The Fragmented Early Care and Education Landscape

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Early Childhood
Landscape

Introduction

Attending nonparental early care and education (ECE) settings is common for American children. These settings include private or public preschools, prekindergarten, nursery schools, child care centers, regulated family child care homes, and informal home-based care with relatives or neighbors. Families use ECE to enable parental employment or other activities and as an educational setting to promote children's cognitive, social, and physical development and school readiness. Nearly 7 in 10 mothers with children under age 6 participated in the labor force in 2024.[1] In turn, most children attend ECE; in 2019, nearly 6 in 10 (59%) of children from birth through age 5 not yet in kindergarten regularly attended at least one ECE arrangement.[2] In 2022, 47% of 3- and 4-year-old children were reported as enrolled in school (i.e., prekindergarten, preschool, nursery school [types of ECE]), down slightly from 49% in 2019.[3]

Unlike for K-12 education, there is not a single, publicly supported ECE system or option available to all children. In most states, education and care for children from birth to kindergarten entry is largely a private market with tuition-based private centers and homes. Several public programs typically enroll children in families with low incomes or other factors that place them at risk, with eligibility, options, and costs varying considerably across child age, specific program, and geography. In general, these public programs serve small fractions of those eligible.

The diversity of ECE types and programs is important for providing a range of options to meet family preferences and work demands (e.g., nonstandard schedules), but the reliance on private financing and expense of high-quality programming mean that numerous ECE arrangements are out of reach for many families with young children. What results is a fragmented, largely uncoordinated patchwork of private and public ECE options, with the majority of American families shouldering high expenses while ECE programs operate with tight margins and low wages, and both parents and providers have difficulty navigating the system. The fragmentation in ECE contributes to inequities in access and, in turn, educational and economic opportunity.

Key findings

Key finding # 1: *The early care and education sector largely functions as a private market.*

Unlike in K-12 education, there is no public equivalent for children prior to kindergarten entry. Most public preschool programs for 3- and 4-year-olds target children from low-income households, children with disabilities, or those meeting specific eligibility characteristics. Most young children in the U.S. participating in ECE attend private programs,[4] which are generally privately financed. Reliance on private care arrangements tends to be greater among younger children, who face a more limited supply of public ECE programs. Families privately provide most (52%) funding in ECE.[5] The system's reliance on parents' ability to pay the high costs of high-quality ECE creates inequities in attendance and downstream inequality.

Key finding # 2: *There are multiple public early care and education programs in the United States that are funded and operated at different levels,[6] summarized in Table 1.*

These include demand-side interventions that help families afford the costs of ECE. Subsidies, for example, are funded by a federal block grant to states and typically administered as vouchers for low-income families to pay for ECE. Supply-side public interventions include state-funded preschool or federally funded Head and Early Head Start that support slots at schools or private organizations. The military operates the largest employer-supported child care program in the U.S.[7] An individual ECE program or child may receive funding from none, one, or multiple public programs[8]—that is, a center may operate Head Start, state public prekindergarten, and private-pay classrooms (even a single classroom may have children supported by different programs), or a child may attend a public prekindergarten program and receive a child care subsidy for after school or weekend care.

Key finding # 3: *Public early care and education programs in the United States serve small fractions of eligible children.*

Early Head Start, the sole federal program directly providing ECE to infants and toddlers, serves only 10% of children in low-income families.[9] Additionally, only 17% of 3-year-olds are enrolled in public ECE programs (including public preschool, Head Start, Special Education, and other public programs), compared to 47% of 4-year-olds in 2024.[10]

Table 1. Public early childhood education programs.

Program Type	# Children Served	% Eligible Children Served	Public Spending
Child Care Subsidies [a]	2.0 million	26%	$13.3 billion
State Public PreK [b]	1.75 million	8% (3-year-olds) 37% (4-year-olds)	$13.6 billion
Preschool Head Start [c]	519,243	30%	$6.7 billion
Early Head Start [c]	208,351	9%	$3.2 billion

Notes: [a] Chien (2024). ASPE, Department of Health and Human Services. Estimates of Child Care Eligibility and Receipt for Fiscal Year 2020. The estimated $13.3 billion in expenditures includes $9.9 billion in expenditures on direct child care services using federal and state CCDF funds (which includes $1.3 billion in CARES funding and $1.4 billion in TANF transfers), $1.4 billion in TANF funding spent directly on child care services, $1.7 billion in "excess TANF MOE", and $0.3 billion in Social Services Block Grant expenditures related to child care.
[b] The National Institute for Early Education Research (2025). The State of Preschool 2024. Data from 2023-2024 school year for state spending.
[c] Friedman-Krauss, A. H., Barnett, W. S., & Duer, J. K. (2022). The State(s) of Head Start and Early Head Start: Looking at Equity. New Brunswick, NJ: National Institute for Early Education Research.

Key finding # 4: *Services and funding across early care and education programs provide uneven quality and are fragmented, and coordination efforts are limited.*

Although most public programs are designed to increase access to ECE, they have different eligibility requirements, service offerings, schedules, administering agencies, and ways for families to enroll. Each public ECE program was originally designed primarily as either work support (child care) or child development support (early education), despite serving both roles. These different primary purposes contribute to different schedules, services, and populations enrolled. School-day, school-year prekindergarten does not provide child care coverage for traditional full-time work schedules. The reimbursement rates of most states' child care subsidy programs are too low to support high-quality educational programming.[11] The few public policies designed to reduce fragmentation and increase coordination among ECE programs are small in funding and scope.

