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Constructing Educational Possibilities via Childhood Subsidies: A Call to Action for Educational Access

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Abstract

Child care remains a broken system in crisis, as parents struggle to find affordable high-quality child care to gain significant employment, training, and education. The high costs associated with child care is particularly burdensome for families with limited financial resources. The lack of affordable child care exacerbates the cycle of poverty, as parents are often forced to choose between lower paying jobs with flexible hours or higher paying jobs that do not align with affordable child care hours. Utilizing a critical policy analysis (CPA) framework, we explore the policies around early childhood education and care subsidies, provide information regarding the quality ratings and how they are achieved, and provide a discussion of quality standards determined for licensed providers. A key characteristic of a cause-and-effect essay is to educate the readers regarding critical issues related to this topic.

Key Words

child care subsidies, child care deserts, educational inequities, early childhood, critical policy analysis

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Childcare remains a broken system in crisis (Child Care Aware, 2022), where parents struggle to find affordable, high-quality child care to support significant employment, training, and education. The prohibitive cost associated with child care is particularly burdensome for families with limited financial resources. Child care is a major expense for many families, with the cost often exceeding that of food, housing, college tuition, or transportation in most states (Child Care Aware, 2015). The Department of Health and Human Services (2016) defines affordable child care as not exceeding seven percent of a family's income. In Texas, for example, single parents pay 38.1% of their income on center-based care for an infant or 30.6% for care provided in a family child care setting, where a small group of children are cared for in the private homes of caregivers (Child Care Aware, 2019). In 34 states and the District of Columbia, enrolling a child into a child care center costs more than in-state college tuition (Child Care Aware, 2022). On average, in the United States, full-time tuition for infant and toddler child care can cost upwards of $15,500 annually per child (Workman & Jessen-Howard, 2021; Weinraub, 2015). This high cost can disproportionately impact Black and Latinx families due to systemic disparities in income.

The educational landscape in the United States has long been plagued by glaring disparities between wealth, racial, and socioeconomic groups. With 38 million people (11.6%) living at or near the poverty threshold in the United States, this translates to a family of four at the poverty threshold making only $29,960 based on January 2023 calculations (USA Facts, 2023). For 2024, the U. S. Department of Health and Human Services released the updated poverty guidelines for a family of four at $31,200, an increase of $25.83 per week. The cost of child care exceeded historically high inflation by 0.3 percentage points; hence, families with children are more likely to struggle to afford child care (Child Care Aware, 2023). According to the latest Department of Health and Human Services (2016), child care is affordable if it costs the household no more than 7% of their income. Thus, for a family of four at $31,200 per year, this calculates child care costs of $182.00 per month or $2,184 per year, which would be considered affordable.

For families living within the poverty threshold, child care impacts the family budget in areas set aside for necessities including housing, food, fuel, electricity, and other household items. Unfortunately, salary and wage inequalities and disparities are the biggest disadvantage for the family budget. According to the Bureau of Labor Statistics (2024), the median earnings of full-time wages and salary workers indicate the weekly total, which includes the total for men and women. The median weekly salary for Asian men is $1,647 and for Asian women is $1,356. The median weekly salary for White men and women is $1,243 and $1,045, respectively. The median weekly wage for Black men is $997 and for Black women is $936 while it is $923 for Latinx men and $810 for women. Thus, the median income for Black workers is 18.31% lower than that of White workers and the median income for Latinx workers is a staggering 64% lower than White workers. These income disparities are compounded by systemic issues such as the pervasiveness of low-wage work. Black workers make up 17 percent of low-wage workers and Latinx workers make up 27 percent, despite 14 and 18 percent respectively in the overall workforce (WorkRise Network, 2023), making child care unaffordable for many families.

