Children's Defense Fund

Testimony of the Children's Defense Fund

before the

Congressional Caucus on Women's Issues

THE FEDERAL ROLE IN CHILD CARE: Many Gaps to be Filld

Presented by:

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I am Helen Blank, Director of Child Care and Development at the Children's Defense Fund (CDF). CDF welcomes the opportunity to testify today on child care. CDF is a privately funded public charity dedicated to providing a strong and effective voice for children, especially poor and minority children.

In the United States, child care and early education are a partnership between the public sector (federal, state and local governments), the private sector, and parents.

The federal government is a relative newcomer to this issue. Other than some involvement in providing child care to women working during the Second World War, the federal government a very limited role in child care and early education until the 1960s when the Head Start program was created. The federal role in providing child care to help low-income parents work did not expand significantly until the late 1980s.

Launched in 1965, Head Start's goal was not to help low-income families work but to help children get a strong start before they entered school. In order to meet this goal, Head Start provides an array of comprehensive services including education, health and nutrition, social services and parent involvement. Although Head Start is perceived primarily as a part-day program, 29 percent of the programs offer full-day services, most with federal and state child care dollars. In 1994, Early Head Start was authorized to supplement Head Start's Parent and Child centers and bring the program's comprehensive services to families with children ages 0-3.

Unlike Head Start, funding for child care support has always been based primarily on the goal of helping parents work. As a result, although many children who might be eligible for Head Start are enrolled in child care settings, most child care programs do not have the resources to offer families comprehensive services. During the 1970s and 1980s, the federal government offered parents limited child care assistance to help cover the cost of child care for parents.

The Title XX Social Services Block Grant was used by many states for child care. States have allowed working families on welfare to disregard a portion of their child care expenses before calculating their cash assistance level. Since the 1970s, the federal government has made assistance available to child care programs to enable them to offer nutritious meals and snacks to children through the Child and Adult Care Food Program (CACFP).

The CACFP was designed to be a logical companion to the National School Lunch Program. It is common sense that children who are well fed in their early childhood settings will be much more likely to enter school ready to learn. For many of these children, the child care program they attend is their primary source of food; they spend 10-12 hours each day in care, receiving most of their meals while there. According to Congress' Select Panel for the Promotion of Child Health, preschool children often receive 75-80 percent of their nutritional intake from their child care providers.

The CACFP has been particularly important to children in family child care settings, as it not only ensures their good nutrition, but is also linked to improvements in the quality of care that children receive. Family child care providers, many of whom are low-income women, often work extremely long hours and are very isolated from other adults. Many have little training on how to work with a group of children. CACFP has made real differences in the lives of providers and the children in their programs by providing a strong incentive to family child care providers to become licensed or registered. This not only gives them access to a range of training and support activities, but also helps make sure they leave the underground economy and begin to pay taxes. Through umbrella sponsors, family child care providers also receive two to three site visits a year. These visits are particularly important, since states with limited resources are providing less and less monitoring and support to family child care providers who care for as many as twelve children.

The supply and quality of family child care will be seriously eroded by changes made in the CACFP in 1996. Because family child care providers serving middle-income children will have their food subsidies drastically cut, it is expected that a large number across the country will choose to drop out of CACFP, operate underground or illegally, or go out of business entirely.

In addition, since 1976 all families have been entitled to a tax credit for a portion of their child care expenses. Since the credit is not refundable, it is not available to low-income families who have no tax liability.

Child care support expands in the 1980s.

In the late 1980s, Congress drew its attention to child care. When the Family Support Act was enacted, child care was a centerpiece of the welfare reform agenda. It included the first guarantee of child care assistance for families on welfare, as well as for one year of help for families leaving welfare.

In response to widespread public recognition that additional child care assistance was essential to help low-income working families trying desperately to remain off welfare, two child care programs -- the Child Care and Development Block Grant (CCDBG) and the At-Risk Child Care Program -- were enacted in 1990. In addition to providing help to low-income working families, the CCDBG recognized, for the first time, the importance of a public role in improving the quality and support of child care by including funds specifically dedicated to this purpose.

Ironically, although its emphasis was on helping families' work, the new welfare law enacted eliminated the guarantee of child care help for families on welfare and for those transitioning off. It merged four major child care programs into the existing CCDBG. States can use these funds to help families on welfare, as well as low-income working

families pay for child care. At least four percent of these funds are set-aside to address the critical problems of child care quality and adequate supply.

State investments and policies vary widely.

Prior to the late 1980s, states varied enormously in the extent to which they invested state or federal funds in child care services or even had significant programs in this area. While some states invested state funds in child care, and/or chose to use federal Social Services Block Grant funds for child care subsidies, many states spent relatively small amounts. As of 1990, for example, there were four states that essentially had no child care subsidy program for low-income working families, and there were huge discrepancies between states in their investments in child care and early education.

As of 1994, every state invested at least enough state funds to draw down some of the federal child care money made available in the 1980s and early 1990s. The extent to which states invest their own funds over and above any federal matching requirements varies widely.

A number of states also have chosen to invest in early childhood education initiatives, either by supplementing the federal Head Start program with state funds to expand Head Start, or by setting up a new state initiative. In 1991-92, a CDF study found that 32 states invested a total of $665 million in prekindergarten programs and served 290,000 children. Some states have significantly increased their investments in prekindergarten since then. However, most of these programs operate on a part-day, part-year basis and do not recognize the needs of parents who work outside of the home.

States also play a primary role in determining policies for all federal and state child care subsidy programs, though the federal government does provide some guidelines. For example, states have the responsibility to determine:

- Eligibility criteria--establishing income guidelines, and defining the activities in which parents must be engaged to qualify for assistance (such as being on cash assistance, working, going to school, getting job training, or job hunting). These criteria vary widely, from the poverty level in some states, to over 200 percent of the poverty level in others. Yet, whatever a state's eligibility cut-off, child care assistance is still primarily focused on the lowest-income families. In 1995, approximately 70 percent of CCDBG funds were targeted to families with incomes at or below the poverty level.