Key finding # 5: *The system's fragmentation contributes to unstable early care and education.*

ECE programs have varying schedules, costs, and funding streams, contributing to administrative barriers, confusion, and instability for families and providers. Parents, especially those working nonstandard or unpredictable hours,[12] often combine multiple ECE arrangements[13] to meet their work schedules. Child care subsidies help families access ECE, particularly center-based care.[14] However, subsidy participation spells average less than 12 months, with families exiting the program around eligibility recertification periods,[15] often due to administrative burdens. This loss of subsidy can interrupt ECE arrangements.[16] The use of multiple, concurrent ECE arrangements and changes in ECE over time is associated with children's behavioral problems, health, and other outcomes.[17] Breakdowns in ECE also contribute to parents' employment problems and economic insecurity.[18]

Understudied Topics

We know little about the policies that can best coordinate and create a cohesive, affordable, high-quality early care and education system that preserves families' choices and preferences. We also know little about effective strategies for reducing the administrative burdens of enrolling in and operating ECE programs.

Policy considerations

The general lack of data on ECE program location, funding, costs, and quality prevents a comprehensive analysis of the broader ECE system. The multiple agencies and levels of government that administer, fund, and regulate ECE create administrative barriers in coordinating among programs, providing seamless hand-offs for families as children age through the system, or in understanding how many children are served and, in turn, who is left out. The decentralized structure of the ECE system in the U.S., with programs operating at various levels, including federal, state, and local, makes it difficult to collect, aggregate, and report data in a consistent way. As a result of these challenges, it can be difficult to find key program information, such as the number of children served and the distribution of programs across care settings. For example, it is hard to generate unduplicated counts of children served per program. In turn, this lack of data can make it difficult for policymakers and researchers to assess certain aspects of the ECE system. Unfortunately, these data issues and lack of coordination are pervasive, and there is not a "model" state that can serve as an example to others.

However, the District of Columbia offers a universal preschool program for 3- and 4-year-olds, a robust child care subsidy system that uses both federal and local dollars, paid family and medical leave, and local funding for pay parity for staff across ECE programs and K-12 education. It comes the closest to providing a system that serves children and families from birth through kindergarten entry.

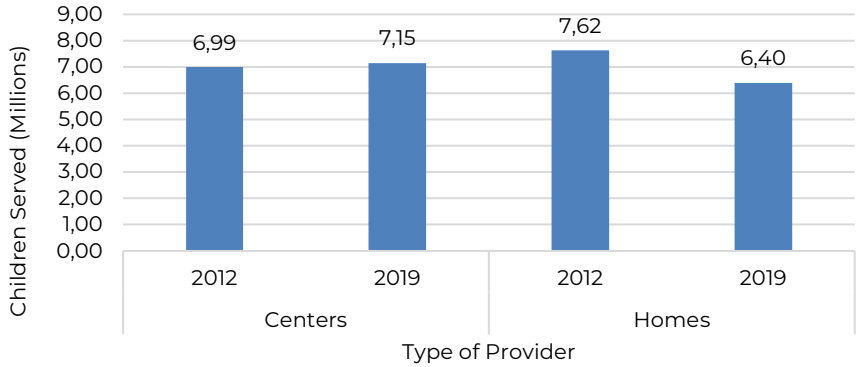
Evidence

ECE arrangements—inclusive of child care centers, preschools, prekindergarten programs, nursery schools, regulated family child care homes, and informal arrangements with relatives and neighbors—enable parents' employment and support children's early educational development. In recent decades, ECE attendance has become typical in the United States: Nearly 3 in 5 children under age 6 attended one or more ECE arrangements in 2019.[19] ECE attendance increases with age: As of 2019, 55% of infants and toddlers (ages 0-2) and 74% of 3–5-year-olds attended at least one nonparental ECE arrangement.[20]

Structure of the early care and education sector

The two main types of ECE are center- and home-based arrangements. Within each type, an individual program may be publicly or privately funded (or a mix of both), and if privately operated, for- or nonprofit. Center-based arrangements include child care centers, Head Start programs, preschools, nursery schools, and prekindergarten programs. They are typically more school-like or institutional settings and may be housed in public or private schools or community-based nonprofit or for-profit centers. There are several types of home-based arrangements, categorized here as listed, unlisted paid, and unlisted unpaid providers. Listed providers include licensed, regulated, and license-exempt home-based providers. Unlisted paid providers are not licensed or regulated but are paid to provide care in home-based settings. Finally, unlisted unpaid providers are not licensed or regulated and provide care in home-based settings without receiving payments. Unlisted unpaid providers typically include family, friends, and neighbors and mostly provide care for children with prior personal relationships (see OPRE reports[21]).

Figure 1: Number of children under age 6 served, by provider type and year



Source: 2021 NSECE Chartbooks - Home-based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics. OPRE Report No. 2021-85 and Center-based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics. OPRE Report No. 2021-222.

