies, and state-funded pre-kindergarten—can increase families' choices and expand the number of children of all racial and ethnic backgrounds who benefit from high-quality child care and early education experiences. Stagnant federal funding and antiquated funding formulas for both child care and Head Start may also prevent states with growing or diversifying child populations from targeting new resources to underserved communities.

Overall, most young children across race and ethnicity participate in some sort of non-parental child care and early education, and most families choose non-relative care over relatives. However, those decisions are influenced by affordability, access to assistance, and availability of culturally and linguistically appropriate options. Families' preferences, choices, and ultimate use of child care and early education are also driven by other variables, including geography and work schedules.

Families of all racial, ethnic, and cultural backgrounds have a variety of experiences in accessing child care and early education, but there are some trends across racial and ethnic groups. The majority (76 percent) of all preschool-age children—including 69 percent of Black children, 55 percent of Latino children, 54 percent of Asian/Pacific Islander children, and 62 percent of white non-Hispanic children—regularly attend some type of non-parental care setting.[29] These settings may include children's homes, child care centers, home-based child care by licensed or license-exempt providers, or care by a relative.

Among those who use regular weekly non-parental care arrangements for their children, families of all backgrounds are more likely to use non-relative care outside the home than relative care. Hispanic and Asian children are less likely than other groups to have a regular non-parental care arrangement. Hispanic children in non-parental care are most likely to be in relative care (52 percent). For children in non-parental care, use of center-based care is highest among Asian and Pacific Islander (66 percent) and Black non-Hispanic families (61 percent), followed by white non-Hispanic families (57 percent) and Hispanic families (49 percent). Immigrant families are less likely overall to use non-parental child care. However, when they do use non-parental child care, immigrant families are also more likely to choose relative care for infants and toddlers and center-based care for preschool-age children.[30]

As income increases, all families are more likely to use non-parental care outside the home.[31] Affordability, rather than preference, appears to be a major factor in the lower use of non-relative care among Hispanic families, who may be less likely to access public sources of child care assistance.[32] Despite lower use of formal care settings, Hispanic families have similar perceptions of formal care settings to African American families, and their perception of informal care by relatives is less favorable than their white non-Hispanic counterparts.[33] Program availability may also be a factor in child care decisions. Without added investments, reaching new communities—such as Latino immigrants—would require shifting funds away from other communities.

Head Start Participation

While fewer than half (43 percent) of all eligible preschool-age children have access to Head Start, 54 percent of eligible Black children are served. Thirty-eight percent of eligible Latino children are served in Head Start preschool, with additional Latino children in the Migrant and Seasonal Head Start program.[34]

Head Start, in part due to its roots in the Civil Rights Movement, is a vital early childhood program for Black families and communities. Head Start has rigorous quality standards, many of which promote a more equitable mode of early education across diverse populations. 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, to ensure adequate reach in diverse communities.
- Head Start has targeted programs that serve American Indian/Alaskan Native communities as well as children of migrant and seasonal farmworkers who would otherwise be severely underserved.
- Head Start has developed cultural and linguistic program standards that serve as models for the early childhood field, including best practices in serving dual language learners. According to 2008 Head Start data, 29 percent of Head Start preschoolers come from a home where a language other than English is spoken.[35]

Decades of research document Head Start's positive effects on children and their parents. Head Start improves children's educational outcomes, increasing the chances that participants graduate from high school and complete postsecondary education and training. In addition, the program has positive effects on parenting practices, as well as children's social-emotional development and behavior, across education levels and racial and ethnic groups. Research shows particularly strong impacts among African American children.[36]

Early Head Start serves far fewer children, despite equally strong evidence documenting outcomes. Just 5 percent of poor children from birth to age 3 have access to Early Head Start.[37]

CCDBG Participation

By helping low-income families afford stronger child care programs, CCDBG extends the benefits of quality child care and early education to vulnerable children.[38] Child care subsidies are linked to improved employment outcomes for parents.[39] And families receiving child care subsidies are more likely to have stable employment.[40]

For more from "Equity Starts Early" visit *https://www.clasp.org/sites/default/files/publications/2017/12/2017_EquityStartsEarly_0.pdf*

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How Policy Can Maximize Children's Potential by Addressing Systemic Racism

Policies that expand access to high-quality medical care and **early childhood programs** provide important benefits to children and families, such as **improved literacy and numeracy skills** and executive function at kindergarten entry and beyond. But improving the life prospects of *all* children and families — and building a sustainable society in which everyone thrives — may require new policy approaches that confront and dismantle the structural inequities that undermine the well-being of over-burdened families in under-resourced communities.