- Sliding fee scales--determining how much parents must contribute towards the full child care fee charged by child care providers. States usually have the parent co-payment level vary by the parent's income level. The level of parent co-payments affects the extent to which states are helping make child care affordable, and the extent to which parents are helped to have a choice of good child care programs for their children. High co-payments can limit families child care choices.

- Reimbursement rates--determining the maximum fee that the *state* will agree to pay or reimburse child care providers. Accordingly, rates have a major impact on the type and quality of care families can access, and whether programs in their communities will be willing to serve children receiving child care assistance. Child care payments are significantly below the market rate in many communities. Low rates can seriously limit parental choice, as providers are unwilling or unable to serve low-income children.

    * A 1986 study by the Washington State Department of Social and Health Services found that many providers refused to accept subsidized children, and 60 percent of those that did said they limited the number of subsidized children they accepted, typically because the subsidized rates were too low (Wicks and Caro).

* A study by the Illinois Department of Public Aid found that many AFDC recipients reported they were unable to find a caregiver willing to accept state reimbursement for subsidized care (Siegel and Loman, 1991).

* In a fifty-state survey in 1991, 26 states reported some providers were unwilling to serve parents subsidized by JOBS or receiving transitional child care assistance because of low rates (Ebb and Lookner, 1991).

- Basic health and safety protections for publicly funded care--As many states exempt large numbers of providers from being licensed or regulated, states must determine the basic health and safety provisions for providers who are exempt from state licensing requirements but receive *public funds*. States are not required to set such protections for children cared for by certain relatives.

States determine whether and how to allocate funds to improve the quality of care (for example by funding training, Resource & Referral agencies, and grants and loans) or to improve supply of care (for example, by funding start-up costs for programs in underserved areas or for underserved populations). Prior to 1988, some states invested their own funds in these efforts. The CCDBG, however, allowed these states to use federal funds to increase their efforts significantly, and allowed other states to begin to make such investments.

All states license at least some child care providers to ensure the basic health and safety of children in child care settings. However, there is wide variation in which providers they allow to be exempt from being licensed and monitored, the requirements they set for regulated programs, and the extent to which they enforce their requirements. For example:

- Many states exempt smaller family child care providers from any regulation, and some states exempt family child care providers serving as many as six, eight, or twelve children. Some states exempt child care programs run by religious organizations or schools, programs operating on a part-day basis, or drop-in programs such as those run in shopping malls or exercise clubs.

- States may vary in the number of providers that may care for children. For example, in Idaho, one adult may care for up to 12 infants, while in Massachusetts, one adult can be responsible for no more than three infants.

- States vary in the extent to which licensed programs have to even meet basic health and safety requirements--such as ensuring that children in child care have their basic immunizations, that child care providers have first aid and CPR training, that providers wash their hands before and after diapering and preparing food, and that there be small numbers of children per provider and in a single group.

States also differ in the extent to which they visit programs to ensure that they comply with these requirements, with some states visiting programs quite infrequently, or--in the case of family child care providers--not at all.

This past year, the welfare Act fueled new investments in child care in a number of states. Yet, the pattern across states still remains remarkably uneven. For example, Illinois just approved an increase of $100 million in state dollars which will allow the state to provide child care assistance to all families earning below 50 percent of the state's median income which is approximately $22,000 for a family of three this will allow the state to serve all families on the waiting list for child care assistance. However, Texas added no new state dollars beyond what they needed to draw down their federal

child care dollars, despite a waiting list of close to 36,000 children in low-income working families who need child care assistance.

Whether families have access to help paying for child care, what quality of child care is available, and whether the supply is adequate is dependent on what state, county, or neighborhood a family lives in. However, regardless of where a family lives, the current child care system in most communities still leaves enormous gaps for children and families because we, as a nation, have not come to terms with the investment necessary to address the affordability, quality, and supply of child care to ensure children receive the supportive care they need to grow and thrive.

There are a plethora of issues that communities now face. Changes in the welfare system underscore many gaps that must be addressed if parents are to be able to find and keep jobs and children are to enter schools ready to succeed.

Shortages of infant care and school-age child care are common in most communities but these shortages are most prevalent in low-income neighborhoods.

- Many studies have reported shortages of center-based infant and toddler care:

    * A 1990 study surveyed centers and found that "vacancies for infants and toddlers are especially limited; fewer than 10 percent of all vacancies could be filled by infants and toddlers.

    * In a 1995 GAO study, Michigan officials reported their state had a shortage of infant and special needs child care in the inner cities and all types of child care in rural areas.

* A recent study of child care in California found similar patterns--only four percent of slots in licensed child care centers were for infants younger than age two.

* A study of child care needs in six cities found serious shortages of infant care. In four sites (Bath, Boulder, Chicago, and San Francisco), CCR&R staff reported that demand for child care for infants exceeded the supply of care. Some CCR&Rs recommended parents put their name on waiting lists for infant care as soon as they knew they were pregnant. In both Boulder and San Francisco, staff reported because they were been unable to help young mothers find care for their infant, women had lost their jobs and returned to welfare.

- Schools in low-income areas are much less likely to offer the extended day and enriched programs that can help keep children safe after school, and help them stay out of trouble. In 1993, only one-third of the schools in low-income neighborhoods offered such programs, compared with 52 percent of the schools in more affluent areas.

- A national study found more affluent counties had two to three times the supply of preschool programs per capita, meaning that low-income families have far less access to the preschool programs that enable parents to work and children to get the early learning experiences that allow them to enter school ready to succeed.

- Recent studies have found that there are significant geographical areas where no licensed programs exist for families to choose:

  * One recent study found that nine of 55 counties in West Virginia had no licensed child care centers, and another 14 only had one center.

* A study of families receiving welfare in Illinois found that licensed care was simply not available in some relatively large areas in the state. Furthermore, the study found that in some areas where care *was* available, the demand greatly exceeded the available supply. This was most common in the poorest areas of the state.

