

# **CHILD CARE AND EARLY EDUCATION FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES: KEY POLICIES AND PROGRAMS**

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In the United States, an estimated 2.2 million children ages 5 and under have a reported disability—which may be an intellectual, physical, and/or developmental disability.<sup>1</sup> For these young children, access to reliable, quality early care and education is crucial for their social, cognitive, and behavioral development.<sup>2</sup> Early care and education is also necessary to enable the parents of children with disabilities to work or participate in education or training. Inclusive education benefits children without disabilities as well, promoting empathy and respect, enhancing social skills, and improving learning outcomes.<sup>3</sup> Yet families of young children with disabilities have difficulty accessing child care and early education that meets their needs because of gaps in policies and inadequate resources for programs. And these gaps could worsen as enacted and proposed funding cuts to essential programs that support these children—as well as rollbacks of policies that protect them—are implemented.

## Child Care Challenges for Families of Children With Disabilities

**Accessing and affording child care is challenging for all parents.** In 41 states and the District of Columbia, the average annual price of child care for an infant in a center exceeds annual, in-state university tuition.<sup>4</sup> From 1990 to 2019, child care prices rose faster than both the overall price index and median family wages, taking up an increasing share of families' budgets and impacting low-income families the most.<sup>5</sup> Even when families can afford care, they often have trouble finding it. According one study of child care supply across 19 states and the District of Columbia, there are more than four children under age 3 for every licensed child care slot, or, in other words, enough licensed child care to serve just 23 percent of infants and toddlers.<sup>6</sup> After the expiration of federal child care relief funds in 2023, child care programs reported worsening staff shortages across the country and program closures.<sup>7</sup> And the nationwide median wage for full-time child care workers is just \$15.41 per hour, making it one of the lowest-paid occupations.<sup>8</sup> Decades of underinvestment have resulted in a child care system that leaves families struggling to find and afford care, while programs struggle to attract and retain early educators who survive on poverty-level wages.

**Child care challenges are even greater for children with disabilities and their families.** Parents of children with disabilities report experiencing barriers to obtaining and maintaining child care arrangements for their children. According to a 2024 report from the Government Accountability Office, parents of children with disabilities named a lack of consolidated information about programs that can serve families with disabilities, an insufficient number of child care programs that can serve children with disabilities, restrictive eligibility requirements, and limited full-time programs as barriers to finding and securing child care for their children.<sup>9</sup> Even after enrolling their children in a program, parents still reported barriers to full participation for their

children with disabilities, such as exclusion from specific activities, inability to access certain physical spaces, and expulsion from programs for behaviors related to their disabilities.<sup>10</sup> Similarly, in a 2024 survey of families in Chicago, 65 percent of parents of children with disabilities said it was very difficult to find child care, and they reported challenges such as programs being unwilling or unable to care for their children due to their disability, programs lacking the training necessary to support their children's needs, and programs lacking the necessary staff to care for their children.<sup>11</sup>

According to an analysis by the Center for American Progress of data from two nationally representative surveys—the 2016 Early Childhood Program Participation Survey (ECPP) and the 2016–2018 National Survey of Children's Health (NSCH)—and from interviews with a diverse sample of parents across the United States in fall 2019:<sup>12</sup>

- 34 percent of parents of children with disabilities experienced at least some difficulty finding child care, compared to 25 percent for parents with nondisabled children.<sup>13</sup>
- Parents of children with disabilities often had to rely on a combination of child care arrangements: 22 percent of children with disabilities received care from multiple sources compared to 13 percent of nondisabled children.<sup>14</sup>
- Parents of children with disabilities reported patching together help from extended family, child care centers, special education preschool, and nurses and home health aides, as well as making significant changes to their jobs to provide care.<sup>15</sup>
- Parents of young children with disabilities were three times more likely than parents of nondisabled children to experience job disruptions because of problems with child care.<sup>16</sup>

## Early Care and Education Programs and Policies for Children With Disabilities

**There are strategies and supports to help ensure access to child care and early intervention services for children with disabilities, but these supports do not meet the need due to gaps in policies and inadequate funding.** The United States lacks a comprehensive public early care and education system. However, there are federal and state programs that fund child care and early education services for young children with disabilities. There are also federal laws prohibiting discrimination against people with disabilities that protect the rights of young children with disabilities trying to access early care and education services.

