

# Policy Blueprint for TN Early Childhood Care and Education

*Ensuring Tennessee's children get the strong foundation they need to power our state's future*

## Urgent Need for Change

Tennessee's 2024 state assessments reveal 60% of third-graders are not reading or performing in math at grade level. This alarming statistic isn't just a number—it represents hundreds of thousands of children who are not reaching critical benchmarks in school. It's well established that third-grade proficiency in both reading and math is crucial for future academic success and life outcomes. While the state has made considerable investments in post-pandemic learning recovery for Tennessee students and seen some encouraging improvement, there is more needed to ensure all students succeed in school.

**The foundation for a turnaround lies in the earliest years of a child's life.** The first 8 years and especially the first 5, determine whether a child's developing brain provides a weak or strong foundation for future learning and development. Young children need positive, enriching early learning experiences that prepare them for success in school, yet too many children begin kindergarten significantly behind their peers in key developmental domains. Once children fall behind, they tend to stay behind without significant interventions. To ensure all children have a strong foundation for learning and academic achievement, young children and their families need support.

## Call to Action

We meet this challenge with an urgent call to action for state policy and investment:

**Prioritize young children and their families, ensuring they have access to:**

- High quality early care and education
- Health and mental health services
- Family supports

Investing in young children and their families is the key to improving Tennessee education outcomes.



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## About This Blueprint

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This Policy Blueprint serves as the anchoring document for TQEE’s annual legislative and administrative policy priorities. We typically give it a full refresh every three years or so, though we tweak it more regularly. It was developed through extensive research on evidence-based and promising practices and policies that contribute to effective early childhood development and learning outcomes, as well as research on Tennessee programs and policies, and studies and surveys of Tennessee parents, providers, employers and children. We also tapped insights from our Bright Start Tennessee Network, as well as from our national network of think-tanks and state early childhood policy and advocacy organizations. Stay tuned for an expanded brief on each Blueprint item ...

## High Quality Birth-through-age-Eight Learning Environments

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### Birth to Kindergarten (B-5)

Tennessee has roughly 300,000 (65%) children under age six with all available parents in the workforce. In other words, two-thirds of Tennessee children spend a substantial portion of the most consequential phase of human development in child care or preschool programs. Therefore, the quality of that care will have profound implications for school readiness and, in turn, the workforce of tomorrow. To support child learning and ensure parents can earn a living, Tennessee’s system of early care and education must deliver affordable, accessible options that also advance positive child learning outcomes.

Unfortunately 80% of Tennessee’s working parents report struggling to finding child care to meet their needs – citing quality (50%), affordability (58%) and access (70%) as the challenges. Families who meet low-income eligibility requirements have access to publicly funded Head Start and Early Head Start (~15,000 children), the state’s Voluntary PreK program (~18,000 children), or child care payment assistance (~24,000 children), but the vast majority of parents with young children struggle to pay for early care and learning programs. Exacerbating the problem, a large percentage of Tennessee children under age 6 live in a child care desert. Supply doesn’t come close to meeting demand.

This long-term, ongoing failure of the child care market to meet demand is driven primarily by the parent-paid financing model. While average parent fees are higher than in-state college tuition they are still insufficient to cover the costs of reasonable compensation for child care workers, resulting in high turnover and staffing shortages.

Tennessee’s governance of child care and preschool programs contributes to the problems. Fragmentation leads to lack of clear accountability for system outcomes. Misalignment of rules, regulations, and eligibility requirements creates confusion and obstacles for families and providers. When families must apply to multiple early care and education programs, housed across multiple agencies, often with duplicative paperwork requirements and inconsistent eligibility criteria, many give up. Child care providers and prospective providers are often overwhelmed by complex rules and processes between the two child care and early learning oversight agencies – the departments of human services and education – as well as complicated differences in local and state codes and zoning regulations.

Significant new investments and funding models are needed if we are to address the gap in services. They must be accompanied by aligned governance focused on streamlined regulatory processes, shared goals for kindergarten readiness, and access to quality care.