Communities now face tackling the difficult task of encouraging odd-hour child care to help the large portion of low-income women who will work on weekends or on night shifts.

- Nearly one in five full-time workers--14.3 million--worked nonstandard hours in 1991. More than one in three--five million of them-- were women.

- One-third of working-poor mothers with incomes below poverty and more than one-fourth of working-class mothers (incomes above the poverty line but below $25,000) worked weekends.

A study of 207 Illinois families receiving transitional child care subsidies after leaving welfare due to employment, found that nearly 75% were working irregular hours.

The instability of parents' work schedules also presents a challenge for families trying to find child care.

One study found that almost half of low-income working parents worked on a rotating or changing schedule, compared with one-quarter of working-and middle-class mothers and one-third of working-and middle-class fathers. This presents a greater obstacle to finding child care than either a regular weekend or evening schedule.

Head Start and state prekindergarten programs now face the challenge of finding resources to extend their day to meet the needs of families who, facing work requirements and time limits, will need full-day, full-year child care.

Other witnesses will address the quality of child care which also offers great cause for concern.

Finally, although we have made considerable progress in the last decade in expanding families access to child care assistance, too many low-income families simply cannot afford safe child care that allows them the peace of mind they need to be productive at work and their children to have the early education experience they need to enter school ready to succeed.

The escalating work requirements in the welfare Act threaten to even further limit low-income working families access to child care.

Even before the welfare Act, the scarcity of child care dollars and demands of welfare reform pushed states into the difficult position of devoting more and more child care resources to help families get off of welfare, and away from those working families who are struggling to keep their jobs and stay independent.

A 1994 study by the Children's Defense Fund illustrates this graphically:

- Fifteen states (AK, AZ, AR, CA, CO, FL, HI, IL, MS, MT, NV, NH, NJ, SD, and TX) used the Child Care and Development Block Grant (intended to provide help to low-income working families) to pay for welfare-related child care because the Block grant does not require a state match. Additional states indicated they may need to use the Block Grant in the future.

- Eleven states (AK, AZ, DC, FL, MD, MN, MS, RI, SC, WA, and WI) took state child care funds that were helping working families stay off welfare, and reallocated them to families working to get off welfare.

- Twenty-five states including DC reported an increase in the proportion of child care slots or dollars going to AFDC families rather than the working poor.

It makes no sense to force states to make the Solomon-like choice between helping families get off of welfare versus helping families stay off welfare in the first place. Welfare reform will not work unless both groups of families are helped. Otherwise a revolving door is created through which families who are trying to be independent are gradually forced out of the labor force and onto welfare--where maybe they can get child care assistance to try to become independent again.

An increasing number of families are working low-wage jobs and need child care help.

- Today more than a third of all America's poor children belong to families where at least one parent works all year.

- A recent report by the National Center for Children in Poverty found young children in a traditional nuclear family (two-parent family with one parent working full-time) are 2 and 1/2 times more likely to be poor in 1994 than they were in 1975. The poverty rate for young children in such traditional nuclear families rose from 6 to 15 percent between 1975 to 1994.

- Half of the young families with children (with family head younger than age 30) earned less than $20,000 in 1994. The cost of decent child care is beyond the reach of these families unless they get help.

Child care can *easily* cost over $4,000 a year, and can be much higher for younger children and in some regions of the country. This is a significant part of a working family's budget and can keep families from being able to afford to work.

- In 1990, mothers who were employed full time and paid for child care for a child younger than five paid on average about $3,650 for their youngest child in center-based care, $2,950 for family child care, and $5,025 for in-home care. This was only the amount they paid for their *youngest* child--families with more than one child in child care paid more.

Obviously, low-income parents would have difficulty affording even average-priced care for one child--at the rates reported above, a single mother working full time and earning the minimum wage would have to pay 41 percent of her income to put her child in a center. Given the other costs of raising a family such as rent, food, transportation, and clothes, it is clearly impossible for low-income parents to afford good care without help.

Several studies around the country have found that child care difficulties have forced families onto welfare:

- A 1994 survey of welfare recipients in Maine found that 31 percent of those who had left a previous job did so because of child care difficulties.

- A 1991 study of welfare recipients in Illinois found that 20 percent of the women who returned to welfare within the year of the report had returned due to child care problems. Also, 42 percent who had quit school, had quit due to child care problems.

- At least one in five families that remain on the waiting list for child care help in Montgomery County, Maryland for a prolonged period, end up on welfare, according to a study by the Montgomery County Commission on Child Care.

- In Milwaukee County, Wisconsin, approximately one-fourth of all families that exhausted their Transitional Child Care (TCC) benefits returned to welfare between October 1992 and November 1993. During that same period, the county was not able to provide continued child care assistance to these families. The county believes that the unavailability of child care assistance was the major reason for the families' return to welfare.

Given the time limits now tied to welfare, families will no longer be able to continue to move back and forth between work and welfare. As a result, it is even more important for the federal government and states to address the child care needs of families who work in low-wage jobs.

Low-income working families that need child care assistance and can't get it find it more difficult to work, have to place their children in less safe situations, and get into financial difficulties.

- A study of low-income working families on the waiting list for child care in Minnesota found a broad range of problems. One-fourth of all the families interviewed had to go on welfare to survive. Some found it difficult to maintain employment because of unstable child care arrangements. One-third of the parents felt their children's child care settings threatened their safety and development, and many families were experiencing severe stress.