### Early Care and Education vs. Early Intervention

The phrase “early care and education” refers to the broad range of settings and types of nonparental care that are available for children from birth to age 5. About three in five children who are not yet in kindergarten are in a nonparental care arrangement—such as a child care center, home-based child care, or with a trusted caregiver such as a grandparent or neighbor—at least once per week.<sup>17</sup> In this report, the terms early care and education (ECE), child care, and early learning are used interchangeably to describe various types of care arrangements for young children. Early intervention (EI), on the other hand, is a system of services designed to support infants and toddlers who have developmental delays or disabilities and their families.<sup>18</sup> These services may include speech-language therapy, physical or occupational therapy, or other types of services depending on the child’s needs as identified in an Individual Family Service Plan (IFSP). Under federal regulations, early intervention services must be provided at little or no cost to families and must be provided in a child’s natural environment, such as at home or in a child care setting.<sup>19</sup> Though distinct from one another, early intervention services and early care and education systems work together to provide young children with disabilities and their families with care and specialized services to support their growth and development.

This report outlines:

- Existing federal and state laws and programs that can help young children with disabilities access needed early intervention services and early care and education,
- The options states have in implementing federal programs and policies that can allow them to better serve young children with disabilities, and
- The limitations of and current threats to existing programs and policies for young children with disabilities.

### Americans with Disabilities Act

The Americans with Disabilities Act (ADA), the federal civil rights law that prohibits discrimination in everyday activities against people with disabilities, contains provisions that protect the rights of children with disabilities in nearly all child care settings. Under the ADA, all child care programs (except those that are considered religious entities) must do the following:<sup>20</sup>

- Make an individualized assessment about whether they can meet the particular needs of a child with a disability.
- Make reasonable modifications to their policies and practices to allow children with disabilities to participate.
- Provide appropriate aids and services needed to effectively communicate with children or adults with disabilities.
- Make sure physical spaces are accessible by removing architectural barriers that interfere with or prevent children (or parents, guardians, or prospective customers with disabilities) from fully participating, if removing the barriers is readily achievable (meaning if it can be easily accomplished without much difficulty or expense).

The ADA protects young children with disabilities from being excluded outright from child care programs, but it does not guarantee access or accommodation. In practice, families are left dealing with the limited availability of child care spots, parents' difficulty finding information, restrictive program eligibility requirements, and barriers to their child's full participation (such as physically inaccessible spaces or exclusion from activities).<sup>21</sup>

### **Rehabilitation Act of 1973, Section 504**

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability by programs and activities that receive federal funding, including public schools and child care centers. Unlike the ADA, Section 504 has no exemption for religious entities.<sup>22</sup> This prohibition on discrimination means that child care programs, state agencies, or any other early childhood program or entity that receives federal funding may not withhold, on the basis of disability, services or benefits from an otherwise eligible child. However, as with the ADA, Section 504's prohibition on discrimination on the basis of disability does not guarantee access or accommodation in practice, and many families still face barriers finding and keeping child care for their children with disabilities.<sup>23</sup>

### **Individuals with Disabilities Education Act**

The Individuals with Disabilities Education Act (IDEA), the federal law that makes public education and support services available to children with disabilities, also includes important provisions for young children with disabilities. **The Early Intervention Program under Part C of IDEA** assists states in operating a comprehensive system of EI services for infants and toddlers with disabilities and developmental delays and their families. In Fiscal Year (FY) 2025, the Office of Special Education and Rehabilitative Services (OSERS) within the Department of Education provided \$540 million in formula grants to states under IDEA Part C to offer services to infants and toddlers diagnosed with, or at risk of developing, disabilities;<sup>24</sup> this federal funding

is supplemented with state, local, and other funding sources. Part C services must be provided by qualified personnel in a child's natural environment, such as at home or in a child care setting.<sup>25</sup>