The evidence **is clear and growing**: structural, cultural, and interpersonal racism impose unique and substantial stressors on the daily lives of families raising young children of color that affect lifelong learning and health. Science is now helping to explain *how this happens*, which can help to identify solutions, but three points are becoming clear:

Excessive stress is a likely pathway to negative health impacts. The body responds to adversity and threat by activating **the stress response**, popularly known as "fight or flight." A growing body of evidence suggests that the need to cope continuously with the burdens of structural racism and everyday discrimination can be a potent activator of the stress response, and over time it can have a significant **wear-and-tear effect** on children's developing brains and other biological systems.

Chronic inflammation can disrupt the function of organ systems. When the stress response is activated, the immune system responds by sending immune cells to their "battle stations" to defend against illness and heal wounds. But persistently elevated inflammation can produce lasting changes that increase the risk of **later health problems**, such as obesity, diabetes, heart disease, depression and **even preterm births**, all of which are inextricably linked to learning.

Unhealthy environments are another likely pathway to negative health impacts. Our bodies absorb and adapt to our physical and social environment, which can affect our organs and disrupt their functioning. For example:

- Zoning regulations and civic underinvestment have concentrated air pollution, contaminated water and pesticides in neighborhoods populated predominantly by people of color with low incomes, and these exposures are associated with increased risk of poor pregnancy outcomes, increased asthma and many other health problems. Further, research points to the influences of the physical school building on student health and achievement, which disproportionately affect districts serving people of color with low incomes.

- Predominantly African American neighborhoods have less access to — and pay more for — healthy foods, which contributes to poorer nutrition and higher rates of obesity and diabetes.
- Limited open spaces and facilities for recreation, along with concerns about personal safety, can also discourage physical activity.
- The loss of supportive relationships constitutes an added burden of stress that worsens the effects of adversity on health and learning. African American families experience more deaths of loved ones throughout the course of their lives; and this was significantly worsened by the COVID-19 pandemic. Additionally, incarceration disproportionately affects African American families and negatively impacts children's behavior, health and mental health outcomes.

How to Use Policy to Address Systemic Racism Impacting Young Children

A range of approaches to reduce the health-threatening effects of cultural racism, residential segregation and the inequitable access to economic and educational opportunities show evidence of positive impacts on child outcomes. As policymakers know, children and families don't experience policy issues in silos, making it important to consider the myriad issues that impact learning outcomes.

- **Strengthen policies that provide economic support to families.** In a report commissioned by Congress, two program and policy packages stood out: the first increases housing voucher levels and Supplemental Nutrition Assistance Program benefits; the second combines a child allowance, a child support assurance program and the elimination of immigrant restrictions on benefits.
- **Invest in place-based interventions.** These intensive, long-term efforts to improve opportunities in a designated community are typically cross-sector, sustainable collaborations that are designed to address community-driven objectives. There are many examples of this approach, including Purpose-Built Communities and the Harlem Children's Zone.
- **Take steps to reduce cultural racism.** Mitigating the effects of cultural racism on the health and development of children of color will require a range of multifaceted, cross-sectoral efforts to generate, implement and evaluate potential solutions. Building a diverse teacher workforce and addressing teachers' implicit bias by providing professional development are two examples.