For Black and Latinx children, access to high quality early education is particularly critical in helping to close the opportunity gap and foster a more equitable society. Researchers suggest that high-quality early childhood education programs can have a significant positive impact on children's success in kindergarten and beyond (Albritton, et al., 2021; Camilli, et al., 2010; Friedman-Krauss, et al., 2016; Hollett & Frankenberg, 2022; Phillips et. al., 2017; Reynolds & Ou, 2004; Skibbe et al., 2011; U. S. Department of Education, [DOE] 2015; Yoshikawa et al., 2013). Yet, families with limited financial resources are less likely to have access to affordable, high-quality child care and early education due to the high cost of services (Child Care Aware, 2015; Hollett & Frankenberg, 2022). Even with financial assistance programs, the burden of child care fees and tuition often remains unmanageable for some families (Department of Health and Human Services, 2023b). This lack of access can have a significant impact on children's development and long-term outcomes (Albritton et al., 2021; DOE, 2015). By providing child care subsidy funds to communities with limited financial resources, child care, early education, and development programs can expand access to affordable, high-quality services. However, Black and Latinx children are less likely than their White peers to be enrolled in a high-quality early childhood education and care (ECEC) program (Hollett & Frankenberg, 2022). Despite the clear benefits of early education, Black and Latinx children face numerous barriers to accessing affordable and high-quality child care programs for children from birth to age five. One of these barriers is child care deserts.

Child Care Deserts

Having access to open and available child care is yet another issue in the child care distress. Child care deserts occur when the number of children under age

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six with working parents is at least three times greater than the capacity of licensed center-based ECEC providers and family child care homes (Texas Workforce Commission, 2023a). In other words, a child care desert has either no ECEC providers or has limited options so that there are three times as many children as licensed child care availability (Friedman-Krauss, et al, 2016). In 2015, there were 11 million children under the age of five in child care (Child Care Aware, 2015). In 2019, that number increased to 12 million (Child Care Aware, 2019). Furthermore, according to Child Care Aware of America (2022) and Friedman-Krauss, et al (2016), approximately half of all U.S. neighborhoods have too few licensed child care options for working parents. The shortage of center-based ECEC programs and licensed family child care homes leads to child care deserts.

Child care deserts significantly impact many families. Fifty-one percent of the people in the United States live in a child care desert, including 58% of Latinx families, 55% of low-income families, and 60% of rural families (Friedman-Krauss et al 2016). The COVID-19 pandemic exacerbated the child care deserts when numerous child care centers and child care homes permanently closed their doors due to a myriad of issues, the most important being the lack of children in child care (Department of Health and Human Services, 2023b), severely impacting providers' ability to cover operating costs. The problems were interwoven, and there were two viewpoints to consider: Parents who kept their jobs during the COVID-19 pandemic had limited options. Another viewpoint to consider is that some parents had to either take paid or unpaid leave, adjust their hours to care for children at home, or resign from their jobs. Thus, fewer people were utilizing child care services, causing further financial strain on providers and prompting the federal government to intervene.

The Child Care and Development Fund

The Child Care and Development Fund (CCDF) is a federal program under the Office of the Administration for Children and Families' auspices. The CCDF provides funding, or subsidies, to states to support families with limited financial resources in accessing high-quality ECEC (Minton et al., 2023). The subsidies must be used for quality improvement activities, such as professional development and training for ECEC providers, along with programmatic improvements, such as increasing the availability of child care during non-traditional hours or implementing evidence-based curricula and teaching practices. In Texas, the CCDF is implemented by the Texas Workforce Commission (TWC) (2023), which is responsible for administering the program and overseeing the distribution of funds to eligible families and ECEC providers. To participate in the CCDF program, ECEC providers must meet certain eligibility requirements, such as being licensed or registered with the state, complying with health and safety regulations, and participating in ongoing professional development and training. In addition, ECEC providers must agree to accept the payment rates established by the TWC for the CCDF program (TWC, 2023a).

In Texas, these payment rates, or subsidies for ECEC, are called Child Care Management Services (CCMS) or Child Care Services (CCS). CCMS and CCS are often used interchangeably for the same program subsidies and benefits to families. Different options for CCMS include funds for enrollment in a child care program, reimbursement for paid child care, after-school care, and other child care assistance services. Stipulations for CCS funds include having a child under the age of thirteen, being a U.S. citizen or legal immigrant, being homeless or living in low-income housing, and requiring child care to work or to look for work (Texas Benefits Center, 2023).

