Bipartisan Policy Center

Top-Down, Bottom-Up

BUILDING A STATE CHILD CARE
CENTER WORKFORCE

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Foreword

The pandemic exposed the cracks and fissures in our nation's child care industry and highlighted the unfortunate reality that child care, an essential service crucial to our nation's economic viability, relies on one of the most poorly supported workforces in the country. Not only are child care staff at the bottom of the pay scales, with half of workers qualifying for public assistance, but they also lack benefits such as health care, and annual and sick leave.

The shortage of care, already a problem pre-pandemic, has become an even greater challenge. Recovery has been slow for many child care operators, in part because the tight employment market is siphoning away child care staff who, it seems, can literally go anywhere for higher wages. And with fewer workers, there are fewer child care openings, and the cycle continues.

The child care business model is broken, and worse, overlooked. Many claim that the solution is higher pay for teachers. However, the challenges are more complicated than simply the compensation of teachers. Without substantial new and stable funding, increasing staff compensation will only result in higher fees for parents who are already challenged by the high costs.

Although child care centers are complex businesses, the qualifications and compensation of leadership get little attention. We lack a professional development system that ensures leaders have both pedagogical and business acumen. And, despite the public focus on teachers, we still lack clear definitions for who is even considered a teacher. Entry-level qualifications in most states are very low, and there are few clear pathways for those already working in the field to achieve higher levels of education and competence that are tied to higher compensation. Further complicating the matter is the fact that we lack accurate data on our current workforce. It is shameful that as an industry, we do not know how many are needed to staff a quality child care center. Some recommend child care staffing be modeled after public schools.

One thing is certain: if the education requirements and compensation were increased to the level of elementary schools, there are not enough teachers currently working or the pipeline with the appropriate knowledge and competencies to fill current positions, much less expansion.

This report does not introduce new ideas or definitions but seeks to pull together recommendations from trusted sources to support a comprehensive approach to building a qualified child care workforce, provide a pathway for states, and design a system that addresses it all. The work of the National Academies, "Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation, "was a helpful guide. Leading early childhood professional organizations, such as NAEYC, The Center for the Study of the Child Care Workforce, The McCormick Center, and the Council for Professional Recognition have laid the foundation for the various staffing roles. It is the goal of this report to provide a pathway for states to build on this work not individually but by designing a system that addresses the whole.

As you'll read, there are two successful professional development models that have been taken to scale—Head Start and the Department of Defense. Both took a "top down-bottom-up" approach to building their workforce. They invested in leadership, including management and coaches. For teachers, they built systems that started with a competency-based training approach and moved up toward higher education levels. It's important that both models focused on an "all staff" approach and invested beyond the teaching role into leadership, coaching, and support staff. Both had clear goals with a clear progression from one level to the next that included competency **and** education requirements.

But who can make this a reality? Our findings emphasize the role State Child Care Administrators can play in creating a comprehensive framework. With well over a billion dollars of Child Care and Development Funds spent annually on quality, state child care administrators can, and should, target these funds to address the number one indicator of quality—the staff.

Decades of research have demonstrated that the quality of care, and ultimately the outcomes for children, depends on the quality of adult-child interactions. From program directors to entry-level teacher assistants, These adults shape future generations and ensure our children arrive at schools ready to learn and thrive. Investing in the entire workforce will produce the outcomes we all want.

Linda K. Smith, Director,
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Executive Summary

Child care is a labor-intensive industry, and labor costs make up 70–80% of a typical program's operating budget. Businesses operate on razor thin margins in a private market, resulting in high costs for parents, low revenue for child care programs, and low wages for staff. Programs across the country are struggling to retain their workers. Lack of access to competency-based training and educational programs limit opportunities for staff and teachers to build knowledge and skills, while low wages and insufficient benefits lead to instability and turnover. There is a gap between what parents can pay and the cost to provide child care at a level that meets the needs of children, families, staff, and the economy.

The child care workforce tops 2 million; about 1.4 million work in centers, and 600,000 are home-based providers. One in seven child care staff (14.7%) lives in families with income below the poverty line, roughly double (6.7%) the rate of workers in other occupations, and 1 in 3 child care staff (36.7%) lives in families with income below twice the poverty line, compared with 21.1% of workers in other occupations. The median hourly wage is $13.71 per hour. Only 15% of the child care workforce receives health insurance from their job, compared with about 50% of workers in other occupations.

The Bipartisan Policy Center interviewed 13 highly regarded experts with long histories in child care workforce issues and reviewed foundational reports focused on workforce development and financing. We found that government agencies and the industry have made little progress defining the profession and reached no agreement on what constitutes the child care workforce. Despite decades of work, no comprehensive approach to stabilizing and supporting the child care workforce has emerged, and efforts have focused on child care teachers.

The focus on teachers leaves out several positions, including child care directors and teacher assistants, who are often the gatekeepers to quality. In discussions on the workforce, stakeholders tout increasing teacher wages as a quick fix, but to truly stabilize and professionalize the child care workforce, policymakers must address other workplace benefits.

There is a key role, a person who has the power to lead child care workforce transformation, but who universally goes unrecognized when we look only to federal solutions: the state child care administrator. State agencies oversee child care rules and regulations, licensure, and workforce registries. It is part of administrators' roles and responsibilities to define the workforce. State administrators can, and should, develop a top-down and bottom-up approach to support and stabilize the child care workforce.

> **THERE IS A KEY ROLE, A PERSON WHO HAS THE CAPACITY TO LEAD CHILD CARE WORKFORCE TRANSFORMATION, BUT WHO UNIVERSALLY GOES UNRECOGNIZED WHEN WE LOOK ONLY TO FEDERAL SOLUTIONS: THE STATE CHILD CARE ADMINISTRATOR.**

This report details a comprehensive 10-step approach for states to develop a competent and stable workforce. There is no silver bullet. All the steps are important, and administrators should work on many at the same time. Child care is ultimately a local issue with national repercussions. Each state has a unique landscape that will drive different processes and policies along the journey to a strong and stable child care workforce.

WORKFORCE DEFINITIONS AND COMPETENCIES

An examination of workforce definitions in the 50 states and the District of Columbia shows a lack of consensus on workforce roles and corresponding minimum entry requirements. Fourteen states have no requirements for a child care teacher, 20 states require a high school diploma, and eight states require a Child Development Associate® Credential™ (CDA). Minimum requirements to work as a child care director also vary: Three states have no requirements, while 21 require a high school diploma. Furthermore, only 22 states have developed competency guidelines for coaches.

Workforce definitions and aligned competencies must include directors, teachers, coaches, and support staff. Competencies help promote stable care for young children by ensuring that individuals in all roles have the skills and knowledge to implement quality care and early learning.

PROFESSIONAL LEARNING AND CAREER PATHWAYS

Many states set degree attainment as the goal to reach in a child care career pathway. According to the National Workforce Registry Alliance, about 61% of the child care workforce has a two-year, four-year, or graduate-level degree, but those degrees are not required to be in early childhood education or a related field. Approximately 10% of lead teachers in child care centers have early childhood education associate degrees, 7% have early childhood education bachelor's degrees, and just 3% have early childhood education graduate degrees. Earning a degree is important, particularly for child care directors, but it cannot be the only option for the child care workforce.

To support all child care staff, professional learning must bring together education, training, and coaching. To be effective, professional learning strategies should connect with career pathways and the state's child care financing and compensation strategies.

WAGES AND BENEFITS

Child care programs can attract highly effective staff when they can offer dependable and competitive wages and benefits. Compensation and working conditions are connected directly to retention and, consequentially, to the stability and quality of care for young children.

ANALYZING COSTS

Once workforce roles have been defined and developed with competencies and career pathways, state administrators should estimate costs. Understanding the cost of child care informs the level and type of public investment needed to help close the gap between high quality care and the tuition that parents can afford. This allows states to identify and implement effective financing strategies that are reflective of gaps in the system.

FINANCING

Current public funding for child care is made up of federal, state, and local dollars but falls short of what is needed to support a competent and stable workforce. The child care landscape is complex— and so are financing solutions. Stabilizing the workforce will require a coordinated and strategic public investment.

POLICY LEVERS

States directly influence the competency and stability of the workforce through regulations, data collection, program licensing, Quality Rating and Improvement Systems, workforce registries, education and training, system-level cost modeling, and financing. Many elements are connected, and state administrators will need to work across policy areas simultaneously to produce the necessary and desired changes.

In other industries, occupational licensing is one lever commonly used to professionalize the workforce. Child care is regulated by program licensing; the license is tied to the program rather than the individual. This means that training data may be tied to the program rather than the individual: Despite the knowledge an individual may have accumulated at one program, they might not be credited with this learning in later jobs. In other occupations, government-issued licenses have been correlated with a 7.5% increase in hourly wages, lower turnover, and better work environments. Studies have shown that occupational licensing in some health care professions also resulted in increased quality of care.

Keeping in mind that no silver bullet exists, BPC recommends the following 10-step approach for state administrators to develop a competent and stable workforce:

10 STEPS TOWARD A COMPETENT, STABLE WORKFORCE

Define the Child Care Workforce

1. *Develop workforce definitions:* Lead agencies should adopt definitions for the child care workforce, including directors, teachers, and support staff.

2. *Develop workforce competencies:* Lead agencies should adopt competencies for all defined roles.

3. *Collect, analyze, and utilize workforce data:* Lead agencies should collect and connect all relevant data from child care subsidies, program licensing, Quality Rating and Improvement Systems (QRIS), workforce registries, professional development, higher education, and other relevant programs, and should include years of experience, training hours, credentials, and degrees earned.

Ensure Competency and Quality

4. *Determine education requirements and career pathways:* Lead agencies should determine the competency-based education and training required of each role and needed resources for advancement. Credit for prior learning opportunities should be created as part of all degree pathways. Degree requirements should focus on child care directors first. State agencies should consider the availability of higher education and training in their state, and the capacity of the state to support expansion, before setting requirements for credentials and degrees.

5. *Enforce competency requirements:* Lead agencies should communicate requirements and utilize a monitoring system to ensure that the workforce meets them. This can mirror teacher certification or similar occupational licensing systems utilized in other professions.

Determine the Cost of the System

6. *Analyze costs:* Lead agencies should determine operating costs for a center with a competent and stable workforce. Baseline program operating costs inform the total cost of the system.

7. *Analyze workforce costs:* Lead agencies should understand the cost of education and training, compensation scales, and workplace benefits, including health insurance and paid leave.

8. *Conduct system-level cost modeling:* Lead agencies should conduct a system-level cost model to determine the total cost of a child care system that addresses gaps and meets short- and long-term goals.

Identify Financing

9. *Identify financing mechanisms:* Once the workforce is defined and total costs are determined (steps 1–8), lead agencies should consider how to allocate available public funding to best meet their goals.

10. *Determine funding for compensation:* Lead agencies should decide how, and at what level, they will fund child care as part of their public investment. This should include setting incremental goals for ensuring a competent and stable workforce.

Section I: Introduction

The science of child development, particularly the science of brain development, has highlighted the importance of child care in setting the foundation for children's lives. However, there is no comprehensive plan to recognize, define, and invest in the full breadth of the workforce within child care centers. To date, attention has focused on teachers and not those in management and leadership positions. Additionally, attention has focused on increasing compensation for teachers without identifying revenue sources to support the increases.

States—specifically, state child care administrators—are key to advancing the child care workforce. They can create sound policies with measurable goals; develop clear definitions and competency requirements; establish career pathways and workforce infrastructure; create public-private partnerships where appropriate; and direct sustainable public investments. The profession needs minimum entry requirements and competency standards for directors, teachers, and support staff. It also needs clear and flexible pathways for those entering the field to gain competencies and credentials. States have the authority to set requirements for the field and to build infrastructure to sustain the sector.

Although these challenges are daunting, states can use the policy levers to create a comprehensive and systematic approach, such as the strategies implemented by the Department of Defense, to improving the workforce. This approach is both top-down and bottom-up and includes the full child care workforce from directors, managers, and coaches to lead teachers and teacher aides.

ADULT-CHILD INTERACTIONS AND RELATIONSHIPS

Children's brains require stable, caring, interactive relationships and positive experiences with adults.[1] Children's attachment to their parents is primary, but they also benefit from building secure relationships with other nurturing caregivers. The stability of a child's relationships in the early years lays the foundation for a wide range of developmental outcomes.[2] For children who attend child care programs, the stability of the teachers and staff in the program is directly related to the quality of their care and learning. Decades of research have shown that mutually rewarding interactions are essential for the development of healthy brain circuits and complex skills.

Child Care Workforce

BPC interviewed 13 highly regarded experts with a long history in child care workforce issues and found that defining the profession has progressed little. Despite the national attention on the child care teacher shortage, when asked how the experts defined a "teacher," there was no consensus. What defines a child care teacher? A level of competence? A credential? A degree? Is it anyone who is hired to care for children? And what constitutes the child care profession? Child care workforce initiatives and policies need to include all roles necessary to operate a child care center—from program directors to coaches and classroom teachers. Until roles and competencies are clearly defined, it will not be possible to develop a cohesive plan to stabilize the field.

The National Survey of Early Care and Education (NSECE) estimates that child care workers number 2 million.[3,4] This figure includes center-based child care teachers and teacher aides, as well as listed paid home-based providers. About 1.4 million of these workers are in center-based classrooms, while

600,000 are home-based. The median hourly wage is only $13.71 per hour, and median annual pay is $28,517,[5] which is below the 2023 federal poverty level for a family of three.[6]

Goals of the Report

This report was developed to support states in addressing one of the most pressing challenges in child care: building and maintaining a workforce with core competencies and adequate compensation. After interviews with experts in the field and a scan of child care workforce research and state systems, BPC identified four goals for this report:

1. Define workforce roles.

2. Explain core considerations for a stable and competent workforce.

3. Identify policy levers, models to learn from, and financing strategies.

4. Provide recommendations that begin where the sector is today and lead to a strong workforce in the future.

Principles

Seven guiding principles informed the development of this report:

1. Families and the public and private sectors share responsibility for children's early care and learning.

2. All children deserve access to quality child care regardless of their family income or where they live.

3. Parental choice is a fundamental underpinning of our system, and child care options should provide quality experiences for children and must be responsive to the parent's needs.

4. Quality child care requires a competent and stable workforce, with clear career pathways that meet the workforce where they are and support professional development.

5. All child care programs, regardless of size, should have access to someone with knowledge of early childhood pedagogy, as well as someone with business skills.

6. Government, working with professional groups, is responsible for ensuring workforce quality by setting minimum requirements for those who work in child care, setting long-term, measurable goals for workforce development, collecting and analyzing data, and managing public investments.

Background

Three reports by the National Academy of Sciences (NAS) and a framework released by the National Association for the Education of Young Children (NAEYC) provide a road map for ensuring that children have the quality early care and learning experiences they need to achieve their full potential. The reports include:

- *From Neurons to Neighborhoods: The Science of Early Childhood Development* was released in 2000 and made clear that child care is more than a holding space for children while their parents are working.[7] All children are born wired for feelings and are ready to learn, and the brain's architecture provides the foundation for future behavior and health. The report centered on core

principles such as "early environments matter" and "nurturing relationships are essential." The research pointed to the importance of education and training for child care professionals to implement best practices and meet children's developmental needs.

- *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation* was published in 2015.[8] The report highlights how strong teacher training programs alongside cohesive child care systems help ensure the best outcomes for children. Training for teachers and directors that is competency-based produces the best results. Recommendations included strengthening competency-based requirements for the profession and developing career pathways.

