

February 21, 2024

Ruth Friedman, Ph.D., Director, Office of Child Care (OCC)
Administration for Children and Families (ACF), U.S. Department of Health & Human Services (HHS)

RE: Request for Comments: Submission for OMB Review; Child Care and Development Fund Plan
Preprint for States/Territories for FFY 2025-2027 (ACF-118) (OMB #0970-0114)

Document: 89 FR 3927 / 2024-01058

Dear Dr. Friedman and Office of Child Care staff,

The Children's Equity Project (CEP) at Arizona State University (ASU) is grateful for the opportunity to provide responses for the draft Child Care and Development Fund (CCDF) Plan Preprint for States/Territories for FFY 2025-2027.

The CEP is a center housed at Arizona State University and led with scholars at universities across the country focused on closing opportunity gaps and advancing equity in the systems that serve children and families in the United States. The CEP works at the intersection of research, practice, and policy and focuses on a range of equity issues in the early years and the early grades.

We appreciate the Department's thoughtful proposals to improve the State/Territory plan template to better ensure practical, quality, clear information is collected and reported and that states and territories can use the preprint document to guide meaningful decisions around assurances towards equitable access to child care for children and families.

We appreciate the Department's concern with burden on States/Territories, but we believe strongly that child and family well-being must be prioritized and centered as the main driver of any data collection activity, including the CCDF Plan. A [recent National Academies of Sciences, Engineering, and Medicine \(NASEM\) report](https://doi.org/10.17226/26743), funded in part by the Department, outlined the historical and contemporary inequities in child care and early care and education more broadly, deeply impacting the workforce, and children and families from marginalized communities.¹

¹ National Academies of Sciences, Engineering, and Medicine. (2023). *Closing the opportunity gap for young children*. The National Academies Press. <https://doi.org/10.17226/26743>.

Better data are critical to understanding inequities in opportunity—including well-documented inequities in access to and experiences in child care, and in enabling States/Territories to develop targeted, effective solutions to ensure that all children have equal access to ensure they thrive.

The CCDF plan is a key mechanism that states use to plan their CCDF activities, create goals to ensure effective implementation, and create measures of accountability to ensure progress towards those goals. Also, ACF uses the CCDF plan to determine State/Territory compliance with the requirements of the law and rule. **The CCDF plan has the potential to help States/Territories ensure subsidies are reaching eligible children and families in low-income households, and especially those who have been historically and contemporarily marginalized** including Black, Latine, Indigenous, and Asian families, immigrant families, families who speak languages other or in addition to English, and families of children with disabilities.

Our feedback is organized around the following sections of the plan:

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Please let us know if we can provide any additional information or guidance.

Thank you,

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1 CCDF Program Administration

1.2 CCDF Policy Decision Authority

1. Under 1.2.5 (p. 10), we recommend that the Department require States/Territories to describe how they will ensure all data reported to the federal government by States/Territories will be reported across the categories of race, ethnicity, income, language, geographical location, and disability category, including the ability for the data to be cross-tabbed to examine intersections between each of these identities, without revealing personally identifying information.

Rationale: Currently, States/Territories are not required to include in their application how they will collect demographic data that can reveal fairness or inequities in the system, a major limitation to the public's understanding of the implementation of CCDF. We recognize that the Child Care and Development Block Grant (CCDBG) law prohibits any state reports from containing any personally identifiable information.² While still maintaining this requirement, the Department should require all data reported to the federal government by States/Territories be reported across the categories of race, ethnicity, income, language, geographical location, and disability category, aligned with IDEA categories. Failure to do this results in states, the federal government, and the public lacking information about how services are impacting outcomes for particular groups of children. With more refined, disaggregated data reporting requirements, States/Territories can make fair, data-informed, and relevant policies that directly affect the access, experiences, and outcomes of children and families.

1.3 Consultation in the Development of the CCDF Plan

1. Under 1.3.1 (p. 10), we recommend adding a fourth required group with whom States/Territories must engage in consultation on the development of the CCDF Plan: "4: *Members of the child care workforce, child care providers that receive CCDF funds, and any other early childhood educators who will be impacted by the CCDF Plan*".