Conceptual Framework

Critical Policy Analysis (CPA) provides a way to examine and critique policies, particularly in terms of how they perpetuate or challenge systems of power and inequity. The CPA framework intersects with policy problems and challenges at every level, including political, economic, environmental, and health-related issues (Hankivsky et al., 2012). Hankivsky et al. (2012)

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suggested, the intersectionality of policy analysis with health policies "can significantly advance the operationalization of equity in public policy" (p. 7). However, the intersectionality of CPA with education has also provided opportunities to address equity, inequity, social justice, and issues of social injustice. Further, the CPA framework provided opportunities to identify exactly who benefits from specific policies and who is excluded (Waldegrave, 2009). Additionally, according to Waldegrave (2009), "We need to deconstruct the industries of … policy making from the perspective of culture, gender, and socioeconomic status and to enquire as to the reasons for their hegemony and practice" (p. 97). Apple (2018) suggested CPA "is grounded in the belief that it is absolutely crucial to understand the complex connections between education and the relations of dominance and subordination in the larger society – and the movements that are trying to interrupt these relations" (p. 276).

Nixon et al. (2017) applied critical analysis to a seven-step framework in the field of physical therapy that is applicable to CPA and provided the viewpoint for thinking critically, deeply, and carefully to promote dialogue to assist policymakers, educators, and child care centers to arrive at insights for improved child care initiatives. According to Nixon et al. (2017), the seven-step framework is an iterative process which involves: (1) naming the specific aspect of practice being analyzed, (2) identifying the intended purposes of this aspect of practice, (3) uncovering the assumptions that support these intended purposes, (4) identifying who benefits, (5) identifying who is disadvantaged, (6) linking these specific ideas to society-level patterns, and (7) conceiving of alternatives that mitigate actual or potential harms" (p. 249). Utilizing a CPA framework, the authors explored the policies around early childhood education and care subsidies, provided information regarding the quality ratings and how they are achieved, and discussed the quality standards determined for licensed providers. According to Antwi and Hamza (2015), educational research is traditionally conducted from a positivist perspective, emphasizing the use of scientific methods to study and understand phenomena. The goals of this approach were to be neutral and to focus on cause-and-effect relationships between measurable variables (Antwi & Hamza, 2015). Traditional educational policy researchers viewed policy reform as an intentional process that could be planned and managed (Diem & Young, 2015). Moreover, traditional educational policy researchers presumed that reform strategies were clear cut and could be universally applied, disregarding the intricate and interconnected nature of policy reform (Diem et. al., 2014). Critics of positivist educational research argued that it may oversimplify complex educational phenomena by reducing them to quantifiable variables, potentially overlooking important contextual factors. Non-positivists have consistently contested the idea of objectivity, arguing progress did not revolve around scholars making a discovery and proving it to be correct. Instead, it hinged on scholars formulating hypotheses and attempting to disprove them through rigorous efforts (Nudzor, 2009).

Critical Policy Analysis: Politics and Power

Critical Policy Analysis draws from a variety of social theories such as critical theory, feminist theory, and others. A key characteristic of CPA is the emphasis on critiquing power relationships inherent in policymaking processes and outcomes (O'Connor & Rudolph, 2023). The theory posits that policies often reflect the interests of powerful groups while marginalizing the less powerful. This framework involves investigating the context in which policies are created and implemented (Diem et. al., 2014). CCDF policies are often shaped by broader societal narratives and power dynamics, making the minutiae surrounding the policy creation crucial. CPA scholars aim to illustrate that numerous policies, problems, and solutions are products of human construction and interrogate underlying assumptions that shape policy (Diem & Young, 2015). This clarifies how and why CCDF policies may fail to address the needs of Black and Latinx children and the providers who service them. CPA attends to the language used in policy, as it can

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mask or normalize certain ideologies and power imbalances (Hankivsky et al., 2012). This is valuable in the context of CCDF policies for ECEC providers and the children they serve, where seemingly neutral language can perpetuate inequality. Scholars also explore how policy ideas arise from and are interconnected with larger social processes, economic circumstances, and political endeavors (Diem & Young, 2015), as well as the meaning of being educated and who should control education (Apple, 2019). In sum, CPA grants the opportunity for a rich, nuanced understanding of the complicated dynamics at play in CCDF policies. Utilizing the CPA framework provides valuable insights into the impact policies have on Black and Latinx children as well as the ECEC providers who service them.

