The CACFP Big Bang Theory: The Importance of Local Advocacy to National Policy

CHILD CARE AWARE® OF AMERICA
ABOUT CHILD CARE AWARE® OF AMERICA

Founded in 1987 as a 501(c)3 non-profit membership organization, NACCRA (name at the time) grew from state and local Child Care Resource and Referral agencies (CCR&Rs) nationwide.

Child Care Aware® of America supports CCR&Rs by providing training, resources, technical support, best practice guidance, policy analysis, national partnership opportunities, and national advocacy in the areas of child care and early learning.
CHILD CARE RESOURCE AND REFERRAL CENTER (CCR&Rs)

• More than 400 Child Care Resource and Referral agencies (CCR&Rs) across the country
• CCR&Rs bridge parents, providers, community leaders, and policymakers
• Offer direct services and planning expertise, CCR&Rs help families and communities ensure that their children receive quality child care that prepares children to succeed when they arrive at kindergarten
• CCR&R work with families around quality feeds directly into our CCAoA’s policy agenda and advocacy work
POLICY AND ADVOCACY

• Our 2016-2017 Policy Agenda, out November 19 rooted in concerns raised by family voices and state advocates
• A critical component of our work was to mobilize parents, state advocates and communities and help them reach out to congress.
ADVOCACY AND THE CHILD CARE DEVELOPMENT BLOCK GRANT (CCDBG)

- CCAoA connected the experiences of over 14,000 parent and family advocates on why CCDBG reauthorization was necessary:
  - Tool kit
  - Legislative Action Network email list
  - Sample Letters to Congress
  - Sample Letter to the Editor
  - Town Hall Meeting Tips

- In September of 2014, Child Care Aware® of America sponsored a Family Advocacy Summit where parents were brought to Washington, D.C. for the sixth year in a row and trained on advocacy and child care policy at the federal level.
On November 19, 2014, the President signed the Child Care and Development Block Grant (CCDBG) Act of 2014 S.1086 into law. The law reauthorized the Child Care and Development Fund (CCDF) program for the first time in 18 years and made expansive changes to protect the health and safety of children in child care, promote continuity of access to subsidy for low-income families, and better inform parents and the general public about the child care choices available to them. This is an opportunity to improve the learning experiences of millions of children every day.
CCDBG/CCDF RELATIONSHIP

**CHILD CARE DEVELOPMENT BLOCK GRANT (CCDBG)**
- The federal law

**CHILD CARE DEVELOPMENT FUND (CCDF)**
- Regulations that guide implementation of the law

**CCDF PLANS**
- State plans submitted to the Administration for Children and Families (ACF) that detail how the program will implement the law consistent with CCDF regulations.
CHILD CARE AND HEALTH OVERVIEW

• Nearly 15 million children of working parents are in some type of child care. On average, they spend 36 hours a week in care.

• Our reports, We Can Do Better 2013 (Centers) and Leaving Children to Chance (2012), revealed states have minimal promotion of health activities.

• 7 states (Alabama, California, Florida, Idaho, Louisiana, South Carolina, South Dakota, and Texas) have NO requirement for addressing physical activity as part of their state measures for family child care homes.

• 5 states (California, Idaho, South Carolina, Wisconsin, and Wyoming) have no requirements.

CCDBG AND HEALTH, NUTRITION, AND OBESITY PREVENTION

Current State of Health, Nutrition, Obesity Prevention Policies:

• Nearly one in four children under age five are overweight or obese
• Many states do not require child care centers to offer programs that promote these policies

New Health, Nutrition, and Obesity Prevention Requirements:

• States must provide parents and caregivers with information via the consumer education website on:
  • Information on eligibility of families for programs including SNAP and CACFP
  • Information on research and best practices relating to healthy eating and physical activity
  • May include training requirements related to nutrition and physical activity

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PERCENTAGE INCREASE IN REQUIRED QUALITY SET ASIDE

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<th>% of Quality Set Aside</th>
<th>Current</th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
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Reserved funds shall be used to carry out at least one of the following activities:

- Supporting **training/professional development** of child care workforce
- Improving upon the development/implementation of the State’s **early learning and developmental guidelines** by providing technical assistance to eligible providers that enhances cognitive, physical, social and emotional development
- Developing, implementing or enhancing a **tiered quality rating system**
- Improving the supply and quality of infant and toddler care programs
- Establishing/expanding a statewide system of child care resource and referral services
- Facilitating **compliance with State requirements for** inspection, monitoring, training, health and safety, and State licensing standards
- Evaluating quality and effectiveness of child care programs
- Supporting providers seeking accreditation by a national body
- Supporting efforts to **develop high-quality health, mental health, nutrition, physical activity and development program standards**
- Carrying out **other activities determined by the State to improve quality of care** for which measurement of outcomes related to provider preparedness, child safety, child well-being, or kindergarten entry is possible
OPPORTUNITY FOR ADVOCACY!

- Engage with your local or state CCR&Rs
- Contact state administrators
- Attend public hearings on the CCDF plan
- Submit comments to state plans
- Share information with your networks
- "Investments in child health have the potential to repay current expenditures many times over, both by allowing children to grow up to be productive citizens and by improving the circumstances of the next generation."
  J. Currie and N. Reichman, 2015
OBESITY IN CHILDREN IS HIGH, LEADING TO LONG TERM HEALTH PROBLEMS

Research shows that children’s nutrition varies with parents’ income and education and can have lasting effects on health throughout life; for example, inadequate nutrition is linked with obesity during childhood, which in turn is a strong predictor of adult obesity and its accompanying risks of chronic disease, disability, and shortened life.


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HEALTHY CHILD CARE, HEALTHY COMMUNITIES

Partnership with Alabama, Colorado, Indiana, Missouri, New York and North Carolina to advocate for healthy active living practices in child care, impacting state plans. Customized assistance will include:

- Needs assessment and data review
- Development and implementation of individualized technical assistance plans
- Sharing of best practice spotlights between states
- Development of health, nutrition, and obesity one-page information documents
- Development of advocacy and/or training tool kits on healthy, active living best practices
- Evaluation of interventions

http://usa.childcareaware.org/healthychildcare

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