

# CHILD CARE

## FACT SHEET

### The Strong Start for America's Children Act: Summary

May 2014

The Strong Start for America's Children Act, introduced by Senator Tom Harkin (D-IA), Representative George Miller (D-CA), and Representative Richard Hanna (R-NY), would significantly expand access to high-quality preschool for four-year-olds from low- and moderate-income families through state-federal partnerships. It would also increase access to high-quality infant and toddler care through an optional set-aside and partnerships between Early Head Start and child care. On May 14, 2014, the Senate Health, Education, Labor, and Pensions (HELP) Committee approved the Strong Start for America's Children Act by a vote of 12 to 10.

- **Children Eligible for Prekindergarten:** States could use the funds to serve four-year-olds whose families have incomes at or below 200 percent of poverty. Once a state or locality had made prekindergarten available to all of its eligible four-year-olds whose families wanted them to participate, it could use federal funds to serve three-year-olds in families with incomes at or below 200 percent of poverty.

- **Providers Eligible to Offer Prekindergarten:** States could subgrant funds to schools or community-based providers such as child care and Head Start programs. Providers would be required to meet a set of standards, including:

- Teachers who have bachelor's degrees and demonstrate competence in early childhood education.
- Maximum class size and child-staff ratios that are evidence-based under the House bill and maximum class size of 20 and child-staff ratios of 10:1 under the Senate bill.

- Full-school-day schedule.
- Curricula and learning environments that are evidence-based and aligned with the state's early learning and development standards.
- Teacher salaries comparable to those for K-12 teachers.
- Professional development for all staff.
- Ongoing monitoring and program evaluation for continuous improvement.
- Health and safety standards.
- Comprehensive services, including nutritious meals and snacks and nutrition education; screenings, referrals, and assistance with accessing services for vision, dental, health, and development; family engagement opportunities; and physical activity programs.

- **States Eligible to Receive Prekindergarten Funds:** States would receive an allotment of federal funds based on their population of four-year-olds from families with incomes at or below 200 percent of poverty. States could use up to 20 percent of their funds in the first four years to improve quality, including by providing scholarships and other supports to help teachers receive bachelor's degrees. To receive its allotted funds, a state would be required to already have or work toward having:

- Comprehensive early learning and development standards.
- Prekindergarten data linked with elementary and secondary school data.

- State-funded kindergarten.
- State Advisory Council on Early Childhood Education and Care.
- Coordination among early childhood programs.
- Comprehensive early learning assessments that are culturally, developmentally, and age-appropriate and consistent with the recommendations of the National Academy of Sciences; assessments could not be used to provide sanctions or rewards for individual teachers or children or as the primary or sole method for assessing program effectiveness, and evaluations of children could only be used for improving programs, instruction, and the classroom environment, targeting professional development, determining the need for support services, providing parent information, and engaging families.
- Performance measures and targets to track the state's progress in increasing children's school readiness, reducing gaps in school readiness among groups of children, increasing the number and percentage of low-income children in high-quality early learning programs, and other measures.

States not eligible for these funds could compete for Prekindergarten Development Grants to increase their capacity and build infrastructure to offer high-quality prekindergarten programs.

- **State Matching Funds for Prekindergarten:** States would be required to provide matching funds equal to 10 percent of federal funding in the first and second years, 20 percent in the third year, 30 percent in the fourth year, 40 percent in the fifth year, 50 percent in the sixth year, 75 percent in the seventh year, and 100 percent in the eighth and following

years. States that serve at least half of their eligible four-year-olds would qualify for a reduced match rate. Up to 10 percent of prekindergarten funding already being provided by the state as of the enactment of the legislation could be counted toward the state match (if the funds were not being used as matching funds for any other federal program).

- **Infant/Toddler Set-Aside:** States would be allowed to use up to 15 percent of their funds for high-quality early care and education for infants and toddlers from families with incomes at or below 200 percent of poverty. States could use the funds for providers serving infants and toddlers that offer full-day, full-year care or otherwise address the needs of working families and that meet high-quality standards.
- **Early Learning Quality Partnerships:** Grants would be provided to Early Head Start agencies to partner with center-based and family child care providers, particularly those that serve children receiving child care assistance through the Child Care and Development Block Grant and that aim to meet Early Head Start standards, to increase the quality and capacity of providers serving children through age three. Priority would be given to applicants that coordinate with other federally and state-funded home visiting, child care, and prekindergarten programs to create a continuum of services from birth to school entry.
- **Maternal, Infant, and Early Childhood Home Visiting:** The legislation expresses support for continuing to provide resources for voluntary home visits by nurses and social workers to at-risk families. Home visiting helps promote maternal and child health, improve school readiness, prevent child abuse and neglect, and coordinate resources and supports for families.