Critical Policy Analysis of Early Childhood Education- Pre-and Post-COVID

There is a multiplicity of issues related to early childhood education and care. Steps one and two of the CPA framework suggest naming the specific aspect of the practice being analyzed and identifying the intended purposes of this aspect of practice. Two of the issues regarding analyzing child care providers include locating licensed child care amid child care deserts and funding for ECEC providers. During the COVID-19 pandemic, the state of Texas ordered ECEC providers to decrease class sizes. For example, pre-COVID, the classroom size ratio had one caregiver for every nine children, ages 18-23 months (Texas Health and Human Services Commission, 2023). During COVID, the modified classroom for the same age group, 18-23 months, was one caregiver per classroom with a maximum of seven children. For children three years and older, pre-COVID, the ratio was one caregiver to 15 children. During COVID, the number decreased to a maximum of 10 children per caregiver for three years and older (Child Care Aware, 2021). The reductions in enrollment resulted in a decrease in income for ECEC providers. Unfortunately for ECEC providers and families, when providers were allowed to return to full capacity, there were fewer children and less staff due to reduced demand for child care and increases in telecommuting with more parents initially working from home (Zhang, Sauval, & Jenkins, 2023). Many child care providers simply could not afford the higher costs, labor shortages, and unstable enrollment that occurred during the pandemic.

Understanding which groups are disadvantaged is important when addressing inequities in any policy. In Step 5 of the CPA framework, it is important to identify who is disadvantaged within a policy (Nixon et al., 2017). It is determined that women and people of color are the most disadvantaged in the child care morass. In addition to the child care shortage, women represented 62.8% of frontline industry workers in Texas during the COVID-19 pandemic (The Texas Research-to-Policy Collaboration, 2020), which precluded them from working from home. Thus, they were the hardest hit by the changes, funding complications, and lack of availability and options for child care. Harper (2023) suggested the closure of more ECEC programs, and the child care deserts affected women and people of color more than any population.

Further, according to the Department of Human Services Child Care and Development Fund (2023), a national analysis determined that nine percent of licensed child care centers and 10% of licensed family homes closed between December 2019 and March 2021. Thus, in a Parents Action Together (2022) survey of children under age five, 54% of parents reported child care was unavailable, and 41% of parents reported child care location was a barrier in finding accessible child care. A shocking 92% of parents reported having to regularly cut basic family expenses to pay for child care, and 62% of parents surveyed had to cut back on work hours or leave a job due to not having child care within their budget (Parents Action Together, 2022). The impact of ongoing policy changes and the funding flux between federal government subsidies and parent work schedules continue to affect the availability of child care and child care providers.

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American Rescue Plan Act Federal Funds

The CPA seven-step framework involves steps three, four, and five, which requires (3) uncovering the assumptions that support these intended purposes, (4) identifying who benefits, and (5) identifying who is disadvantaged. Research has consistently determined child care is prohibitively expensive, particularly for middle- and lower-income families (Parents Action Together, 2022). There are 13,000 licensed child care centers and family homes in Texas. Since 2020, ECEC providers have received more than $4 billion in COVID funding for 85% of Texas counties. The funds were designated to help cover the costs for an estimated 836,000 children who were served by the 10,790 child care providers in Texas (Harper, 2023). Texas also received an additional $3.45 billion from the American Rescue Plan Act funds for direct relief to child care programs (TWC, 2023b). To exacerbate matters, there are currently fewer child care choices than before the pandemic, and the federal COVID dollars for ECEC providers expire in 2024 (Harper, 2023).