Under IDEA, states have significant latitude to define "developmental delay" in the context of determining eligibility for Part C services, and states can opt to serve infants and toddlers at risk of experiencing a delay.<sup>26</sup> For example, 21 states<sup>27</sup> allow very low birthweight as a diagnosable or at-risk qualification for EI services.<sup>28</sup> And six states<sup>29</sup> allow being at-risk for delay as a qualifier for EI services.<sup>30</sup> States also have authority to determine other key policies for their Part C services. For example, 36 states<sup>31</sup> have eliminated family fees for children receiving EI services.<sup>32</sup>

### **The Preschool Special Education Program**

**under Part B Section 619 of IDEA** supports early education opportunities for children ages 3 to 5 with disabilities, often referred to as Early Childhood Special Education (ECSE).<sup>33</sup> Under IDEA, every eligible child with a disability has a right to a Free Appropriate Public Education (FAPE), meaning they must receive individualized special education and services to meet their needs at no cost to their families.<sup>34</sup> All states currently extend these services to preschoolers ages 3 to 5, thus making them eligible for federal funding under Part B Section 619, which totaled \$420 million in FY 2025.<sup>35</sup> To qualify for ECSE, a child must be diagnosed with one of 12 disabilities. States can also consider a developmental delay to be qualifying for Part B eligibility, and all but three states and one territory currently do so.<sup>36</sup> Like children in grades K-12, preschoolers with disabilities must receive an Individualized Education Program (IEP) that includes, but is not limited to, the child's present education performance, annual goals, services they will be receiving, details of how and to what extent they will be participating with nondisabled children, and how their progress will be measured and communicated with parents.<sup>37</sup>

The IEP is developed by a team that includes a school district representative, general and special educators, an individual who can interpret evaluation results, and the parents of the child.<sup>38</sup> Once the IEP is developed, the team determines where the services will be provided, identifying the statutorily required Least Restrictive Environment—one in which, “to the maximum extent appropriate, children with disabilities... are educated with children who are not disabled”<sup>39</sup>—in which a child’s IEP can be implemented.<sup>40</sup>

For both EI services and ECSE, states are obligated to set policies and procedures to identify and evaluate children with disabilities (known as “Child Find” policies) and to adopt procedures for resolving complaints of IDEA violations.<sup>41</sup>

Despite the importance of these IDEA programs, federal funding has long fallen short, there is a shortage of EI service providers and ECSE personnel,<sup>42</sup> and EI service providers and ECSE personnel receive inadequate compensation.<sup>43</sup> As a result, only about 7 percent of children birth through age 3 are served by the Early Intervention Program, compared to an estimated 12 to 20 percent of infants and toddlers who would benefit from EI services.<sup>44</sup> Children and families of color often experience the greatest barriers to EI services.<sup>45</sup> One study found that Black children with developmental delays who were eligible for EI services were eight times less likely than their white peers to receive those services.<sup>46</sup> These gaps in funding and in services mean that the reality falls short of the promise of IDEA.

### **Medicaid**

With insufficient federal funding for IDEA Part C grants, Medicaid plays a crucial role in helping to cover EI services for infants and toddlers with disabilities and developmental delays. These services typically include, but are not limited to, audiology, occupational and physical therapy, mental health supports, support from social workers, and medical care; states have some flexibility in determining

what gets covered.<sup>47</sup> Furthermore, about half of all children under age 3 who receive Part C services rely on Medicaid for their health care.<sup>48</sup> Under federal law, IDEA Part C must be the “payor of last resort,” meaning that all other federal, state, and local payment sources, including Medicaid, must be used before accessing federal Part C funding.<sup>49</sup> Medicaid is a significant source of funding for Part C services; since federal Part C funds, when adjusted for inflation, have decreased since 2004, Medicaid helps to reduce the share of state and local costs for early intervention services.<sup>50</sup> Medicaid and IDEA Part C, therefore, work together to support infants and toddlers with disabilities’ access to early intervention services.<sup>51</sup>