Figure 1 summarizes trends in the number of children under age 6 served by center- and home-based providers. In 2019, an estimated 7.15 million children under age 6

attended center-based arrangements (30%),[22] including 4.6 million 3- and 4-year-olds.[23] In comparison, about 6.4 million children under age 6 attended home-based settings. This includes about 3.1 million children under age 3 and 3.3 million children aged 3 to 5, down 21% and 10%, respectively, between 2012 and 2019.[24] The number of centers has remained steady in recent years, with about 129,000 center-based providers in 2012 and 121,000 in 2019, a change that is not statistically significant. While the overall number of home-based providers has also remained steady (5.16 million in 2012 and 5.17 million in 2019), some types, such as family child care homes, have decreased over time. There were 231,800 family child care homes in 2012 but only 180,600 in 2019. Over the same period, there was also a statistically significant decline in listed home-based providers: from 121,000 to 91,200.[25] Overall, while there are many more home-based than center-based providers, each home-based provider serves fewer children. While centers enroll about 68 children on average, home-based providers serve only 2–9 children on average, depending on provider characteristics.[26]

Each type of ECE presents wide variation in public and private funding streams, family fees, ages served, quality metrics, and schedules or hours offered. For example, programs may enroll children from infancy through school age, offer part-day, school-day and/or full-day or nonstandard (night, weekend, or varying) schedules, during the school or full year, and accept private and/or public funds. States regulate child care providers, and licensure requirements such as adult-to-child ratios, staff training and qualifications differ substantially. While quality varies widely within each type of ECE,[27] centers average higher and less-variable quality than home-based settings.[28] Compared to 2012, centers in 2019 served more children across a wider age range and offered longer hours. Home-based care tends to offer more flexible schedules and be less expensive than centers, on average. In 2019, families' per-child hourly out-of-pocket costs averaged $8.22 for center care compared to $6.05 in relative care and $7.75 in nonrelative care (all in 2019 dollars).[29] However, the estimated cost of providing high-quality care in home-based settings is actually higher than in centers, primarily due to lower adult-to-child ratios and lower enrollment capacity limits dictated by licensing regulations.[30] Table 2 offers a comparison of center- and home-based child care.

Table 2. Comparing center- and home-based early care and education.

	Center-based	Home-based

Number of providers	121,000 [a]	5.17 million [b]
Children served (under 6)	7.15 million [a]	6.4 million [b]
Average enrollment	68 [a]	8.7 (listed providers) [b] 3.2 (unlisted paid providers) [b] 1.9 (unlisted unpaid providers) [b]
Percent of children under age 5 using as primary arrangement (among those in regular care)[c]	48%	52% (all) 33% (relative child care) 12% (family child care) 7% (other nonrelative care)
Percent receiving public funding	76% [a]	60% (listed) [d] 14% (unlisted paid)
Median yearly price per child of full-time infant care by county size (percentage of median family income) [e]	Small: $7,461 (12.3% of median family income) Medium: $10,194 (13.9%) Large: $13,420 (15.7%) Very Large: $15,417 (19.3%)	Small: $5,824 (9.6%) Medium: $7,800 (10.6%) Large: $8,978 (10.4%) Very Large: $9,892 (12.4%)
Percent offering nontraditional hour care [f]	8%	34% (listed home providers) 63% (unlisted, paid home providers) 82% (unlisted/unpaid, e.g., FFN)

Notes: [a] OPRE (2021). Center-Based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics.
[b] OPRE (2021). Home-Based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics.
[c] ASPE (2020). Early Care and Education Arrangements of Children under Age Five. Represents the primary child care arrangements of children under age 5 receiving nonparental care at least once per week. The primary arrangement is where the child spends most of her care hours per week. Relative childcare includes paid and unpaid care from grandparents, aunts and uncles, siblings, or other relatives. Family childcare includes paid care from nonrelatives in homes other than where the child resides. Other nonrelative care includes paid or unpaid care from nonrelatives in the child's home, such as nannies, and unpaid nonrelative care from friends, neighbors, and other persons in homes other than where the child resides. Center-based care includes preschools and prekindergarten programs, child care centers, Head Start programs, and other early childhood programs.
[d] Adams and Dwyer (2021). Home-Based Child Care Networks and Federal Programs.
[e] Women's Bureau, U.S. Department of Labor (2023). Childcare prices in local areas: initial findings from the national database of childcare prices. County sizes are characterized as follows: small (1-99,999), medium (100,000-499,999), large (500,000-999,999), and very large (1,000,000 or greater). Child care prices represent the median market rate price parents are charged for care without factoring in subsidies. Child care costs may differ from the market price when providers have additional charges not reflected in the market price charged to parents, when subsidies to parents cover a portion of the charges or child care is publicly provided, or when additional funding or subsidies to providers reduce the price parents pay in the market. Prices may also not equal costs when providers include a profit margin in the price. Full-time care is defined differently by each state.
[f] OPRE (2023). Understanding Families' Access to Nontraditional Hour Child Care and Early Education.

Unlike K-12 education, which has a public system in addition to private schools, ECE functions predominantly as a private market, with several relatively small public ECE options generally targeting children in low-income families. Whereas in 2021–2022, 90% of children in the U.S. attended traditional public or public charter K-12 schools,[31] only 32% of 4 year-olds attended public preschool—and many fewer children did so in the years from birth to age 3.[32] As noted above, only about 10% of eligible, low-income infants and toddlers were served by Early Head Start.[33] Importantly, the population of infants and toddlers eligible for Early Head Start is smaller than the entire population of all infants and toddlers, so the percentage of this total age group served by public ECE programs is very small. More than half of ECE is privately funded by families,[34] and costs are high. In 2014, families with children under age 5 paid an average of 10% of income on child care—and low-income families paid 35% of income, on average[35]—

well above the affordability threshold of 7% of income recommended by the U.S. Department of Health and Human Services.[36] Nevertheless, because labor constitutes the major expense in ECE,[37] profit margins are tight and constrain the supply of regulated ECE arrangements. In 2018, more than half of Americans lived in counties characterized as "child care deserts," with fewer than one licensed slot per three children under age 6.[38] Affordability, quality, and supply—especially for infants and toddlers[39] and children with special needs[40]—are fundamental issues in ECE[41] (see the chapter on ECE access and costs in this volume).