Addressing financial challenges in the child care sector is imperative for creating sustainable solutions. CPA Steps 6 and 7 are elucidated throughout the article, wherein child care funding, provider reimbursement rates, and copayments are linked “to society-level patterns and the alternatives mitigate actual or potential harms” (Nixon et al., 2017, p. 249). To exacerbate the issues facing child care woes, the deadline for all providers to spend federal dollars was November 2023 (TWC, 2023b). The Texas House and Senate were negotiating a $2.3 billion proposal to assist ECEC providers in recovering from the economic downturn. The assistance would average approximately $1,000 in payments made directly to ECEC providers per child per year for two years. The funds would go to the state’s 13,000 licensed child care centers and family homes. The money received could only be used for expenses such as operational costs (rent, mortgage, insurance, and utilities), personnel (recruiting, retention, one-time bonuses), or to raise the wages from $12 per hour to at least $15 per hour for staff and educators (Harper, 2023; TWC, 2023b). While the House and Senate negotiate state funding, the Administration for Children and Families offered a recommendation to aid families and providers. In March 2024, the Department of Health and Human Services, Office of Child Care (OCF), and Administration for Children and Families (ACF) announced a final rule to assist more families with access to child care as well as better support for child care providers. The final rule included policies to lower costs for families; increase child care options; strengthen payment practices; encourage easier and faster enrollment; and to elucidate program policies for CCDF lead agencies, families, and providers.

The final rule prohibits co-payments that exceed seven percent of a family's income and encourages lead agencies to waive copayments for eligible families with income up to 150% of the federal poverty level, as well as for eligible families with a child with a disability. The overarching goal of the rule is to build a child care subsidy program that supports a stable child care sector (Department of Health & Human Services, 2024).

Child Care Copayments and Provider Reimbursement Rates

An ongoing issue contributing to the child care crisis are copays assessed to families who participate in subsidy programs. Copay refers to the contribution made by the family toward the cost of child care. Currently, Texas families are assessed a share of child care cost at no less than nine percent and no more than 15% of the family’s income (Texas Workforce Commission, 1997). Copays assessed at nine percent surpass the Department of Health and Human Services definition of affordable child care, which is capped at seven percent of a family’s income. It is important to note, copayments must be independent of both the cost of child care and the amount of the subsidy payment. Consequently, while families grapple with copays that exceed affordability recommendations, child care providers are simultaneously confronted with financial shortfalls as subsidy reimbursement rates fail to cover the cost of care.

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One example is in the Gulf Coast area, which comprises 13 counties covering about 13,900 square miles and includes Houston, Austin, Brazoria, Fort Bend, and Galveston counties. Under the Fiscal Year 2023 Child Care Provider Reimbursement Rates - Effective October 1, 2022, the rate for an infant in a licensed child care center is $42.80 per day. The rate for an infant in a Texas Rising Star level 2 (TRS2) certified home is $44.94 per day. The rate in a Texas Rising Star level 3 (TRS3) certified center is $46.26, and for the Texas Rising Star level 4 (TRS4) certified center, the rate is $51.40 (Table 1). ECEC providers are rated from an entry-level registered program to TRS2, TRS3, then TRS4, the highest rating.

Table 1

Fiscal Year 2023 Child Care Provider Reimbursement Rates for Gulf Coast Region-Effective October 1, 2022

Provider Type	Provider Rating	Infant FT	Infant PT	Toddler FT	Toddler PT	Pre FT	Pre PT	School-age FT	School-age PT	School-age BL
LCCC	Reg	$42.80	$37.80	$40.40	$35.60	$38.00	$30.20	$36.40	$28.60	$29.74
LCCC	TRS2	$44.94	$39.69	$42.42	$37.38	$39.90	$31.71	$38.22	$30.03	$31.23
LCCC	TRS3	$46.26	$41.22	$43.27	$38.13	$40.70	$32.35	$38.99	$30.64	$31.86
LCCC	TRS4	$51.40	$45.80	$45.40	$40.40	$41.52	$33.00	$39.77	$31.26	$32.51
LCCC	TRS	$44.94	$39.69	$42.42	$37.38	$39.90	$31.71	-	-	-
LCCH	Reg	$38.20	$35.20	$36.20	$33.60	$35.20	$30.80	$33.80	$29.00	$29.70
LCCH	TRS2	$40.11	$36.96	$38.01	$35.28	$36.96	$32.34	$35.49	$30.45	$31.19
LCCH	TRS3	$40.92	$37.70	$38.78	$35.99	$37.70	$32.99	$36.20	$31.06	$31.81
LCCH	TRS4	$45.40	$41.00	$41.20	$36.71	$38.46	$33.65	$36.93	$31.69	$32.46
LCCH	TRS	$40.11	$36.96	$38.01	$35.28	$36.96	$32.34	-	-	-
RCCH	Reg	$35.80	$32.80	$33.80	$31.00	$31.80	$26.40	$27.00	$25.60	$25.80
RCCH	TRS2	$37.59	$34.44	$35.49	$32.55	$33.39	$27.72	$28.35	$26.88	$27.10
RCCH	TRS3	$39.06	$35.13	$36.20	$33.21	$34.06	$28.28	$28.92	$27.42	$27.64
RCCH	TRS4	$43.40	$38.20	$39.20	$33.88	$34.75	$28.85	$30.20	$27.97	$28.30
RCCH	TSR	$37.59	$34.44	$35.49	$32.55	$33.39	$27.72	-	-	-
Relative	None	$15.17	$15.17	$13.19	$11.48	$11.30	$8.48	$9.42	$6.59	$7.00