Parents shared their experiences:

- *I lost that job after eight months because of upsets in my schedule...due to baby-sitting problems--although I was very conscientious about lining up child care arrangements, disruptions caused everything that I had carefully planned to come tumbling down.*

- *I pay $460 a month for child care. I am a single parent and a manager of a restaurant. As a result of day care expenses I try to cut back on hours at work...to reduce the day care amount. My unit then suffers...to the point I worry I may lose my job. I have lost out on bonus money I depend on and have fallen behind on several bills....I am currently looking into bankruptcy.*

- *The baby-sitter leaves Alicia with her son who is 17 years old and very immature. It bothers me to come and get her and she's crying hysterically and he just ignores her and she's hungry.*

- *My child is six months old and has been in three horrible daycares in two-and-one-half months.*

- *I go to bed...every night nervous or crying with frustration wondering if the money left will make it to my next paycheck. I'm finding myself short with the kids more and then stop myself and say, "Think. It's not fair, they are only kids...." So I give them hugs and say I'm sorry.*

Parents in other communities face similar untenable choices:

- When a Rhode Island officials interviewed families on the waiting list for child care assistance, they found that many mothers were starting to question whether their hard work in low-wage jobs paid off for them or their children. One mother wrote, *"I had to quit work because I earned less than $200 a week and I had to pay $150 for [child*

care for] my three sons and I did not know why I went to work. Now, I am applying for AFDC. I would like to working and be useful, rather than sitting here and getting a check that doesn't cover too much of anything."

Obviously, we have a long way as a nation to address the child care needs of our families and children. There is good reason to move forward.

Good child care makes a major difference to children in the first three years of life. Child care also plays a strong role in helping children to enter school ready to succeed and ensuring that children stay in school and continue to learn.

Hearings, like this one today, provide an important forum for discussing how the multiple facets of child care and development and how to move ahead to help children and families.

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STATEMENT

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before the

CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES

UNITED STATES CONGRESS

JULY 10, 1997

I am delighted to be here today to discuss the Early Head Start Program, one of the most promising early childhood initiatives of the Clinton Administration. This program was created in the 1994 bipartisan reauthorization of Head Start (P.L. 103-252) to extend the benefits of Head Start's comprehensive quality services to infants and toddlers and their families. Designed with the help of a distinguished advisory committee of scholars and practitioners, Early Head Start incorporates the latest advances in research on child development and the lessons of successful programs for our youngest children.

Early Head Start is designed to foster three primary goals:

- To enhance children's physical, social, emotional and cognitive development;

- To enable parents to be better caregivers and teachers for their children; and

- To help parents meet their own goals, including improving their own education and economic self-sufficiency.

Each Early Head Start program carries out a locally-designed program of services, organized around four common cornerstones: child development, family development, community building and staff development. Programs offer high quality child care and early education, family support services, home visits, parent education, comprehensive health and mental health services (including services for women prior to, during and after pregnancy) and nutrition.

Earlier this year at the White House Conference on Early Childhood Development and Learning, the President announced his support for increasing the enrollment in the Early Head Start Program. $?5 million will be available this year to increase Early Head Start services. When combined with funds requested in the President's budget for next year, we expect to increase Early Head Start enrollment to 35,000 children and families in 1998, an increase of roughly 50% over 1996.

Next week we will begin a peer review process to assess over 600 proposals for new Early Head Start programs to determine the best candidates to add to our existing network of 143 projects in 44 States, the District of Columbia and Puerto Rico. School districts, non-profit community-based agencies, colleges and universities, local governments, mental health and health service organizations are among the organizations providing services.

The need for Early Head Start comes from a growing base of knowledge on the complexity and significance of development in infants and toddlers; on the rewards and key elements of successful prevention programs in the first years of life; and from our

growing awareness of the costs of failing to support very young children and their families.

Certainly the most astonishing component of this research is new revelations of the development of mental capacity and brain development in infancy. But we also know more than ever about how very young children learn to understand and use language and how their early relationships with parents, family members and caregivers shape their long-term social and emotional development. Clearly we know enough to act with confidence and conviction in this arena.

Since 1965, Head Start has blazed a trail for our nation by showing the benefits of high quality, comprehensive early childhood services. Countless states and communities have built on the example and principles of Head Start to create a host of new public and private initiatives to serve preschool children and their families. Head Start has spread the word and shown the way through research, through national efforts to set standards and create materials, and through the everyday example of Head Start staff members making a difference in the lives of our most vulnerable children, families and neighborhoods.

We have similar hopes for Early Head Start. We are committed to continue to expand funding of new local programs. We are also committed to using Early Head Start to motivate a national campaign to do the right thing for our youngest children.

Towards that end, we have developed detailed performance standards for serving infants, toddlers and pregnant women to help guide program development at the state and local level. We have created a major rigorous evaluation to assess outcomes and determine effective strategies in our initial set of Early Head Start projects. We are also beginning a new emphasis on partnerships with other federal agencies involved in child care, health services, community development, and education reform. And we are reaching out to work with state and local governments to stimulate others to invent their own ways to provide more young children with the chance for safe, healthy development and learning.

Testimony on the
NICHD Study of Early Child Care

By
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Before the
Congressional Caucus for Women's Issues
Congress of the United States
Washington, DC

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Good morning, I am Dr. Marsha Weinraub, Professor of Psychology at Temple University, in Philadelphia. I am one of the investigators of the Study of Early Child Care funded by the National Institute of Child Health and Human Development (NICHD) at the National Institutes of Health. It is a pleasure to be here.

NICHD Early Child Care Research Network

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Today I present information about how children's early experiences in child care affect different aspects of their psychological development. Our research has shown how early experiences in child care affect children's relationships with their mothers, their early understanding of the world, and their readiness for school. These are just a few of the many outcomes we are measuring in the NICHD Study of Early Child Care.

Over the last two decades, researchers have examined the effects of early child care on young children. Some researchers presented evidence that early and extensive nonmaternal child care posed risks for infants. Others showed that children thrive in child care so long as the care the children receive is high. Still others argued that early experiences did not affect children's development unless these experiences were characterized by extreme deprivation. There were data to support each position. The public was confused.

Why was there so much disagreement about the effects of child care? First, research studies available throughout the 1980's were not large enough to take into account all of the critical family, child and child-care variables that influence the development of young children. Conclusions about the effects of early child care were based on small samples of primarily white children, most from middle class families. Second, many of these studies were limited in that they did not take into consideration differences in the types of care or the quality of the care that children received in their mothers' absence, nor did they follow the children over time to see the continuing effects of child care.