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## POLICY PRIORITIES

### Early educator compensation

Early educator compensation is the number one factor impacting the supply and quality of early care and education opportunities for Tennessee’s young children. Educator salaries are among the lowest in the nation – \$13.21/hour for a child care worker and \$17/hour for preschool teachers in 2023 according to [U.S. Bureau of Labor Statistics data](#). These low wages are due to the reality that most parents can’t afford the higher fees that would allow providers to pay competitive wages. Solutions require funding models for child care and preschool that offer financial incentives for providers to meet wage targets, such as contracts for slots or classrooms that cover actual costs of competitive compensation. State funded wage supplementation such as that offered through the WAGES program is another solution. Compensation solutions also include offsetting expenses for early educators such as free child care, and stepped income disregards that help the early educator workforce accept salary increases toward a thriving wage without risk of losing key benefits such as SNAP. **Tennessee should develop a target wage scale that identifies compensation necessary to staff quality early learning programs and should invest in new funding models that ensure providers can attract and retain a qualified workforce.**

### Post-secondary and career pathways, and elevating the profession

Tennessee’s department of human services deploys federal Child Care & Development Fund (“CCDF”) funding to make post-secondary credentials and degrees financially accessible for early educators primarily through its partner, Tennessee Early Childhood Training Alliance (“TECTA”). Despite financial subsidy, low compensation continues to dampen enrollment in post-secondary programs. One solution is to increase investment in programs that support high schoolers to achieve their Child Development Associate (“CDA”) credential through dual enrollment programs and apprenticeships with local providers. Further, there is great need and opportunity to help prospective early educators understand the career options and pathways available to them in the ECE field, and to lift the value and reward of the profession. **Tennessee should provide leadership in promoting high school CTE programs as on-ramps to the ECE profession, invest in apprenticeships and pre-apprenticeships with high quality ECE providers, and establish a statewide campaign to showcase the ECE profession and its many career pathways and rewards.**

### Tuition supports for families, based on actual cost of quality care and education

Child care and preschool programs, especially those that are high quality, cost more than college tuition. While subsidy and tuition assistance are available to some low-income families through VPK, Head Start, and the Smart Steps program, many low-income families and most middle-income families with young children are left to manage exorbitant child care costs on their own. Furthermore, even the Smart Steps program reimbursement rates continue to be based on market rate (the prices programs typically charge) rather than on the actual cost for providers to deliver high quality care. **Tennessee should base funding formulas for child care and preschool on a cost of quality care estimation model, and extend tuition assistance to middle-income working families to attend quality early care and education programs.**

### Pre-K funding and mixed delivery model

Voluntary Pre-K (VPK) expansion is long overdue in Tennessee. It’s a proven tool for academic success that hasn’t been meaningfully expanded in the number of classrooms funded or amount of funding per classroom in nearly 15 years. A barrier to growth is the notion that Pre-K can only be provided in public school settings. However, states across the U.S. are taking a different path by embracing a diverse, mixed delivery approach that enables parents to choose the Pre-K setting most appropriate for their family and child. Mixed delivery systems are structured to allow Pre-K slots to be offered in both public school and private child care settings. A key benefit is that it offers families access to Pre-K classrooms that operate full-day (sometimes extended day) and full year. **Tennessee should increase state funding for Pre-K and develop a mixed delivery system committed to high-quality early learning.**

## Incentives for employers to co-invest in child care for their employees

Businesses across the U.S. and Tennessee are struggling to attract and retain a qualified workforce and recognize the impact of child care challenges on employee recruitment, attendance, and productivity. TDHS has created a [grant program](#) to encourage employers to partner with child care agencies to create new child care slots, focusing on underserved communities. TDHS team members conduct outreach to the business community across the state to lift up that program, the Smart Steps subsidy program for income-eligible employees, and some exemplars of Tennessee businesses investing in employee child care. Still, there is opportunity to evaluate the grant program and what might be improved to encourage greater take-up rate, and to spur employers to action through other incentives such as re-establishing franchise and excise tax credits, expanding the [use of PILOTs](#), and creating a child care “[tri-share](#)” program where costs are shared between the state, employers, and employees. **Tennessee should take additional steps to engage employers across the state to determine which incentives would provide motivation for them to invest in child care for their employees.**