Public early care and education programs

Several public ECE programs, such as state-sponsored preschool, Head Start, and child care subsidies, are designed to increase ECE supply, affordability, and quality. As Table 2 shows, 76% of center-based programs receive some public funding. Many of these centers serve children in Head Start, Early Head Start, or public preschool and/or children receiving child care subsidies. In addition, in recent years a handful of states like Michigan, Washington, and California have created Transitional Kindergarten (TK) programs, which bridge preschool and kindergarten.[42] Unlike K-12 education, most public ECE programs have eligibility requirements that include low income. As shown in Table 1 above, there is considerable variation in public programs. Some public ECE programs are demand interventions, subsidizing the cost of private ECE programs, while others are supply interventions, meaning that they offer ECE services directly to children and families. While research finds that these programs are effective in increasing access to regulated ECE arrangements, they serve small fractions of eligible children,[43] and many families that are not eligible also struggle to find and pay for ECE.[44] For example, about 25% of children eligible for child care subsidies under state rules actually received subsidies,[45] and only 10% of children and families eligible for Early Head Start received services.[46]

Table 3. Characteristics of public ECE programs.

Program	Total Number of Children Enrolled	Percent of Children Enrolled Served in Centers:	Ages Served	Other Eligibility Requirements
Child Care Subsidy Programs	2.0 million (FY 2020) [a]	75% [b]	Birth – age 13	Income guidelines, work requirements [c]
Public Preschool	1.63 million (2022–2023) [g]	63% (public school settings) 37% (community-based organizations) [h]	Primarily 4-year-olds and some 3-year-olds	20 state programs: age is only requirement 35 state programs: have low-income requirement [i]
Preschool Head Start/ Early Head Start	756,581 (2020–2021) [d]	97% 63% [e]	Ages 3–5 (Preschool Head Start) Children under 3, pregnant women and expectant families (Early Head Start)	At least 90% of children enrolled must be from low-income families [f] At least 10% of children enrolled must have disabilities or special needs

Notes:
[a] Chien (2024). ASPE, Department of Health and Human Services. Estimates of Child Care Eligibility and Receipt for Fiscal Year 2020.
[b] Office of Child Care (2019). Characteristics of Families Served by the Child Care Development Fund (CCDF) Based on Preliminary FY2019 Data.
[c] States often set requirements that are more strict than federal guidelines, and requirements vary substantially across states. For more information on state eligibility requirements, see the CCDF Policies Database Book of Tables.
[d] Friedman-Krauss, A. H., Barnett, W. S., & Duer, J. K. (2022). The State(s) of Head Start and Early Head Start: Looking at Equity. New Brunswick, NJ: National Institute for Early Education. Number of children enrolled includes children enrolled in Migrant & Seasonal Head Start and the number of pregnant women enrolled in Early Head Start.
[e] Head Start ECLKC (2022). Head Start Program Facts: Fiscal Year 2022.
[f] According to HHS poverty guidelines
[g] The National Institute for Early Education Research (2024). The State of Preschool 2023. Data from the 2022–2023 school year.
[h] Weiland et al. (2022). Mixed Delivery Public Pre-Kindergarten.
Note: We do not have access to data that clearly report the percentage of public prekindergarten programs that operate in center-based settings, but we know that the vast majority of them do. Most public prekindergarten programs are delivered in mixed-delivery systems, which include both public school and community-based settings, both of which can be considered center-based.
[i] National Institute for Early Education Research (2024). The State of Preschool 2023. See Appendix Tables 29 and 30.