Rationale: It is crucial that any CCDF goals and activities that directly impact the child care workforce and early childhood educators serving young children in the State/Territory reflect the perspectives, beliefs, and needs of the overall early care and education (ECE) workforce.

² S.1086 - 113th Congress (2013-2014): Child Care and Development Block Grant Act of 2014. (2014, November 19). <https://www.congress.gov/bill/113th-congress/senate-bill/1086>.

2 Child and Family Eligibility and Enrollment and Continuity of Care

2.1 Reducing Barriers to Family Enrollment and Redetermination

1. Under 2.1.1 (p. 12), we recommend that the option “none” for “eligibility practices to reduce barriers to enrollment” include an open-ended response box that reads, *“If not, how did the State/Territory determine that eligibility practices to reduce barriers to enrollment were not needed?”*

2.3 Prioritizing Services for Vulnerable Children and Families

1. Under 2.3.3 (p. 23), we recommend that the Department add a paragraph in section outlining the well documented challenges in child care that other groups of children and families face—such as families of dual language learners, immigrant families, families with non traditional work hours, and families living in rural areas and including this list in the body of the question (i.e., *“Does the Lead Agency define any other priority groups, such as families of dual language learners, immigrant families, families with non-traditional work hours, families living in rural areas, or others?”*).

Rationale: A third of children between birth to age 5 are considered English Learners (ELs) or Dual Language Learners (DLLs)³ in the United States. There is a robust body of scientific evidence indicating that children who are DLLs have better academic and social outcomes when they receive dual language instruction (i.e., instruction in English and their home language), and that providing dual language instruction does not delay or hinder English acquisition.⁴ In addition to DLLs, other populations of families are known to experience barriers in access to quality child care including children with disabilities, parents who work non-traditional hours that are typically outside of the operation hours of most local child care facilities, parents of infants and toddlers who often have fewer slots available, and families living in rural communities where both distance and transportation may pose challenges to accessing child care services.⁵

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

4.5 Supply Building

2. Under 4.5.1 (pp. 47-48), we recommend requiring states to collect data on the extent to which grants and contracts increase the supply and quality of child care for children with disabilities, infants and toddlers, and during non-traditional hours.

³ Paki, M., O'Toole, A., & Katsiaficas, C. (2017, October 12). *Research: Dual Language Learners: A National Demog..* Migration Policy Institute. <https://www.migrationpolicy.org/research/dual-language-learners-national-demographic-and-policy-profile>

⁴ Jennifer L. Steele, Robert O. Slater, Gema Zamarro, Trey Miller, Jennifer Li, Susan Burkhauser, Michael Bacon, “Effects of Dual-Language Immersion Programs on Student Achievement: Evidence From Lottery Data,” *American Educational Research Journal* 54, no. 1S, (April 2017): 282S–306S, <https://journals.sagepub.com/doi/abs/10.3102/0002831216634463>.

⁵ Henly, J.R. & Adams, G. (2018). *Increasing access to quality child care for four priority populations*. Urban Institute. https://www.urban.org/sites/default/files/publication/99150/increasing_access_to_quality_child_care_for_four_priority_populations_report_0.pdf.

3. Under 4.5.4 (pp. 49-50), we recommend requiring states to describe specific planning and outreach efforts to families of children with disabilities including those in the early intervention and early childhood special education systems.

Rationale: Serving children with disabilities is a key provision under the CCDF. However, more than a third of States/Territories have less than 0.5% of their overall average monthly subsidies reaching children with disabilities.⁶ Thus, States/Territories should be required to describe their specific outreach plans to meet this priority population.

4. Under 4.5.4 (pp. 49-50), we recommend adding a line where States/Territories explain how they will collect and report data on the percentage of child care programs that serve children with disabilities in addition to the percentage of children with disabilities served. This will provide an estimate of the availability of care for children with disabilities.