## Strengthening the child care business model

The business model for child care is tenuous at best, dependent on fees paid by parents with constrained budgets. “Parents can’t afford to pay and educators can’t afford to stay!”. As with the public K-12 education system, broad access to affordable, quality early care and education by Tennessee’s working families is not achievable without significant public investment. In addition to increased system investments outlined above, **Tennessee should explore and support innovative approaches, such as those listed below, that help stabilize provider income and reduce operating costs.**

- Pilot hybrid funding structures that blend contracts for base operating costs with tuition.
- Promote shared services hubs and family child care networks that can strengthen business back office and pedagogical operations and spread costs to capture economies of scale.
- Incentivize strategies that offset or eliminate facilities costs, such as partnering with “hosts” (e.g. schools, businesses, multi-family housing developments) for onsite child care; or promoting pre-fab facilities as an alternative to renovations or builds.
- Invest in technology such as system-wide adoption of child care management software for all providers.
- Reduce tax burdens for providers.

## Rightsizing child care regulations while protecting child health and safety

Child care regulations are designed to protect the health and safety of children, but complicated and contradictory regulatory requirements, codes, and rules create confusion for providers and diminished child care capacity. As noted by [Tennessee Advisory Commission on Intergovernmental Relations \(“TACIR”\)](#), there are opportunities for the state agencies that oversee child care, TDHS and TDOE, to improve services, streamline processes, and better align policies in ways that lower barriers to opening and expanding facilities and reduce operational burdens on child care providers. TACIR’s report and recommendations are an important first step to improve and increase child care capacity across the state. However, a more rigorous and in-depth review of every child care regulation should be undertaken by the state, guided by an appointed provider working group.

**Tennessee should take the next step to right size regulations by appointing a provider working group to guide a rigorous review of rules and serve as the provider voice in the ongoing regulatory process.**

## Optimizing ECE governance

Most states are challenged by a fragmented early childhood care and education system, and many have made moves to address silos and duplication by consolidating governance – either by establishing a standalone department or unifying under a state department of education umbrella. Primary responsibility for Tennessee’s early care and education landscape is shared across departments of education and human services, with additional oversight provided by the departments of health and aging and disability. TDOE is primarily responsible for early care and education provided in or affiliated with public and private schools, while TDHS is primarily responsible for early care and education provided in licensed and regulated spaces, such as child care centers and

family child care homes. TDOH and TDOE have separate and uncoordinated funding streams, separate quality standards and definitions, separate approaches and staff for licensing and approval, separate training and professional development for the early educator workforce, and separate administration. Further, data systems across those two departments, as well as the other departments providing services to young children and their families, are siloed and limited, preventing strategic, data-driven decision making. Recent studies by the state and one by the Bipartisan Policy Center - which rank Tennessee 43<sup>rd</sup> among states for integrated and efficient ECE systems -- have recommended Tennessee address its fragmented system for the benefit of providers, families, and young children. **Tennessee should consolidate governance of early childhood care and education under a single department with one point of leadership accountable for a cohesive strategy, improved operational efficiency, streamlined experiences for providers and parents, and a focus on early learning outcomes aligned to kindergarten readiness.**

## Kindergarten through Third Grade (K-3)

Tennessee has prioritized kindergarten through third grade academic programs and supports in recent years with significant investments in high-dosage tutoring, high-quality instructional materials, universal screeners, and after-school and summer learning programs. Additionally, early grades literacy instruction and teacher preparation programs have been updated to focus on research-based approaches to foundational literacy skills instruction that includes phonemic awareness, phonics, fluency, vocabulary, and comprehension. These investments have led to post-pandemic recovery in third grade literacy, from 32% in 2021 to 41% in 2024, and third grade math, from 31% in 2021 to 42% in 2024. The National Assessment of Educational Progress ("NAEP")'s report released January 29, 2025, revealed similar progress. Fourth grade reading scores rose 2% between 2022 and 2024 and fourth grade math rose 6% in the same time period.

