



Testimony of Troy Hunter, Program Manager of the Ohio State University Nisonger Early Learning Program and Member of the Board of Directors for the Ohio Association for the Education of Young Children, Before the Study Committee on Ohio's Publicly Funded Child Care and Step Up to Quality Program

Thank you for the opportunity to give testimony today to this committee.

I have spent my career working in Early Childhood Education and Early Intervention as an educator, early intervention provider, consultant, Social Worker, and Program Administrator. Through these experiences I have seen firsthand the impact of inclusive and quality early childhood education and care on children and caregivers. I state inclusive quality as a redundant statement because I do not believe you can have quality without inclusion, and you are unable to maintain inclusivity without quality.

Impact on Children

As we look around us, we are surrounded by adults talking about what they think the solution should be for all our early childhood education and care challenges. Many differing opinions on paperwork, funding, and best practices. We talk about more paperwork, less paperwork, more funding, and budget cuts. We often get so caught up in policies and meetings that we lose sight of who we are fighting for, children. It makes it even more crucial that we get this right. At the end of the day, it is the children of Ohio who are most impacted by the decisions we make here and today.

The Center for Disease Control and prevention reports that 1 in 4 children, age 0-5 years are at moderate or high risk for developmental, behavioral, or social delay. About 1 in 6 children aged 3-17 years has a developmental disability. About 1 in 68 children has autism spectrum disorder. Early educators are in an optimal role to be able to identify and support developmental delays. Step Up to Quality provides structure to regularly screen and monitor the development of children. This highlights the importance of quality early educators and childcare settings. How many children are we missing because we are lacking the structure and standards to support them? How many children wait until much later in life to get identified with a delay? We worry about paperwork and check lists, but it is real life children whose lives are impacted when miss the mark.

There is currently incentive to be SUTQ rated for programs as they receive a higher rate for students in their program receiving publicly funded childcare. There is also a 5% increased rate for children with identified special needs, as defined by Ohio Department of Jobs and Family Services. However, this rate may not exceed the rate charged to the public. The rate provided by ODJFS for PFCC is often a reduced rate compared to what the program charges the public. Many programs have a difficult time navigating the paperwork necessary to identify students with special needs to receive a higher payment. This reduces the likelihood that childcare programs will accept children with disabilities into their centers, especially since the rate they receive is often less, and never exceeds, the rate they receive for private pay.

Impact on Families

The median household income in Ohio, as reported in the 2019 census, was \$56,602, averaging approximately \$4,716 a month. A survey conducted by Childcare aware America reported the average childcare cost per year was approximately \$10,174 nationally. In Ohio, the average yearly

cost for and infant was \$9,696, 17% of the median household income in Ohio. This data does not include the increase we saw post pandemic in childcare rates.

The maximum monthly income limit for initial eligibility for a household of 3 to receive publicly funded childcare is \$ 2,571, equaling approximately \$30,852 annually. The maximum monthly income limit for initial eligibility increases only \$144 for a family with a child with special needs eligibility. A single parent of 2 children making \$15 an hour would bring in \$31,200 annually, \$2,600 monthly. This parent would not qualify for initial eligibility for publicly funded childcare and at the average childcare prices reported above for Ohio, would be paying approximately 31% of their annual salary for one child.

Now imagine being a parent of a child with a disability. On top of financing childcare you then need to find a childcare provider that is willing to serve your child.

You find out you are expecting a child, possibly some of the most exciting news you've ever received. You start picking out colors for your nursery and looking at baby names. You spend 9 months imaging what your new life and family will be like. You think about who your baby will be. What will they look like? What will they be interested in? What will they do when they grow up? You imagine this whole person who you can't wait to meet. The day finally comes for your family to start this new journey.

You sit there and start to drown out all the different voices going in and out of your ears. You only catch a few words at a time. "Your child has a disability", "They are going to need to have a feeding tube", "You are going to need to stay in the NICU for a while". All these words turn to silence in your head as you are having an increasingly harder time imaging the child you dreamed of and the life you created in your head for them. It is a process, but you come to realize the life your child will have will be different than the life you imagined. Different but not lesser. You adapt. You figure it all out, even the feeding tube is more manageable than you imagined. You start to feel anxious that you have heard back from the dozens of childcare waitlists you've been on since you found out you were pregnant. Finally, you get a call back and you go on tour. The administrator sees your child's feeding tube and gives you a look, a look that will become very familiar to you over time. They let out a sigh and utter a sentence you will hear on repeat on the next 7 tours you take, "I'm sorry but we will be unable to meet the needs of your child here in our program". Each time it hits you like a punch in the gut. Eventually you give up and the only option is for you to stay home with your child.

Our center is full of stories just like this one. Families who have been told repeatedly that there is no place for their child. Families who have had to make the decision for one caregiver to stay home with their child. This disproportionately impacts mothers of children with disabilities. The reality is we are approaching a childcare accessibility crisis as there is a staffing shortage for early childhood educators, less childcare spots and programs available, and countless financial challenges as childcare programs recover from the impact of the pandemic. This accessibility to childcare will impact families with children who have disabilities dramatically more than families without. As fewer childcare spots are available even less will be affordable.