- *Transforming the Financing of Early Care and Education* was released in 2018 to examine the cost of a child care system that is affordable for families and supports the workforce.[9] The National Academy found that child care financing is fragmented and inefficient. Financing to improve the workforce, especially via system-level investments in training and education, was largely nonexistent. To best address workforce stability, the academy recommended advanced, multiyear funding. Although the report helped to establish financing principles, it fell short of determining the full cost of the system.

- *The Unifying Framework for the Early Childhood Education Profession* was released in 2020 by NAEYC in collaboration with 15 national organizations and with feedback from state and community stakeholders.[10] The framework defined the roles and responsibilities of child care teachers and outlined a teacher career pathway. Recommendations included aligning professional preparation pathways, ensuring professional compensation, and identifying the infrastructure and shared accountability necessary for implementation. The framework described three

professional designations with distinct roles, competencies, and responsibilities. See Appendix B for more information. The framework did not specifically address recommendations for child care directors in business or pedagogical leadership roles and other support staff.[11]

Building on these reports, BPC broadens the scope of the workforce and brings together all roles necessary to provide high quality care and learning for children in center-based child care programs. We start with the pedagogical and business leadership needed for a high quality, well managed child care business to succeed. We examine the roles of those who work directly with children and why we need clear definitions, defined competencies, and career pathways that take existing personnel to higher levels of professionalism. Finally, we explore the role of government in developing a structure at the state level that sets clear and measurable goals to ensure competent, well supported staff.

"JUST LIKE PUBLIC SCHOOLS, GOOD TEACHERS DON'T STAY IN SCHOOLS WITH WEAK LEADERS. TO KEEP GOOD TEACHERS IN CHILD CARE, WE NEED STRONG LEADERS IN BOTH PEDAGOGY AND BUSINESS MANAGEMENT. WE MUST ADDRESS BOTH THE QUALITY OF CLASSROOM TEACHERS AND THE QUALITY OF PROGRAM DIRECTORS AND OTHER SUPPORT STAFF IF WE EXPECT TO MAKE PROGRESS."

LINDA K. SMITH, DIRECTOR, EARLY CHILDHOOD INITIATIVE, BPC

THE CHILD CARE BUSINESS MODEL IS BROKEN

"Child care is a textbook example of a broken market."
Janet L. Yellen, Secretary of the Treasury[12]

To understand why the workforce is a problem, one must understand the child care business model. Child care largely operates in a market-based system. Three in four child care centers (82%) operate in the private market, meaning they are not owned and operated by a government agency.[13] Program revenue, as a result, must cover operational expenses for the business to remain viable. Personnel represents (70–80%) of a child care program's operating costs.[14] Most program revenue comes from parents' out-of-pocket tuition. Four in five child care centers have less than 50% of their enrollment paid with subsidies from the Child Care and Development Block Grant (CCDBG).[15] Parents' fees make up at least 55% percent of the overall market.[a,16]

Most profit margins in the industry are less than 1%.[17] In the restaurant and retail industry, net profit margins are 9.28% and 2.35%, respectively.[18] Child care is labor intensive, and infant care is the most labor intensive, expensive care to provide. As children grow older, programs can safely staff rooms with fewer adults. Because tuition is typically based on a child's age, a center director with only infants and toddlers would lose money before the doors even open. To stay afloat, the center must enroll enough preschoolers and school-age children to balance out the higher costs of caring for infants and toddlers. Even with this balancing act, the director cannot raise teacher and staff wages unless the program increases tuition. There is not enough revenue.

Directors keep parents' fees down by paying low wages to staff. The median hourly wage is only $13.71,[19] and almost half of workers are enrolled in at least one public benefit program.[20] Yet, even with wages low, tuition remains unaffordable for many working families. In 2022, median annual child care prices for one child ranged from $5,357 to $17,171 depending on provider type, the child's age, and county population size.[21] The average cost of care in some regions is up to 19% of state median family income.[22]

High tuition and low compensation are competing challenges in the child care business model. Without public funding, addressing these two challenges leads to a trade-off:

1. **Increasing compensation** means **increasing fees to parents**.

2. **Decreasing fees to parents** means **decreasing compensation**.

a   This figure includes public funding across the wider early care and learning sector, including state-funded pre-K. The percentage of revenue from parental tuition in child care centers alone is likely much greater.

Section II: Setting the Stage

II.1: DEFINE THE WORKFORCE

State agencies oversee and fund child care program licensure, workforce registries, and other components of the child care workforce. State leaders have developed many programs and policies to support the workforce. These are generally financed with quality set-aside funds from the Child Care Development Fund (CCDF) and are often a patchwork of attempts to provide training and professional development or support Quality Rating and Improvement Systems. These often jump beyond the most important place to start—defining what it means to be part of the child care workforce. As previously stated, it is critical to define all positions in child care programs from the director to the teacher aide.

WORKFORCE DEFINITIONS SHOULD BE:

- clear and succinct,
- inclusive of all roles within a child care program,
- aligned with the responsibilities and required competencies for each role,
- largely recognized within the field as the standard for the staffing model,
- transferable across programs and regions of the state and country, and
- part of flexible career pathways that allow the workforce to advance.

States should review their current definitions and, ideally, the most common staff roles in child care centers. At a minimum, workforce definitions must include directors, teachers, and support staff. Directors play a key role in providing quality child care and require unique competencies to be successful. Program leadership should be included in all aspects of stabilizing the workforce, including in developing definitions.

An examination of workforce definitions in the 50 states and the District of Columbia shows a lack of consensus on workforce roles and corresponding entry requirements. Minimum requirements to work as a child care teacher vary. Fourteen states have no requirements, 20 states require a high school diploma, and eight states require a CDA. Minimum requirements to work as a child care director also vary: Three states have no requirements, and 21 require a high school diploma. See Appendix F for more information.

The Government Accountability Office (GAO) determined that gaps in workforce data make it difficult to describe the workforce and determine whether workers have the necessary competencies to foster positive child development.[23] At the federal level, gaps in data result from the Department of Labor's Standard Occupational Classification system. The classifications do not adequately reflect the child care workforce. In 2016, the Administration for Children and Families (ACF) at the Department of Health and Human Services (HHS) commissioned a review of the classifications for early care and learning jobs and issued a report with recommendations.[24] The ACF report concluded that the definitions in the classification system incorrectly describe the nature of work performed in child care across setting, age ranges served, and levels of responsibility. The child care workforce definitions were not, and have not been, updated in the classification system. Our review of state policies shows similar challenges. Definitions tend to be inconsistent, unclear, or nonexistent.

II.2: DEVELOP OR ADOPT COMPETENCIES

Several groups have developed competency guidelines for the child care workforce. In *Transforming the Workforce*, the NAS surveyed competency guidelines. Competencies were reviewed from NAEYC; the National Board for Professional Teaching Standards; the Interstate Teacher Assessment and Support Consortium of the Council of Chief State School Officers; and the Division for Early Childhood of the Council for Exceptional Children. The researchers found that the categories and content of competencies were generally consistent across organizations.

In *Transforming the Workforce*, the National Academies also looked for trends in skills and knowledge necessary for child care directors. Researchers reviewed statements from the McCormick Center for Early Childhood Leadership; Head Start; the National Association of Elementary School Principals; and the Council of Chief State School Officers. *Transforming the Workforce* researchers found a focus on pedagogical competencies in child care leadership resources, with limited attention paid to directors' business and operations skills.

A 2021 literature review of 51 studies by the ACF Office of Planning Research and Evaluation (OPRE) to determine the role of leadership in child care centers found that directors who followed recommended practices improved child and family outcomes. Strong child care directors promote positive teacher-child interactions, quality learning environments, and lower teacher turnover.[26] Noting both pedagogical and business competencies contribute to a leader's ability to lead quality child care programs. Directors with business acumen can build and maintain fiscal health, increase organizational capacity, improve job quality, deepen community engagement, and promote investments in long-term sustainability.[27]

Competencies need to be aligned with workforce definitions, career pathways, and professional learning. State investment in the workforce and consistent evaluation and assessment of competency

attainment are essential for the requirements to be effective and enforceable. See Section III and Appendix C for descriptions and examples of child care director, teacher, and support staff competencies.

II.3: ALIGN PROFESSIONAL LEARNING

Clear competency requirements can lead to greater flexibility in the types of training and education available for the child care workforce. States often prescribe the training and education for a role rather than the competencies needed for that role. With articulated competencies for each role, institutions charged with professional learning can better align with each other and with state workforce initiatives.

"Early childhood education professional learning is a continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work," according to the *Early Childhood Education Professional Development: Training and Technical Assistance Glossary*, by NAEYC and the National Association of Child Care Resource & Referral Agencies (NACCRRA now Child Care Aware of America). "These opportunities lead to improvements in the knowledge, skills, practices, and dispositions of child care professionals. Professional learning encompasses education, training, and TA."[28]

Training

Training is a learning experience, or series of experiences, related to a set of skills or dispositions, delivered by a professional with subject matter and adult learning knowledge.[30] Training includes one-time workshops, a series of sessions combined into a training program, training courses that lead to credentials, and onsite training at child care programs.

Recent research has focused on the duration, dosage, and density of effective professional development programs. Density is the pacing, the combination of the dosage (number of sessions and length of each session) and the duration (time period over which the training or technical assistance is provided).[31] High density training, such as daily hourlong sessions over two weeks, have been found to be more effective in helping individuals acquire complex skills.[32] Researchers have concluded that "one and done" workshops are not enough to produce meaningful change, and transfer of learning is not achieved without some ongoing support following training.

Training is most effective when it is combined with on-site training, for example mentoring, coaching, consultation, advising, and facilitating communities of practice and other peer-to-peer networks. Effective training is targeted and is customized by a professional with subject-matter skills and expertise who helps develop or strengthen the knowledge

and skills of the recipient.[33] When gaining new knowledge is the objective, training that combines demonstrations, practice, and feedback increases knowledge considerably more than just the sharing of information. When skill development is the objective, training that emphasizes the practice of skills is essential.[34] Multiple studies have shown the benefits of a high-density coaching model, where a coach is onsite and able to work with teachers as needed.[35]

To provide consistency in training quality, states should, at a minimum, require workshops and training sessions to provide participants with continuing education units (CEUs). A CEU is a unit of credit equal to 10 hours of participation in an accredited training. The CEU model measures the quality and effectiveness of a provider's training program. Because the model focuses on how training programs are developed—not what they cover—it provides a recognized framework of researched best practices that can be applied across disciplines and industries.[36]

Credentials

All training should lead to a recognized credential or certificate. A 2023 study by the Early Educator Investment Collaborative shows there is support for a national lead teacher certification, so long as issues of compensation and equity are addressed.[37] The collaborative's national survey and focus group results support a competency-based certification,

which would ensure participants receive real-world experience and clearly understand the knowledge, skills and abilities required to work in child care.[38] Although not specifically addressed in the report, certifications might also be part of the career pathway for directors and other support staff.

The Early Educator Investment Collaborative recommends that the CDA be a part of a professional pathway leading to a lead teacher certification.[39] The CDA is widely recognized in early childhood education and in the child care sector. It is based on a core set of competencies, and applicants complete 120 hours of education, including 10 hours in each of eight subject areas. Many states integrate the CDA into their child care career pathways.

This year, the Council for Professional Recognition awarded the one millionth CDA to Jada Vargas, 18, a recent graduate of Alchesay High School on the Fort Apache Reservation in Whiteriver, AZ. In 1975, Margaret E. Wright was the first person to achieve the CDA credential.[40]

CDA COMPETENCY AREAS:

- planning a Safe and Healthy Learning Environment;
- advancing Children's Physical and Intellectual Development;
- supporting Children's Social and Emotional Development;
- building Productive Relationships with Families;
- managing an Effective Program Operation;
- maintaining a Commitment to Professionalism;
- observing and Recording Children's Behavior;
- understanding the Principles of Child Development and Learning.
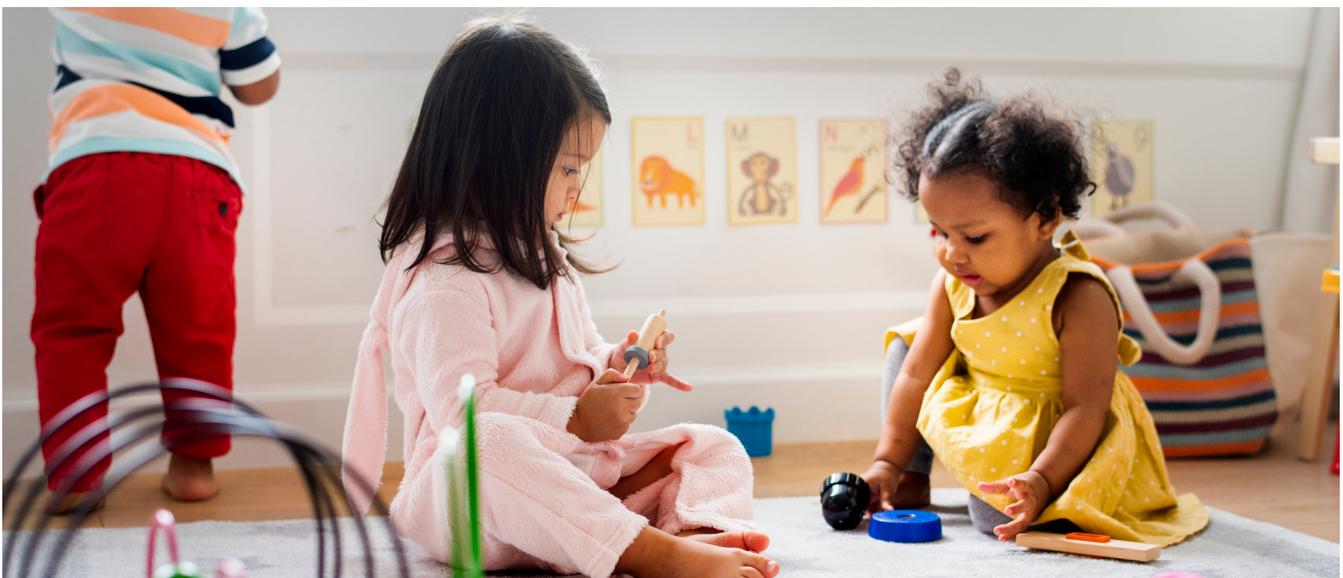
For credentials to have value for the child care workforce, they need to be portable, stackable, and meaningful in a career pathway. A portable credential is widely accepted across settings, regions, and ideally across states. For example, a teacher with a preschool credential could teach in family child care, a child care center, or a pre-K classroom in an elementary school. Stackable credentials connect to other types of professional learning, and one builds upon the other. For example, training would build toward an infant and toddler credential. The infant and toddler credential would meet some requirements within an associate degree program. Then the associate degree would meet some requirements within a bachelor's degree program. A meaningful credential has value in the workforce, taking the person to the next step on a career pathway, with greater responsibility and increased compensation.

Some states have developed their own credentials, such as a family child care credential, an infant and toddler credential, a preschool credential, and a child care director credential. States can align their credentials with nationally recognized, competency-based models. A state credential for infant, toddler, and preschool teachers can be submitted to the national Office of Head Start (OHS) for approval to be considered as equivalent to the CDA. After a review process, if approved, OHS will recognize the state credential as meeting the same educational standards as the CDA, providing the state's child care workforce with a portable credential of value.

Higher Education

State policymakers should include degree requirements in career advancement pathways. To do so, they must ensure that the workforce has access to higher education opportunities, including the ability to find and enroll in courses and to afford degree programs.