5 Health and Safety of Child Care Settings

5.3 Health and Safety Standards for CCDF Providers

1. Under 5.3.12 (p. 66), we recommend that the Department require States/Territories to specify how barriers such as educator training and accessible facilities to care for children with disabilities will be addressed and tracked over time. This should include an articulation of how data are shared on this issue between the child care state licensing authority and those who oversee the child care subsidy and quality systems.

Rationale: Providers consistently cite a lack of educator training on serving children with disabilities and use licensing policies such as toilet training to exclude children with disabilities.

5.5 Training and Professional Development Requirements (Ongoing Training)

1. Under 5.5.4 (p. 69), we recommend revising the question to include multiple response options: *"Indicate which of the following topics of professional development are required."*
 - a. Bilingual language development and instruction for children who are dual language learners
 - b. Referrals, screenings, and assessments of children with suspected disabilities
 - c. Inclusive early learning opportunities for children with disabilities
 - d. Culturally affirming care and learning practices, especially for tribal populations
 - e. Positive behavior supports and harsh discipline prevention
 - f. Effective strategies for engaging with families who are linguistically and culturally diverse

⁶ U.S. Department of Health & Human Services. (2022). FY 2020 preliminary data table 21: Average monthly percentages of children with a disability. Office of Child Care. <https://www.acf.hhs.gov/occ/data/fy-2020-preliminary-data-table-21>.

Rationale: Revising this item to include a list of options will not only reduce administrative burden, but it will also provide specific details on the types of specific skills that providers need to serve children and families who are culturally and linguistically diverse. This list of topics will also help States identify areas of strengths, as well as areas where they could dedicate more effort and resources. For example, nearly a third of States/Territories have less than 0.5% of child care subsidies reaching children with disabilities.⁷ Reasons for this include policies that exclude children with disabilities (e.g., requiring potty training), and providers having limited training requirements and opportunities on how to support children with disabilities⁸. Focused professional development will ensure providers have the specific training they need to provide children with families with the support they need to thrive and that parents use child care subsidies.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

6.2. Supporting the Child Care Workforce

1. Under 6.1.2 (p. 87), we recommend requiring states to conduct and track racial and language-based pay gaps within the workforce, and that these data on pay gaps be used to inform the CCDF Plan and broader efforts to support fair compensation for the ECE workforce.

Rationale: Research has consistently documented a pay gap between White ECE providers and particularly Black providers.⁹ Black and Hispanic ECE providers are also more likely to work in lower-paid positions, such as teacher aides or assistant teachers.¹⁰ Systemic racism and systematic exclusion of Black people and other people of color from economic and education systems historically time have contributed to fewer opportunities and less access to higher education systems for these groups. Even when teachers from these groups access and complete advanced degrees, they experience pay gaps.¹¹ It is imperative that staff compensation efforts pay particular attention to these gaps and provide appropriate support to decrease these disparities.

2. Under 6.1.4 (p. 87), we recommend including a description in the prompt that reads, *“Describe the Lead Agency’s ongoing efforts and future plans to support the mental health and well-being of the child care workforce, including how child care providers are included in the planning and implementation of mental health and well-being supports”*.

⁷ Sullivan, A. L., Farnsworth, E. M., & Susman-Stillman, A. (2018). Childcare type and quality among subsidy recipients with and without special needs. *Infants and young children*, 31(2), 109; Wall, S., Kisker, E. E., Peterson, C. A., Carta, J. J., & Jeon, H. J. (2006). Child care for low-income children with disabilities: Access, quality, and parental satisfaction. *Journal of Early Intervention*, 28(4), 283-298; Neas, K. B., & Mezey, J. (2003). Addressing Child Care Challenges for Children with Disabilities: Proposals for CCDBG and IDEA Reauthorizations.

⁸ Neas, K. B., & Mezey, J. (2003). Addressing Child Care Challenges for Children with Disabilities: Proposals for CCDBG and IDEA Reauthorizations.