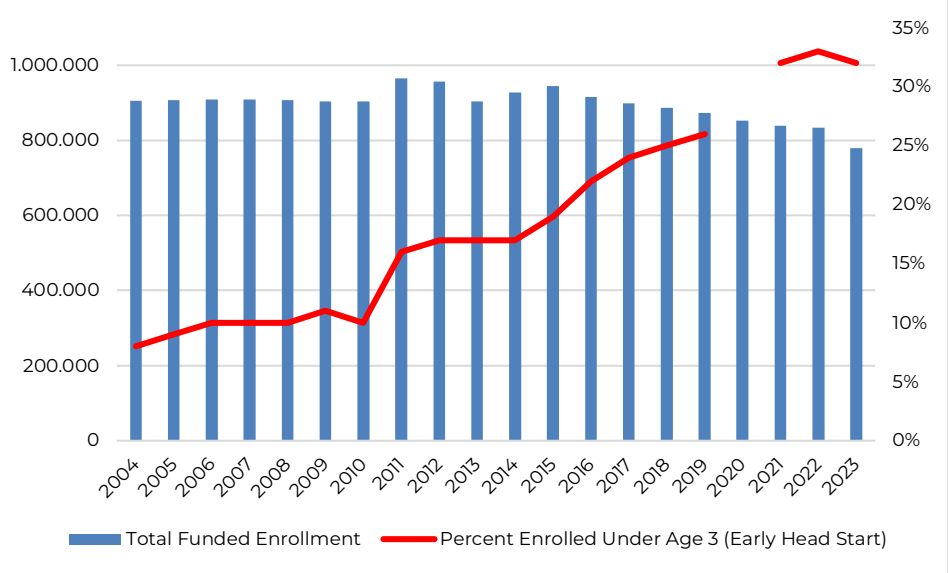
Head Start

The federal Head Start program was created in 1965 as part of President Lyndon Johnson's War on Poverty. Head Start offers ECE to children in families with low incomes and was the first public preschool in the United States. In its first years, Head Start was a pilot program, offering ECE services during the summer to 3- and 4-year-olds living in poor families, but it was expanded to provide part-day, school-year ECE to enrolled children. Early Head Start was created in 1994 to extend services to infants and toddlers (those under age 3) and pregnant women. Early Head Start may be center- or home-based, although most programs offer full-day and center-based programming. Head Start and Early Head Start programs also provide comprehensive services, such as physical and mental health screenings and supports, nutrition, and family services, and connections to other public programs and resources. Research indicates that these services are effective in increasing rates of health insurance coverage and screenings among participating children.[47] Head Start funds are awarded directly by the federal government to local providers, with little or no state involvement, differing from K-12 and higher education and state-sponsored public preschool.

Eligibility for Preschool Head Start and Early Head Start is based on family income (below the federal poverty line) and other specific characteristics (e.g., children experiencing homelessness, in foster care). A maximum of 10% of children enrolled in Head Start can exceed the income eligibility threshold, and a minimum of 10% of slots must be made available to children with disabilities or special needs.[48] Head Start eligibility remains consistent across the U.S., but availability varies widely across states and geography.[49] Head Start serves a particularly important role in providing ECE in rural communities where private programs are scarce.[50]

Together, Head Start and Early Head Start serve a small fraction of children in families with low incomes; in 2019, Preschool Head Start enrolled 40% of 3- and 4-year-olds in poor families, and Early Head Start enrolled just 9% of infants and toddlers in poor families. Since the early 2010s, the enrollment of preschool-age children in Head Start decreased, relative to infants and toddlers, and this trend accelerated during the COVID-19 pandemic (see Figure 2). In fiscal year 2022, Head Start was funded to serve 833,000 children aged birth to 5 and pregnant women, down from nearly 1 million in fiscal year 2015.[51] This decreased enrollment among preschool-age children likely results from a combination of factors, including increased public preschool options for 4-year-olds, parental concerns about center-based care in the wake of the pandemic, and difficulty recruiting and retaining staff, leading to closed classrooms.

Figure 2. Total Head Start funded enrollment and percent enrolled in Early Head Start, 2004–2023.



Notes: Data source: Head Start Early Learning and Knowledge Center. Office of Head Start. Head Start Federal Funding and Funded Enrollment History and Head Start Program Facts, Fiscal Years 2004–2023. Figure represents total funded enrollment for all Head Start programs, including Head Start Preschool and Early Head Start, including American Indian and Alaskan Native (AIAN) programs and Migrant and Seasonal Head Start (MSHS) programs. Data are missing on the percent enrolled under age 3 in 2020.

In recent decades, federal legislation and regulation have changed Preschool Head Start and Early Head Start. There have been efforts to extend hours from part-day/school year to full-day/year-round programming, recognizing working parents' need for child care coverage, and to improve quality. The reauthorization of the Head Start Act in 2007 included several policies to improve quality in the form of greater accountability measures, such as the Designated Renewal System (DRS), which requires programs that do not meet specific quality benchmarks to re-compete for grants,[52] and in added requirements for teachers, including that at least 50% of Head Start lead teachers nationwide hold bachelor's degrees in child development, early childhood education, or equivalent coursework.[53] Head Start's performance standards were updated in 2016 with the goal of streamlining standards and improving quality.[54] In August 2024, the Office of Head Start published updated performance standards to increase staff compensation (wages and benefits) and improve quality, such as preventing lead exposure and expanding mental health services.[55]