A 2020 report commissioned by the Early Educator Investment Collaborative revealed that the higher education landscape for child care teachers and directors was highly fragmented in terms of access and curriculum.[41] In many states, there are just a handful of degree programs with a focus on early childhood. Higher education institutions may need to establish or increase enrollment capacity in their early childhood degree programs to align with a state's child care career advancement pathway.

Even with degree programs exist, there is significant variation in curriculum and training across programs with the same degree title. There is also variation in how early childhood education degrees integrate core competencies,[42] whether the program is specifically designed to prepare people for teaching roles,[43] and the length and quality of practicums.[44] Many programs that are labeled "early childhood education" are geared toward preschool teachers, with little to

no curriculum specific to infants and toddlers.[45] From 2010–2020, the Council for the Accreditation of Educator Preparation (CAEP) partnered with NAEYC to accredit early childhood higher education programs.[46] In May 2021, NAEYC became a higher education accreditor itself, and it has since accredited 178 programs across 39 states.[47]

STRONG HIGHER EDUCATION OPPORTUNITIES:

- are aligned with state child care teacher and director competencies;
- have part-time options for professionals working in the field;
- include scholarships and other financial supports; and
- integrate an apprenticeship or in-service training component.

According to data from the National Center for Education Statistics, only five colleges and universities offer a B.A. degree in early childhood administration (East Georgia State College, Midwestern State University, University of Massachusetts Global, University of Wyoming, and Walden University).[48] The states that require a bachelor's degree for directors—New Jersey, New Mexico, and the District of Columbia—do not offer degree programs for child care administration. Bachelor's degrees in other disciplines may not be aligned with the competencies needed in child care program leadership. It is important for states to provide access to what they require and to also offer multiple pathways for directors to meet competency requirements.

Credit for Prior Learning

To recognize the years of experience and the hours of training completed by child care directors, teachers, and support staff over the course of their careers, states must ensure that their career pathways include credit for prior learning. Colleges, universities, credentialing institutions, or other education and training providers can award credit for prior learning. Competencies can be demonstrated through an exam, a portfolio, or another activity or assignment. Demonstrated competencies are applied toward credits or advanced standing in the process of earning a credential or a degree. There are many early childhood courses where students can demonstrate their prior learning to fulfill course requirements, including child development, health and safety, and foundations of early care and learning. The American Council on Education provides guidance on best practices to help institutions recognize valid learning from a variety of experiences.

Credit for prior learning is particularly important for the child care workforce and should be an option as part of a career pathway. Individuals working in child care programs complete dozens of hours of training and on-the-job learning every year that usually does not translate into credit of value along a career pathway. States can best support the child care workforce when credit for prior learning is available. Collaborative work on developing credit for prior learning options can complement state-level work to "stack" training, credentials, and degrees. It is important to work across siloed systems to bring together training, credentials, and degrees so professional learning translates from one part of the system to the next.

Degree Requirements

Many states have set degree attainment as the goal to reach in a child care career pathway. According to the National Workforce Registry Alliance, about 61% of the child care workforce has a two-year, four-year, or graduate-level degree.[49] However, those degrees might not be in early childhood education or a related field. Approximately 10% of lead teachers in child

care centers have early childhood education associate degrees, about 7% have early childhood education bachelor's degrees, and just 3% have early childhood education graduate degrees.[50] Earning a degree is important, particularly for child care directors, but it cannot be the only option for the child care workforce.

Coordinated professional learning in every state that brings together education, training, and coaching ould better support child care staff. Each type of professional learning needs to connect with and inform the others, and professional learning strategies are most effective when they are connected to the state's compensation strategies.

II.4: COMBINE WAGES AND BENEFITS

Compensation should include both wages and benefits. Child care directors can attract highly effective staff when they are able to offer dependable, livable, and competitive wages and benefits. The wages, benefits, and working conditions of the child care workforce connect directly to retainment and,

consequentially, to the stability and quality of care and education for young children. However, wages for child care staff are, and have always been, low, and workers have little access to health insurance, paid sick leave, and other benefits.

Many who work in child care face daily economic insecurity. An Economic Policy Institute analysis of annual social and economic data from the Current Population Survey, found that 1 in 7 of the child care workforce (14.7%) lives in families with income below the poverty line, more than double that of workers in other occupations.[51] And more than one-third (36.7%) of all child care staff live in families with income below twice the poverty line, compared with 21.1% of workers in other occupations.[52]

In addition to low wages, much of the child care workforce lacks access to other benefits such as health insurance, retirement accounts, and paid leave. Health insurance and annual/sick leave are particularly important benefits for a workplace where young children regularly expose each other and the adults around them to viruses and infections. These benefits, or lack of them, affect the health and safety of child care programs. Sick or injured staff put children's health at risk. Even when staff have these benefits, tight staffing, little access to substitutes, and workforce shortages hinder their ability to use sick leave. In one study, 41% of child care staff reported that they could not depend on using their paid sick leave when they became ill.[53]

Only 15% of the child care workforce receives health insurance through their job, compared with about 50% of workers in other occupations.[54] In a 2019 national survey, almost 16% of center-based child care teachers were uninsured—more than the national uninsured rate for adults (10%) and K-12 teachers (4%).[55] The 2018 Early Childhood Workforce Index found that 30% of child care staff and their families accessed health care through Medicaid or the Children's Health Insurance Program from 2014–2016.[56]

MOST CHILD CARE PROGRAMS ARE UNABLE TO:

- provide high quality services,
- charge tuition that is affordable for parents, *and*
- pay wages that attract and retain qualified staff.

POOLED GROUP HEALTH INSURANCE

Shared services is an approach in which a network hub can give child care programs access to business support at an efficient scale and allow them to maintain their status as small businesses.[57] Child care programs reduce costs, share administrative functions, eliminate duplication of services, and strengthen their buying power by participating in shared services. Dozens of shared services alliances support child care businesses across the country. Very few, if any, programs are leveraging their network to facilitate pooled group health insurance.

Pooling is a practice where a group of small businesses join together to secure better health insurance plans and rates through their increased buying power as a bloc. A trade association, shared services organization, or state or local government can facilitate group health insurance.

It is clear that wages are a critical issue for the child care workforce at all levels but that wages alone are not the solution. Advancement along a defined career pathway that is tied to increased compensation and benefits, adequate leave policies, and professional recognition can make child care an attractive place to work now and in the future.

II.5: LEARN FROM HEAD START AND MILITARY CHILD CARE

The United States has two programs, Head Start and Military Child Care, that have been successfully taken to scale and produced sustainable, high quality care and learning for children. These two programs share several basics and are great examples of how to improve competency over time.

Over the past 60 years, the Head Start workforce evolved from a staff with little training or education to one fully credentialed and degreed. This did not happen by chance but rather through a series of planned and research-based policy changes that created a pathway for the workforce. From the development of the CDA credential, the establishing of minimum teacher requirements and dedicated coaches to help teachers earn degrees, the Head Start programs grew a stable and competent workforce. Today, Head Start Program Performance Standards provide clear staff qualifications and competency requirements for every position.[58] In addition to credential requirements, defined performance standards, and accountability standards, the program developed innovative mentorship and coaching models. Head Start also benefited from stable federal funding that has increased over time in alignment with workforce professionalization.

The Military Child Care System focused on quality and a strong child care workforce with minimum required training applied across all military services. The training sequence, still in practice today, begins with orientation that includes basic health and safety. After completing orientation training, all staff must finish a series of training modules based on the CDA

competencies. All training is free and provided on site by degreed training and curriculum specialists. As the caregiver moves through the training modules, he/she receives promotions and pay increases. Once this training is completed, the caregiver is evaluated and determined to be fully competent. After that, the caregiver completes annual training (again, the training is provided free and on site). Because the training is consistent across the military services, if a caregiver moves from one installation to another, the training and compensation transfer as well. Compensation for full-time child care staff includes comprehensive benefits with life insurance, health insurance, sick leave, and retirement plans. Standardized requirements to enter the field, clear processes to develop core competencies, and defined pathways to promotion characterize military child care. This child care is by far the largest employer-sponsored child care program in the country.[59]

II.6: LEARN FROM OTHER PROFESSIONS

"PROFESSIONALIZATION IS A PROCESS WHEREBY OCCUPATIONS HAVE BECOME, OR SEEK TO BECOME, PUBLICLY RECOGNIZED AS PROFESSIONS ACCORDING TO THE DEGREE TO WHICH THEY MEET THE ALLEGED CRITERIA."[60]

What Is Professionalization?

Professions are more than occupations. They typically require advanced competencies, have defined scopes of practice that correspond with publicly recognized titles, and are closed to individuals who do not possess certain qualifications. When an occupation professionalizes, it sets requirements for those who enter and work in the field. Professionalized fields

often develop identities, norms, and values that foster social cohesion among practitioners.[61]

Many fields have professionalized in the past century, from nursing, social work, and physical therapy to engineering, accounting, and aviation. Professionalization does not happen by coincidence—these professions regulate and monitor the field to ensure that practitioners meet the competency and training requirements for their roles. Across professions, regulations tend to have several factors in common. There is typically oversight of who may perform certain tasks, set training and education levels, and establish an occupational licensing or certification system that prevents unqualified practitioners from entering the field. Government and professional associations usually jointly enforce regulations.

Regulation in Nursing, Social Work, and Physical Therapy

Nursing, social work, and physical therapy are all regulated by a state board and professional associations.[62,63] Together, these bodies develop workforce definitions and licensing requirements. The state and associations typically hold joint responsibility for oversight and accountability. In social work, the state board specifies scopes of practices and restricts the use of social work titles to those who hold a license;[64] the Council on Social Work Education sets accreditation standards for education programs;[65] and the Association of Social Work Boards develops and administers the licensure examination.[66]

This joint responsibility allows states to set their own standards while also having some national cohesion.

These professions also regulate the scope of practice for roles, meaning that the responsibilities an individual is legally permitted are based on their license. In physical therapy, state boards define the scope of practice for physical therapists and for their assistants.[67] For example, most states specify that the initial assessment of a patient and the development of a care plan are not within the scope of practice of a physical therapist assistant.[68] This ensures that training, education, and licensing are aligned with the responsibilities for each role. Populations served by these professions can trust that their provider has met at least minimum competency requirements. State administrators can use levers (described in Section VI) to produce a comparable structure for the child care workforce.

In contrast with child care, the structure of the nursing workforce is clearly defined, and responsibilities are aligned with education and training programs. This makes it easier for individuals interested in nursing to select appropriate training programs, and it allows patients to trust that their nurse has received appropriate training. Child care would benefit from a similar structure that allows individuals with various training and education to practice, while also offering a clear pathway for advancement. To learn more about how nursing can serve as a model for child care, see Appendix E.

II.7: OCCUPATIONAL LICENSING

Federal, state, or local governments issue occupational licenses and give legal authority for an individual to work in an occupation, according to the Bureau of Labor Statistics (BLS).[69] About 1 in 4 jobs requires an occupational license or government approval to practice in that field. Occupational licensing is especially prevalent in fields with health and safety risks.[70] To date, no state has an occupational licensing system for the child care workforce.

This situation does not mean that the child care workforce faces no regulation, but rather that the regulations are highly fragmented across agencies, databases, and funding streams. Most states have some minimum workforce requirements for licensed providers, detailed in Appendix F. These requirements are monitored through program licensing instead of occupational licensing.[71] Occupational licensing would streamline requirements, hold the workforce accountable, and improve transparency for parents.

Benefits of Occupational Licensing

Enacting occupational licensing laws ensures that practitioners possess the minimum competencies to safely work in their field. In an analysis of the 2008 panel of the Survey of Income and Participation Program, researchers found that people with a license earned higher wages, were more likely to be employed, and were more likely to be offered employer-sponsored health insurance.[72] Government-issued licenses have been correlated with a 7.5% increase in hourly wages, lower turnover, and better work environments.[73,74] Studies have shown that occupational licensing in some health care professions resulted in increased quality of care.[75,76] In a report prepared by the Department of the Treasury, Council of Economic Advisors, and the Department of Labor, the authors explained that occupational licensing also contributed to professionalization:[77]

WHAT IS THE DIFFERENCE BETWEEN LICENSES AND CERTIFICATIONS?

The BLS uses different definitions to describe licenses and certifications. Certifications are typically awarded by nongovernmental bodies to certify a level of skill or knowledge to perform a specific job.[78] An employer might require a certification for employment, but they do not carry the same legal authority as an occupational license.

Despite the differences, these terms are sometimes used interchangeably. For example, in K-12 education, some state licensure boards use the term "teaching certificate" to describe what the BLS would define as an occupational license. Whether referred to as a teacher certificate or license, they are awarded by a governmental body, and holders are legally required to work in the field.[79] Throughout this report, the terms license and certificate follow the BLS definitions.

"Licensing represents the State's sanction of practitioners' work, and so licensing an occupation can confer legitimacy and increase social status for practitioners. It can also build community and cohesiveness within an occupation and help to standardize work functions. When licensing functions in these ways, it can provide benefits to practitioners through increased recognition of their work and influence."

Occupational licensing would improve workforce data. Child care is regulated by program licensing, which ties regulations, and in some cases training data, to the program rather than the individual.[80] Child care staff are required to complete training hours each year.[81] In 19 states, child care staff can have training hours verified in the workforce registry,[82] but if they move to a state where this data is not collected, their hours of training will not transfer. Occupational licensing, because it follows the individual, could ensure that child care staff receive credit for training and experience. To be most effective, occupational licensing should be developed with state compacts and reciprocity in mind.

Considerations

The benefits of occupational licensing depend on the quality of the licensure process itself.[83] Some critics say licensing requirements are overly burdensome and keep otherwise competent individuals out of the profession.[84] State administrators should evaluate which requirements would be most effective in directly increasing the competency of directors, teachers, and support staff.

Overly onerous requirements and application fees prevent competent individuals from entering the licensed profession without increasing competency.[85] For example, written exams are a common licensing requirement for K-12 teachers, but research is mixed on whether they improve teacher quality.[86,87,88] To further limit barriers to entry, state administrators should phase in licensing requirements over time and work with other states to implement licensing reciprocity. For information on how nursing utilizes occupational licensing, see Appendix E.

Section III: Competencies

Competency requirements ensure that directors, teachers, and support staff have the skills and knowledge to implement quality care and early learning. States can write, adopt, and enforce workforce competencies within their child care system. Currently, 34 states have written some competency guidelines for the child care workforce.

III.1: DIRECTOR COMPETENCIES

The role of child care directors is often overlooked in workforce policies and programming. Three decades ago, the late Paula Jorde Bloom, founder of the McCormick Center for Early Childhood Leadership at National Louis University, conducted a comprehensive overview of director competencies, regulations governing qualifications, and how competencies and regulations intersect to foster quality. Her study found that the role is pivotal to business stability and supporting teachers, and it concluded that child care directors were the "gatekeepers to quality".[89] This is just as true today. Even with the best teachers, a center cannot achieve quality without strong leadership.

Child care centers—both nonprofit and for-profit—are private businesses. These programs operate a notoriously challenging business model on razor-thin margins. Directors must focus on the program's fiscal health to operate a stable child care center. But fiscal management is just one of the business competencies required of program leadership. Child care directors make complicated decisions on budgets, hiring and staff retention, and compliance with laws and regulations. States should explore resources that include comprehensive business and operations competencies.

1. *Transforming the Workforce*[90], **National Academy of Science**

   Using research and a literature review of early childhood education leadership competencies, the National Academy of Sciences developed competencies for child care directors. The competency categories for directors in *Transforming the Workforce* include Practices to Help Children Learn; Assessment of Children; Fostering a Professional Workforce; Assessment of Educators; Developing and Fostering Partnerships; and Organizational Development and Management. The full description of competencies in each category is in Appendix C. Only a few competencies in this resource are related to business operations.