⁹ Lee, Y., Zeng, S., Douglass, A., Reyes, A., & Johnson, N. (2023). Racial and ethnic wage disparities among center-based early educators. *Early Childhood Education Journal*, 51(3), 493–502. <https://doi-org.ezproxy1.lib.asu.edu/10.1007/s10643-022-01317-2>

¹⁰ Austin, L.J.E., Edwards, B., Chávez, R., & Whitebook, M. (2019). Racial Wage Gaps in Early Education Employments. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from <https://csce.berkeley.edu/racial-wage-gaps-in-early-education-employment/>.

¹¹ McLean, C., Austin, L.J.E., Whitebook, M., & Olson, K.L. (2021). *Early childhood workforce index – 2020*. Center for the Study of Child Care Employment, University of California, Berkeley. <https://csce.berkeley.edu/workforce-index-2020/Report-pdf>; McLean, C., Whitebook, M., Roh, E., (2019). From unlivable wages to just pay for early educators. Center for the Study of Child Care Employment, University of California, Berkeley.

Rationale: This item requires the Lead Agency to describe efforts to support the mental health and well-being of the child care workforce. While mental health and well-being supports are fundamental for the ECE workforce¹², these efforts usually exclude the voices of ECE providers.¹³ It is crucial that these efforts and initiatives—and any others that directly impact the child care workforce—reflect the perspectives, beliefs, and needs of ECE providers, through ECE provider advisory boards, field interviews, or needs assessments, in order to increase provider engagement and potential positive effects. This should also become a group that States/Territories engage in consultation on the CCDF Plan under 1.3 Consultation in the Development of the CCDF Plan (p. 10).

3. Under 6.1.8 (p. 88), we recommend adding male providers as a group that could benefit from further participation support in the ECE workforce.

Rationale: This item suggests that Lead Agencies must facilitate participation of child care providers and staff with limited English skills and disabilities. However, male providers are also a minority group that are often overlooked. While retention rates of male providers is unknown, they represent a very small group in the ECE workforce who face specific challenges, such as gender stereotypes.¹⁴ Providing support for the retention of male providers can help increase the diversification of the ECE workforce.

6.3 Early Learning and Developmental Guidelines

1. Under 6.3.1 (p. 90), we recommend adding a specific item about the extent to which the States'/Territories' early learning and developmental guides explicitly address the following populations:
 - a. Development of children with disabilities
 - b. Bilingual language development of children who are dual language learners
 - c. Culturally relevant learning for Black, AI/AN, Latin, and Asian children and other children of color

Rationale: This item already has “culturally and linguistically appropriate” as one of its items; however, this term varies widely in its definition, use, and application¹⁵. Consequently, if a State/Territory marks that they are addressing this item, it does not necessarily mean that they are implementing research-supported strategies for providing children with culturally and linguistically

¹² Palomino, C., Cobanoglu, A., Oppenheim, J., Catherine, E., Meek, S., Gilliam, W., & Bucher, E. (2023, May). *Examining the mental health of early childhood professionals and children early in the pandemic*. Children's Equity Project at Arizona State University.

¹³ Richardson, B. M., Vickerson, R., & Bader, N. (2023). Falling by the “wasteside”: Defining and moving towards educator well-being from the perspective of early childhood educators in Ontario, Canada. *Australasian Journal of Early Childhood*, 48(4), 294-306. <https://doi-org.ezproxy1.lib.asu.edu/10.1177/18369391231211023>

¹⁴ Reich-Shapiro, M., Cole, K., & Plaisir, J. Y. (2021). “I Am the Teacher”: how male educators conceptualize their impact on the early childhood classroom. *Journal of Early Childhood Teacher Education*, 42(4), 381–403. <https://doi-org.offcampus.lib.washington.edu/10.1080/10901027.2020.1754310>; Sullivan, V., Coles, L., Xu, Y., & Thorpe, K. (2023). Men times ten: does the presence of more men support inclusion of male educators in early childhood education and care? *Gender & Education*, 35(1), 18–36. <https://doi-org.ezproxy1.lib.asu.edu/10.1080/09540253.2022.2137106>