Legend: LCCC – Licensed Child Care Center; LCCH- Licensed Child Care Home; RCCH- Registered Child Care Home; TRS-Texas Rising Star; TSR- Texas School Ready; Pre – Preschool; FT- Full Time; PT- Part Time; BL – Blended

In November 2022, the Texas Child Care Strategic Plan Workgroup released recommendations with the goal of enhancing the child care workforce's quality by accurately estimating the actual cost of quality child care across the state. As it stands, in the Gulf Coast region, the highest reimbursement rate for an infant in a TRS4 certified licensed center is $51.40. Yet, the actual daily cost of providing quality care for an infant in such a facility in Houston, a city within the Gulf Coast area, is $80.68. This discrepancy results in a significant shortfall for providers, amounting to $29.28 per day. Given that TRS4 is the highest quality rating for child care providers, the reimbursement rates are even less for providers with lower ratings, further exacerbating the challenges faced by providers.

Quality Child Care Goals

Licensed providers must adhere to the quality measures stated in the child care goals. The Bipartisan Policy (2023) stated at the base level of quality, certificates will be given to providers who meet the "minimum quality standards and other requirements of the law" (p. 4). States are given the leeway to provide quality standards through their licensing programs. Providers must pass periodic inspections to obtain the certificates and providers must "conduct activities designed to improve the child care quality beyond these baseline requirements" (Bipartisan Policy, 2023, p. 4). For example, quality standards for child care providers include maintaining specific staff to child ratios to ensure that each child receives adequate supervision. These ratios can vary depending on the age of the children, with stricter requirements for younger children. In addition, health and safety measures are critical, and providers may be evaluated on the developmental appropriateness of their programs.

Quality Rating and Improvement System: Texas Rising Star

TWC uses the Quality Rating and Improvement System (QRIS) called Texas Rising Star (TRS) to evaluate child care providers in the state. The TRS utilizes a tiered reimbursement system to financially reward child care providers who meet or exceed specific quality standards. Providers can achieve various levels of certification based on how well they meet the criteria established by the TRS. These criteria are focused on areas like director and staff qualifications, teacher-child interactions, program administration, and indoor and outdoor activities (table 2). Providers that achieve higher certification levels are eligible for higher reimbursement rates, which are intended to help them continue investing in improvements and maintain high quality education and care.

Table 2
Certification Categories

Certification Categories	Weight
1: Director and Staff Qualifications and Training	20%
2. Teacher-Child Interactions	40%
3. Program Administration	20%
4. Indoor and Outdoor Environments	20%

The tiered reimbursement system incentivizes child care providers to participate in the TRS program and continuously improve their services. As of March 2023, any provider serving children who receive child care service subsidy (CCS) is required to participate in the Texas Rising Star (TRS) program at least at the entry-level designation and must achieve star-level quality by September 2024. To qualify for an entry-level designation, a child care provider must be licensed or registered with Child Care Regulation or be regulated by the United States Military, have no corrective or adverse action with Child Care Regulation, and not exceed the points threshold of 75 for high and/or medium-high-weighted Child Care Regulation deficiencies (based on a review of the most recent 12 months of Child Care Regulation licensing history) (TRS Guidelines, 2023). New CCS providers must meet entry-level designation at the time a Child Care Service Provider Agreement is initiated with the Local Workforce Development Board