Despite these historic investments and early grades academic performance improvements, 60% of third graders still are not proficient in reading and math. Further investments and strategies focused on highly effective instruction and evidence-based academic programs and supports are needed to significantly increase and sustain third grade academic gains.

For example, access to an effective teacher is the number one school-based factor for improving student outcomes. Unfortunately, too many children lack access to a qualified teacher due to teacher shortages. Across Tennessee, districts vacancy rates and emergency endorsement exceptions for teachers increased over 40% between 2023 and 2024. Shortages were especially high in the elementary grades, including pre-k which had the highest percentage of vacancies and teachers filling positions outside their endorsement area. In a 2024 statewide survey only 26% of school leaders reported having a sufficient pool of qualified licensed applicants for open teaching positions at their school, compared to 44% in 2021. Tennessee must take proactive steps to address teacher shortages beginning with teacher pay and career pathways.

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## POLICY PRIORITIES

### Early educator compensation

Tennessee implemented a new funding formula in 2023-24, the Tennessee Investment in Student Achievement ("TISA"), that provides increases in teacher compensation to a minimum teacher salary of \$50,000 by 2026. While this investment is an important step in the right direction, Tennessee must do more to address compensation, particularly for teacher recruitment and retention in the early grades. **In addition to further increasing teacher salaries, Tennessee should help districts explore, implement, and evaluate the effectiveness of differentiated pay for hard to staff positions and grades; innovative staffing models that tier teacher pay based on experience and expertise; and pay parity for pre-k and K-3 teachers.**

## Post-secondary and career pathways

Tennessee's leaders have put in place multiple solutions to address the teacher shortage including Grow Your Own teaching apprenticeships, teaching as a profession pre-apprenticeships for high school students, and innovative local residency models. College scholarships for future teachers is another promising solution recently proposed to create greater incentives for highly qualified candidates to enter the teaching profession. These programs require sustained and increased investments, as well as continued support from the state to ensure districts and communities measure and maximize program impact on teacher recruitment. **Tennessee should expand post-secondary and career pathways, identify and secure funding to pay apprentices, and assist districts in promoting and optimizing Grow Your Own programs, focusing on the highest needs regions.**

## Academic supports

Early grades students in Tennessee have benefitted from historic investments in academic supports and programs for literacy and math instruction. Universal screeners provide critical data multiple times each year, beginning in kindergarten, that help to tailor instruction to student needs. High-quality instructional materials, coupled with effective and supported teaching instruction, have positively impacted teacher and student outcomes across the state. High-dosage, low-ratio tutoring for students who are struggling to read on grade level has been a key strategy when implemented with research based recommended practices. **Tennessee should sustain investments in early grades evidenced-based academic supports including – universal screening, high-quality instructional materials, summer learning programs and high-dosage tutoring -- as well as provide leadership to evaluate, problem-solve, and expand implementation models with demonstrated positive outcomes.**

## School attendance

One in five Tennessee children Pre-k through 3<sup>rd</sup> grade are chronically absent, defined as missing 10 or more instructional days per school year. While every student's situation is unique there are common barriers to attending school including a lack of transportation, housing instability, unmet basic needs, poor mental health, and disconnection from peers and teachers. Tennessee includes chronic absenteeism data in its annual state and district report card and provides general guidance for districts on how to tackle absenteeism, but more is needed. **Tennessee should invest in and provide support for districts to implement evidence-informed solutions to address chronic absenteeism such as school-based health services, community school models, and parent engagement strategies, all of which are included in the next two segments of this Blueprint.**

# Health, Mental Health and Development on Track from Birth

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Children's health, mental health, and on-track development impacts their ability to learn from birth through adulthood. Children who are dealing with chronic unmanaged or undiagnosed physical, mental or behavioral health conditions, or who struggle with developmental delays and lack the services and supports they need, are less likely than their peers to be on track in reading and math by the end of third grade.