¹⁵ Evans, L. M., Turner, C. R., & Allen, K. R. (2020). “Good Teachers” with “Good Intentions”: Misappropriations of Culturally Responsive Pedagogy. *Journal of Urban Learning, Teaching, and Research*, 15(1), 51-73.

appropriate instruction. Adding this item with a list administrators can mark will not be a major addition of burden, but provide concrete information on the extent to which learning standards are aligned with research-supported strategies to serve children with diverse linguistic, cultural, and ability backgrounds.

7 Quality Improvement Activities

The positive child and family outcomes associated with early care and education are entirely dependent on the quality of care children experience.¹⁶ Access to high-quality ECE is essential for all children. However, those from historically and presently marginalized groups are the least likely to have access. For example, one analysis found that in states that collect disaggregated data, only 1% and 4% of Latine(a/o) and Black children, respectively, were enrolled in high-quality state preschool in 2019.¹⁷ Black, Latine(o/a), and Indigenous children are also more likely to experience poverty due to the legacies and current day manifestations of systemic racism. Research shows that children living in poverty and children with disabilities may uniquely benefit from high-quality ECE.¹⁸

7.2 Use of Quality Set-Aside Funds

1. Under 7.2.2.c (p. 93), we recommend States/Territories be required to include a description of how their quality frameworks will incorporate indicators that are particularly relevant to communities that have been historically and who are contemporarily marginalized, such as children and families who are Black, Latine, Indigenous, and other children of color, dual language learners, and children with disabilities.

Rationale: The original intent of quality rating and improvement systems (QRIS) was to increase transparency and support families in making informed choices about their child's care, incentivize and support early childhood providers in reaching higher levels of quality, and give state leaders a better understanding of the quality landscape. Many states use global classroom quality measurement tools to assess quality across child care programs. However, these instruments are limited in terms of equity. While the dimensions that they capture are critical to quality, they are

¹⁶ Burchinal, M., Zaslow, M., Tarullo, L., Votruba-Drzal, E., & Miller, P. (2016). Quality thresholds, features, and dosage in early care and education: secondary data analyses of child outcomes. *Monographs of the Society for Research in Child Development*, 81(2), 1-126. <https://doi.org/10.1111/mono.12236>; Weiland, C., & Yoshikawa, H. (2013). Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills. *Child Development*, 84(6), 2112-2130. <https://doi.org/10.1111/cdev.12099>; Vandenbroucke, L., Spilt, J., Verschueren, K., Piccinin, C., & Baeyens, D. (2018). The classroom as a developmental context for cognitive development: A meta-analysis on the importance of teacher-student interactions for children's executive functions. *Review of Educational Research*, 88(1), 125-164. <https://doi.org/10.3102/0034654317743200>.

¹⁷ Education Trust (November 6, 2019). *No State Provides Both High-Quality and High-Access State-Funded Preschool for Black and Latino 3- and 4-Year-Olds*. <https://edtrust.org/press-release/no-state-provides-both-high-quality-and-high-access-state-funded-preschool-for-black-and-latino-3-and-4-year-olds/>.

¹⁸ Ansari, A., & Winsler, A. (2022). The long-term benefits of Montessori Pre-K for Latinx children from low-income families. *Applied Developmental Science*, 26(2), 252-266; Bassok, D. (2010). Do Black and Latine(o/a) children benefit more from preschool? Understanding differences in preschool effects across racial groups. *Child Development*, 81(6), 1828-1845; Xie, Y., Near, C., Xu, H., & Song, X. (2020). Heterogeneous treatment effects on Children's cognitive/non-cognitive skills: A reevaluation of an influential early childhood intervention. *Social Science Research*, 86, 102389; Iruka, I. U., Gardner-Neblett, N., Telfer, N. A., Ibekwe-Okafor, N., Curenton, S. M., Sims, J., ... & Neblett, E. W. (2022). Effects of racism on child development: Advancing antiracist developmental science. *Annual Review of Developmental Psychology*, 4, 109-132.