### **Child Care and Development Block Grant**

The Child Care and Development Block Grant (CCDBG), which received \$12.296 billion in federal funding for FY 2025, provides funds to states to help low- and moderate-income families, including those that have children with disabilities, afford child care.<sup>52</sup> However, CCDBG is vastly underfunded; in 2021, only 15 percent of all children eligible under federal rules received child care assistance through CCDBG or related federal funding streams.<sup>53</sup> The federal law that authorizes the program contains guidelines for states, and then states, which are responsible for implementing the CCDBG program, have flexibility to set policies within those federal guidelines. Some states have adopted policies to make child care and child care assistance more accessible to children with disabilities:

- Four states guarantee child care assistance for children with “special needs” (a term each state can define, but that most states—including these four—define to include children with disabilities),<sup>54</sup> with an additional 31 states and territories<sup>55</sup> giving families of children with “special needs” priority over some other families or priority in certain circumstances.<sup>56</sup>

- Some states have higher income eligibility limits for families that have children with disabilities to qualify for child care assistance, and some waive copayments or set lower copayments for families receiving child care assistance that have children with disabilities.<sup>57</sup>
- Forty-one states report having differential (or higher) provider payment rates for care for children with “special needs” as an incentive to offer this care and to cover the additional costs involved in providing it—for example, for additional staffing.<sup>58</sup> However, the differential is often small—as little as 5 or 10 percent above the state’s standard payment rate.<sup>59</sup> Sometimes the differential is determined on a case-by-case basis, which might result in the rate being more reflective of the additional cost of providing care, but may also entail more bureaucracy and barriers that make it difficult for a provider to actually access that higher payment rate.

Still, only a very small percentage of children receiving child care assistance (2 percent) under CCDBG are reported as having disabilities.<sup>60</sup> This could reflect a shortfall in identifying children with disabilities, in the reporting on services to children with disabilities, or in access to child care assistance for children with disabilities and their families.

Regulations for implementing the CCDBG program issued in March 2024 include some provisions that could increase access for children with disabilities.<sup>61</sup> The regulations:

- Require states to use at least some grants and contracts for children in underserved geographic areas, infants and toddlers, and children with disabilities. Most child care assistance is made available to parents through vouchers or certificates, which they can use for the care of their choosing (if they can find a good option), but contracts can offer providers greater stability and can help build the supply of child care.<sup>62</sup>
- Make it easier for states to waive family copayments for those families receiving

child care assistance who have children with disabilities.

- Require states to establish procedures and policies to ensure parents are not required to unduly disrupt their education, training, or employment in order to complete the eligibility determination or redetermination process, including the use of online applications and other measures, to the extent practicable. States are also encouraged to use enrollment in other benefit programs or documents or verification from other benefit programs to verify eligibility for the child care assistance program. This is important because the process of applying and recertifying for child care assistance, which can be challenging for any family, is particularly difficult for a family whose child has disabilities or a parent with disabilities.

Without greater investment, however, CCDBG will still fall short of providing child care to all families of young children with disabilities who need it.

### **Family, Friend, and Neighbor Care**

Many families with children who have disabilities rely on care from family, friends, and neighbors they know and trust and who offer the flexibility these families need. An estimated 25 percent of children under age 5 with disabilities use at least one kind of care by a relative, and 16 percent use at least one kind of home-based child care by a nonrelative.<sup>63</sup> Families may choose family, friend, and neighbor (FFN) care for any number of reasons, including availability and convenience (especially in rural areas), flexible or extended hours for parents who work nontraditional or unpredictable schedules, shared language and culture,<sup>64</sup> and nurturing environments with loving and supportive caregivers.<sup>65</sup>

FFN care providers often do not have access to programs that are available to support other child care providers. It is important that efforts to expand child care access in general, and for children with disabilities in particular, incorporate strategies that include FFN care. Policymakers can support FFN care by:<sup>66</sup>