Recognizing these limitations, in 1988, there was a unanimous call from child development experts for more comprehensive research on the effects of child care. In response, Dr. Duane Alexander, the Director of NICHD, initiated a large scale, comprehensive study to examine the effects of child care, particularly infant care, on the development of children in the United States. Following stringent scientific review by independent experts, 10 teams of investigators were selected from universities and research institutes across the country. Together with the NICHD scientific program staff, these researchers became the NICHD Early Child Care Research Network. As a group, we have designed, implemented, and co-authored the NICHD Study of Early Child Care.

Overall Aim

To examine the effect of variations in early child care on the psychological development of children

following the children from soon after birth until first grade

taking into account the characteristics of the
child,
the family,
and the nonmaternal child care situation.

The overall aim of the study has been to examine the effect of variations in early child care experiences on children's development. We recruited children and their families to participate in the study soon after the child's birth. NICHD has made it possible for us to follow these children until the end of first grade. By (1) including a diverse sample of families, (2) measuring pre-existing characteristics of the children, their mothers and their fathers, and (3) taking extensive observations of these children's experiences at different ages and across a wide variety of settings, we can evaluate what effects, if any, child care has on America's children and their families. Today, I report a few of our findings concerning child care effects during the first three years of children's lives.

First, let me give you a brief description of the families that participated in our study and what data we collected.

Demographic Characteristics of the Sample

- Number of Families
- Income-to-Needs
- Maternal Education
- Child Ethnicity
- Child Gender
- Two-Parent Family
- Hours per Week in Care
- Type of Care

We screened nearly 9000 births at more that 24 hospitals from across 10 sites. From this group, we selected 1364 families to be part of our study. The families were diverse. They lived in urban, suburban and rural areas.

They varied in income, educational level, ethnicity, family structure, and whether or not the mother was employed outside the home. Mirroring national statistics, most of the families in the study used nonmaternal care for their infants; about one third of the families used little or no nonmaternal care. Sometimes the care was extensive, sometimes, not. At 15 months of age, about 11% of the children were cared for in a child care center, 22% were in a child care home, 36% were in relative or in-home care of a nanny, and just less than a third of the children stayed at home with their mother. Whether or not the child was in care with their mothers or in the care of others for most of the day, all families participated in our study.

Data Collection Schedule

- Major assessments were done at 1, 6, 15, 24, 36, and 54 months and will be done in first grade.
- Intervening phone contacts were made every 3 to 6 months.
- Questionnaires were completed in kindergarten.

We visited the families in a variety of settings. We visited families in their homes when the children were 1, 6, 15, 24, 36 and 54 months of age. If the children were in any type of regular child care, we visited them in their child care setting, taking extensive measurements of the quality of the careproviders and the setting. Starting when the infant was 15 months of age, families also visited us at our laboratories. To make sure we didn't miss anything, we telephoned mothers every three months. The families who participated in this study gave generously of their time and energy, and we are deeply indebted to them. This year, the children are turning 6 years old, and we will be seeing them soon in first grade.

So, what have we measured in these different settings? We have measured children's relationships with their mothers, their fathers, and their peers. We measured children's adjustment and self-concept. In the area of cognitive development, we measured general intellectual functioning, children's language skills and their readiness for school. In the nonmaternal care situation, we measured those characteristics of care that can be regulated by government agencies. These include, for example, the number of children in the setting, the child:caregiver ratio and the education and training of the careproviders. At each assessment point, we also measured the number of hours of nonmaternal care children received, the stability of that care, the quality of that care, and the characteristics of the careprovider. These measures enable us to determine which specific aspects of child care experiences affect child outcome.

While we took extensive measures of children's child care settings, we also took into account the child's home life, and the characteristics of the adults in the child's world. When the children enter first grade, we will measure their experiences in school.

So, what have we learned so far? First, families rely on others to take care of their children starting very early in infancy. By 4 months of age, nearly ¾ of our children were cared for by someone other than their mothers. The settings in which children received care ranged in quality. At 6 months, high quality care, as rated by our trained observers, was associated with small group sizes, low child-adult ratios, caregivers' progressive beliefs about childrearing, and physical environments that were safe, clean, and stimulating. In general, poor children who were cared for in home settings by a family member or child care home provider received lower quality care than other children. Poor children cared for in child-care centers received care equivalent in quality to that received by children from more affluent families. Children just above the poverty level received lower quality care in child care centers than children in poverty, probably due to subsidies available to poverty families that increased the quality of the care for children in poverty bringing it up to the quality available to the more affluent.

For today, I have selected, three areas in which child care affects mothers' and infants' functioning in the first three years: the mother's behavior with her infant, the infant's attachment to the mother, and the infant's cognitive functioning and language skills.

The first set of results concerns the effects of child care on mothers' interactions with their infants. The quality of child care was important, and so was the quantity of care. Mothers whose children were in higher quality care were more sensitive and affectionate with their children than mothers whose infants were in lower quality care. Using child care for more hours per week was associated with less sensitive, more negative, and less affectionate mother-child interactions. These effects, while small in magnitude, were consistent.

The mother-child interaction is one part of the mother-child relationship that we have looked at. Another way of looking at the mother-child relationship is to look at the security of children's attachment to their mothers. The second set of results concerns how children's attachment to their mothers was affect by child care.

Psychologists believe that infants' attachment to their mothers is important because it establishes a solid base from which infants can explore and learn about themselves and their world. Previous studies have shown that infants who are securely attached to their mothers get along better with other adults and children and do better in a variety of problem solving situations in early childhood. Concerns about the risks of early child care grew to a crescendo in the 1980's when it was thought that early and extensive child care might be related to increased levels of insecure attachment. Our study, with the large and diverse sample, state-of-the-art measures, and consideration of the infant's experiences at home and in care was designed to more carefully investigate the potential risks of early care for children's attachment to their mothers.

