Serving Children Experiencing Homelessness with Child Care and Development Fund Subsidies

Children experiencing homelessness are among the most vulnerable of those needing child care. Being homeless can impact every facet of a child's life – his or her health, social-emotional well-being and academic achievement. The impact of homelessness on young children may lead to changes in brain architecture that interfere with learning, emotional self-regulation, cognitive skills and social relationships. [1] Compared to national norms, young children who stayed in a shelter had a higher risk for developmental delays and behavioral challenges. [2]

School-age children experiencing homelessness have two to four times the rate of mental health issues requiring clinical evaluation compared to other low-income children[3]. They have higher rates of acute and chronic health problems than low-income children with homes[4]. And students who experience homelessness are more likely than other students to show delayed development and have a learning disability, repeat a grade, and perform below grade level. [5]

At the same time, high-quality education and care arrangements have long been linked to gains in school readiness and success, particularly for very low-income children. Yet due to barriers specific to their housing situations, children experiencing homelessness are less likely to be enrolled in education and care programs. In fact, only eight percent of children under age six who are experiencing homelessness are known to be served in Head Start, Early Head Start, and McKinney-Vento programs. [6]

Who are Considered Homeless?

CCDF uses Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (per Title IX, Part A of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act) definition of homelessness. It defines homelessness as lacking a fixed, regular, and adequate nighttime residence.

It includes children who:
- share the housing of others due to loss of housing, economic hardship or similar reason;
- have a primary nighttime residence that is a public or private place not designed for use as a regular sleeping accommodation;
- are living in cars, parks, public spaces, abandoned buildings, substandard housing and similar settings; or
- are considered migratory.

Requirements: Increasing Access

Recognizing the important role that child care programs can have in supporting children experiencing homelessness, the Child Care Development Block Grant (CCDBG) Act of 2014 and the CCDF Final Rule now require Lead Agencies to improve access to children experiencing homelessness by:

- Developing provisions to permit enrollment while required documentation is obtained and providing a grace period to allow families to receive services while taking steps to comply with immunization and health and safety requirements.

- Training lead agency (or designated entity) staff and providers on identifying and serving children who are homeless.

- Providing specific outreach to families experiencing homelessness.

- Giving priority for services to children experiencing homelessness, recognizing that States have discretion for determining how priority is given. Unlike Head Start Program Performance Standards, the CCDF Rule does not deem children experiencing homelessness as being automatically eligible for subsidies.

In considering grace periods, the length of time to comply with immunization and health and safety requirements must be established in consultation with the Lead Agency's health agency. Health agencies can assist in determining reasonable times for parents to obtain appropriate immunization documentation or to begin an immunization schedule. Only written, dated records should be accepted as evidence of immunizations, according to the American Academy of Pediatrics (AAP). The Center of Disease Control (CDC) maintains a webpage with information on accessing immunization records. [7] While concerns have been expressed that parents may give already immunized children more immunizations if they cannot access records, the AAP states there is no evidence that this is harmful. [8]

The Final Rule requires Lead Agencies to coordinate with licensing agencies and other relevant State, Territory, Tribal and local agencies to provide referrals and support to help families of children receiving services during the grace period to comply with the immunization and other health and safety requirements.

Policy and Practice Options Increasing Access

To fulfill these requirements, Lead Agencies can:

- Revise enrollment policies to ensure reasonable grace periods that allow families to obtain required enrollment documentation while a child is receiving initial child care services.

- Encourage lead agency staff to assist families in obtaining required documentation

- Co-locate application services with other services frequented by families experiencing homelessness.

- Post recruitment materials broadly where homeless families gather such as campgrounds, low-cost motels, shelters, laundromats, libraries and other social services agencies.

- Allow housing search and GED programs as allowable activities for determining CCDF eligibility.

- Coordinate with other service providers to target training for those who work directly with families, and ensure that a broad, yet in-depth curriculum is offered.