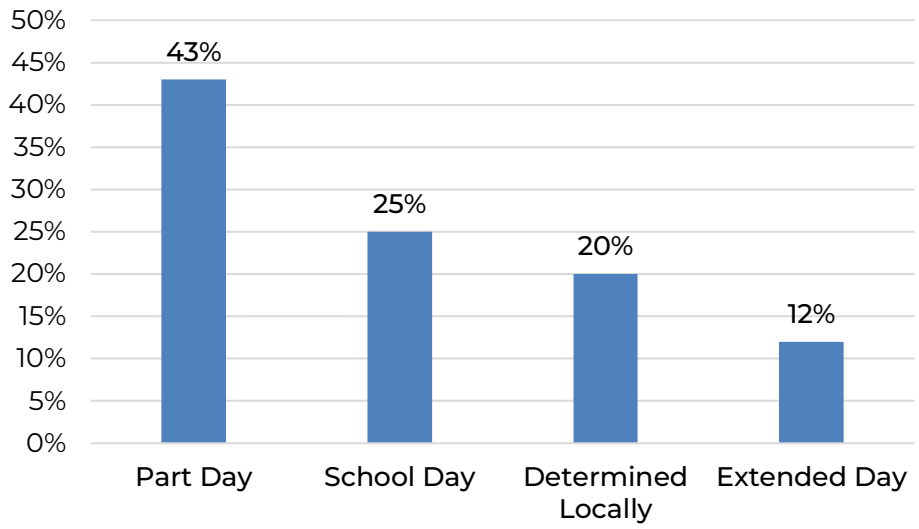
Public preschool

Most states and several cities have created public preschool programs in the past three decades. Georgia and Oklahoma were the first states to create universal preschool programs. By 2023, 44 states and the District of Columbia had some sort of public preschool program. In the 2022–2023 school year, more than 1.6 million children or 35% of all 4-year-olds and 7% of all 3-year-olds—an all-time high—attended state-funded public preschool. That same year, states' investments in preschool reached an all-time high (nearly $12 billion in state funds and more than $13 billion from all sources). [56] In general, public preschools were created as educational interventions to support children's kindergarten readiness. They typically provide part- or school-day services during the school year. However, programs vary widely in funding levels, quality requirements, enrollment, schedules, and eligibility. Public preschool is politically popular: A 2022 survey found that 71% of American adults were supportive of universal preschool, up from 67% the year before.[57]

Access to public preschool programs varies widely. Thirty-five state programs (58%) have an income requirement, ranging from 100% to 300% of the federal poverty level, to attend public preschool. Among states that have a public preschool program, enrollment shares of 3- and 4-year-olds range from 2% (Utah and Hawaii) to 84% (District of Columbia).[58] Access also varies within states. About 37% of states offer public preschool programs in 100% of their counties or school districts, but on average, public preschool programs reach about 87% of counties/school districts in the state, ranging from 17% to 100%.

Preschool hours have expanded over time. In 2010, 40% of children in state-funded preschool attended a school-day or longer program, while in 2023, 72% of enrolled children did so.[59] There has been a push for more school-day and full-day preschool programs (including before- and after-hours care) due to parents' work demands. Still, operating schedules vary considerably, with programs being more likely to offer part-day hours than school-day or extended-day. Figure 3 summarizes the different hours of operation typically used by public preschool programs. Most of these programs operate on the school/academic calendar year (65%), while only 3% offer full-year programs.[60]

Figure 3. Percentage of public preschool programs by hours of operation.



Notes: Part day is less than 4 hours per day, school-day is between 4 and 6.5 hours per day, and extended day is over 6.5 hours per day. If a program offers multiple hours of operation, they are captured here by the minimum schedule they offer. Data are drawn from the NIEER 2023 State of Preschool Yearbook.

Even among the eleven states (including the District of Columbia) with fully or partially implemented universal preschool programs, operating hours remain fairly limited. About 73% (8) of these programs offer part-day hours of operation, defined as 4 hours per day or less. Three of these programs operate for only 10 hours per week, or only two hours per day. This is an important dimension of access, as such limited offerings can restrict participation for working families.

While total funding of public preschool reached an all-time high in 2023–2024, funding levels still vary substantially across states. Nationwide, state spending per

enrolled child in 2023–2024 was about $7,888, including federal TANF funds and COVID-19 relief funds directed toward preschool at states' discretion. Across states, spending levels per enrolled child ranged from $1,939 (Massachusetts) to $22,207 (District of Columbia) in 2022-2023.[61]

Finally, state public preschool programs vary in program quality metrics. The National Institute for Early Education Research (NIEER) has ten national quality benchmarks (early learning and development standards, curriculum supports, teacher degree, teacher specialized training, assistant teacher degree, staff professional development, maximum class size, staff–child ratio, screening and referrals, and continuous quality improvement systems). Importantly, NIEER's benchmarks are largely structural aspects of quality, rather than process quality (i.e., interactions among adults and children), the latter of which are more closely tied to children's outcomes but more difficult to measure.[62] In 2022–2023, nearly all state programs (97%) met the benchmark for early learning and development standards, but about half met the benchmark for lead teachers to have bachelor's degrees (53%), and only 32% met the benchmark for staff professional development.[63] While not a part of the ten quality benchmarks outlined by NIEER, there are many other potential indicators of quality, such as pay parity between prekindergarten teachers and public K-3 teachers. As staffing challenges related to compensation are commonly linked to issues with turnover, program stability, and continuity of care,[64] many state prekindergarten programs are turning to pay parity policies to better support their workforce. Across 60 state prekindergarten programs, 29 (48%) have policies that require the same starting salary for lead prekindergarten teachers in public settings as public K-3 teachers, and 26 (43%) have policies that require the same salary schedules (often prorated to account for differences in the length of the workday or year). In contrast, only 9 programs (15%) offer the same starting salaries for prekindergarten teachers in nonpublic settings. Some states also offer parity in benefits, another area where ECE teachers are known to lag behind public K-12 teachers. Twenty-six state prekindergarten programs (43%) offer preK teachers in public settings the same retirement and health care benefits as public K-3 teachers. Only Tennessee offers these types of benefit parity policies to prekindergarten teachers in nonpublic settings.[65] This variation by setting type aligns with recent research describing higher levels of quality, teacher characteristics, and children's gains in public versus nonpublic preschool settings.[66] In a fragmented ECE landscape with mixed delivery systems, such policy differences by setting may contribute to inequitable opportunities for children.