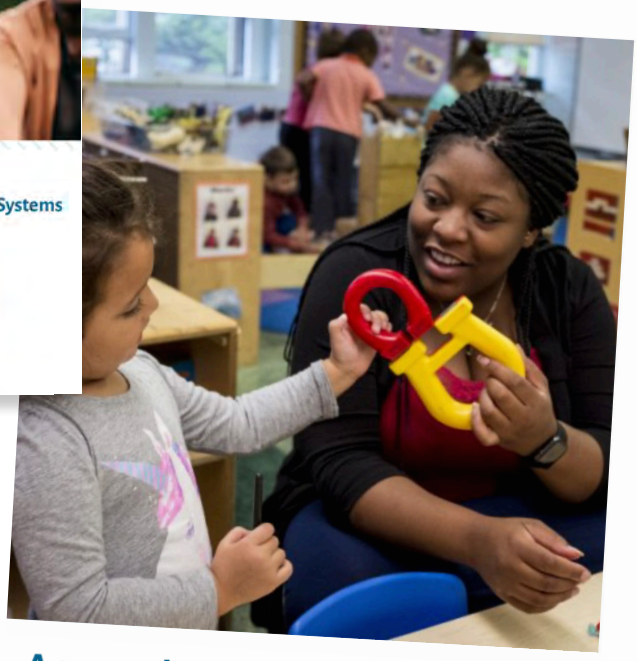
Other proposals have been less well-studied than these but deserve a closer look. For example, policies that create new economic drivers and support wealth creation through zones of opportunity and investment — especially those co-created with community leaders — are promising ideas worth considering. Understanding how these inequities act as stressors and affect child health and development offers an opportunity to consider new ideas about how communities, policies, programs and funding streams can address them to build a stronger future for us all.

Building Equitable Early Childhood Systems

To effectively meet the needs of young children and their families, our work must recognize the relationship between the existing disparities—including opportunity and achievement gaps—racial privilege, and institutional and structural racism.

Building Equitable Early Childhood Systems

Build INITIATIVE



We Must Recognize Existing Disparities

Systems building work at all levels can be neither "colorblind" nor passive. It must intentionally level the playing field in terms of power so public action, allocation of resources, and oversight are shared responsibilities of representative leadership.

All actions need to be assessed to ensure the impact is equitable for children and families of diverse racial, ethnic, cultural, and linguistic backgrounds and for families of diverse socio-economic status.

A comprehensive, equitable early childhood system will:

- Value family members as key informants, decision-makers, and leaders.
- Reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families.
- Reach all children and families, as early as possible, with needed high-quality services and supports. Achieving this universal goal requires a focus on groups of children and families, especially those who are marginalized.
- Include and effectively accommodate children with special needs.
- Ensure stability and continuity of services along a continuum from the prenatal period into children's school years.
- Provide easy access for families and smooth transitions for children.
- Foster innovation.
- Maximize investment. The public sector will have to finance and oversee much of the building and continuous improvement of the early childhood system, as it does in the public education system.

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F WHAT'S AHEAD

While Maryland has recently instituted dramatic improvements in its Child Care Scholarship Program, much work remains. Advocates and supporters within the Administration and the General Assembly will monitor progress vigilantly. Other topical issues, such as paid family leave and early childhood mental health, will likely command increasing attention. By any reckoning, however, the "Blueprint for Maryland's Future"—enacted in 2021 after a long, often arduous gestation—embodies the most sweeping transformation of early childhood education in the State's history.

The blue-ribbon Commission on Innovation and Excellence in Education, better known as the "Kirwan Commission," was appointed in 2016 and expressly charged with considering the expansion of pre-K, among many other topics related to funding and policy reform in K-12 education. (Margaret Williams, then MFN's Executive Director, was named to a seat on the Commission.) Over the ensuing three years, the Commission undertook extensive examinations of the world's highest performing education systems, held scores of in-depth meetings and hearings, conducted painstaking fiscal analyses, and issued a series of recommendations. The "Blueprint" bill brought the Kirwan Commission's work to culmination.