- Based on community needs, adopt methods for prioritizing services for children experiencing homelessness. Such methods could include

  o Prioritizing enrollment or waiting lists for eligible families

  o Waiving co-payments for families experiencing homelessness

  o Using grants and contracts to ensure high quality programs reserve slots for children who are homeless

  o Exempt housing assistance from income determination

  o Establish different income limits for families who are experiencing homelessness.

Requirements: Coordination and Data Reporting

The CCDBG Act and Final Rule require Lead Agencies to coordinate the provisions of child care for children experiencing homelessness with other community-based and early care and education programs. State and local McKinney-Vento Act liaisons also coordinate with community providers such as the Housing and Urban Development's (HUD) Continuum of Care program, Head Start programs, CCDF Administrators, and child care providers.

Lead Agencies are also required to provide case-level reports to the Office of Child Care (OCC) on families experiencing homelessness, based on the McKinney-Vento definition of homelessness applicable to school programs, to align with other federal early childhood programs.

Policy and Practice Options: Coordination and Data Reporting

To fulfill these requirements, Lead Agencies can:

- Work with McKinney-Vento State Coordinators of Education of Homeless Children and Youth and Local Education Liaisons to ensure they have information on the full range of child care services. Consider ways to promote better coordination between child care providers, including school-age providers, and local McKinney-Vento liaisons to ensure a coordinated case management approach to supporting children and families. [9]

- Establish strong working relationships with local homeless service providers including HUD's Continuum of Care programs to ensure the unique needs of children, including school-age children, are understood. [10] Consider including these programs in the development of the State Plan.

- Develop a mechanism to identify families who are homeless, using the McKinney-Vento Act definition, for the required quarterly report that must be submitted to OCC. Consider adding questions to the child care application that will allow intake workers to determine if families meet the broader McKinney-Vento definition. Another approach is to include the McKinney-Vento definition on the application and ask parents if any of the housing situations are applicable. The National Center for Homeless Education offers more ideas on identification. [11]

- Train all involved staff and providers on how to sensitively find out if a family meets the McKinney-Vento definition so that they are eligible for all supports provided.

[1] America's Youngest Outcasts 2010 (2011) Ellen. L. Bassuck, MD, Christina Murphy, Natalie Thompson Coupe, Rachel R. Kenny, Carey Anny Beach. National Center on Family Homelessness Retrieved March 17, 2017 from
http://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf

[2] Well-being of Young Children After Experiencing Homelessness (2017) Scott R. Brown, Marybeth Shinn, Jill Kaddurhi. OPRE Report No. 2017-06 Retrieved March 16, 2017 from https://aspe.hhs.gov/system/files/pdf/255741/homefambrief.pdf

[3] Ingram, Erin S., Bridgeland, John M.; Reed, Bruce, and Atwell, Matthew. (2016). Hidden in Plain Sight: Homeless Students in America's Public Schools. Retrieved from http://www.americaspromise.org/report/hidden-plain-sight#key-facts-about-student-homelessness

[4] Briggs, M.A. (2013). Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity. Retrieved from:
http://pediatrics.aappublications.org/content/pediatrics/early/2013/05/22/peds.2013-0645.full.pdf

[5] Ingram, Erin S., Bridgeland, John M.; Reed, Bruce, and Atwell, Matthew. (2016). Hidden in Plain Sight: Homeless Students in America's Public Schools. Retrieved from http://www.americaspromise.org/report/hidden-plain-sight#key-facts-about-student-homelessness

[6] Early Childhood Homelessness in the United States: 50-State Profile (2016) Retrieved on March 17, 2017
https://www.acf.hhs.gov/sites/default/files/ecd/homelessness_profile_package_blanks_final.pdf

[7] https://www.cdc.gov/vaccines/parents/records-requirements.html

[8] American Academy of Pediatrics. Unknown or Uncertain Immunization Status. Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2015 Report of the Committee on Infectious Diseases. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015:38

[9] Contact information for State Coordinators of Education and Local Education Liaisons can be found at
http://center.serve.org/nche/states/state_resources.php

[10] Continuum of care programs can be found at https://www.hudexchange.info/programs/coc/

[11] https://nche.ed.gov/downloads/briefs/det_elig.pdf