insufficient by themselves, particularly in addressing the experiences of children from historically and contemporarily marginalized communities. For example, many QRIS fail to address the disproportionate experiences of harsh discipline Black children face, bilingual learning opportunities for DLLs, or high quality inclusive support for children with disabilities. For more information and examples of specific indicators across an array of equity dimensions, we recommend the Department review the Children's Equity Project 2022 report "[Equity is Quality and Quality is Equity](#)" and the recent NASEM report "[Closing the Opportunity Gap for Young Children](#)".¹⁹

8 Lead Agency Coordination and Partnerships to Support Service Delivery

8.5 Disaster Preparedness and Response Plan

1. Under 8.5.2 (p. 100), we recommend adding an additional item for States/Territories to certify that reads, *"The plan is available to families in their home language, including the family reunification procedures."*

Rationale. Families have the right to be well-informed about disaster preparedness and response plans, including procedures for family reunification. Miscommunication during emergencies, including natural disasters, can be harmful and traumatizing, if not lethal, for children and their families. Adding an item about language access would add a layer of transparency and contribute to improved language access.

9 Family Outreach and Consumer Education

Parents have the right to be well-informed as they decide where their children will receive child care services. As noted in the CCDF preprint (page 101), this includes providing parents with a transparent system to help them better understand the choices that they have when selecting child care services for their children. We appreciate the edits made to the Family Outreach and Consumer Education, particularly the questions 9.1.2 related to the extent to which the parent complaint process is accessible to families who are not fluent in English and 9.1.3 about persons with disabilities. We also agree with 9.2 about ensuring that the consumer education website is accessible to families who speak languages other than English and persons with disabilities. To ensure that the information presented in the Consumer Education website is as clear as possible to meet the needs of all families, we recommend the following revisions.

9.2 Consumer Education Website

¹⁹ National Academies of Sciences, Engineering, and Medicine. (2023). *Closing the opportunity gap for young children*. The National Academies Press. <https://doi.org/10.17226/26743>.

1. Under section 9.2 (p. 102), we recommend that the Department publish a clear definition of “serious injury and abuse” so that States/Territories understand what to report and that there are consistent data points being reported across the nation to paint the landscape of this basic health and safety measure.

Rationale: At the core of the CCDBG law are requirements that ensure that child care facilities are safe, trusting, nurturing environments for young children which provides a foundation on which to build quality early learning opportunities. However, a [recent in-depth analysis from The 19th News](#) (2024) found that even with federal mandates for reporting incidents at child care facilities, “many States struggle with compliance, revealing systemic failures and challenges in ensuring child care safety” (n.p.). The report found that definitions for serious injury and abuse drastically differed from State to State and that over a dozen States were out-of-compliance with all required health and safety reporting requirements with minimal accountability.

2. On the chart under 9.2.3.d (pp. 103-104), we recommend adding the item: “*Program offers dual language education*”.

Rationale: Item v relates to describing the languages spoken by caregivers; however, the language of the caregiver does not provide information about whether a program has a dual language education approach. Latino children, for example, make up 35% of those eligible for subsidized child care, but make up only 20% of the population served. Language is inextricably linked with culture and an important part of identity development. Language of instruction and providers’ language use in the classroom/home are important factors that families consider in choosing care. Research shows that Latino parents report high levels of satisfaction when their children are enrolled in dual language programs²⁰ (Olivos & Lucero, 2017), and that in addition to needing child care that matches families’ work schedules, enrichment is the second most important factor that Latinos consider when enrolling their children in child care²¹. Adding an item about whether the program has a dual language approach is a valuable piece of information for families, particularly those who speak a language other than or in addition to English at home.