2. *Program Administration Scale*, **McCormick**

   McCormick developed its Whole Leadership Framework and Program Administration Scale to measure administrative practices in child care and to support the day-to-day practices of child care directors.[91] Unlike the National Academies director competencies, the Program Administration Scale includes business and operations knowledge and skills. The inclusion of operations competencies, as well as other leadership skills, makes it a more comprehensive resource for child care leadership.

   The scale breaks down competencies into nine categories with subscales. Several studies have shown that higher scores on the Program Administration Scale are correlated with better child care quality.[92] The competency categories and subscales within the larger scale may be helpful for states as they outline business competencies for child care directors. A description of the business competencies in the scale is in Appendix C.

III.2: TEACHER COMPETENCIES

When developing competencies for child care teachers, states need to consider the multiple types of teaching roles in child care center staffing models, including teacher, co-teacher, assistant teacher, and substitute teacher. Competencies can be differentiated or tiered by roles, providing a pathway for learning and advancement.

Both pedagogical and business competencies are necessary and should be included in career pathways. It is important to create a pathway with business competencies for child care teachers to transition into administration if that is their goal. On the other hand, teachers who want to remain in the classroom should have ways to advance their pedagogical competencies without business competencies.

1. *Transforming the Workforce*[94], National Academy of Sciences

Using research on the science of child development and a literature review of early childhood education competencies, the National Academies developed core competencies for child care teachers. The competencies focus on child development, learning domains, assessment principles, nurturing interactions, daily routines, learning environments, working effectively with

diverse children and families, engaging with state and local systems, and more. The competency categories for teachers include a core knowledge base; practices to help children learn; working with diverse populations of children; developing and using partnerships; and continuously improving the quality of practice. The full description of competencies in each category is in Appendix C.

2. *The Professional Standards and Competencies for Early Childhood Educators*[95], NAEYC

This report was part of the Power to the Profession initiative led by NAEYC. The goal of the project was to create nationally agreed-upon competencies for child care teachers. The framework expands upon the critical competencies identified in *Transforming the Workforce*. The competency categories include child development and learning in context; family-teacher partnerships and community connections; child observation, documentation, and assessment; developmentally, culturally, and linguistically appropriate teaching practices; knowledge, application, and integration of academic content in the early childhood curriculum; and professionalism as an early childhood educator. A description of the competencies in each category is in Appendix C.

3. *Education of Young Children*[96], Praxis

The Praxis Assessments measure teachers' knowledge and competency[97] and are typically utilized as an assessment for teacher certification. Some states require that K-12 teacher candidates receive a certain score on The Praxis to be licensed or certified. The Praxis Core Academic Skills for Educators (CASE) consist of three exams: reading, writing, and mathematics. The Praxis II Assessments are subject tests, and over 90 exams are available. Seven of the exams cover early childhood education and special education for young children. States could utilize the Praxis

II Assessments as a resource for developing child care teacher competencies. For example, the competency categories for the [Praxis II 5024 assessment, Education of Young Children](#) are childhood development and learning; observation, documentation, and assessment; developmentally appropriate practices; professionalism, family, and community; content pedagogy and knowledge; and knowledge of teaching. The full description of competencies in each category of the 5024 exam is in Appendix C.

III.3: SUPPORT STAFF COMPETENCIES

A child care center needs more than a director and teachers to operate effectively. Centers have administrative, financial, pedagogical, and food service staff as well. Although all roles affect the quality of the program, support staff with pedagogical responsibilities require specific competencies such as adult education. These include mentor teachers, coaches, or other staff who provide training. The following are two resources for states without coaching competencies:

1. *Practice-Based Coaching, Coach Competencies*[98], **Early Childhood Learning and Knowledge Center**

   The competencies are organized into six domains: preparation, collaborative partnerships, goal setting and action planning, focused observation, reflection and feedback, and professional development. Each section includes skills and practices related to the domain.

2. *A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and their Families*[99]**: Core Knowledge, Competencies, and Dispositions, Administration for Children and Families, HHS**

   This guide includes essential knowledge, skills, and dispositions for those providing technical assistance for infant and toddler child care classrooms. There are five knowledge and skills domains: the consulting professional; systems, sectors, and settings for infants and toddlers; relationship-based practice; infant and toddler development, screening, and assessment; and infant and toddler curriculum and individualization. There are five categories of dispositions: caring, communicative, creative, critical, and professional.

Twenty-two states have developed competencies guidelines for coaches, some modeled after the infant and toddler consultation guide with dispositions as well as skills and knowledge. The coach competency domains include building relationships and technical assistance approaches, the coaching process, professionalism, principles of adult learning, and systems knowledge. For more information, see Appendix F.

Section IV: Staffing Models

A child care center staffing model allocates directors, teachers, and support staff to the various job responsibilities. High quality centers have leadership competent in both business and early childhood pedagogy; a single director or shared responsibilities between two or more higher-level staff can achieve this goal.

Classroom staffing models are influenced primarily by state regulations, including adult-to-child ratios, maximum group size, and requirements for health, safety, and learning. Facility design and individual child needs are also factors.

The staffing model affects more than a center's operational expenses—it also affects the quality of care a child receives and the stability of the staff. Staffing models guide how a director manages teachers' breaks, leave and non-classroom time for teacher planning and parental engagement.

The staffing model describes how a center assigns responsibility. The staffing model for a given center depends on a variety of factors, including:

- *Program Size:* The center's size will influence the staffing model. Larger centers have a greater administrative burden and more staff needing support. Smaller centers might be able to fulfill both pedagogical and business leadership with one director or with the director, plus the support of a consultant or regional network.

- *Population of Children Enrolled:* Programs serving children with specific needs (e.g., children experiencing homelessness, with disabilities, or with neonatal alcohol syndrome) require specific competencies to give teachers and staff the proper training and support. To fulfill these competencies, programs might need more teachers and staff per classroom, multiple directors, or access to a shared network with expertise in serving special populations.

- *Teacher Needs:* Programs with highly trained and experienced teachers need different pedagogical support than those with less trained or experienced teachers. Child care directors should evaluate the needs of their staff to determine the best staffing model that can include coaching and technical assistance for those providing care and supporting early learning.

- *Diversity:* Research shows that children thrive when their role models look and sound like them.[100] Directors can focus on hiring and retaining staff that reflect the children and families in the program. A director can prioritize certain competencies over others when making hiring decisions and can ensure support is in place so that all competencies are met. For example, a director might decide to hire a classroom aide without a lot of child care experience, but with Spanish fluency because many of the families are Spanish speaking. The director could support the new assistant teacher with specific training to develop early childhood education competencies.

Staffing Model Questions

The questions below support child care directors developing program-level staffing models and state administrators considering cost inputs for system-level cost modeling.[b]

1. What does every classroom need?

   a. How are staff with various levels of education and training allocated across classrooms?

   b. How are classroom staff supported to meet competencies for their role?

   c. How is coaching, mentoring, and technical assistance provided?

2. What are the maximum group sizes and child-to-teacher ratio requirements?

   a. How is a center staffed for full hours of operation that supports working families?

   b. How does the staffing model accommodate staff breaks and planning time?

   c. How does a center accommodate time for parent-teacher engagement?

3. What additional staff are necessary for the operation of the program?

   a. How many administrative positions are needed?

   b. How are other operations roles staffed, such as accounting, food services, and facilities maintenance?

4. What benefits do teachers and staff receive and how is compensation built into cost?

   a. What is the cost to provide annual sick leave and other paid time off?

   b. What are the costs to provide health insurance and other benefits and wage increases over time?

5. How do costs differ between baseline staffing requirements and staffing models that meet long-term quality improvement goals?

Clear definitions of workforce roles and competencies, career advancement pathways, and thoughtful staffing models all help build a stable and competent workforce. This, in turn, will encourage individuals to enter the field, improve teacher-to-child interactions, reduce turnover rates, and result in higher quality care for young children.

MITIGATING WORKFORCE TURNOVER

Workforce turnover is a barrier to providing quality child care, and studies have shown that children benefit from stable attachments to caregivers. Increases in compensation can lower turnover rates for child care teachers.[101,102,103] However, compensation is not the only factor that affects turnover—overall job satisfaction is also important.[104]

For example, a study of nurses found that those who were not satisfied with their jobs were less likely to stay when they received higher compensation alone.[105] Retention strategies must include policies that improve job satisfaction and compensation at the same time.

Additional factors that improve job satisfaction:

- *Supportive infrastructure, communication, and autonomy:* A study of nurses found the intensity of the correlation between compensation and turnover depends on factors that influence job satisfaction.[106] Support systems that fosters professional accountability and empowers nurses, good communication between nurses and management, a job environment that enhances respect, and greater autonomy are all components of job satisfaction.

- *Competency-based job framework:* A study found that strategies professionalizing clinical research support positions resulted in a 30% reduction in turnover; these efforts included implementing a competency-based job framework.[107]

- *Training and technical assistance:* A study of child welfare staff concluded that access to training increased staff retention. Such training included programs with strong mentorship, supervisory and co-worker support, and technical assistance and emotional support.[108]

- *Transformational leadership:* A study using data from the New York City Department of Education found that schools with transformational leadership had lower rates of turnover.[109] Transformational leadership involves creating a collaborative culture with mutual trust, appreciation between individuals, and participation among all staff.

Increasing compensation without improving job satisfaction tends to be less effective in mitigating turnover. Holistic approaches to staff retention will be most effective in ensuring a stable child care workforce.

Section V: State Levers

State administrators have levers they can pull to directly influence the competency and stability of the workforce. Although some change requires federal or state legislation, state administrators have considerable influence to create the infrastructure needed as well as the incentives and pathways to support the desired change. We identify nine levers that states can use to create a comprehensive, systems approach to supporting the workforce at child care centers. The levers are interconnected and can create lasting change when they are used in tandem.

V.1: STATE ADMINISTRATIVE STRUCTURE

How states administer their various funding streams affects how decisions are made and how the various agencies coordinate their efforts to support the workforce. There are efficiencies to be gained in most states. Although state legislators or the governor's office must initiate some changes to governance structures, state administrators should consider how they can better coordinate with the various state agencies that support child care in an effort to build a cohesive system. For more information, see BPC's report *Revisiting Integrated Efficient Early Care and Education Systems*.

V.2: REGULATIONS

State agencies write regulations for child care programs, including standards for licensing. Regulations that set adult-to-child ratios, maximum group sizes, and workforce requirements are connected directly to staffing models, cost modeling tools, and professional learning. Not all regulations that affect child care are set by the same lead agency.[110] Depending on the governance structure, state administrators often need to collaborate across departments and agencies.

V.3: DATA

State departments oversee data associated with child care subsidies, program licensing, quality initiatives, workforce registries, professional development, and higher education. State administrators might only have access to the data within their office or agency. HHS encourages states and territories to develop integrated data systems that ensure all relevant parties have access to data.[111] Integrated data systems not only reduce the administrative burden for state administrators and the workforce but also can also help inform policies designed to improve the child care workforce's competency and stability.

V.4: PROGRAM LICENSING

States use program licensing to regulate and maintain the health and safety of child care programs. States include workforce requirements in program licensing requirements and in the oversight process. State administrators can evaluate workforce requirements within program licensing regulations to better promote competency and quality.

V.5: QUALITY RATING AND IMPROVEMENT SYSTEM

Nearly all states have a Quality Rating and Improvement System.[112] QRIS initiatives were first developed to help programs increase quality beyond minimum licensing requirements.[113] State administrators can align QRIS levels and requirements with workforce definitions and competencies.

V.6: WORKFORCE REGISTRY

Gaps in data make it challenging to align policies with workforce needs.[114] Data is often unreliable when participation is not mandatory. In some states, data only reflects certain segments of the workforce, such as those working in programs that participate in QRIS or the child care subsidy program. By requiring workforce registry participation, a state can collect more accurate and complete workforce data. Collecting this data could also be achieved through other systems, such as occupational licensing.

V.7: PROFESSIONAL LEARNING

State leaders can utilize a variety of strategies, partnerships, and funding mechanisms to bring together all aspects of professional learning—training, coaching, higher education, and other routes to advancement such as credit for prior learning—for the development of career pathways in the child care workforce. It is important that all professional learning "count" for the next step on a career path or a credential or degree. States should require professional learning to be competency-based and that participants receive credit, such as a CEU, certificate, or college course credit.

V.8: SYSTEM-LEVEL COST MODELING

Cost modeling helps state administrators evaluate the optimal way to allocate public funding. It is not a silver bullet, but rather a tool that can support state administrators in making strategic investments. A cost model has two major components: estimated expenses to supply the service, and potential revenue from all available sources to cover expenses. System-level cost modeling tools will be informed by workforce definitions, competencies, staffing models, compensation levels, and short- and long-term goals. To learn more about how administrators can

use system-level cost modeling to develop targeted financing strategies, see BPC's *Cost Modeling for Child Care: Illuminating State Policy Strategies*.

V.9: QUALITY DOLLARS

Congress requires 12% of CCDBG funding, nearly $1 billion, to be spent on eligible quality activities.[115] Workforce training and professional development are eligible quality-enhancing activities.[116] Through its CCDF plan, HHS requires states' training and professional development to meet several requirements, including that it is ongoing, provides for a progression of professional development, and improves the quality and stability of the workforce.[117] Because research has shown that the single-biggest predictor of quality is the workforce, states should carefully consider how they use the quality dollars to support professional development. If focused, funds can exert substantial influence on the preparation of those who work in child care. When state administrators develop triannual CCDF state plans, quality dollars should be directed toward achieving workforce competency and stability.

Section VI: Public Investment in Child Care

The child care landscape is complex—and so are the financing solutions. There is no one-size-fits-all model. State administrators must consider their specific needs and goals to develop financing mechanisms that work. However, one thing is true: Improving the child care workforce requires public investment.

VI.1: PUBLIC FUNDING: WHY AND HOW?

Market failures in the child care sector make it challenging for parents to afford child care and for providers to operate a business.[118] This results in a broken business model (described at the end of Section I). There is a gap between the cost to provide child care at a rate that retains a stable workforce and the price that parents can pay.

A stable, competent child care workforce requires stable funding. Parents' tuition, the primary revenue source for most child care centers, does not provide consistent, adequate funding to support the child care market.[119] Average tuition charged is frequently

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WHAT IS A MARKET FAILURE?

"Market failure, in economics, is a situation defined by an inefficient distribution of goods and services in the free market. In an ideally functioning market, the forces of supply and demand balance each other out, with a change in one side of the equation leading to a change in price that maintains the market's equilibrium. In a market failure, however, something interferes with this balance."[120]

The Department of Treasury identified the following market failures in child care:[121]

- liquidity constraints;
- positive spillovers;
- importance of quality;
- structure of child care workforce (women of color disproportionately conduct labor-intensive work).

too low and unpredictable to provide workforce stability while maintaining quality. Current rates barely cover minimum operational expenses. Inconsistent child attendance due to sickness or changes in a family's care plans complicate this situation. One in three states still pays child care subsidies based on attendance, not enrollment. This means that child care providers who accept children with subsidies face heightened revenue volatility.[122]

To improve workforce stability, sustainable funding that offsets the cost of quality improvement is necessary. Improving stability includes making system-level infrastructural investments in career pathways, data systems, and more. Public funding designed to correct market failures can create stability in the sector if it includes both supply-side and demand-side funding.

Supply vs. Demand

How funding goes into the child care system is just as important as how much. State administrators should consider a balance of supply-and-demand investments, and how they can use distinct types of investment to address market failures.