- Allowing parents receiving child care assistance to use their subsidies for FFN care.
- Offering FFN caregivers training opportunities, supplies, and materials.
- Giving FFN caregivers opportunities to connect with one another through comprehensive networks.
- Supporting community-based organizations that work with FFN caregivers.
- Enabling FFN providers to participate in the Child and Adult Care Food Program (CACFP), a federal child nutrition program that helps pay for meals for children in child care programs. <sup>67</sup>

## **Head Start**

Head Start (including Early Head Start), the federally funded program that provides early education for low-income children, must provide at least 10 percent of its enrollment spots to children with disabilities.<sup>68</sup> Of children served by Head Start, over 111,000 (about 14.2 percent) are children with disabilities, and many more are at risk for developing disabilities.<sup>69</sup> Head Start offers inclusive classroom environments, in which children with and without disabilities learn side-by-side. Head Start also provides comprehensive services for children in the programs and their families, including serving meals, ensuring children receive medical, dental, vision, and hearing screenings, making sure children receive behavioral screenings, assisting with mental health services as needed, and more.<sup>70</sup>

Under federal regulations, Head Start programs must ensure that enrolled children with disabilities

and their families receive all applicable program services and that they fully participate in all program activities.<sup>71</sup> Programs are also required to work with local agencies providing special education services to coordinate services for enrollees.<sup>72</sup> Additionally, Head Start programs must provide individualized services and support to meet a child's needs, whether or not they qualify for services under IDEA.

Federal funding for Head Start and Early Head Start, which in FY 2025 was \$12.27 billion,<sup>73</sup> is vastly insufficient; according to the most recent data available, only about half of income-eligible children were served by Head Start preschool, while only 10 percent of income-eligible infants and toddlers were served by Early Head Start.<sup>74</sup> Head Start needs more funding to serve more children with disabilities, and to improve teacher compensation and invest in quality.

## **Preschool Development Grant Birth through Five**

The Preschool Development Grant Birth through Five (PDG B-5), established by the 2015 Every Student Succeeds Act (ESSA), is a competitive federal grant program designed to help states coordinate early childhood programs and services by building on existing federal, state, and local early care and education investments.<sup>75</sup> This coordination can be especially beneficial for young children with disabilities, because early care and education and early intervention services systems often lack resources, integration, and collaboration, making them especially difficult for families to navigate. PDG B-5 grants, which totaled \$315 million in FY 2025,<sup>76</sup> can be used to help coordinate these services, fund professional development and training for educators on the needs of young children with disabilities, and support other activities to help states improve the accessibility, responsiveness, and quality of services for children with disabilities and their families.

For example, in 2023, Arizona used PDG B-5 grants to fund subgrants for child care programs to expand their capacity to serve young children with disabilities, while Wyoming made early childhood behavioral consultants available at early learning programs to support educators in managing behavior and meeting children's needs.<sup>77</sup> A synthesis of the 2019 PDG B-5 grant applications indicated that children with disabilities or developmental delays were identified in 23 out of 29 applications as a vulnerable or underserved population, and 25 out of 29 states named partnerships with the Local IDEA Part B Section 619 and Part C programs as a priority for collaboration, coordination, and quality improvement activities.<sup>78</sup> These efforts to foster collaboration across early care and education and early intervention programs deserve continued support.

### **State Preschool Programs**

Most states fund preschool programs; in the 2023-2024 school year, states spent more than \$13.6 billion on preschool, enrolling more than 1.75 million children nationwide in 64 programs across 44 states.<sup>79</sup> Alongside Head Start, special education, and child care, these state preschool programs make up a key part of the early childhood education landscape for 3- and 4-year-olds, especially for children with disabilities. In the context of determining the Least Restrictive Environment under IDEA Part B Section 619, as discussed above, the presumption is that the first placement option for a child with an IEP is the public preschool program the child would attend if they did not have a disability.<sup>80</sup> However, since many of these state preschool programs are only part-day and only two are year-round, they may not cover all of the educational and child care needs of students with disabilities and their families.<sup>81</sup>

Eligibility, enrollment, and operation of these programs vary widely across states; for example, the District of Columbia enrolls 95 percent of all 4-year-olds, while other states enroll less than 10 percent.<sup>82</sup>