Effects of Child Care on
Children's Attachment of their Mothers
at 15 months of age

- Secure infants, compared with insecure infants, had mothers who were more sensitive and better adjusted psychologically.
- Child-care features, in and of themselves, were unrelated to attachment security or to insecure avoidance specifically.
- Low-quality child care, unstable care, and more than minimal hours in care were each related to increased rates of insecurity when mothers were relatively insensitive.

Let me summarize our results concerning attachment. First, the mother's behavior with the child was the best predictor of infant's attachment security. Mothers of secure infants were more sensitive and better adjusted psychologically than mothers of insecure infants. But once we took into account variations in the mothers' behavior, child care amount, stability, type, or quality did not affect children's attachment to their mothers. Only when children had less sensitive and less responsive mothers and children were also either in low-quality child care, unstable care, or more than minimal hours in care, were children less likely to be securely attached to their mothers compared to children in higher quality care, more stable care, or fewer hours of care.

Effects of Child Care on
Children's Cognitive and Language
Development
in the first three years of life

- Higher quality child care was related to better child outcomes. The contribution of the child care quality variables ranged from 1% to 4% of the differences in test performance.
  - ⇒ More positive caregiving ratings of the child care provider were related to higher cognitive scores at 2 years and higher school readiness scores at 3 years.
  - ⇒ More positive caregiving ratings of the child care provider were related to higher language scores at all ages.
- Under similar conditions of child care quality, center care predicts better performance on cognitive tests at 2 years, school readiness at 3 years, and language skills at all ages.

The third set of results concerns child care effects on children's cognitive and language development. Again, family and maternal characteristics predicted cognitive and language outcomes. After taking these characteristics into account, we found that the quality of the interaction between the child and the careproviders also predicted child outcomes. These effects were small, but again, they were consistent. Higher quality child care predicted higher cognitive, higher school readiness, and higher language scores. These findings were primarily accounted for by the amount of language stimulation children received from their careproviders in the child care setting. Finally, when we took into consideration variations in child care quality, we found that children in center care, compared to children in other types of arrangements, performed better on our tests at two and three years.

To summarize: Across the first three years of children's lives, we found, first, that family factors were more important than child care characteristics in predicting what happens to children. Second, we found that, above and beyond the contribution of the family, child care makes an additional contribution. The effects of child care on the mother-child interaction and on children's cognitive development were small but consistent. The quantity of child care children receive as well as the quality of that care have important effects on what happens to our nation's children.

Reports in preparation from the NICHD Study of Early Child Care

Infant child care and mother-child interaction.

Early child care and self-control, compliance, and problem behavior at 24 and 36 months.

The effects of child care on health and growth.

The effects of child care on peer relations.

Predictors of positive caregiving.

Early life and child care experiences of Head Start eligible children.

Studying the effects of early child care experiences on the development of ethnic minority children in the US: Towards a more inclusive agenda.

Fathers and child care.

Effects of child care for children from families with psychosocial risk.

Do developmental processes operate differently across child care niches?

Effects of regulable aspects of child care on child outcomes.

Chronicity of maternal depressive symptoms, mother-child interaction, and child outcome.

This study is very much a work in progress. We expect to have many more detailed reports of the effects of child care available in the next year. So far this year, our project has had 5 reports published or soon to be published in prestigious scientific journals. In addition, we have another 14 reports currently in preparation. We have a lot more work to do.

On behalf of all the members of the Study Steering Committee and the many families who are participating in this research, I thank you for inviting us to report these initial findings. We would be delighted to keep the Caucus informed about our results, and we would welcome the opportunity to update you as more findings become available.

TESTIMONY OF KEVIN DOYLE BEFORE THE CONGRESSIONAL CAUCUS ON WOMENS ISSUES JULY 10, 1997 QUALITY AND ACCESSIBILITY OF CHILD CARE FOR CHILDREN AGES 0 TO 3 YEARS OLD

My name is Kevin Doyle and I am the father of two wonderful little boys now ages 5 and 8. I am here today to contrast the quality and accessibility of infant and toddler care, as experienced by my family, in the raising of our two sons.

When my first son was born my wife and I began our search for child care when he was about two months old in anticipation of wife's return from maternity leave when he became six months old. At first we used the child care referral service offered by my employer. A listing of home care providers and child care centers that offered infant care was given to us. As we worked our way through this list we discovered that even though these providers were listed as infant care providers they had limited slots for infants which, in general, were full. There were also those who would take infants only if they could not get enough 3 to 5 year old children. Upon interviewing the providers from this listing that had infant care openings we were shocked at the quality of conditions and care many of these providers offered. We could find none we considered acceptable. The day care centers listed either had no openings, were of questionable quality or were so expensive as to preclude our using them. Two weeks prior to my wife's return to work we ran an ad in the newspaper and had to settle for an unlicensed home care provider.

We were relatively happy with this arrangement until about a year later when our provider informed us that her husband had taken a job on the night shift, needed to sleep during the day, and gave us two weeks notice to find care for our child. The same process of searching for infant care followed with the same results. We were forced to depend on neighbors and friends to watch our child while we continued to search. Finally, we were able to find an acceptable home care situation. However, by the age of two and a half my son had been through four different day care providers. Lost were hours of sleep worrying, and weeks of work spent covering child care or interviewing potential providers. Most importantly, however, was the total lack of continuity and security my son had to experience during this period. I will never forget the sick feeling as I looked into my little boys' eyes and left him, once again, in an unfamiliar place and in a room full of strangers.