- Demand-side investments, typically tuition subsidies, encourage parental choice because they decide where they spend their subsidy.
- Supply-side investments, typically funding provided to centers, allow centers to build capacity, improve wages, and incentivize quality.

Balancing demand- and supply-side interventions ensures that increases in demand are met with increases in supply. This is especially important when tuition subsidy rates are not high enough to cover the cost of quality care.

There is a history of utilizing supply-side financing to improve quality and create stable programs for parents. Financing strategies in Head Start and the military model show how effective supply-side funding can be in supporting sustainable early care and learning and the child care workforce. To learn more, see Appendix D.

VI.2: REVENUE AND COST

Most individual programs lack the means to finance increases in staff competency and compensation. Parents' tuition barely covers minimum operational costs, let alone workplace benefits and training. The cost calculators below demonstrate why current tuition levels cannot fund quality improvements.[c] Cost Calculator A estimates annual costs and average revenues for a small child care center with six classrooms. All numbers are in 2018–2019 dollars. The center in the example follows NAEYC-recommended child-to-teacher ratios,[125] charges average tuition published in a report from the U.S. Department of Labor's Women's Bureau,[126] and pays the average wages for the workforce as determined by the Occupational Employment Statistics Survey.[127] Staffing accounts for 75% of operational costs, and the remaining 25% covers rent and utilities, supplies, food, and other expenses.[128] With these estimates, the remaining budget is just $5,532. The program director will need to keep some portion of this money to cover

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c   These are illustrative examples and are not intended to show the actual cost of child care in all small centers. Costs and revenues may vary given differences in expenses and state requirements, tuition fees, and more.

emergencies and unforeseen costs. This leaves little, if any, funding for improved compensation packages or quality improvements beyond minimum operational requirements.

Cost Calculator A				
This cost calculator estimates the cost of operating a small child care center given minimum ratios, average salaries, and average operational expenses. It does not include costs associated with benefits or quality enhancements.				
Expense	**Cost**	**Revenue Source**		**Revenue**
Infant Teacher (2 FTE)	$48,000.00	8 Infants		$59,768.00
Toddler Teacher (2 FTE)	$48,000.00	12 Toddlers		$82,200.00
Preschool Teacher (2 FTE)	$60,000.00	20 Preschoolers		$124,780.00
Center Director	$48,210.00			
Other Operational Expenses	$68,070.00			
TOTAL	**$272,280.00**	**TOTAL**		**$266,748.00**
REMAINING BUDGET $5,532.00				

Cost Calculator B shows the increased cost of offering employee benefits, including paid leave and employer-sponsored health insurance—an important aspect of compensation packages. The Society for Human Resource Management estimates that the direct cost of paid leave, including overtime costs for other employees and their replacement of workers, totals 15.4% of the payroll.[129] The average total health benefits cost per employee in 2019 was $13,626, according to the society.[130] Note that staffing accounts for 75% of operational costs, meaning that increases in benefits raises overall operational expenses. In the case of benefits, other operational expenses might increase due to the administrative burden tied to administering benefits and other indirect costs associated with absences. If the child care center offers these employee benefits, it is no longer financially viable.

Cost Calculator B				
This cost calculator estimates the cost of operating a small child care center given minimum ratios, average salaries, and average operational expenses. It does not include costs associated with quality enhancements.				
Expense	**Cost**	**Revenue Source**		**Revenue**
Infant Teacher (2 FTE)	$48,000.00	8 Infants		$59,768.00
Toddler Teacher (2 FTE)	$48,000.00	12 Toddlers		$82,200.00
Preschool Teacher (2 FTE)	$60,000.00	20 Preschoolers		$124,780.00
Center Director	$48,210.00			
Paid Leave	$31,448.34			
Health Insurance	$95,382.00			
Other Operational Expenses	$68,070.00			
TOTAL	**$399,110.34**	**TOTAL**		**$266,748.00**
REMAINING BUDGET $-132,362.34				

Additional quality improvements further increase the cost of operating a child care center. Cost Calculator C shows how quality improvements intended to improve staff stability and competency affect expenses. Improvements added to this example include increased salaries, connection to a network for technical assistance, and the hiring of administrative support staff and teacher aides. Without increasing revenue, these quality improvements are not sustainable.

Cost Calculator C				
This cost calculator estimates the cost of operating a small child care center with several quality improvements beyond minimum operational requirements, including additional teacher compensation, support staff, and participation in a network of shared services for technical support.				
Expense	**Cost**	**Revenue Source**	**Revenue**	
Infant Teacher (2 FTE)	$70,000.00	8 Infants	$59,768.00	
Toddler Teacher (2 FTE)	$70,000.00	12 Toddlers	$82,200.00	
Preschool Teacher (3 FTE)	$120,000.00	20 Preschoolers	$124,780.00	
Teacher Aide (2 FTE)	$55,000.00			
Support Staff (1 FTE)	$30,000.00			
Center Director (1 FTE)	$50,000.00			
Paid Leave	$60,830.00			
Health Insurance	$149,886.00			
Pedagogical Support Consortium Fee	$10,000.00			
Other Operational Expenses	$136,628.67			
TOTAL	**$752,344.67**	**TOTAL**	**$266,748.00**	
REMAINING BUDGET $-485,596.67				

VI.3: EXISTING FUNDING STREAMS

Current public funding for child care comes through a blend of federal, state, and local dollars. In FY2020, the federal government invested about $11.74 billion in child care across several funding streams, including CCDBG, the Child and Adult Care Food Program (CACFP), and Temporary Assistance Through Needy Families (TANF) transferred to CCDBG.[131] State governments invest a total of $11.8 billion in child care, although the amount varies by state.[132] The largest federal funding stream for child care is CCDBG, which is used primarily for demand-side interventions via parental tuition subsidies.[133] Current public investment in child care is ill-equipped to support a competent and stable workforce for four reasons:

1. *Fragmentation*: In a 2017 Government Accountability Office study, researchers found that child care funding was administered across several agencies and funding streams. Because of this fragmentation, there were inconsistencies across funding streams requirements for eligible expenses, workforce definitions, evaluation procedures, and quality activities, limiting the sector's ability to move forward in a cohesive direction.[134]

2. *Overreliance on demand-side funding*: While measures focused on increasing demand and maintaining parental choice can be effective, they have not been enough to generate the necessary increases in supply. Research has shown that in child care markets with supply-side constraints, demand-side funding to improve affordability is less effective.[135,136]

3. *Limited market share*: Public funding in child care is not substantial enough to create large-scale change.[137] The Child Care and Development Block Grant serves only about 16% of eligible children—some 1.3 million.[138,139] Four in five child care centers (81%) have less than 50% of their enrollment paid with CCDBG subsidies.[140] Parents'

fees make up 55% percent of the overall market.[d,141] The subsidies cannot stabilize the workforce because a large enough portion is not affected.

4. *Use of CCDBG quality-dollars*: Lead agencies are required to allocate at least 12% of CCDBG funding for quality investments and activities. A 2002 GAO study found extreme variation in CCDBG funding across states and little accountability to determine what is effective.[142] Two decades later, the range of approved uses remains broad and accountability is slight.[143] This lack of data makes it challenging to determine what quality, if any, these dollars are purchasing.

VI.4: WORKFORCE FINANCING STRATEGIES

Grants and Contracts

State governments can incorporate supply-side funding through direct grants to child care programs for quality improvements.[144] This would increase revenue across programs and allow them to make improvements aligned with the state's competency requirements. States should utilize cost modeling to determine the best use of grants and contracts, given parental demand and existing funding. For more information on supply-side grants, see BPC's *Using Cost Modeling to Design New Solutions for Child Care*.

Shared Services

Child care is labor intensive, with labor costs making up about 70–80% of a program's operating budget. If a state increases staff competency requirements, it increases the administrative burden and already high cost of labor. Some business models, particularly in small child care centers, might no longer be financially feasible. Small centers are a vital part of a state's child care system and ensure that parents have a range of options to meet their children's needs, especially in regions with smaller populations. State

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d   This figure includes public funding across the wider early care and learning sector, including state-funded pre-K. The percentage of revenue from parental tuition in child care centers alone is likely much greater.

governments can help provide a network of support with shared services for child care programs.

Child Care Subsidies for the Child Care Workforce

A few states are exploring or have implemented categorical eligibility for the child care workforce to access subsidies for their own children. They receive a subsidy for their child's tuition regardless of their income eligibility. Child care staff typically cannot receive subsidies to care for their own children, so the child is enrolled in a different classroom or program. States that implement categorical eligibility give the child care workforce a significant benefit, which indirectly increases compensation by lowering workers' household expenses.

Stabilization Grants

The influx of stabilization funding for child care during the COVID-19 pandemic is a road map for policymakers developing supply-side financing strategies. States received a total of $52.5 billion in federal funding through multiple bills (CARES, CRRSAA, and ARPA) to reopen and stabilize child care. In the 2021 American Rescue Plan Act (ARPA), $24 billion was earmarked for stabilization.[145] States implemented a combination of supply-side

interventions, such as grants and contracts; payment based on enrollment rather than attendance; wage supplements; and professional development and training.[146,147] The stabilization grants succeeded in the short term: More than 90% of providers receiving stabilization funds reported that the money helped them stay open.[148] But stabilization funding was not a long-term solution, as states were required to spend down funding by September 2023. With appropriate levels of ongoing funding, state administrators could build on lessons learned during the pandemic to develop sustainable supply-side investments.

Career Pathways

Below are examples of existing strategies that state administrators may build on or learn from to develop career pathways.

1. *Apprenticeships*: The apprenticeship model is a guide for how to create a career pathway. Apprenticeships include the essential elements of education and training pathways, with instruction, on-the-job training, and mentorship all leading to a credential combined with wage increases tied to increased competencies. Apprenticeships are a holistic program where participants can work while they improve their knowledge and skills and acquire a credential, an associate degree, or a bachelor's degree. State investments in career pathways, such as apprenticeship programs, sustain advancement opportunities for the workforce over time. For more information on apprenticeships, see BPC's *Apprenticeships: Building a Strong Child Care Workforce Pipeline*.

2. *Credentials and Degrees*: States can invest in career pathways by fully or partially sponsoring early childhood education credentials, degrees, and credit for prior learning. Funding breaks down barriers to entry to the profession and completion for child care directors, teachers, and staff. A comprehensive funding approach might include paying for enrollment in the required courses and the final assessment or project, as well as providing paid time off for classes and homework

and stipends for transportation, child care, books, broadband, or other costs that are prohibitive for many child care workers.

Wages and Benefits

Building a solid workforce foundation is a prerequisite to creating sustainable strategies that address compensation. Increasing compensation is central to developing a stable and competent workforce—one in which individuals are encouraged to enter the field and to remain. Once a state has connected workforce programs, policies, and data, it can strategically increase wages and benefits for child care directors, teachers, and support staff.

QUESTIONS TO ANSWER BEFORE IMPLEMENTING COMPENSATION STRATEGIES

1. Who is a part of the child care workforce? Is each role defined?

2. Are competencies developed and aligned with each role?

3. What infrastructure exists to ensure the workforce has the resources and pathways to meet competency requirements?

4. How is the system set up to monitor and ensure that child care directors and teachers meet competency requirements?

5. What infrastructure exists or must be developed to capture and connect data across the child care system to understand the needs of the workforce?

6. What is the appropriate child care center staffing model that supports children, the workforce, and quality care and learning? What is the cost of maintaining that staffing model?

7. How can state systems support access to health insurance and other benefits for the child care workforce?

8. What financing mechanisms can be implemented to align with state goals and improve compensation for the child care workforce?

Section VII: Recommendations

State administrators are the key to producing change in the child care workforce. Below is a 10-step plan for lead agencies to improve the workforce's competency and stability. Across all recommendations, transparency and access are crucial. All the steps are important, and many should be pursued at the same time. The recommendations are grouped into steps that are best to perform simultaneously.

10 STEPS TOWARD A COMPETENT, STABLE WORKFORCE

Define the Child Care Workforce

1. *Develop workforce definitions:* Lead agencies should write or adopt definitions for the child care workforce, including directors, teachers, and support staff. Guidance can be found in Section II.1.

2. *Develop workforce competencies:* Lead agencies should write or adopt competencies for all defined roles. Guidance can be found in Section II.2 and Section III.

3. *Collect, analyze, and utilize workforce data:* Lead agencies should collect and connect all relevant data from child care subsidies, program licensing, QRIS, workforce registries, professional development, higher education, and other relevant programs. It is imperative for workforce data to include years of experience, training hours, credentials, and degrees earned. Guidance can be found in Section V.3.

Ensure Competency and Quality

4. *Determine education requirements and career pathways:* Lead agencies should determine the competency-based education and training required of each role and what resources are needed for individuals to advance along a career path. Degree requirements should focus on child care directors first, and credit for prior learning opportunities should be created as part of all degree pathways. State agencies should consider the availability of higher education and training in their state, and the capacity of the state to support expansion, prior to setting requirements for credentials and degrees. Guidance can be found in Section II.3.

5.   *Enforce competency requirements:* Lead agencies should effectively communicate requirements and utilize a monitoring system to ensure that their workforce meets them. This can mirror teacher certification or similar occupational licensing systems utilized in other professions. Guidance can be found in Section II.7.

Determine the System Cost

6.   *Analyze operating costs:* Lead agencies should determine operating costs for a child care center with a competent and stable workforce. Baseline program operating costs inform the total cost of the system. Guidance can be found in Section IV.

7.   *Analyze workforce costs:* Lead agencies should determine the cost of education and training, compensation scales, and workplace benefits, including health insurance and paid leave. Guidance can be found in Section VI.2.

8.   *Conduct system-level cost modeling:* Once steps 1–7 have been completed, lead agencies should conduct a system-level cost model to determine the total cost of a child care system that addresses gaps and meets short and long-term goals. Guidance can be found in Section V.8.

Identify Financing

9.   *Identify financing mechanisms:* Once the workforce is defined and total costs are determined (steps 1–8), lead agencies should consider how to allocate available public funding to best meet their goals. Guidance can be found in Section VI.3.

10.   *Determine funding for compensation:* Lead agencies should decide how, and at what level, they will fund child care workforce wages and benefits as part of their public investment. Guidance can be found in Section II.4 and Section VI.4.

Section VIII: Conclusion

All children deserve nurturing care and early learning experiences. This depends on the quality of adult-child interactions. Secure, safe, and stable attachments to all adult caregivers, including child care providers, lay the foundation for positive developmental outcomes. The competency and stability of the child care workforce is crucial to ensuring that children have the positive attachments they need.

Supporting the workforce is about much more than increasing compensation. It requires a comprehensive, multifaceted approach. Not only is it in the purview of state administrators to do this work but it is also a state responsibility. A top-down, bottom-up approach is the only way forward. To align an increased competency with increased compensation, training requirements should build up from the basic requirements established in the Child Care and Development Block Grant. Strategic investment can stabilize and enlarge the workforce, ensuring parents have access to quality child care.

The cornerstone of quality early care and learning is the workforce: child care directors, teachers, and support staff. Directors, including those in business and pedagogical roles, support the competency of classroom teachers while ensuring the sustainability of the program. Teachers make sure children are safe and cared for in an enriching learning environment. Support staff, such as coaches, administrative assistants, and food service staff, are essential to a well-run, quality program.