Some states specifically prioritize enrolling young children with disabilities in their preschool program, such as Delaware's State-Funded Early Care and Education Program (SFECEP), which (like the federal Head Start program, which it was originally modeled on) reserves 10 percent of enrollment slots for children with disabilities, and Kentucky's Preschool Program (KPP), which is focused on serving 3- and 4-year olds with disabilities as well as 4-year-olds from families with low incomes.<sup>83</sup>

Most states operate their public preschool systems in a mixed delivery system that serves children in a variety of settings, including public schools, Head Start programs, child care centers, private schools, and family child care homes.<sup>84</sup> This variety has benefits in terms of increasing overall early care and education capacity, supporting small child care businesses, facilitating coordination with child care programs for full-day/full-year services, and providing families—including those that have children with disabilities—with greater choice and flexibility in the type of environment that best suits their child.<sup>85</sup> Offering public preschool programs in home-based child care settings can be particularly beneficial for children with disabilities, since these settings typically have lower child-adult ratios and can offer these children the flexibility and individualized attention they need; however, most states have limited or no public preschool programs operating in family child care settings.<sup>86</sup>

Because each preschool program is state funded and operated, states have enormous opportunities to increase access to early education for young children with disabilities through expansion of state preschool programs.<sup>87</sup> To do this, states could increase funding for state preschool programs, enable and encourage family child care providers to participate in public preschool systems, prioritize enrollment of children with disabilities, and ensure truly inclusive practices so that children who do participate are not segregated based on ability.

## State Licensing

State child care licensing regulations set a baseline for health and safety policies in early care and education settings, including public and private providers in centers, schools, family child care homes, and more. Licensing requirements vary greatly across states, but they generally cover a core set of factors, including child-staff ratios, group sizes, physical space requirements, health and safety indicators, staff education and training requirements, and policies and procedures.<sup>88</sup> Some licensing regulations are written to explicitly promote inclusive, safe, and accessible environments for children with disabilities:

- Five states require child care centers to be accessible to children with disabilities, and two states require that of family child care homes.<sup>89</sup>
- Forty-four states have general requirements for child care centers that address caring for children with disabilities. Thirty-six states have general requirements for family child care homes that address caring for children with disabilities.<sup>90</sup>

- Twelve states require all center-based staff to have training related to caring for a child with a disability, while eight states require that for family child care providers.<sup>91</sup>

These state regulations are consistent with, and in some cases are stronger than, protections under the ADA, and they offer a different mechanism for enforcement of protections for children with disabilities. Yet, it can be challenging for providers to understand and comply with licensing standards and regulations or other state rules, especially when providers lack resources and supports to help them do so.<sup>92</sup> It is essential to provide adequate investment, training, and support so that licensing requirements designed to increase access for young children with disabilities truly do so.

### Recent administrative actions and legislation threaten programs that help young children with disabilities access child care and early education services.

- **2025 Reconciliation Act:** In July 2025, Congress enacted and President Trump signed H.R. 1, which includes the largest cuts in history to Medicaid and the Supplemental Nutrition Assistance Program (SNAP).<sup>93</sup> An estimated 17 million people could lose health insurance coverage due to the provisions of the law, including cuts of more than \$1 trillion from Medicaid alone.<sup>94</sup> Since Medicaid is also one of the largest payers of Part C Early Intervention Services,<sup>95</sup> and nearly a quarter of families of early educators rely on Medicaid,<sup>96</sup> cutting Medicaid threatens access to both child care and early intervention services for young children with disabilities. Additionally, cuts to federal Medicaid funding and changes to state obligations with regard to SNAP would shift significant costs to the states, leaving states with fewer resources available for early intervention services, education, and other state-funded programs. H.R. 1 also creates a permanent, unlimited tax credit for private school vouchers via Scholarship Granting Organizations (SGOs), essentially offering public funding for private schools that may not be subject to all of the same federal civil rights laws protecting children with disabilities, as compared to public schools.<sup>97</sup>