Even when families do qualify for publicly funded childcare there are many barriers to navigate, especially for parents of children with a delay or disability. We have a single Mother in our program with 3 children with identified special needs from ages 1-5 years. This caregiver does not have a job where they get paid time off and does not have alternative care for her children when they are sick. With increased medical appointment and therapies, for all 3 of her children, she often must miss work or stay home with one of them. Even with the allotted absence days given by ODJFS, there are still many days she may have to keep her children out that PFCC does not pay for. This decreases the likelihood for childcare program to enroll families like these. This is not including the

financial impact this has on the parent. This parent has considered going part time to help cover medical appointments and therapies, but would risk losing some of the funding for childcare and she can't afford to cover the difference. Also, her children benefit from consistency and routine and attending school less days would have a negative impact on their overall progress and wellbeing.

Step Up to Quality has an important role to play in increasing the inclusiveness of early childhood education throughout the state. Without incentives to quality, programs have little motivation to engage in developmental screening and monitoring. They have less compulsion to adapt, adjust, and accept the differing needs of children with delays or disabilities. Programs are less accountable to provide education and care to children that appear to be more challenging. There is little inclination to be inclusive.

All caregivers and families have the barrier of financing and navigating access to childcare. This is specifically prudent for families with children with disabilities, amongst the numerous other expenses that accompany caring for a child with special needs they must navigate. With what we know about the impact of quality early childhood experiences on positive outcomes for children with disabilities, quality care is not something we can afford to compromise on.

Impact on Early Educators

As reported in Groundwork Ohio's 2020 "Advancing the Early Childhood Education Profession in Ohio's Child Care System" report, the average salary of an Early Educator is approximately \$10.71 an hour, \$22,193 annually. This indicating the majority of Early Educators falling below the poverty line and qualify for publicly funded childcare and other subsidized programs.

This creates a barrier in both recruitment and retention of early childhood workforce. It is difficult to recruit qualified and educated staff members when many retail and service industry jobs pay more. Then when you do recruit qualified staff and invest time and resources into developing them, there are challenges in keeping them. 1 in 4 early educators leave their job each year on average. This creates barriers into being able to provide quality education and care. The number of resources it takes to train new staff members impacts the current staff, children, and families.

This becomes increasingly challenging in supporting inclusion in early childhood programs because as staff are exposed to a variety of different disabilities and needs, they become more comfortable and trained to meet those needs. This training is invaluable to the direct success of children in the classroom. Having consistent staff turnover not only creates a drain on current staff and families to retrain new staff on specific needs of children but also creates a gap in quality services while new staff members get caught up to speed. This can put heightened stress on programs and can lead to programs inevitably saying they can't meet the needs of specific children.

We had a child asked to leave their current childcare because they did not feel comfortable with their feeding tube. They felt like they needed a nurse present to be able to administer daily feedings to the child. Finding a childcare that has a nurse on staff to provide tube feedings felt next to impossible. When the parent was pregnant and put their child on the wait list, they didn't know some of these extra needs their child would require. The center was hesitant to enroll when learning about the feeding tube and confirmed their hesitation when after just a few weeks informed the parent they wouldn't be able to "meet their child's needs".

When our infant teacher started in our program, she had 10 years of general education background in early childhood and no experience with children with disabilities. She was hesitant the first time

she had to learn to do a feeding tube but was open to learning. One of our core beliefs is that if parents can learn to do these things at home without specialized certifications or degrees than our teachers can learn to do them while the children are in our care. Now she will regularly have children with feeding tubes and is comfortable and trained on administering them. She often jokes that feeding tubes are faster and easier clean up then other meals, so she prefers them.

After navigating the barriers of finances and access to centers willing to serve their children, parents of children with disabilities also must worry about the longevity and security of their care. Centers might enroll their children but with constant turnover may be asked to leave.

Step Up to Quality provides incentive to recruit and hire qualified educators. Without Step Up to Quality there is no standard for qualifications or education of staff members, and there is no motivation for early educators to pursue continuing education and training. However, where Step Up to Quality does provide incentive to hire and develop qualified staff, it does not solve the problem of being able to pay those staff more and retain them.

Recommendations

As highlighted previously, there is currently motivation to be star rated with SUTQ regarding increased PFCC payment rates. There is also increased rates for enrolled children with identified special needs, incentivizing accepting children with disabilities into programs. However, Families are still facing challenges securing care for their children in need of specialized services. More financial investment in programs willing to accept children with identified special needs would increase inclusive education and care throughout the state.

In addition to increasing incentive for programs to be inclusive, an investment in early educators would also increase positive outcomes for all children. We must increase retention of early educators in the field to stabilize quality and support inclusive education. Continuous turnover in the workforce is not only costing resources but creating barriers for consistency and positive outcomes for all children, with and without disabilities.

Conclusion

There are many challenges currently facing our early childhood education system in Ohio including, staff recruitment and retention, affordability, and access. These are challenges that face every Ohioan in securing quality education and care for their children. These challenges become exponentially magnified for families with children with disabilities. There is an evident need to a standard of quality within early childhood. Without a standard of quality, there is no protection for children, especially children with disabilities. It should not stop with quality education and care, an investment in early childhood education and care is an investment in inclusion.