When fully implemented, the legislation will make publicly funded full-day pre-K available free of charge to all 3- and 4-year-olds whose families earn at or below 300% of the Federal Poverty Guidelines ($79,500 for a family of four in 2021) and whose parents choose to enroll them. (Unlike kindergarten, pre-K enrollment is voluntary, not compulsory.) For 4-year-olds whose families earn between 300% and 600% of FPG ($159,000 for a family of four), pre-K will be offered on a sliding fee scale. For the roughly 20% of Maryland households above that income level, parents will be expected to pay full cost, although local school systems may choose to cover some or all of that cost themselves.

Pre-K will be offered through a "diverse delivery" system, whereby high-quality providers already established in their communities, such as child care programs, can receive public funds to educate pre-K students, provided that the quality of the education is the equivalent of what those pupils would receive in a public school classroom. The importance of diverse delivery is four-fold: it allows school systems to focus funds on instruction rather than capital costs; it better meets the wrap-around care needs of working parents; it incentivizes the expansion of quality for all children served in the community-based programs, not just the pre-K population; and it avoids undermining the affordability of child care for children birth though age 3.

Additional early childhood provisions of the "Blueprint" legislation have drawn less public attention than pre-K but are no less welcome. The long-underfunded Maryland Infants and Toddlers Program (described in Section D of this document) will receive a steady increase in State funding over the next 10 years, rising from its current $10.4 million to $22.7 million in FY 2030 and adjusted annually for inflation thereafter. The State's Judy Centers and Family Support Centers (also described in Section D) will expand greatly in number over the same period. To help child care providers meet the qualifications required for participation in diverse delivery, the bill codifies and mandates increased funding for several professional development programs.

If the "Blueprint" legislation had simply focused on early childhood education, its impact would have been momentous. The fact that its scope also includes major new policies and funding structures to elevate the teaching profession, to institute broad supports for children facing high barriers to success, to expand and enhance career and technical education aligned with the 21st century economy, and to protect all these advances with new degrees of accountability make it arguably the State's most important piece of legislation in decades.

Attached are pages pertaining to pre-K and early childhood education excerpted from the Department of Legislative Services Fiscal Note for HB 1300 (2020). They contain greater detail on both programmatic provisions and fiscal projections. Given the magnitude and complexity of the "Blueprint," Marylanders can expect to see legislative proposals for refinements and revisions in years to come.

Excerpts from…

Department of Legislative Services **HB 1300**
Maryland General Assembly
2020 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

House Bill 1300 (The Speaker, *et al.*) (By Request - Commission on Innovation and Excellence in Education)

Appropriations and Ways and Means Education, Health, and Environmental Affairs and Budget and Taxation

Blueprint for Maryland's Future - Implementation

This bill substantially alters State aid and State policy for public schools known as the Blueprint for Maryland's Future (Blueprint). The bill establishes in law the policies and accountability recommendations of the Commission on Innovation and Excellence in Education. Funding for existing education formulas is altered and new funding formulas are established for specific purposes. The bill also establishes, repeals and alters other grants and programs. Local government school funding requirements are also altered. **The bill takes effect July 1, 2020, and applies to education aid formulas and mandated appropriations beginning in fiscal 2022; however, if general fund revenue estimates decrease by more than 7.5% in a calendar year, then formulas and appropriations only increase by inflation beginning as soon as fiscal 2022.**

Fiscal Summary

State Effect: Special fund expenditures increase by $37.0 million in FY 2021 and by $390.2 million in FY 2022, after accounting for mandated Blueprint spending under current law; expenditures increase to $866.9 million in FY 2025. General fund expenditures increase by $2.4 million in FY 2023 and by $471.8 million in FY 2025. **This bill establishes and increases mandated appropriations beginning in FY 2022.**

($ in millions)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Revenues	$0	$0	$0	$0	$0
GF Expenditure	0	0	2.4	377.7	471.8
SF Expenditure	37.0	390.2	975.2	837.7	866.9
Net Effect	($37.0)	($390.2)	($977.6)	($1,215.4)	($1,338.7)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Local school systems receive State aid increases of $11.3 million in FY 2021 and $691.7 million in FY 2022, after accounting for mandated Blueprint funding in current law, and $1.2 billion in FY 2025. County government expenditures increase Statewide by an estimated $69.9 million in FY 2022 and by $158.1 million in FY 2025, predominantly due to increased local share requirements under the bill. Most counties will not be required to increase appropriations above current law projections under the bill. Local retirement costs increase beginning in FY 2024. **This bill imposes a mandate on a unit of local government.**

Small Business Effect: Potentially small businesses will benefit from contracts for training, financial system development, and other services required under the bill that cannot be met directly by State and local government or nonprofit organizations.