In Tennessee, the challenges to ensuring children's healthy development and well-being are multifaceted. The state has higher-than-average rates of childhood poverty, food insecurity, and limited access to pediatric healthcare and mental health services, particularly in rural areas. A recent poll found that nearly 1 in 3 Tennessee children have a mental health diagnosis, yet only about half of those reported receiving treatment.

Furthermore, nearly 20% of children through age 17 in Tennessee have experienced two or more Adverse Childhood Experiences ("ACEs") such as poverty, parental substance abuse, and trauma, making them more likely to encounter difficulties with concentration, emotional regulation, and social interactions—all essential for academic success. Research demonstrates that prolonged stress from ACEs can weaken young children's brain development; yet it also shows that stable, responsive, and nurturing relationships with parents and caregivers

can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior, and health.

Tennessee has made significant investments in health and mental health supports for children and families in recent years and should continue to identify gaps in coverage and services and prioritize addressing them with sustainable funding sources.

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## POLICY PRIORITIES

### Team-based pediatric care models

Team-based pediatric care models, such as Healthy Steps, employ child development specialists to pediatric well-child visits to provide developmental and behavioral screenings for children, screenings for maternal depression, and positive parenting guidance and information. They also coordinate access to health, mental health, and community resources for children and families to ensure they get the services they need. Children in Healthy Steps programs are more likely to attend well-visits and follow up appointments and receive developmental screening and referrals for early intervention services. Parents and children in the program demonstrate greater parent-child attachment, exhibit less discipline and behavior challenges, and benefit from greater health outcomes. **Tennessee should promote and invest in cost-effective, team-based pediatric models in underserved communities.**

### Early identification and intervention for developmental delays or disabilities

One in five children ages four months through five years are at moderate or high risk of developmental or behavioral delays. While the rate of screenings is not published in Tennessee, recent reports from Tennessee's Early Intervention System ("TEIS") show less than 4% of children birth through 3 years of age receive early intervention services, compared to an average estimation of 15% of young children who have a developmental disability. Children who are screened early and receive intervention services demonstrate significantly better cognitive development, language skills and behavioral outcomes than children who do not receive support. TEIS recently expanded its scope of services for young children with developmental delays and disabilities from birth to age 5, allowing significantly more young children to have access to essential programs and services before the start of kindergarten. **Tennessee should report the rate of early childhood screenings and implement a plan, leveraging TEIS' expanded service model, to ensure all children ages 0-5 receive doctor-recommended developmental screenings, referrals for intervention services as needed, and appropriate follow-up care.**

### Infant and early childhood mental health consultation (IECMHC)

About 16% of children under 6 years have clinically significant mental health problems that require clinical care. IECMHC is a promotion and prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in settings such as child care, preschool, home visiting, early intervention, and their home. The aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children—early and ideally before intervention is needed. Mental health consultation supports early learning program administrators and staff to promote early relational health awareness, supportive practices, early identification, and referrals for treatment, and equips caregivers to facilitate children's healthy social and emotional development. IECMHC is available to families and early childhood caregivers through state and local agencies and nonprofits such as Tennessee Voices and the Association of Infant Mental Health in Tennessee. **Tennessee should identify and coordinate mental health consultation needs across statewide programs and services, and secure sustainable funding for IECMHC programs.**

### School-based physical, mental and behavioral health services

Many children and their families, particularly those who are economically disadvantaged or live in rural areas, have challenges accessing the health care they need. School-based health services, including onsite nurses and

counselors, provide easily accessible medical and behavioral health professionals to meet the needs of students. Access to nurses, counselors, and social workers is associated with better health and academic outcomes for students and is linked to academic success. Tennessee has made significant investments to bolster school-based health and mental health resources including a trust fund and school-based behavioral health liaisons in recent years, yet many Tennessee schools face challenges meeting student needs with properly trained staff due to increased demands, excessive workload, and unawareness of resources. **Tennessee should invest in the expansion of school-based health and mental health services for children in underserved communities, focused on meeting best practice ratios of clinically trained staff to students; effective coordination of resources to meet student and family needs; and accessible telehealth options.**