3. On the chart under 9.2.3.d (pp. 103-104), we recommend revising row x to read “*Specialization or training for certain populations*” and separating this item into multiple response options:
 - a. Training how to provide inclusive supports to children with disabilities
 - b. Training on how to support children who are dual language learners
 - c. Training on how to provide positive behavior guidance to children
 - d. Training on how to implement culturally and linguistically responsive practices

²⁰ Olivos, E. M., & Lucero, A. (2018). Latino parents in dual language immersion programs: Why are they so satisfied?. *International Journal of Bilingual Education and Bilingualism*. <https://doi.org/10.1080/13670050.2018.1436520>

²¹ Mendez, J. & Crosby, D. A. (2018, May). Why and how do low-income Hispanic families search for early care and education (ECE)? National Research Center on Hispanic Children & Families. <https://www.hispanicresearchcenter.org/research-resources/why-and-how-do-low-income-hispanic-families-search-for-early-care-and-education-ece/>

Rationale: This item is not specific enough to help families make informed decisions about their particular needs. Adding more specific information will add more line items, but ultimately, gather information that is specific enough to help parents make informed decisions.

4. Under 9.2.4 (pp. 104-105), we recommend that the number of expulsions and suspensions also be available to families through the Consumer Education website.
5. Under 9.2.5 (pp. 105-106), we recommend requiring that the monitoring and inspection reports included in the Consumer Education website (e.g., number of serious injuries, number of deaths, etc.) also report data that are disaggregated by demographic variables, including race and ethnicity, gender, home language, and disability status.
6. Under 9.2.5 (p. 105), we recommend revising the language to the following, *“The aggregate report should include data that show serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year by race and ethnicity, gender, home language, and whether or not the child has a disability.”*

Rationale. Reporting the data by relevant demographic variables will ensure that families and the public can identify whether inequities exist in who is experiencing injuries and deaths. The current version of the CCDF preprint only separates data by setting, which does not provide enough detail to identify, and address, potential disparities in harm.

9.3 Increasing Engagement and Access to Information

1. Under 9.3.7 (p. 108), we recommend adding the following item, *“Data on the number of expulsions and suspensions that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)) for children receiving and not receiving CCDF. The report should include data by program-level to the extent possible, and child demographic characteristics, including race and ethnicity, gender, home language, and whether or not the child has a disability.”*

Rationale. Items 9.3.7 and 9.3.8 relate to suspensions and expulsions, which is an important dimension of child care quality. However, there is no data available to families or the public on the number of suspensions and expulsions in programs. This is an important indicator of socio-emotional safety, and a stark equity issue, with data consistently showing that Black children are far more likely to experience harsh discipline than White children, despite no differences in child behavior.²² This information is particularly useful and relevant for families who disproportionately experience these harsh disciplinary actions.

²² Children’s Equity Project & Bipartisan Policy Center. (2020). *Addressing harsh discipline and disparities: What we know, What we don’t know, and what we should do about it*. <https://childandfamilysuccess.asu.edu/sites/default/files/2020-07/CEP-discipline-pullout-070620-FINAL.pdf>; National Academies of Sciences, Engineering, and Medicine. (2023). *Closing the opportunity gap for young children*. The National Academies Press. <https://doi.org/10.17226/26743>.

9.4 Providing Information and Developmental Screenings

1. Under the introduction in 9.4 (p. 108), we recommend that the Department add a description to acknowledge that children and families of color experience lower rates of receiving developmental screenings than White children, to read, *“Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities. States should describe their partnerships with State Part C and Part B Section 619 lead agencies to ensure information shared with families who are underrepresented in screenings and in service receipt, including families of color.”*

Rationale: Evidence shows racial disparities in developmental screening and early intervention referral and identification with these disparities getting larger over time. For example, the national average for toddlers ages nine to 35 months who had received a developmental screening in the past year was 32.5%. However, White (36.8%) children were overrepresented in receiving developmental screeners, while Hispanic (31.1%), Black (28.6%), and Asian (27.4%) children were underrepresented.²³

²³ Zero to Three. (2023). *National state of babies yearbook 2023*. <https://stateofbabies.org/national/>.