Analysis

Bill Summary: The Blueprint for Maryland's Future is to be based on the full set of recommendations of the Maryland Commission on Innovation and Excellence in Education, including creation of a new Accountability and Implementation Board (AIB) to oversee implementation of the policies and funding provided under the Blueprint.

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Publicly Funded Full-day Prekindergarten

The Prekindergarten Supplemental Grant in current law for four-year-olds enrolled in full-day prekindergarten is extended by one year through fiscal 2022. Beginning in fiscal 2023, a new funding formula for voluntary full-day prekindergarten for four-year-olds and three-year-olds from low-income families is phased-in. Low income is defined as at or below 300% of the federal poverty level (approximately $79,000 for a family of four). Expansion of full-day prekindergarten will first be focused on making full-day prekindergarten available for all four-year-olds from low-income families as half-day slots are being converted into full-day slots and new slots are coming on line. This will occur at the same time as full-day prekindergarten is expanded gradually for three-year-olds from low-income families.

MSDE must develop a sliding scale to calculate the family share for families with income above 300% of the federal poverty level by July 1, 2022. Beginning in the 2024-2025 school year, four-year-olds from families whose income is between 300% and 600% of the federal poverty level may be offered full-day prekindergarten if space is available to encourage socioeconomic diversity in prekindergarten classrooms. Priority in expanding full-day prekindergarten slots is given to children from low-income families,

and children with disabilities and children living in homes where English is not the primary spoken language regardless of income. For four-year-olds from families with income above 600%, the family share pays the full cost of full-day prekindergarten. However, a county board may provide up to 100% of the family share on behalf of the family. By January 1, 2021, MSDE must report to AIB and the General Assembly on recommendations and processes to implement the new funding formula with a sliding scale.

Public and private providers must meet specified requirements to be eligible to participate in the publicly funded full-day program. Initially private providers must make up 30% of full-day prekindergarten slots, increasing to 50% in fiscal 2025 and thereafter, unless a waiver is issued by MSDE. MSDE must issue a waiver if a school system demonstrates an insufficient number of eligible private providers exist to meet the requirement.

The existing Prekindergarten Expansion Grant Program is modified to include low-income three-year-olds and funding may only be used to convert half-day prekindergarten programs to full-day programs and to expand enrollment in full-day programs. Public and private providers are eligible to receive State grant funds if they meet the requirements as specified. Funding for the program must be appropriated through fiscal 2025; beginning in fiscal 2026, funds appropriated to the Prekindergarten Expansion Fund must be consolidated into the publicly funded full-day prekindergarten formula discussed above.

Other Early Childhood Education Provisions

Funding is provided for 9 additional Judy Centers annually in each of fiscal 2021 through 2025, and for 18 additional centers annually in fiscal 2026 through 2030, culminating in 135 new Judy Centers by fiscal 2030. The Governor must appropriate $275,000 for each additional Judy Center, and the State must prioritize increasing the number of Judy Centers in Title I communities.

Funding is also provided for additional Family Support Centers in each of fiscal 2021 through 2029, resulting in 30 additional centers. The Governor must appropriate $330,000 for each center, which will be known as Patty Centers (including existing centers) after Patricia H. Kirwan.

Funding is provided at specified levels for the existing Maryland Infant and Toddlers Program. For fiscal 2021, $12.4 million is specified (an increase of $2 million over current law), increasing annually to $22.7 million in fiscal 2030 and annually thereafter based on inflation. Accordingly, the existing funding mandate for the program is repealed.