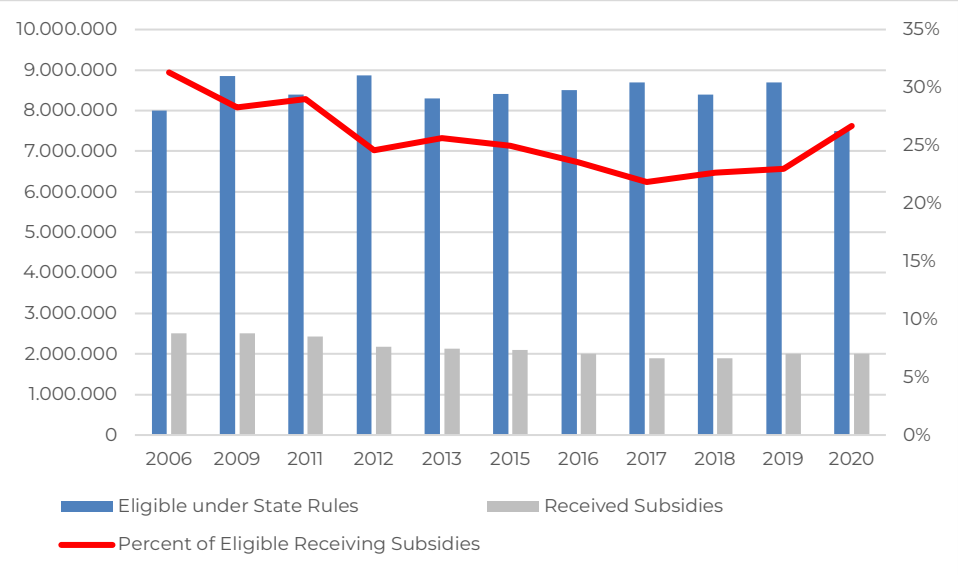
Child care subsidies

Unlike Head Start, a child development intervention established at a time when maternal employment rates were much lower than they are today, and state-sponsored preschool programs, which expand K-12 education to younger children, child care subsidies were initially created as a work support.[67] Child care subsidies are typically administered as vouchers that help low-income working families pay for ECE at a private program of a family's choice—enhancing families' effective demand or ability to pay for child care, as opposed to directly increasing the supply of services. Subsidies are jointly funded by states and by the federal Child Care and Development Block Grant (CCDBG), which was created in the wake of welfare reform in 1996 and reauthorized in 2014.

The CCDBG is administered by states, which have considerable control over eligibility requirements, family copayments, provider requirements, provider reimbursement rates, and other subsidy policies. These policies dictate the number of eligible children

and influence how many children ultimately receive subsidies. While nearly 11 million children were eligible to receive subsidies under federal guidelines in 2020, state rules are usually more restrictive. Under state rules, 7.5 million children remained eligible, with 26% (2 million children) receiving subsidies in 2020. Historically, child care subsidy programs have reached between 20 and 30% of eligible children. While the number of eligible children has fluctuated as states have altered their eligibility rules, roughly 2 million children have received subsidies each year since the early 2000s (see Figure 4).

Figure 4. Child care subsidy program eligibility and reach, 2006–2020



Source: Office of the Assistant Secretary for Planning and Evaluation. Department of Health and Human Services. Estimates of Child Care Eligibility and Receipt, 2006-2020.

Refining these policies remains an active area of state legislation, and new federal rules published in 2024 set new guidelines for capping family copayments and requiring more provider-friendly payment policies. Studies examining the role of child care subsidy policy generosity find that more generous policies, such as increased payment rates to providers, decreased family copayments, and increased income eligibility thresholds, are associated with higher use of center-based care, greater continuity of subsidy use, and higher program quality.[68] Another policy measure related to program quality is higher reimbursement rates and other provider-friendly payment policies.[69] This suggests that higher reimbursement rates that are more aligned with the true costs of providing care may induce more high-quality providers to participate in the subsidy system. Higher reimbursement rates, which result in more revenue for participating providers, are also associated with higher workforce wages.[70] Finally, subsidy policies are also related to the continuity of subsidy receipt or length of subsidy spells. Subsidy spells are brief, on average,[71] but more generous subsidy policies are positively associated with continuity of subsidy receipt, while changes to subsidy policies that increase administrative burden (such as shortened redetermination periods) reduce the length of subsidy spells.[72]

Military child care

An informal military child care system first formed during World War II and continued to expand alongside increasing numbers of military deployments and women entering the workforce. In 1989, Congress passed the Military Child Care Act (MCCA), formalizing the system and improving the availability, quality, and safety of military child care. Administered by the U.S. Department of Defense (DoD), military child care is intended to connect military and military-affiliated families with quality, affordable child care programs.

Military child care programs include military-operated programs and fee assistance programs. Military-operated programs include DoD-certified and nationally accredited facility-based programs and licensed family child care offered by military spouses. These programs range from hourly to 24/7 care (including nontraditional hours). Fee assistance programs include Military Child Care in Your Neighborhood (MCCYN) and Child Care in Your Home (CCYH). The MCCYN program provides fee assistance to eligible families who are unable to access military-operated programs. This fee assistance helps families cover a portion of the costs of community-based care. The CCYH program is designed to help those working nontraditional hours (including evenings, weekends, or rotating schedules) cover the costs of full-time child care provided in their own homes. Finally, the Navy Weekend Drill Child Care Pilot offers fee assistance for Navy Reserve Force families who need child care during periods of Inactive Duty Training.