Many of the challenges for the child care workforce stem from ambiguity in what it means to be a part of the profession. This lack of clarity creates confusion for policymakers working to finance quality child care. Because staffing costs make up the majority of a child care program's operating expenses, any new requirements for staff positions affect the program's business model and likely increase the cost to parents. If parents cannot afford the services, the business will fail. Defining the workforce and establishing aligned competencies is the first—*but only the first*—step in developing a strong child care system. A plan that explains who is in the workforce, the training and education needed to attain competencies for each role, preferred staffing models, and desired wage scales and benefits packages is also essential. With a plan in place, administrators can then determine the cost of fully funding quality programs, and each state will have a road map to develop and support the child care workforce.

Section IX: Appendices

APPENDIX A: GLOSSARY OF TERMS

Many terms in the child care sector are used interchangeably or vaguely without a concrete definition. To avoid confusion, this section defines words at the outset. The definitions listed are only intended to describe how this report uses certain words, not to assert universal definitions for the sector.

Assessment: The process for measuring knowledge and competency in a specific content area. Quality assessments have a clear and measurable measurement system and ensure that passing candidates have met the desired objectives.

Benefits: Compensation beyond hourly wages or salary, including direct monetary benefits—bonuses, awards, or 401(k) match—or non-monetary benefits—annual vacation and sick leave, prep time, paid lunch, annual sick and vacation leave, prep time, and reduced fees for child care.

Career Pathways: What opportunities for career advancement are available to an individual, including advancing in experience within a role (such as novice to expert), as well as advancement and promotion to higher-level roles.

Certification: Combination of coursework, training, and/or assessment that leads to a validated credential. Some certifications might involve credit-bearing coursework depending on the program. Certifications signify the level of competency and training a child care teacher or child care director possesses.

Child Care: The care and learning at center-based facilities for children from birth to age 5. In this report, the definition does not include home- or school-based programs.

Child Care Workforce: Individuals involved in the delivery of care and learning for children at birth to age 5 in child care centers. This includes directors, teachers, and support staff.

Child Care Directors or Program Directors: Individuals whose primary responsibility is planning, implementing, and evaluating the child care program. This role includes directors with business and/or pedagogical competencies. Directors with business responsibilities may work in human resources, accounting, and community engagement. Directors with pedagogical responsibilities may supervise and assess teachers, plan curriculum, and organize professional development.

Child Care Staff: Teachers, assistant teachers, and support staff (sometimes used as a catch-all term for all onsite staff, including directors).

Child Care Teachers and Teacher Aides/Assistants: Individuals whose primary responsibility is educating and caring for young children. This includes a variety of responsibilities and competencies depending on the specific job title. Staff who meet the teacher competency requirements might be responsible for daily lesson planning, family conferences, child assessment, and curriculum planning.

Child Care Support Staff: Staff necessary to operate a child care center but not providing direct care or teaching, including but not limited to front-desk personnel, technical assistance providers, food service staff, and janitorial staff.

Coach: Individual whose primary responsibility is to provide training and technical assistance to child care program directors, teachers, teacher assistants, and other support staff. Coaches typically operate one-on-one and onsite to provide training for child care center staff.

Compensation: The hourly wages or salary an employee receives. Compensation can also include benefits.

Occupational Licensing: The system typically designed and administered by a governmental body or professional organization that sets the standards required to participate in a profession at a given level; the licensing typically involves some combination of certification, degree, and/or assessment.

Staffing Model: How centers are staffed with a mix of child care directors, teachers, and support staff.

Unifying Framework Role Definitions

Source	Roles	Definition
NAEYC Power to the Profession[149]	Early Childhood Educator I	In birth through Grade 3 settings, an ECE I can help develop and sustain high-quality child development and learning environments and can serve as an effective member of early childhood education teaching teams. An ECE I will complete a professional preparation program that meets a minimum of 120 clock hours.
	Early Childhood Educator II	In birth through age 5 settings, an ECE II can be responsible for developing and sustaining high-quality development and learning environments with staffing and support models that provide frequent access to ECE IIIs for guidance. For example, ECE IIs working in larger community-based settings might have onsite supervisors, or those working in family child care homes or small centers might be a part of networks or have regular onsite technical assistance. However, in state- and district-funded preschool programs, provided in mixed-delivery settings and explicitly aligned with the K–12 public school system, ECE IIs can serve only in the support educator role; ECE IIIs must serve in the lead educator role, as in K–Grade 3 settings, where an ECE II can help develop and sustain high-quality development and learning environments, can serve as an effective member of ECE teaching teams, and can guide the practice of ECE Is. An ECE II will complete an early childhood education associate degree program.
	Early Childhood Educator III	In birth through Grade 3 settings, an ECE III can be responsible for independently developing and sustaining high quality development and learning environments, can serve as an effective member of ECE teaching teams, and can guide the practice of ECE Is and IIs. An ECE III will complete an early childhood education bachelor's degree program or an early childhood education master's degree program for initial preparation.

Head Start Role Definitions with Competencies[150]

Head Start Assistant Teachers	**Knowledge** 45 CFR §1302.91(e)(3) "A program must ensure Head Start [preschool] assistant teachers, at a minimum, [either]: have a CDA credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential, are enrolled in a program that will lead to an associate or baccalaureate degree; or, are enrolled in a CDA credential program to be completed within two years of the time of hire." **Competencies** 45 CFR §1302.91(a) "A program must: Ensure all staff, consultants, and contractors … have sufficient knowledge, training and experience, and competencies to: fulfill the roles and responsibilities of their positions … ensure high-quality service delivery. … Provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities." 45 CFR §1302.91(e)(5) "A program must ensure center-based … assistant teachers … demonstrate competency to: Provide effective and nurturing teacher-child interactions, Plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and Promote children's progress across … the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate."

Head Start Preschool Teachers	**Knowledge** 45 CFR §1302.91(e)(2)(ii) "… a program must ensure all [preschool] center-based teachers have … an associate or bachelor's degree in: child development [or] early childhood education (ECE) [with] equivalent coursework [to a major relating to ECE and experience teaching preschool children], or otherwise meet the requirements of section 648A(a)(3)(B) of the Act." **Competencies** 45 CFR §1302.91(e)(5) "A program must ensure center-based [preschool] teachers … demonstrate competency to: Provide effective and nurturing teacher-child interactions, Plan and implement learning experiences that ensure effective curriculum implementation and use of assessment; and Promote children's progress across … the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate." Head Start Act, Sec. 648A (a) "Ensure that each Head Start classroom … is assigned a teacher who has demonstrated competency to perform functions that include: Planning and implementing learning experiences that advance the intellectual and physical development of children, including: Improving the readiness of children for school by developing their literacy, phonemic, and print awareness, Their understanding and use of language, Their understanding and use of increasingly complex and varied vocabulary, Their appreciation of books their understanding of early math and early science, Their problem-solving abilities, and their approaches to learning; Establishing and maintaining a safe, healthy learning environment; Supporting the social and emotional development of children; Encouraging the involvement of the families of the children in Head Start program and supporting the development of relationships between children and their families."
Head Start Infant and Toddler Teachers	**Knowledge** 45 CFR §1302.91(e)(1) "As prescribed in section 645A(h) of the Act, a program must ensure center-based teachers that provide direct services to infants and toddlers have: a minimum of a CDA or comparable credential; and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development." **Competencies** 45 CFR §1302.91(a) "A program must: Ensure all staff, consultants, and contractors … have sufficient knowledge, training and experience, and competencies to: Fulfill the roles and responsibilities of their positions. … Ensure high-quality service delivery. … Provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities." 45 CFR §1302.91(e)(5) "A program must ensure center-based [infant toddler] teachers … demonstrate competency to: Provide effective and nurturing teacher-child interactions, Plan and implement learning experiences that ensure effective curriculum implementation and use of assessment, Promote children's progress across … the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate."

Head Start Coaches	**Knowledge** 45 CFR §1302.91(f) "A program must ensure coaches providing the [intensive coaching] services described in 1302.92(c) have a minimum of a baccalaureate degree in early childhood education or a related field." **Competencies** 45 CFR §1302.91(a) "A program must: Ensure all staff, consultants, and contractors … have sufficient knowledge, training and experience, and competencies to: fulfill the roles and responsibilities of their positions … ensure high-quality service delivery. … Provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities. 45 CFR §1302.92(b)(5) "Programs must establish and implement a systemic approach to staff training and professional development … the system must include research-based approaches to professional development for education staff, that are focused on: effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions; and, use of data to individualize learning experiences to improve outcomes for children." 45 CFR §1302.92(c)(2) and (3) "A program must implement a research-based, coordinated coaching strategy for education staff that at minimum, provides opportunity for: intensive coaching to … education staff identified … [as benefiting most from intensive coaching,] including opportunities to be observed and receive feedback and modeling of effective teaching practices directly related to program performance goals; education staff not identified for intensive coaching … to receive other forms of research-based professional development aligned with program performance goals …" 45 CFR §1302.92(c)(4) "A program must implement a research-based, coordinated coaching strategy … that … ensures intensive coaching opportunities for [education] staff … that align with the program's school readiness goals, curricula, and other approaches to professional development; utilize a coach with adequate training and experience in adult learning and in using assessment date to drive coaching strategies aligned with program performance goals; provide ongoing communication between the coach, program director, education director, and any other relevant staff; and, include clearly articulated goals informed by the program's goals … and process for achieving those goals."
Head Start Fiscal Officers	**Knowledge** 45 CFR §1302.91 (c) "A program must: Assess staffing needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet their needs Ensure a fiscal officer hired after Nov. 7, 2016, is a certified public accountant or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field" **Competencies** 45 CFR §1302.91 (a) "A program must: Ensure all staff, consultants, and contractors … have sufficient knowledge, training and experience, and competencies to: Fulfill the roles and responsibilities of their positions, Ensure high-quality service delivery … Provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities."
Head Start Directors	**Knowledge** 45 CFR §1302.91 (b) "A program must: Ensure an Early Head Start or Head Start director hired after November 7, 2016, has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration" **Competencies** 45 CFR §1302.91 (a) "A program must: Ensure all staff, consultants, and contractors … have sufficient knowledge, training and experience, and competencies to: Fulfill the roles and responsibilities of their positions, Ensure high-quality service delivery … Provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities."

Program Administration Scale overview, *McCormick Center Whole Leadership Framework*

Human Resources
- Hiring and Orientation
- Supervision and Performance Appraisal
- Staff Development and Professional Growth

Personnel Cost and Allocation
- Compensation
- Benefits
- Staffing Patterns and Scheduling

Operations
- Facilities
- Risk Management
- Marketing and Public Relations
- Technology

Screening and Assessment
- Screening and Identification
- Assessment in Support of Learning

Fiscal Management
- Budget Planning
- Accounting Practices

Organizational Growth and Development
- Strategic Planning
- Evaluation and Continuous Improvement

Family and Community Partnerships
- Family Communications
- Family Support and Engagement
- Community Outreach

Relational Leadership
- Meetings and Shared Decisions Making
- Internal Communications

Staff Qualifications
- Administrator
- Lead Teacher
- Teacher
- Assistant Teacher

Competencies for Early Childhood Education Leadership, *Transforming the Workforce*

Practices to Help Children Learn
- understanding the implications of child development and early learning for interactions between care and education professionals and children, instructional and other practices, and learning environments.
- ability to keep current with new advances in the research on child development and early learning and on instructional and other practices inform changes in professional practices and learning environments.

Assessment of Children
- knowledge of assessment principles and methods to monitor children's progress and ability to adjust practice accordingly.
- ability to select assessment tools for use by the professionals in their settings.

Fostering a Professional Workforce
- knowledge and understanding of the competencies needed to work with children in the professional setting they lead.
- ability to use knowledge of these competencies to make informed decisions about hiring and placement of practitioners.
- ability to formulate and implement policies that create an environment that enhances and supports quality practice and children's development and early learning.
- ability to formulate and implement supportive and rigorous ongoing professional learning opportunities and quality improvement programs that reflect current knowledge of child development and of effective, high-quality instructional and other practices.
- ability to foster the health and well-being of their staff and to seek out and provide resources that can help staff manage stress.

Assessment of Educators

- ability to assess the quality of instruction and interactions, to recognize high quality, and to identify and address poor quality through evaluation systems, observations, coaching, and other professional learning opportunities.
- ability to use data from assessments of care and education professionals appropriately and effectively adjust to improve outcomes for children and to inform professional learning and other decisions and policies.

Developing and Fostering Partnerships

- ability to support collaboration among the different kinds of providers under their leadership.
- ability to enable interprofessional opportunities for themselves and their staff to facilitate linkages among health, education, social services, and other disciplines not under their direct leadership.
- ability to work with families and support their staff to work with families.

Organizational Development and Management

- knowledge and ability in administrative and fiscal management, compliance with laws and regulations, and the development and maintenance of infrastructure and an appropriate work environment.

Competencies for Educators in Early Childhood, Birth to Age 8, *Transforming the Workforce*

Core Knowledge Base

- knowledge of the developmental science that underlies important domains of early learning and child development, including cognitive development, specific content knowledge and skills, general learning competencies, socioemotional development, and physical development and health.
- knowledge of how these domains interact to facilitate learning and development.
- knowledge of content and concepts that are important in early learning of major subject-matter, including language and literacy, mathematics, science, technology, engineering, arts, and social studies.

- knowledge of the learning trajectories (goals, developmental progressions, and instructional tasks and strategies) of how children learn and become proficient in each of the domains and specific subject-matter areas.
- knowledge of the science that elucidates the interactions among biological and environmental factors that influence children's development and learning, including the positive effects of consistent, nurturing interactions that facilitate development and learning, as well as the negative effects of chronic stress and exposure to trauma and adversity that can impede development and learning.
- knowledge of principles for assessing children that are developmentally appropriate, culturally sensitive; and relevant, reliable, and valid across a variety of populations, domains, and assessment purposes.

Practices to Help Children Learn

- ability to establish relationships and interactions with children that are nurturing and use positive language.
- ability to create and manage effective learning environments (physical space, materials, activities, classroom management).
- ability to consistently deploy productive routines, maintain a schedule, and make transitions brief and productive, all to increase predictability and learning opportunities and to maintain a sense of emotional calm in the learning environment.
- ability to use a repertory of instructional and caregiving practices and strategies, including implementing validated curricula, which engage children through nurturing, responsive interactions and facilitate learning and development in all domains in ways that are appropriate for their stage of development.
- ability to set appropriate individualized goals and objectives to advance young children's development and learning.
- ability to use learning trajectories: a deep understanding of the content; knowledge of the way children think and learn about the content; and the ability to design and employ instructional tasks, curricula, and activities that effectively

promote learning and development within and across domains and subject-matter areas.

- ability to select, employ, and interpret a portfolio of both informal and formal assessment tools and strategies; to use the results to understand individual children's developmental progression and determine whether needs are being met; and to use this information to individualize, adapt, and improve instructional practices.
- ability to integrate and leverage different kinds of technologies in curricula and instructional practice to promote children's learning.
- ability to promote positive social development and self-regulation while mitigating challenging behaviors in ways that reflect an understanding of the multiple biological and environmental factors that affect behavior.
- ability to recognize the effects of factors from outside the practice setting (e.g., poverty, trauma, parental depression, experience of violence in the home or community) that affect children's learning and development, and to adjust practice to help children experiencing those effects.

Working with Diverse Populations of Children

- ability to advance the learning and development of children from backgrounds that are diverse in family structure, socioeconomic status, race, ethnicity, culture, and language.
- ability to advance the learning and development of children who are dual language learners.
- ability to advance the development and learning of children who have specialized developmental or learning needs, such as children with disabilities or learning delays, children experiencing chronic stress/adversity, and children who are gifted and talented. All early care and education professionals—not just those in specialized roles—need knowledge and basic competencies for working with these children.