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(Board) but must attain TRS certification within two years of opening (TWC, 2023c). All programs requesting TRS Certification must: (1) have an active CCS Provider Agreement with a Board to accept referrals from TWC's CCS program and meet entry-level requirements (including having an initial permit without any corrective or adverse action with CCR); (2) have a permanent (non-expiring) license or registration from CCR; (3) have at least 12 months of licensing history with CCR; (4) demonstrate a high level of compliance with CCR minimum standards over the preceding 12 months with the Texas Rising Star Initial Screening Form, and (5) ensure that a center director account is created in the Workforce Registry and that the director encourages the staff to create individual accounts in the Workforce Registry (TWC, 2023a).

Each certification category is assigned a specific weight used to calculate the program's overall star level. Category two carries the highest weight, as teacher-child interactions correlate with high-quality care and positive outcomes (LoCasale-Crouch et al., 2023; Egert et al., 2020; TWC, 2021). To achieve the highest score possible, LCCCs must maintain staff ratios based on the age group of the children in care. For example, with infants aged zero months through 17 months, group size may not exceed eight infants in one room. The staff to child ratio for infants zero through 11 months is four infants to one adult, and for infants 12 through 17 months, the ratio is three infants to one adult (TWC, 2021). Staff changes and ratios must be shifted and changed according to the infants' ages and the number of infants within the group sizes. These ratios only apply to LCCCs. For LCCH and RCCH, the maximum group size is 10 children, zero to 11 months, with two or more caregivers (TWC, 2021).

Category 3, Program Administration, measures family education, family involvement, and program management. To achieve the maximum score possible, parents must be provided with written policies and procedures, and a parent handbook must be available for review during on-site assessment. The program must have a written policy for addressing challenging behaviors of children, and information about community resources must be provided to each family. Additionally, conducting orientation with family members at enrollment is recommended. Programs must consult with a professional at least annually about providing children with nutritional and health activities that support whole child development. The program must also utilize a developmentally appropriate curriculum and show evidence of having formal use of assessments to inform instruction. Category 4 measures the indoor/outdoor environment. To achieve the maximum score possible in the subcategory of indoor learning environment teachers must arrange at least five interest areas, providing a variety of learning experiences with developmentally appropriate equipment and materials for independent use and interest, which are changed regularly.

Requirements For Child Care Directors

For Category 1, Director and Staff Qualifications and Training, the Texas Rising Star Facility Assessment Record Form (2021) describes the scoring criteria as follows:

1) The director of a licensed child care center (LCCC) must have one of the following qualifications:
   a) An Associate of Arts (AA) or an Associate of Science (AAS) in early childhood education or a closely related field, which includes 12 college credit hours in early childhood education and six credit hours in business management.
   b) A Bachelor of Arts (BA) or Bachelor of Science (BS) with the same credit requirements as above.
   c) Alternatively, more than eight years of experience in a TRS certified program or TWC recognized nationally accredited program is acceptable.
2) In a licensed child care home (LCCH) and a registered child care home (RCCH), to achieve maximum scores, the directors must have one of the following:
   a) An AA or AAS in early childhood education or a closely related field with six college credits in

early childhood education and three credit hours in business management.

b) A Bachelor of Arts or a Bachelor Science with 12 college credit hours in early childhood education and three credit hours in business management.

c) More than eight years as a director in a TRS certified program or TWC recognized nationally accredited program.

For all program types (except school age only programs) directors also must have six or more years of experience in child care.

Teaching and Staff Qualifications.

There are seven different options for full-time teaching staff to achieve the maximum score possible. Seventy-five percent of the full-time teaching staff (not including the director) must meet these criteria. The options include: (1) having a child development associate (CDA) credential; (2) having a certified child care professional (CCP) credential; (3) working toward an associate's or bachelor's degree or having successfully completed 12 college credit hours in child development, ECE, or a related field, and having two years of full-time paid experience as a teacher working with children in a LCCC, LCCH, or a RCCH; (4) have two years of full-time experience in a LCCC or RCCH while presently working towards a CDA or CCP; (5) have successfully completed 150 training clock hours within the last five years in child development, ECE, or a related field, and two years of full-time related experience working with children in LCCC or RCCH; (6) have a BA or AA (no degree specializations mentioned); or (7) have ten years of full-time paid experience as a teacher in a TRS certified program or TWC recognized nationally accredited center. Although there are a variety of ways for full time teachers to qualify and achieve maximum TRS scores, pay scales are not commensurate with qualifications, making it difficult for providers to retain qualified staff.