Together, these programs constitute the largest employer-sponsored child care program in the U.S. As of 2021, DoD had spent more than $1 billion in appropriated funds on child care programs, which served 77,000 children in military-operated programs and an additional 25,800 in fee assistance programs.[73] While there is limited research on military-based child care programs and child outcomes, one evaluation of military-based Child Development Centers (CDCs) finds that CDCs were associated with higher program quality than civilian child care centers, children who attended CDCs had better learning outcomes, and parents whose children attended CDCs reported missing fewer days of work.[74]

Campus-based child care

Child care programs based on college campuses are an important support for the 22% of college students who are parents, particularly the 53% of those student parents who have children under 6.[75] Qualitative and survey data reveal the unique barriers faced by student parents and the role that campus-based child care can play in their academic success. Surveys of community college students find that caregiving duties are a substantial barrier to retention and attendance and that having more stable or affordable child care would help students stay enrolled.[76] Public higher education institutions are more likely to offer campus-based child care than their private counterparts, but child care programs on college and university campuses have trended downward since the early 2000s. In 2019, 45% of public institutions offered child care on campus, down from 59% in 2004. The largest share of student parents are enrolled at community colleges (42%), where there has been the most marked decline in campus-based child care programs: Only 41% of 2-year public institutions offer campus-based child care compared to 50% of 4-year institutions.[77]

Campus-based child care programs are funded by a variety of sources, including university allocations, student fees, government grants, fundraising efforts, partnerships with community organizations, and parent tuition. One example of federal funding to support campus-based child care programs is the U.S. Department of Education's Child Care Access Means Parents in Schools Program (CCAMPIS). In FY

2023, CCAMPIS allocated $84 million in funding to support 264 grantees nationwide. The small body of research in this area finds that use of campus-based child care is associated with greater retention and completion rates among student parents.[78]

Lack of coordination within early care and education

The different histories and goals of ECE programs—created primarily as either an educational intervention or a work support, despite programs inherently serving both roles—together with different funding streams, funding amounts, requirements, schedules, and administrators, creates confusion and difficulty navigating the system for both families and ECE program administrators. For example, variation and administrative burden in the child care subsidy program contribute to short spells of participation, with cascading effects for ECE instability and family outcomes.[79] Some of the short spells of subsidy and other program participation result from changes in eligibility due to parents' variable or nonstandard work hours or employment instability,[80] which is higher among racial minority households.[81] This income and employment instability leads to changes in families' subsidy participation, which affects children's ECE arrangements and household resources.[82] Unstable ECE—both changes in care over time[83] and the use of multiple, concurrent arrangements[84]—is common, more so among children in low-income families and whose parents work nonstandard hours, and unstable care be problematic for children's development.[85]

Moreover, ECE programs, which operate on tight margins, often try to combine multiple sources of funding, such as private fees, child care subsidies, public preschool, and Head Start,[86] but different requirements and monitoring practices can make braiding funds complicated and burdensome.[87] Unpredictable payments or low subsidy reimbursements can also lead to financial problems for ECE programs. Together, the lack of coordination in eligibility, application and recertification, and other processes contributes to fragmentation in the system.

Efforts to coordinate programs

Several public policies and programs have been created to promote system-level changes, help coordinate public and private ECE programs, and address market failures such as information asymmetry. It is difficult for parents, as a nonparticipant but the purchaser of ECE to judge ECE quality. Nearly every state has a Quality Rating Information System (QRIS), which typically provides a quality rating for parents and other consumers to increase transparency, but these vary widely in the number and type of ECE programs that participate and in the measures used to assess quality.[88] Individual states and private philanthropy[89] have launched system-building efforts, such as building longitudinal data systems across early childhood and K-12 education.[90] Several states, such as Colorado, New Mexico, Virginia, Louisiana, and Massachusetts, have combined the administration of the child care subsidy program (historically viewed as public assistance), child care licensing, and preschool programs (historically viewed as education), creating single early childhood or early learning departments.

In addition, several states and localities are taking action to reduce administrative burdens for families enrolling in ECE programs. For example, New Orleans created a centralized enrollment system for publicly funded early care and education and tested different communication strategies to increase families' completion of the enrollment process, finding some success with text messages, particularly those that were personalized.[91] Virginia has invested in local system-building efforts, called "Ready Regions,"[92] which bring together public and private ECE leaders and stakeholders to set

early childhood priorities and coordinate programming at the local levels. Several states have streamlined and coordinated enrollment across multiple programs for which families may be eligible (ECE and other safety net programs such as Medicaid or the Supplemental Nutrition Assistance Program [SNAP], formerly known as food stamps); however, their efforts are hampered by the myriad governmental levels involved, various requirements, and general lack of coordination among programs.[93]

At the federal level, the U.S. Department of Health and Human Services created the Race to the Top-Early Learning Challenge (RTT-ELC), which provided funding to states, similar to the RTT Challenge grants for K-12 education, to support the design and implementation of an integrated system of ECE programs and services; however, grants were relatively small and temporary.[94] Similarly, the Early Head Start-Child Care Partnerships Program was created in 2014 to increase access to early learning and child care services for infants and toddlers in low-income families and to bridge the Early Head Start and child care subsidy programs,[95] but it serves a small fraction of children in Head Start.

Overall, system-building efforts are small and piecemeal, given the large problems of supply, quality, and affordability in ECE.

Conclusion

In sum, early care and education (ECE) holds promise in supporting children's development and parents' employment, but high-quality ECE is expensive and in short supply, and the public programs designed to increase access and quality are small in scope and piecemeal.

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Suggested citation

Taryn W. Morrissey & Jessica Horst Rendon (2025). "The Fragmented Early Care and Education Landscape" in Live Handbook of Education Policy Research, in Douglas Harris (ed.), Association for Education Finance and Policy, viewed MM/DD/YYYY, <WEB LINK>.