Developing and Using Partnerships

- ability to communicate and connect with families in a mutually respectful, reciprocal way, and to set goals with families and prepare them to engage in complementary behaviors and activities that enhance development and early learning.

- ability to recognize when behaviors and academic challenges may be a sign of an underlying need for referral for more comprehensive assessment, diagnosis, and support (e.g., mental health consultation, social services, family support services).
- knowledge of professional roles and available services within care and education and in closely related sectors such as health and social services.
- ability to access and effectively use available referral and resource systems.
- ability to collaborate and communicate with professionals in other roles, disciplines, and sectors to facilitate mutual understanding and collective contributions to improving outcomes for children.

Continuously Improving the Quality of Practice

- ability and motivation to access and engage in available professional learning resources to keep current with the science of development and early learning and with research on instructional and other practices.
- knowledge and abilities for self-care to manage their own physical and mental health, including the effects of their own exposure to adversity and stress.

Professional Standards and Competencies for Early Childhood Educators, *NAEYC*

The full document includes the leveling of the standards and competencies to the ECE I, II, and III role designations described in the *Unifying Framework for the Early Childhood Education Profession*; recommendations for implementing the standards and competencies across the early childhood field; a summary of the research; the resources and references that informed the document; a glossary of terms; and the list of the work group members who led the revisions. The six standards are summarized below.[151]

STANDARD 1: Child Development and Learning in Context

Early childhood educators (a) are grounded in an understanding of the developmental period of early childhood from birth through age 8 across developmental domains. They (b) understand each child as an individual with unique developmental variations. Early childhood educators (c) understand that children learn and develop within relationships and within multiple contexts, including families, cultures, languages, communities, and society. They (d) use this multidimensional knowledge to make evidence-based decisions about how to carry out their responsibilities.

- **1a:** understand the developmental period of early childhood from birth through age 8 across physical, cognitive, social and emotional, and linguistic domains, including bilingual/multilingual development.
- **1b:** understand and value each child as an individual with unique developmental variations, experiences, strengths, interests, abilities, challenges, approaches to learning, and with the capacity to make choices.
- **1c:** understand the ways that child development and the learning process occur in multiple contexts, including family, culture, language, community, and early learning setting, as well as in a larger societal context that includes structural inequities.
- **1d:** use this multidimensional knowledge—that is, knowledge about the developmental period of early childhood, about individual children, and about development and learning in cultural contexts—to make evidence-based decisions that support each child.

STANDARD 2: Family–Teacher Partnerships and Community Connections

Early childhood educators understand that successful early childhood education depends upon educators' partnerships with the families of the young children they serve. They (a) know about, understand, and value the diversity in family characteristics. Early childhood educators (b) use this understanding to create respectful, responsive, reciprocal relationships with families and to engage with them as partners in their young children's development and learning. They (c) use community resources to support young children's learning and development and to support children's families, and they build connections between early learning settings, schools, and community organizations and agencies.

- **2a:** know about, understand, and value the diversity of families.
- **2b:** collaborate as partners with families in young children's development and learning through respectful, reciprocal relationships and engagement.
- **2c:** use community resources to support young children's learning and development and to support families, as well as build partnerships between early learning settings, schools, and community organizations and agencies.

STANDARD 3: Child Observation, Documentation, and Assessment

Early childhood educators (a) understand that the primary purpose of assessments is to inform instruction and planning in early learning settings. They (b) know how to use observation documentation, and other appropriate assessment approaches and tools. Early childhood educators (c) use screening and assessment tools in ways that are ethically grounded and developmentally, culturally, ability, and linguistically appropriate to document developmental progress and promote positive outcomes for each child. In partnership with families and professional colleagues, early childhood educators (d) use assessments to document individual children's progress and, based on the findings, to plan learning experiences.

- **3a:** understand that assessments (formal and informal, formative and summative) are conducted to make informed choices about instruction and for planning in early learning settings.
- **3b:** know a wide range of types of assessments, their purposes, and their associated methods and tools.
- **3c:** use screening and assessment tools in ways that are ethically grounded and

developmentally, ability, culturally, and linguistically appropriate in order to document developmental progress and promote positive outcomes for each child.

- **3d:** build assessment partnerships with families and professional colleagues.

STANDARD 4: Developmentally, Culturally, and Linguistically Appropriate Teaching Practices

Early childhood educators understand that teaching and learning with young children is a complex enterprise, and its details vary depending on children's ages and characteristics and on the settings in which teaching and learning occur. They (a) understand and demonstrate positive, caring, supportive relationships and interactions as the foundation for their work with young children. They (b) understand and use teaching skills that are responsive to the learning trajectories of young children and to the needs of each child. Early childhood educators (c) use a broad repertoire of developmentally appropriate and culturally and linguistically relevant, anti-bias, and evidence-based teaching approaches that reflect the principles of universal design for learning.

- **4a:** understand and demonstrate positive, caring, supportive relationships and interactions as the foundation of early childhood educators' work with young children.
- **4b:** understand and use teaching skills that are responsive to the learning trajectories of young children and to the needs of each child, recognizing that differentiating instruction, incorporating play as a core teaching practice, and supporting the development of executive function skills are critical for young children.
- **4c:** use a broad repertoire of developmentally appropriate, culturally and linguistically relevant, anti-bias, evidence-based teaching skills and strategies that reflect the principles of universal design for learning.

STANDARD 5: Knowledge, Application, and Integration of Academic Content in the Curriculum

Early childhood educators have knowledge of the content of the academic disciplines (e.g., language and literacy, the arts, mathematics, social studies, science, technology and engineering, physical education) and of the pedagogical methods for teaching each discipline. They (a) understand the central concepts, the methods and tools of inquiry, and the structures in each academic discipline. Educators (b) understand pedagogy, including how young children learn and process information in each discipline, the learning trajectories for each discipline, and how teachers use this knowledge to inform their practice They (c) apply this knowledge using early learning standards and other resources to make decisions about spontaneous and planned learning experiences and about curriculum development, implementation, and evaluation to ensure that learning will be stimulating, challenging, and meaningful to each child.

- **5a:** understand content knowledge—the central concepts, methods and tools of inquiry, and structure—and resources for the academic disciplines in an early childhood curriculum.
- **5b:** understand pedagogical content knowledge—how young children learn in each discipline—and how to use the teacher knowledge and practices described in Standards 1 through 4 to support young children's learning in each content area.
- **5c:** modify teaching practices by applying, expanding, integrating, and updating their content knowledge in the disciplines, their knowledge of curriculum content resources, and their pedagogical content knowledge.

STANDARD 6: Professionalism as an Early Childhood Educator

Early childhood educators (a) identify and participate as members of the early childhood profession. They serve as informed advocates for young children, for the families of the children in their care, and for the early childhood profession. They (b) know and use ethical guidelines and other early childhood professional guidelines. They (c) have professional communication skills that effectively support their relationships and work young children, families, and colleagues. Early childhood educators (d) are continuous, collaborative learners who (e) develop

and sustain the habit of reflective and intentional practice in their daily work with young children and as members of the early childhood profession.

- **6a:** identify and involve themselves with the early childhood field and serve as informed advocates for young children, families, and the profession.
- **6b:** know about and uphold ethical and other early childhood professional guidelines.
- **6c:** use professional communication skills, including technology-mediated strategies, to effectively support young children's learning and development and to work with families and colleagues.
- **6d:** engage in continuous, collaborative learning to inform practice.
- **6e:** Develop and sustain the habit of reflective and intentional practice in their daily work with young children and as members of the early childhood profession.

Education of Young Children Competencies, *Praxis II 5024 Assessment*

I. Childhood Development and Learning

A. Understands children's characteristics and needs.
1. Understands multiple, interrelated areas of children's development and learning (e.g., physical, cognitive, social, emotional, language).
2. Understands multiple factors that affect children's motivation.

B. Understands multiple influences on the development and learning of the whole child.
1. Identifies factors that influence children's development and learning including but not limited to:
    a. diverse cultural and linguistic contexts for development
    b. health status and disabilities
    c. family and community characteristics
2. Understands developmentally appropriate play, activity, and learning processes and how they influence learning.

C. Understands how multiple risk and protective factors affect children's development over time.

D. Is familiar with the range of typical and atypical development (e.g., gifted and talented, learning delays, dual language learners, developmental disabilities).

E. Understands how to apply developmental knowledge to create healthy, respectful, supportive, and challenging learning environments.
1. Knows strategies to promote young children's physical and psychological health, safety, and sense of security and well-being.
2. Knows theory and research to construct learning environments that provide achievable and challenging experiences for each child.

II. Observation, Documentation, and Assessment

A. Understands the goals, benefits, and uses of assessment to inform curriculum and instruction.
1. Knows how to incorporate a variety of assessment methods (e.g., formal, informal, standardized) into curriculum.
2. Know the advantages and disadvantages of a variety of assessment methods.
3. Knows how to collect, analyze, and interpret observations and assessment results to inform instructional decision making.

B. Knows how to apply responsible assessment practices to meet the diverse needs of children (e.g., those who are culturally diverse, are linguistically diverse, who have disabilities, who have exceptionalities).

C. Knows appropriate methods for screening, referral, and evaluation to identify children who may benefit from additional support.
1. Knows appropriate screening tools.
2. Understands the teacher's role as an active participant in the screening, referral, and evaluation process.

D. Knows the varied, diverse, and inclusive roles of families in the screening and assessment process.

E. Knows strategies for team building, two-way communication, and reporting with families and colleagues to establish shared responsibility for child-centered learning.

III. Developmentally Appropriate Practices

A. Knows how to structure the classroom environment to support children's learning.
1. Knows how to organize the physical configuration, such as creating centers to support learning goals.
2. Know how to establish schedules and routines.
3. Knows how to match learning configurations to needs of children as individuals (e.g., paired, one-on-one) and as part of a group (e.g., whole group, small group, learning centers, projects).

B. Know how to apply a flexible, research-based repertoire of teaching and learning approaches to promote the diverse developmental needs of children including but not limited to the following:
1. Knowing strategies to encourage critical-thinking skills and inquiry.
2. Knowing how to scaffold and differentiate.
3. Knowing how to support learning through the appropriate use of technology.
4. Knowing how to use an integrated approach to curriculum.

IV. Professionalism, Family, and Community

A. Knows about ethical standards and other professional guidelines.
1. Is familiar with the codes of ethical conduct of NAEYC and the Division of Early Childhood.
2. Knows relevant laws and the professional responsibilities and roles pertaining to issues that include but are not limited to IDEA, Section 504, mandatory reporting, confidentiality, compulsory education, the Family Educational Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPPA).

B. Understands the importance of continuous, collaborative learning to inform practice.
1. Knows ways to improve educational practices by seeking opportunities to grow professionally.
2. Understands the purpose, role, and essential skills of engaging in collaborative learning communities (e.g., on-site, homes, conferences, data teams, etc.).
3. Understands the importance of reflection to analyze practices and to modify and improve work with young children.

C. Understands the integrated role of other professionals who may be involved in children's care and education (e.g., special educators, reading specialists, speech and hearing specialists, physical and occupational therapists, specialists in gifted education, school psychologists).

D. Knows appropriate uses of technology to communicate with children, families, and peers and to serve as a professional resource (e.g., digital portfolios, online report cards, embedded instruction).

E. Knows strategies to engage and support families and communities through respectful, reciprocal relationships.
1. Knows strategies to build positive relationships with families and communities.
2. Knows a variety of communication strategies and tools to foster relationships with families (e.g., informal conversations, conferencing, technology).
3. Knows strategies to connect families to needed resources (e.g., mental health services, health care, adult education, English-language instruction, economic assistance).

F. Knows strategies to involve families and communities in young children's development and learning.
1. Is familiar with different strategies that engage families in their child's curriculum and assessment of learning.
2. Knows how to collaborate with families and colleagues and enact protocols to make informed decisions regarding a child's education.
3. Is familiar with strategies that address transitions within and among programs across multiple levels.

V. Content Pedagogy and Knowledge

1. Knows each subject area that is essential to children's learning competence.
2. Knows developmentally appropriate resources, including books, standards documents, web resources, and individuals with content expertise, to consult for developing and implementing early childhood curriculum to support children's learning.
3. Knows programs to support children with diverse needs (e.g., at-risk, English-language learners, in need of early intervention).
4. Knows the core concepts and standards in content areas: language and literacy, and mathematics as a foundation for instructional decision making and pedagogical implementation.
5. Knows the importance of what to teach and how to teach to promote positive outcomes for each child.

A. Language and Literacy

1. Communication concepts (speaking, listening, and language)
2. Emergent reading
3. Literature and informational text
4. Writing

B. Mathematics

1. Counting and cardinality
2. Operations and algebraic thinking
3. Numbers and operations in base 10
4. Measurement and data
5. Geometry

Head Start

Since its launch in 1965, the Head Start program has served over 36 million children, providing comprehensive services and quality education for low-income children from birth to age 5. Over the past 60 years, the Head Start workforce has evolved from staff that had little training or education to a staff that is fully credentialed and degreed. The transformation did not happen overnight but instead occurred after a series of planned and research-based policy changes that created a pathway for the entire workforce.

In 1973, Head Start developed the Child Development Associate credential (CDA), a competency-based system with clear processes for assessing and credentialing caregivers. Building on the CDA, Congress set the first minimum teacher requirements for Head Start providers in 1994, mandating that every classroom have at least one teacher with a CDA or similar early childhood credential. Four years later, in the 1998 Head Start Improvement Act, Congress increased requirements to include at least one teacher per classroom having an Associate in Arts (AA) degree.

In 2007, the Improving Head Start for School Readiness Act called for 50% of Head Start teachers to have a B.A. degree or higher by 2013—roughly double the rate at the time.[152] By 2021, 72% of center-based Head Start teachers had a B.A. or higher in early childhood education or a related field, and 95% had at least an AA.[153]

Head Start published the first Head Start Program Performance Standards in 1975, which included standards for educational services, health services, social services, and parental involvement and the staff roles required to meet these standards. Head Start developed and disseminated program implementation materials for the new standards the following year before Congress codified its

universal application to Head Start programs in 1978. Head Start updated the standards in 1994 and 1998 and then published a comprehensive revision in 2016.[154] The Administration for Children and Families has continued to make periodic updates to the performance standards since they were revised in 2016 to meet the program's evolving needs. Today, the performance standards remain a core national resource for all Head Start programs, outlining clear staff qualifications and competency requirements for every position.[155] Based on the standards, Head Start also maintains detailed guidance for providers to recruit qualified staff for every position.

The Head Start program has benefited from credential requirements for all staff, defined national performance standards, accountability standards, innovative mentorship and coaching models, and stable federal funding. The late 1980s marked the beginning of increased congressional funding targeting the Head Start workforce. The first major funding package of roughly $50 million aimed at increasing Head Start salaries passed in 1988. Funding appropriations continued to increase in the following years, and then the 1990 Head Start and Quality Improvement Act specified 2% of total funding in the act be used for training. Congress also passed a cost-of-living adjustment in the 1994 Head Start package. In 2004, Head Start launched the Head Start Management initiative to increase compensation for executive and administrative personnel.

Military Child Care

The Military Child Care Training Program was created in the late 1980s, when the Department of Defense (DOD) convened a task force focused on professionalizing the military child care workforce. Roughly 22,000 caregivers (child care teachers and assistants) were already working in the military system, the majority being military spouses who had no formal training or credentials. The task force's goal was to develop a plan to train existing staff and to link training completion to structured pay increases.