The bill also establishes several early childhood accreditation programs in statute that currently exist in MSDE regulations, including the Child Care Accreditation Support Fund,

Child Care Incentive Grant Program, Maryland Child Care Credential Program, and Child Care Career and Professional Development Fund. Funding for these programs is mandated to increase as specified.

Beginning in the 2021-2022 school year, a statewide kindergarten assessment must be given to all incoming kindergarten students (instead of a representative sample under current law) as specified.

The Office of Child Care in MSDE must designate a primary contact employee for early child care to assist child care providers obtain funding and accreditation and with other related processes.

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Early Childhood

As a result of funding mandated in the bill, expenditures for Judy Centers increase by $2.5 million in fiscal 2021 and by $37.1 million in fiscal 2030, for a total of 135 new centers with a State grant of $275,000 each. The fiscal 2021 budget includes $2.75 million to support 10 new Judy Centers and includes additional funding to increase grant awards for existing centers from $250,000 to $275,000.

Mandated funding for Family Support Centers (Patty Centers) increases by $9.9 million in fiscal 2029 to open new Patty Centers each year from fiscal 2022 to 2029 (with a State grant of $330,000 each). The fiscal 2021 budget includes funding from the Blueprint Fund to support six new Patty Centers.

Funding for early childhood capacity building and tuition assistance programs within MSDE increases by 10% each year as specified culminating in $17.5 million additional annual funding for capacity building and $6.3 million for tuition assistance by fiscal 2030. The fiscal 2021 budget includes a total of $14.0 million increase for these programs, funded by the Blueprint Fund.

Infants and Toddlers: Although a funding formula is specified in statute, State funding levels have remained constant at $10.4 million since 2009. Under the bill, funding for the Maryland Infant and Toddlers Program is increased to $12.4 million for fiscal 2021, with mandated funding increasing to $22.7 million in fiscal 2030 and then increasing annually thereafter based on inflation. Thus, by fiscal 2030, funding for the existing program increases by $12.3 million over current funding levels. (As a result, the existing funding mandate for the program is repealed.) The fiscal 2021 budget includes $12.4 million for the Infants and Toddlers program funded by the Blueprint Fund.

Appendix A

Change in State Expenditures under the Bill – HB 1300 – Enrolled

($ in Millions)

	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30
Foundation Program[1]	$226	$303	$377	$335	$414	$528	$632	$733	$828
CWI/GCEI[2]	0	0	0	-2	-1	-1	-4	-4	-4
Supplemental Grants	-47	-47	-47	-47	-47	-47	-47	-47	-47
Net Taxable Income Grants	-64	-65	-66	-67	-70	-72	-74	-77	-79
Transition Grants	58	58	58	49	37	29	20	12	0
Guaranteed Tax Base	6	7	5	7	4	1	0	-2	-2
Transitional Supplemental Instruction	33	46	47	36	25	0	0	0	0
Teacher Career Ladder	11	12	15	20	28	37	49	62	79
Post College and Career Readiness	11	12	14	15	17	19	21	23	26
Compensatory Education	9	5	-4	-19	-26	-47	-70	-74	-57
Concentration of Poverty	116	183	240	336	399	460	548	639	692
English Learners	32	42	50	58	51	49	52	55	57
Special Education	80	90	110	125	132	162	172	180	182
Prekindergarten	81	76	98	120	178	236	311	406	529
Education Effort Adjustment	129	143	174	200	234	258	286	322	377
Categorical Funding State Aid[3]	11.1	14.7	18.3	19.9	26	32	38	44	50
State Aid Total	**$691.7**	**$879.3**	**$1,088.5**	**$1,187.7**	**$1,401**	**$1,645**	**$1,934**	**$2,274**	**$2,632**
Other Categorical[3]	$69.5	$98.3	$126.9	$151.1	$179	$181	$182	$184	$185
Total State Expenditures	**$761.1**	**$977.6**	**$1,215.4**	**$1,338.7**	**$1,580**	**$1,826**	**$2,116**	**$2,458**	**$2,817**

CWI: Comparable Wage Index
GCEI: Geographic Cost of Education Index

[1] Includes reduction due to repeal of Tax Increment Financing grants.