Let me contrast that experience with the infant care experience of our second child. At about the time of his birth my employer announced they would be opening an on-site child care center. We signed the list of interested parents immediately. Upon my

wife's return from maternity leave we placed both of our children in the center. Our older son was now three and our infant 6 months. In contrast to a home care situation where a provider was trying to entertain and control other children in the 3 to 5 year old range as well as care for infants, here was a room filled only with other infants, in an environment designed specifically for infant care. Parents were free when taking a break or at lunch time to come down and spend the time with their babies, and they took advantage of it. Some mothers chose to continue to breast feed even after returning to work. Mothers and fathers could be seen playing in the playground or pushing their giggling infants in swings and returning to work with smiles on their faces secure in the knowledge that their babies were happy and in good hands. As our children progressed through the infant and then into the toddler and two year old programs they transition to teachers they already knew and into an environment where nurturing, discipline etc. were consistent with what they were used to. They also were with the same children they were used to. My youngest son just graduated from our kindergarten class and with him were his friends who have been with him almost every day since he was six months old. They are like brothers and sisters.

When our child care center first opened I formed an organization called the Parent Advisory Group. The purpose of this organization is to provide a forum for parents to voice their opinions on the care of their children and to provide an avenue for these opinions to be brought to the attention of management and board of directors of the center. I eventually moved on to become a member of the board of directors and the President of the Board of Directors of the center. A consistent theme through all these organizations was always putting a priority on providing quality and affordable infant care. One way that we do that is by charging a higher than cost tuition for 3 to 5 year old care, basically creating a profit for this program, and using this source of revenue to lower the tuitions in the infant and toddler programs. We then use fund raisers to create a tuition assistance fund for lower income parents who cannot afford to pay even these lower-than-market tuitions. This tuition structure is explained to the parents and they buy into it. I have never in my 5 years of working with the center heard a parent complain about this structure. Every parent understands both the lack of availability and afford ability of infant care. I mention this only to illustrate that if quality infant care is made a priority there are creative ways to make it happen.

I would like to touch on one other subject. What I have seen is that on-site child care when combined with family friendly employment policies, such as flex-time, can be a powerful tool in allowing families to juggle the tremendous demands of career and quality family time. My wife and I are both fortunate enough to work in offices where flex-time is available. This allows my wife to go to work at 6:00 A.M. so that she leaves work at 2:30 P.M. and allows me to go to work at 9:30 A.M. and leave at

6:00 P.M. This flexibility allowed me to get my children up, fed, dressed and to get our school age child off to school before taking our then two year old to the child care center. My wife was then able to pick up our toddler early and be home in time to meet our school age son when he returned home from school. This flexibility allowed us to minimize the time our two year old was in child care, avoid a "latch-key" child situation with our school age child and allow for scheduling of doctors appointments etc. while not necessitating either of us being absent from work. Due to this flexibility of schedule we were able to avoid having our toddler in child care for ten or twelve hours a day. In contrast, our toddler spent six hours a day in child care and the rest with at least one of his parents.

In conclusion, I would like to point out that although my wife and I were lucky to have the child care and family-friendly policies of our employer available to us it still does not make raising children easy. I still get up about 5:00 A.M. and don't get home from work until about 6:30 or 7:00 P.M. My wife puts in similar hours. But we are willing to put in the time and effort if it means spending more time with our children. I believe that almost all parents would do the same. Parents aren't asking employers to break the bank to help us and we certainly aren't asking anyone else to raise our children. All we are asking for is the assurance that our children are safe and well cared for and a flexibility of schedule which makes it feasible for us to provide a quality family experience for our children.

BACKGROUND INFORMATION -- Kevin Doyle

Employment: Budget Analyst -- Social Security Administration

Child Care Background: Father -- 8 years.

Formed Parent Advisory Group -- Social Security Child Care Center -- 1991

Parent Liaison to Board of Directors -- Social Security Child Care Center -- 1991 - 1993

President, Board of Directors Social Security Child Care Center -- 1993 - 1997 (ended May 1997)

Congressional Caucus for Women 7/10/97

My name is Pam Humphrey. I work for CorporateFamily Solutions, a management company based in Nashville, TN. We develop and manage child development centers as well as provide other family related services for major corporations. CorporateFamily Solutions manages over 90 centers throughout the United States. I am the Director of the Center for the Marriott Corporation in Bethesda, MD. Our facility opened in October of 1990 and provides quality care for 97 children.

The Marriott Center serves the children of Marriott employees, ages 6 weeks to 5 years old. We are open year round from 7:00a.m. to 7:00p.m. Our center is accredited by the National Association for the Education of Young Children (NAEYC), with a dedicated focus on high quality care and programming.

Quality child care is much more than just "babysitting". It requires a highly trained and dedicated staff, strong parent-teacher partnerships, a safe and healthy environment, stimulating and developmentally appropriate programming, small group size, and high teacher to child ratio, just to name a few. Each of these areas has a tremendous impact on the children in our care.

Research has shown time and again that the caregiver is the key to quality, so our focus begins there. We seek to hire the best early childhood educators and provide them the best possible compensation and benefits package. We continue their training and professional development through paid in-service training , opportunities to attend professional conferences as well as encouraging and supporting their educational goals through our training pool and scholarship program.

With a dedicated, quality staff, we can then promote and develop a strong partnership with each family. We do this through our open door policy which encourages parents to visit the center as much as possible. New mothers can continue to nurse their babies after returning to work and parents can visit frequently to solidify the bonding with their newborn baby. We provide many communication systems including written daily charts about each child, phone calls to share information, parent conferences on a regular basis, newsletters and E-mails about the latest happenings. We provide informal lunch-time get-togethers to share ideas and commiserate on the challenges of parenting. We have lunch time seminars by experts such as pediatricians, psychologists, & nutritionists on topics ranging from biting to balancing work and family

life. If a child is sick or hurt, the parent is close by to provide comfort and a quick response.

I am fortunate to have the opportunity to manage the Marriott Center and I am particularly proud to be part of the growing number of enlightened companies that proactively support the family needs of their employees. The resource commitment provided by these private businesses makes good work/life sense as well as good business sense, and is crucial in assuring delivery of high quality child care. Without these additional resources, infant care -- the hardest to find, the most difficult to afford and the most important in shaping a child's intellectual potential for a life time -- can be economically beyond the reach of most working families. It is my sincere hope that today's hearing will promote greater private and public sector involvement in meeting our children's developmental needs at their most crucial time....the first three years.