Based on the task force's recommendations, Congress added requirements in the Military Child Care Act of 1989 to improve the workforce's pay and training. The act required DOD to establish a uniform training program for all child care employees as a condition of employment, with minimum training completed within six months. Classroom staff were required to demonstrate competency, and they received constant support to attain the required skills and knowledge. The law mandated that the compensation of employees working directly with children be increased to a level comparable to other employees with similar qualifications. To address pedagogical leadership challenges, Congress required that each child development center hire at least one training and curriculum specialist. Recognizing the lack of early childhood degrees, the military decided to begin by requiring degrees only for directors and training and curriculum specialists.

All training begins with acquiring basic health and safety knowledge and builds toward higher levels. Training is tied to demonstrated competency. To achieve this (and similar to Head Start), DOD used the CDA competencies as the core of the program. Training is mandatory and free for all child care staff and is conducted entirely on the job by the training specialists.

Each on-base child care center has a training and curriculum specialist onsite who focuses on technical assistance, training, and performance evaluation. The specialist (also called the T&C coordinator) is responsible for developing curricula and implementing on-the-job training. The specialist works directly with classroom staff to develop tailored annual training plans based on the standardized competency-based Military Child Care training program.

Training is divided into three general stages:[156]

1. *Preservice orientation*: New hires begin training by attending an orientation program that covers procedures regarding child abuse prevention and reporting, first aid and CPR, health and sanitation, and family relationship management.

The training is completed before new staff begin to work independently with children but can include observation of experienced teachers.

2. *Competency-based modules*: After completing orientation, staff begin the competency-based training modules designed around the 13 functional areas of the Child Development Associate Credential Program. Modules are completed on the job and tailored for the specific age groups with which the individual is working. Staff typically complete all modules within 18–24 months.

3. *Annual, ongoing training*: After completing the competency-based curriculum, classroom staff are expected to complete an additional 24 hours of training each year of service. Like the core curriculum, all additional training occurs on the job under supervision of the T&C coordinator.

The Military Child Care System provides more competitive wages than comparable state programs. In 2019, average hourly wages at military child care centers ranged from $12 to $15, compared with an average national average child care staff wage of $11 per hour.[157] Additionally, all staff—full and part time—receive a benefits package that includes life insurance, health insurance, sick leave, and retirement benefits. This increases the total compensation package by 22–36% on average.[158]

The career pathway is a standardized, graduated system based on training completed and competencies demonstrated and is linked to the national General Schedule (GS) pay scale.[159] Child care staff enter the system at a GS-2 level and must be 18 years or older, fluent in English, and have a high school diploma. After completing the initial mandatory training and working for at least six months, they receive a 6% wage increase. Staff then have an additional 18 months to complete mandatory competency-based training. They can work up to the GS-5 level without any additional external education. Classroom staff with a CDA credential or AA degree qualify for classification as child development technicians. Positions requiring associate degrees correspond to GS levels 5–8. Director-level positions

require a bachelor's degree and correspond to GS levels 9–12.

Today, the Military Child Care System employs over 23,000 child care workers and serves 210,000 children. The military provides child care to uniformed service members through four programs:

1. *Child Development Centers*: On-base child care centers that provide care to children under 5.

2. *Family Child Care*: On-base or off-base child care providers operating out of homes.

3. *School-Age Care*: On-base care for before and after school, summer, and holidays, for children ages 6–12 enrolled in school.

4. *Fee Assistance*: DOD-provided subsidies for use with civilian child care providers when military child care is unavailable.

The DOD spends more than $1 billion per year on its child development program, making it by far the largest employer-sponsored child care program in the country.[160] DOD funds half of all child care program costs, with parent fees making up the remainder.

Nursing is a model for child care workforce initiatives. The governance and occupational licensure, career pathways, and professional development have helped professionalize nursing while keeping it accessible for individuals looking to enter the field.

Governance and Licensing

Each state and the District of Columbia sets their own laws to govern the practice of nursing in their Nursing Practice Act (NPA).[161] NPAs typically define the scope and practice of nursing, educational program standards, licensing requirements, and grounds for disciplinary action. A Board of Nursing (BON) regulates and enforces a state's NPA.[162] There is variation in how each state sets regulations through their NPA and BON. For example, California's Nursing Practice Act specifies coursework requirements for all accredited schools of nursing,[163] while Texas's NPA gives the authority to its Board of Nursing to set coursework requirements.[164]

All nurses must be licensed to practice. Licensing typically requires graduation from an accredited program, the successful completion of the NCLEX-RN/PN examination, and a criminal background check.[165] The National Council of State Boards of Nursing (NCSBN), a professional association, manages the provision and oversight of the NCLEX-RN/PN. To sit for the exam, candidates must verify that they completed a state-approved registered nursing program.[166] Although the exam itself is the same, states can establish their own passing score.[167] The NCSBN enacted the Nurse Licensure Compact (NLC) in 2000 to permit licensing reciprocity across states.[168] States can define their compact regulations in their NPA.

Career Pathways

Nurses have standardized titles and responsibilities depending on their training and education. The profession has been structured so that nurses can advance to higher titles through an aligned education system, meaning certifications and degrees typically build on each other as nurses advance through the higher education system. A state's NPA typically defines the specific requirement and roles of each position. Below are the most common nursing positions:

1. Certified Nursing Assistant (CNA):[169] This is an entry-level certification that can be attained through a four- to eight-week training program at a community college or health care facility. Upon completion of a state-approved program, candidates must pass the National Nurse Aide Assessment Program examination.

2. Licensed Practical Nurse (LPN):[170] LPN programs are typically offered at community colleges or technical schools and take one to two years to complete. Students who complete an accredited program must pass the NCLEX-PN to practice. LPNs must work under an RN and may delegate tasks to a CNA. This degree is less common because some health care providers do not hire LPNs.

3. Registered Nurse (RN): There are four common pathways to becoming an RN.

   • CNA-to-RN Bridge Program:[171] CNAs with a high school diploma or GED may be eligible to attend an accelerated RN training program and receive an associate degree in Nursing (AND). These programs typically take 15 to 24 months to complete. Similar programs exist for LPNs to become an RN.

   • Diploma in Nursing (DIP) Program:[172] This is a hospital-based apprenticeship model that takes 12 to 30 months to complete. Diploma programs have become less common; in recent years, just 1% of NCLEX-RN candidates were trained in a diploma program.

   • Associate Degree in Nursing (ADN) Program:[173] Candidates take 13 to 24 months to receive an ADN through the program, which is typically operated by accredited community colleges and some four-year universities. The course of

study usually involves both coursework and clinical experience.

- Bachelor of Nursing (BSN) Program:[174] Candidates can attain a BSN at an accredited four-year university, and the program typically takes four years to complete. Students complete a combination of coursework and clinical hours. Those who already have an ADN may complete their BSN in fewer years.

Although the responsibilities for RNs with an AA or BSN tend to be the same, it is common practice for hospitals to require nurses with a diploma or associate degree to attain their BSN within a certain number of years. RNs with the requisite experience and education can also choose to advance their education through a Master of Science in Nursing (MSN) or Doctor of Nursing Practice (DNP) program. Nurses with advanced degrees have greater responsibilities and specialties.

Professional Development

It is common practice for health care facilities to develop a nursing residency program for new nurses or nurses entering a new specialty.[175] Although there is considerable variation across states and health care facilities, the positions are typically paid and last about 6–12 months. Residency programs commonly involve a nurse preceptorship, which allows the new nurse to shadow an experienced nurse on the unit for several weeks. They might also take additional coursework and training specific to their specialty. Nurse residency programs provide an additional layer of support to new nurses through a dedicated program director and coach, who evaluate and coordinate the program and provide mentorship. Nursing residency programs have been shown to decrease turnover in the field.[176]

Health care facilities often develop a clinical advancement plan, which offers nurses the chance to advance in their field and increase their wages without necessarily earning an additional degree. Clinical advancement programs are designed to encourage professional development and decrease turnover. Advancement often comes with higher compensation. Although these plans vary depending on the hospital, the University of Maryland Medical Center's Professional Advancement Model (PAM) may serve as a model program.[177] In this program, nurses advance through four levels: Clinical Nurse I, Clinical Nurse II, Senior Clinical Nurse I, and Senior Clinical Nurse II. New hires and recent graduates begin in Clinical Nurse I and can advance through evaluations, increased experience, professional development, membership with a professional organization, participation in peer review for a professional journal, additional education, and formal teaching.

APPENDIX F: CHARTS OF STATE ENTRY-LEVEL REQUIREMENTS AND COMPETENCY FRAMEWORKS

In a scan of all 50 states and the District of Columbia, BPC compiled information on state licensing requirements for center-based child care providers. The charts below summarize the minimum requirements for child care directors, teachers, and teacher aides. For more information, please see the State Child Care Licensing Requirement database.

	Directors									
	Minimum Education Requirements									Business Acumen
State	Age	High School or Equivalent	CDA	Associates	Bachelors	Experience	Credit Hours	Training Hours	Other	Business Acumen
Alabama	19	X				X		X		X
Alaska	21		X							
Arizona	21	X				X		X		X
Arkansas	21		X			X				
California	18	X				X	X			X
Colorado						X	X			
Connecticut										
Delaware	21			X		X				
DC					X		X			
Florida		X					X	X	X	X
Georgia	21		X			X				
Hawaii	18		X			X				
Idaho	18								X	
Illinois	21	X				X	X		X	
Indiana	21			X		X				
Iowa	21	X	X			X		X		X
Kansas	18	X				X				
Kentucky	21	X				X				
Louisiana	21					X	X			
Maine	21							X		
Maryland	21	X	X			X	X	X		
Massachusetts	21	X				X	X			X

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State	Age	High School or Equivalent	CDA	Associates	Bachelors	Experience	Credit Hours	Training Hours	Other	Business Acumen
Directors										
Minimum Education Requirements										
Michigan	21	X	X			X	X			X
Minnesota	18	X				X	X			
Mississippi	21		X			X				
Missouri			X							
Montana	18					X			X	X
Nebraska	19	X				X		X		X
Nevada	21		X			X				X
New Hampshire	21	X	X			X				X
New Jersey					X	X				X
New Mexico	21		X			X				
New York			X			X			X	X
North Carolina	21	X				X				X
North Dakota			X			X				
Ohio			X			X				
Oklahoma	21					X			X	X
Oregon	21					X		X	X	X
Pennsylvania	18			X		X				
Rhode Island		X				X				X
South Carolina	21	X				X			X	
South Dakota	18					X				
Tennessee	21	X				X			X	X
Texas	21					X	X			X
Utah	21		X							
Vermont	21					X	X			
Virginia	21	X				X	X			X
Washington	18					X			X	X
West Virginia	21	X	X			X			X	X
Wisconsin	21	X	X			X				
Wyoming	21	X				X	X		X	

| State | Teachers | | | | | | | | |
| | Minimum Requirements | | | | | | | | |
	No Requirements	Age	High School or Equivalent	CDA	Associate	Experience	Credit Hours	Training Hours	Other
Alabama		18	X						
Alaska		16							
Arizona		18	X			X			
Arkansas		16	X						
California		18		X		X	X		X
Colorado		18		X					
Connecticut		20	X	X		X			
Delaware		18	X	X		X			
DC				X					X
Florida									X
Georgia		18		X					
Hawaii		18				X	X		X
Idaho		16							
Illinois		19	X			X	X		
Indiana				X					
Iowa		16							
Kansas						X			
Kentucky			X						X
Louisiana		16							
Maine		18		X		X	X		
Maryland		19	X	X		X		X	
Massachusetts		21	X			X	X		
Michigan		19	X			X	X		
Minnesota		18	X			X	X		
Mississippi		18	X						
Missouri		18							
Montana		18				X			
Nebraska		18	X			X			
Nevada	X								
New Hampshire		18	X			X	X		
New Jersey						X			X
New Mexico		18							

State	Teachers								
	Minimum Requirements								
	No Requirements	Age	High School or Equivalent	CDA	Associate	Experience	Credit Hours	Training Hours	Other
New York				X		X			
North Carolina		18							X
North Dakota		14							
Ohio		16							X
Oklahoma		18	X						
Oregon		18				X			
Pennsylvania		18			X	X			
Rhode Island			X			X			
South Carolina		18				X			
South Dakota		18							
Tennessee		18							
Texas		18	X						
Utah		16							
Vermont		20							X
Virginia		18				X			
Washington		18	X						X
West Virginia		18				X			
Wisconsin		18	X	X		X			
Wyoming		16							

State	Teacher Assistants							
	Minimum Requirements							
	No Requirements	Age	High School or Equivalent	CDA	Experience	Credit Hours	Training Hours	Other
Alabama		16						X
Alaska		16						
Arizona		16			X			
Arkansas		16	X					
California		18				X		
Colorado					X	X		
Connecticut		18			X			
Delaware		18	X		X	X		
District of Columbia		18		X				
Florida	X							
Georgia		16						
Hawaii		16			X	X		
Idaho		16						
Illinois			X					
Indiana		18	X					
Iowa		16						
Kansas		16						
Kentucky			X					X
Louisiana		16						
Maine		16	X					
Maryland		18	X		X		X	
Massachusetts		16						
Michigan	X							
Minnesota		18	X		X	X		
Mississippi		16						
Missouri		18						
Montana		16						
Nebraska		16						
Nevada	X							
New Hampshire		16						
New Jersey				X				
New Mexico		18						

State	No Requirements	Age	High School or Equivalent	CDA	Experience	Credit Hours	Training Hours	Other
Teacher Assistants								
Minimum Requirements								
New York					X			
North Carolina		16						
North Dakota		14						
Ohio		16						X
Oklahoma		16	X					
Oregon		15						
Pennsylvania		18	X		X			
Rhode Island		18	X					
South Carolina		18			X			
South Dakota		14						
Tennessee		18						
Texas		18	X					
Utah		16						
Vermont		18	X	X	X			
Virginia		16						
Washington		18	X					X
West Virginia		18			X			X
Wisconsin		18						
Wyoming		16						

State	Competencies			
	Workforce Registry*	Director	Teacher/Assistant	Coach/Techincal Assistance
Alabama	V			x
Alaska	V	x	x	
Arizona	P	x	x	x
Arkansas	R	x	x	
California	P	x	x	x
Colorado	V	x	x	x
Connecticut	P	x	x	x
Delaware		x	x	
District of Columbia	R			
Florida	V	x	x	x
Georgia	P		x	
Hawaii	R			
Idaho	P	x	x	
Illinois	R	x	x	x
Indiana		x	x	
Iowa	R	x	x	x
Kansas		x	x	
Kentucky	R	x	x	x
Louisiana	P		x	
Maine	P	x	x	x
Maryland			x	
Massachusetts	R	x	x	
Michigan	V	x	x	
Minnesota	P		x	
Mississippi	P			
Missouri	V	x	x	
Montana	R	x	x	
Nebraska	P	x	x	x
Nevada	R	x	x	
New Hampshire	R		x	
New Jersey	P	x	x	x
New Mexico		x	x	
New York	P	x	x	x

State	Competencies			
	Workforce Registry*	Director	Teacher/Assistant	Coach/Techincal Assistance
North Carolina		x	x	x
North Dakota	P		x	
Ohio	R	x	x	x
Oklahoma	R		x	
Oregon	R		x	x
Pennsylvania	P	x	x	
Rhode Island		x	x	x
South Carolina	R	x	x	
South Dakota				
Tennessee	R			
Texas	V	x	x	
Utah	P		x	
Vermont	R	x	x	x
Virginia		x	x	
Washington	R	x	x	x
West Virginia	R	x	x	x
Wisconsin	R	x	x	x
Wyoming	R	x	x	x

V = Voluntary
P = Partially Required
R = Required for All

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