[2] GCEI grants are replaced by CWI grants beginning in fiscal 2024.

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Appendix B
State-funded Categorical Program Phase-in
($ in Millions)

	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30
Learning in Extended Academic Programs	$0.0	-$4.5	-$4.5	-$4.5	-$4.5	-$4.5	-$4.5	-$4.5	-$4.5	-$4.5
Early Childhood Care Primary Contact	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Early Childhood Capacity Building	9.0	9.9	10.9	12.0	13.2	14.5	15.1	15.9	16.6	17.5
Early Childhood Tuition Assistance	5.0	5.4	5.8	6.3	6.3	6.3	6.3	6.3	6.3	6.3
Expand Judy Centers*	2.8	5.0	7.4	9.9	12.4	17.3	22.3	27.2	32.2	37.1
Expand Family Support (Patty) Centers	2.0	3.0	4.0	5.0	5.9	6.9	7.9	8.9	9.9	9.9
NBC Support Program*	0.1	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Increase Infants and Toddlers Funding*	2.0	3.1	4.3	5.4	6.6	7.7	8.9	10.0	11.1	12.3
Teaching Scholarships/Loan Assistance	0.0	2.0	6.0	10.0	16.0	16.0	16.0	16.0	16.0	16.0
Training – Leaders	-0.5	5.2	5.2	2.1	0.2	0.2	0.2	0.2	0.2	0.2
Training – Teachers	1.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Teacher Quality and Diversity Grant	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
State Model Curriculum	2.5	2.7	2.7	2.8	1.0	1.0	1.0	1.1	1.1	1.2
Equating Study	0.0	0.5	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0
CTE Committee and Skills Board	0.6	0.7	0.8	0.8	0.8	0.8	0.9	0.9	0.9	1.0
Teacher Collaboratives; CTE Innovation Grants*	0.0	2.5	2.5	2.5	-2.0	-2.0	-2.0	-2.0	-2.0	-2.0
School-based Health Centers (SBHC)	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5
SBHC Coordinators	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Behavioral Health Training	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
Behavioral Health Community Partnerships	0.0	25.0	50.0	75.0	100.0	125.0	125.0	125.0	125.0	125.0
Accountability and Implementation Board	1.5	4.8	4.8	4.9	2.0	2.0	2.1	2.1	2.2	2.3
Expert Review Teams	1.1	1.3	1.3	1.4	1.4	1.4	1.5	1.5	1.6	1.6
Financial Reporting	2.5	2.5	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
	$37.0	**$80.6**	**$113.0**	**$145.3**	**$171.0**	**$204.6**	**$213.0**	**$220.4**	**$228.5**	**$235.7**

* Indicates State aid items.

CTE: Career and Technical Education

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For full Fiscal Note, visit *https://mgaleg.maryland.gov/2020RS/fnotes/bil_0000/hb1300.pdf*

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MARYLAND FAMILY NETWORK

ABOUT MARYLAND FAMILY NETWORK

Maryland Family Network (MFN) ensures that every child has a strong family, a quality early learning environment, and a champion for their interests.

MFN's Family Support Centers work with thousands of infants and toddlers together with young and expectant parents to promote child development, positive parenting, and family economic self-sufficiency.

MFN's network of Child Care Resource Centers (CCRCs) offers high-quality training, technical assistance, and other support services for child care professionals. Each year, CCRCs provide training for tens of thousands of workshop attendees.

Through LOCATE: Child Care, MFN annually helps thousands parents identify and evaluate child care options that are right for their families.

In Annapolis, MFN serves as a voice for young children, their families, and early childhood educators. With nearly 70 years of experience before the General Assembly, MFN is the leading early childhood advocacy organization in Maryland.

As a part of our mission, MFN provides policymakers with information and analysis about policies and best practices in child care, family support, and early education. For more information, please contact Clinton Macsherry, MFN Director of Public Policy, at *cmacsherry@marylandfamilynetwork.org*.

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