- **Federal Budget for FY 2026:** Every year, Congress must pass appropriations legislation to fund the discretionary programs of the federal government, including CCDBG and Head Start. On May 30, 2025, the White House sent Congress its request for discretionary funding levels for FY 2026, which included funding CCDBG and Head Start at the same level as the previous fiscal year's budget, for the second fiscal year in a row.<sup>98</sup> As costs for these programs continue to grow, funding them at the same level for another fiscal year would effectively amount to a cut, leading to fewer children served.<sup>99</sup> Additionally, President Trump requested that Congress eliminate entirely PDG B-5 in the FY 2026 budget.<sup>100</sup> Zeroing out the budget for this program would hamper coordination between early care and education and early intervention systems and add even more pressure to these already strained systems. President Trump also proposes combining funding for IDEA Part B Section 619 with other parts of IDEA that fund K-12 education, jeopardizing dedicated funding for early education for children with disabilities and parent information centers.<sup>101</sup>
- **Administrative Actions:** Since his inauguration on January 20, 2025, President Trump's administration has frozen federal funding,<sup>102</sup> made massive cuts to personnel in federal agencies including the Departments of Education and Health and Human Services,<sup>103</sup> closed regional offices for CCDBG, Head Start, and the Office of Civil Rights within the Department of Education (which investigates harm to young children with disabilities),<sup>104</sup> signaled that it plans to roll back the March 2024 CCDBG regulations,<sup>105</sup> terminated grants that fund training for future preschool teachers to support young children with disabilities,<sup>106</sup> and signed executive orders calling for the dismantling of the Department of Education.<sup>107</sup> Complete elimination of the federal programs discussed in this report would require an act of Congress, but the Trump Administration's actions have caused confusion, delayed payments, and the temporary closure of some Head Start programs.<sup>108</sup> Additionally, the administration's anti-immigrant policies, including increased enforcement, reduction in legal protections and statuses for immigrants, and attempts to restrict access to public benefits, have threatened children's access to early childhood programs such as Head Start.<sup>109</sup> These anti-immigrant policies have also made it more difficult for immigrants—a critical pillar of the child care and early education workforce—to enter or stay in that workforce.<sup>110</sup> All of these administrative actions have further weakened early care and education systems for young children with disabilities.

## Conclusion

The child care and early education system has been underfunded for far too long, making it difficult for families to find reliable, quality child care and early education. Families of children with disabilities, for whom early care and learning can have a particularly important impact on their development and overall well-being, face additional barriers and challenges when trying to access child care and early education. Existing policies and programs provide crucial protections and supports for children with disabilities, but major gaps in funding cause them to fall short of ensuring access to child care and early education, and recent administrative and legislative changes will only exacerbate these shortcomings.

There are opportunities to address these shortcomings at both the federal and state levels.

Federal policymakers can:

- Significantly increase funding for programs such as IDEA Parts C and B, Head Start, and CCDBG.
- Reverse recent cuts and increase funding for Medicaid and other basic needs programs.
- Ensure active enforcement of anti-discrimination protections under existing civil rights laws.
- Include home-based child care providers in child care policies and programs, recognizing the quality and flexibility they offer to families, especially those who have children with disabilities.

At the state level, policymakers can:

- Make substantial state investments in child care, state preschool, and early intervention programs.
- Set policies to make more children with disabilities and their families eligible for child care assistance and early care and education programs.
- Take full advantage of the policies and practices required and encouraged by the March 2024 CCDBG regulations to make the program work as effectively as possible for children with disabilities.
- Support providers with training and resources that enable them to meet the learning and development needs of children with disabilities.
- Craft child care licensing requirements with conscious consideration of what is best for young children with disabilities.
- Offer resources and supports for home-based child care providers and facilitate their participation in child care assistance and state preschool programs.

Instead of taking actions that undermine supports for children with disabilities and their families, policymakers should be working to expand investments and replicate policies that have proven effective in providing access to early care and learning for these children, meeting their early learning needs, and supporting their physical, social, and emotional development.

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