Implications and Conclusions

This article provides information regarding federal funding for child care along with information concerning the certification and accreditation process for the Texas Workforce Commission and Texas Rising Star certification program (2023). This information is a work in progress and is ongoing due partially to the new rules for CCS and the recent and ongoing changes, debates, and upcoming legislation. CCDF is funded from two sources: the Child Care and Development Block Grant (CCDBG) and the Social Security Act's Child Care Entitlement to States (CCES). The CCDBG funds are discretionary, fluctuate annually, and are subject to annual appropriations by Congress (Bipartisan Policy Center, 2023). However, in fiscal year (FY) 2020, the most current available data, more than 900,000 families and 1.5 million children benefited from financial assistance through CCDF each month (CCDF Report, 2020). At the same time, CCDF funding promotes the quality of child care for the sector. CCDF Lead Agencies must spend at least 12% of their CCDF funding each year to increase the quality of child care for all children. However, the idea of what constitutes quality improvement, and which activities should be prioritized is vague. Caring for young children is labor intensive work and many providers and families already struggle to cover the actual cost associated with caring for young children. To compensate for any change in the subsidy policy, child care providers would need to increase their fees, which could affect child care access for families already grappling with paying the high cost associated with child care. With reduced subsidies, child care providers may be limited in their ability to maintain their current capacity regarding the number of children in the centers. This reduction could result in fewer available seats for children, lead to longer waitlists, and exacerbate the increases in child care deserts. Overall, lower subsidies could force providers to adjust their operations, potentially compromising the quality of care offered. Some child care providers may not be able to sustain the operational costs and be forced to close, further contributing to fewer choices for families. Providers

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and parents are simultaneously worried and concerned about the future of child care provisions.

Nixon's et al. (2017) seven-step critical policy analysis is clear that this is an iterative process. Step 4 seeks to identify who benefits from the policies. It is evident from the research that increased subsidies to child care centers benefit working mothers and families of color the most, just as the lack of affordable and effective child care affects not only families and children. Unaffordable child care also affects jobs and communities. Almost 200 Texas business leaders asked Governor Greg Abbott and other state leaders to invest in child care to keep the economy moving forward (U. S. Chamber of Commerce, 2021). The U. S. Chamber of Commerce (2021) estimated in 2022 that the lack of affordable child care costs up to $7.59 billion per year due to higher employee turnover, hiring costs, and loss of productivity from employees missing work to care for children. Between the onset of the COVID-19 pandemic and November 2023, more than $6 billion dollars have been utilized for child care facilities and state funding programs (Department of Health and Human Services, Administration for Children and Families, & Office of Child Care, 2023; TWC, 2023b). In November 2023, all Texas child care facilities' COVID-19 funding ended. For the 2024 federal year, President Joseph Biden requested a historic $424 billion over 10 years to further stabilize the child care sector. His goals are to make high-quality child care more affordable for working families and to increase child care provider pay. Congress is still contemplating the request (Department of Health and Human Services, 2023b).

The first five years of a child's life are critical, and it is necessary to build a solid foundation in health and education. Therefore, it is incumbent upon the state and the federal government to support child care for everyone's future. It is essential that proposed solutions address access, affordability, and quality of child care. In this critical policy analysis, the authors utilized Nixon et al.'s (2017) seven-step framework to explore the policies around early childhood education and care subsidies. This is an iterative and repetitive process which involves continual re-examining and reassessing current laws and funding to ensure future educational needs are met for those who are unable to speak for themselves. The children most requiring high-quality child care need leaders who will ameliorate political, economic, environmental, educational, and health related policies to ensure a chance for a quality education and a bright future. As we realize and recognize, education, or lack thereof, is a barrier to improving overall health in U.S. communities and prohibits students from getting the best educational start in life. Child care remains a broken system in crisis where parents struggle to find affordable high-quality child care to gain significant employment, training, and education.

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