### **Child mental health training for early childhood teachers and staff**

Student mental health has consistently been a top concern for early childhood teachers. In a 2023 survey of teachers and mental health professionals in Tennessee, counseling services, school climate, and social-emotional concerns were the areas in most need of additional support. Further, both groups expressed a need for more and better professional development to handle children's diverse social, emotional, and psychological needs, including trauma-based support. Young children who have a strong foundation in social-emotional skills are more likely to attend school, engage in learning, and achieve academic success, in addition to experiencing less stress, depression, and anxiety. **Tennessee should provide early childhood teachers in child care, pre-k, and elementary school settings high quality social-emotional and mental health training and resources so they can better meet the needs of their students.**

### **Mental and behavioral health workforce**

Tennessee is facing a critical shortage of mental and behavioral health professionals including infant and early childhood mental health clinicians, counselors, social workers, nurse practitioners, registered nurses, marriage and family therapists, and psychiatrists. Of note is the acute shortage in rural areas, as well as a shortage of mental and behavioral health professionals with expertise working with children. Multiple recent task forces and health workforce initiatives have recommended strategies for growing the workforce including expanding career pathways, apprenticeship programs, scholarships, and telehealth options. **Tennessee should direct resources to expand career pathways and provide incentives for recruitment in the mental and behavioral health workforce with particular focus on ensuring adequate access to services for young children and their families in underserved communities.**

### **Mitigating social risk factors**

Over the last two decades, research has revealed the powerful role of social factors outside of traditional medical care in shaping health. Social determinants of health include factors like economic stability, safe housing, access to nutritious foods and transportation, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. TennCare, as part of its 4-year strategic plan, has begun integrating whole-person health approaches to better address social risks through its Health Starts Initiative, a series of evidence-based initiatives that aim to provide clinical supports, resources, and technological enhancements to reduce the impact of social risk factors. **Tennessee should expand and build on successful pilots, such as the Health Starts program, to direct resources and sustainable funding to address social determinants of health for children and families in under-resourced communities.**

### **For further exploration: TennCare**

The state should continue to explore opportunities to ensure TennCare-eligible children don't experience gaps in coverage, and low-income working parents are insured so that they get the physical and mental health care they need to support their children's healthy growth and development.

# Supportive, and Supported, Families and Communities

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Parents are children's first and most influential nurturers and teachers, playing a central role in children's cognitive, social-emotional, and physical development, as well as their academic achievement. Beginning at birth, parents support their child's learning by having nurturing conversations with their child, asking and answering questions, reading with their child, singing songs, and participating in shared experiences together. Research from the fields of neuroscience, molecular biology, education, economics, and human development point to the critical importance of these early child-adult interactions as a primary vehicle for children's brain development.

As children enter early learning programs and elementary school, their parents' role in their education remains critically important. When parents are supported to be proactively engaged with their children's teachers, children do better academically and socially. Further, when schools, families, and communities work together to support learning, students engage more in school, stay in school longer, and like school more, regardless of income or background.

Raising young children occurs at a time in parents' lifecycle when they tend to have limited resources, which places strain on parents' ability to effectively engage with their children and their children's teachers. Forty-four percent of Tennessee's households struggle to meet their families' basic needs, including food, healthcare and quality child care; and nearly half of US parents report feeling overwhelmed by stress, which in turn can adversely impact their children's health and development. Economic instability and stress place an undue burden on children and families.

Tennessee has made important investments to support families in recent years, but there is much yet to be done to ensure children and families thrive.

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## POLICY PRIORITIES

### **Paid family leave**

Paid family leave policies allow working families to care for a new child without risking their financial security. Employees take time off work and receive a portion or full amount of their salary and benefits for reasons which include the birth, adoption, or fostering of a child. Studies that examine the impact of paid family leave policies find that providing paid leave for parents with a new child increases mothers' labor force participation rates, improves mothers' mental health, and supports better child-parent relationships and child health. In 2023, Tennessee implemented a policy providing state employees and public-school teachers 6 weeks of paid family leave and has since seen significant gains in recruitment, retention, and employee wellness. **Tennessee should build on the success of its recent paid family leave policies to expand the program and identify opportunities, such as incentives for businesses, to make it available to more families.**

### **Family financial supports**

The overwhelming evidence in the literature shows that giving families more resources lead to improved outcomes for children. One example are child tax credits which are associated with reductions in poverty, higher financial and household stability, improved child and maternal health, and better educational achievement. The benefits are stronger with well-designed credits that mitigate permanent reliance on assistance and increase employment. Studies demonstrate that working parents who receive credits overwhelmingly use the payments on necessities such as food, rent, clothing, and utilities. Additionally, reducing costs for families through child care scholarships, housing subsidies, and eliminating sales tax on diapers eliminates undue strain on families' financial security enabling them to better support their health and well-being and their children's healthy growth and development. **Tennessee should invest in family financial supports for low-income and middle-income families with young children to strengthen family economic stability and improve child health and learning outcomes.**

## Community schools

Community schools are public schools, typically in high-poverty communities, that partner with local organizations to provide comprehensive academic, social, and health services tailored to student, family, and community needs. Students who receive community-based resources demonstrate improvements in attendance, behavior, social functioning, and academic achievement. Community schools build relationships and trust among students, parents, school staff, and community members. Schools across Tennessee have implemented models including Full-Service Community Schools (FSCS), University Collaboration Hubs, and Communities in Schools but the need exceeds what is available in many low-income and rural communities. **Tennessee should provide dedicated funding and technical assistance to implement evidenced-based community school models in elementary schools in low-income and under-resourced communities.**

## Voluntary home visiting programs

Evidence-based home visiting programs (“EBHV”) such as The Nurse Family Partnership (NFP) and Healthy Families America (HFA) connect parents with trained professionals who provide in-home support during pregnancy and throughout the first five years of a child’s life. Programs offer a range of services to families including parenting and health education, child abuse prevention, and early intervention. Parents who participate in evidence-based home visiting programs demonstrate improvements in parenting skills, exhibit more responsive interactions, increase their knowledge of child development, and engage in activities that foster early language and literacy. EBHV programs positively impact children’s cognitive, health, and mental health development and school readiness. **Tennessee should expand access to voluntary evidenced-based home visiting programs in underserved communities.**

## Parent engagement programs

Parenting programs that provide skills, resources, and training to help parents actively engage in their child’s learning greatly increase children’s chance of success in school. In a child’s preschool and early elementary years parent engagement is most effective when parents and early educators actively participate in partnership to support children’s learning, growth and development. Evidenced-based programs that help families increase language interactions with their children, parent training on how to support early learning at home, and targeted literacy interventions to ensure students are on track bring teachers and parents together to increase young children’s literacy and math competencies. **Tennessee should invest in and encourage the development of evidenced-based parent engagement programs to empower parents to effectively support their children’s school readiness, academic achievement, and healthy growth and development.**

## Conclusion

This blueprint calls for significantly greater investment by the state of Tennessee to ensure our children get the strong start they need to power our state’s future. That investment should be accompanied by a commitment to streamlined and efficient use of resources, and a relentless commitment to outcomes. The evidence is abundantly clear, and common sense corroborates, that investing in a strong early foundation for Tennessee’s children generates strong ROI for taxpayers. Further, a two generation (“2-Gen”) approach, which many of these strategies include, is a cost effective method for strengthening child and family outcomes. Most importantly, these investments will ensure Tennessee can reach education and economic goals, and support families to thrive.

Have a question or a thought to contribute? Contact us at [info@tqee.org](mailto:info@tqee.org)