I thank you all for the opportunity to speak here today.

TESTIMONY OF MARK FIEDELHOLTZ
BEFORE THE
CONGRESSIONAL CAUCUS ON WOMEN'S ISSUES
JULY 10, 1997

The Jeremy Fiedelholtz Institute To Protect Children
8362 Pines Boulevard • Box 283
Pembroke Pines, Florida 33024

Introduction

Mr. Chairman and members of the committee, the Fiedelholtz family would like to thank you for the opportunity to discuss our 3 month old son's tragic death after his first two hours of daycare and the national ramifications of this incident.

As American citizens we feel a moral obligation to shed light on a growing daycare safety problem in this country. We offer this testimony because of our deep faith in America and to insure that no other children die like Jeremy.

Historically, we are a country of constant change. Our system is designed to accommodate these changes and move forward. America is not afraid of change because we know without it our society can't grow and prosper. Although we tend to initially resist change, America has a proud history of forging ahead. "There is nothing more permanent except change" (Heraclitus)

This hearing marks a new era in child care. As we move into the next millennium, our country faces many difficult challenges. One monumental challenge is the composition of America's workplace. Women now comprise a significant portion of the workforce and are important contributors in both the private and public sector.

According to a study conducted by two Federal agencies-the Child Care Bureau and the Maternal and Child Health Bureau, by the year 2,000, 75 percent of women with children under five years of age will be employed and in need of child care. In just 20 years, the percentage of children enrolled in child care has soared from 30 percent (1970) to 70 percent (1993). This is direct evidence that quality child care is imperative.

Another societal change accelerating the demand for daycare is passage of the Welfare Reform Act. As more parents enter the workforce, they will be looking for safe centers to watch their children. The combination of more women in the workplace and the Welfare Reform Act lends support to the notion that good child care has to become a top legislative priority immediately.

Our testimony today is a call for help. The circumstances surrounding Jeremy's death exposes an unregulated and dangerous daycare system in the United States. If something isn't done right away, thousands of children are in severe danger of being harmed or losing their lives. According to a 1995 report by the U.S. Advisory Board on Child Abuse and Neglect, 2,000 children die from abuse or neglect each year by a parent or caretaker. This translates into five children each day suffering a senseless death. What a sad commentary on America's inability to protect our innocent children.

Jeremy's story will shed light on fundamental perceptual problems regarding our view of daycare in America. This perception problem has cost the lives of many innocent children and must be changed quickly. Anyone who defers or decides to abandon this problem, is signing a death warrant for our children. Jeremy died from two episodes of neglect. He was neglected at a daycare center and neglected by an unregulated daycare system that is harming or killing our children.

Jeremy's Background

Jeremy Fiedelholtz was born on October 24, 1996 around 11:00pm at Plantation General Hospital in Florida. Jeremy weighed 8 pounds and 2 ounces at birth and over a three month period had no major medical problems.

Prior to Jeremy's daycare center tragedy, he just starting smiling and was very playful. His favorite activity was looking in the mirror and playing with plastic figures that were attached to a vibrating chair. We adored this boy and showered him with great love and supervision. Jeremy was Mr. Fiedelholtz's first biological child and Mrs. Fiedelholtz's second child. Her first son is 13 and loved Jeremy very much.

The Tragic Story

Once Jeremy was 3 months old, Mrs. Fiedelholtz prepared to go back to work. Our first choice was to find a qualified person to take care of Jeremy in the house. We sent out notices in the neighborhood and contacted various friends for referrals. Unfortunately, we could not find anyone to take care of Jeremy in the house. Our next decision was to temporarily find a cozy licensed daycare center.

Through Family Central-a referral service offered by Broward County, Florida, we were given a list of licensed home daycare operators. We felt a licensed home daycare would be a more supervised situation than a larger facility daycare. We visited a few home daycare centers and then decided to look at a daycare close to our house.

The Infamous Meeting

About a week before we took Jeremy to Mrs. Schwartzberg's licensed home daycare center at 5660 SW 3rd Ct., Plantation, Florida, we meet with her. This meeting would change our lives forever.

Taking Jeremy with us we met Mrs. Schwartzberg and toured her facility. The idea was to collect information on her daycare to see if it met our standards. Her daycare facility was immaculate and well organized. She seemed knowledgeable about child care and business oriented. This impressed me because some of the other daycare operators were loving and caring but unorganized.

Mrs. Schwartzberg told us the following about her licensed daycare center:

1) Jeremy would be the 4th child with a few drop offs
2) Only the licensed room we saw would be used for daycare
3) Mrs. Schwartzberg has a permanent helper who is certified in CPR
4) Her permanent helper Cheryl Lavigne will run all the errands

After this meeting we did a civil and criminal background check, called references and was informed by Broward County licensing that no complaints were filed against the Schwartzberg daycare center. Based on our thorough background check, and the meeting with Mrs. Schwartzberg, we decided to try out her daycare for two hours.

A Fatal Decision

On January 29, 1997 at 9:00 a.m. Mr. Fiedelholtz called the Schwartzberg daycare center to see if there was enough room for Jeremy that day. The helper Cheryl Lavigne said, "yes, there is plenty of room". Based on that phone call, Mrs. Fiedelholtz took Jeremy to Mrs. Schwartzberg's daycare center around 10:00 a.m. Upon her arrival she saw only two children and figured everything was fine. Mrs. Fiedelholtz gave Mrs. Schwartzberg a few directions and then left the daycare center.

A Parent's Worse Nightmare

Mrs. Fiedelholtz decided to pick up Jeremy early around 11:50 a.m.. She felt an unannounced visit would calm her fears and is recommended by the county. Mrs. Fiedelholtz knocked on the side door of the house where the daycare center was located. It took awhile, but helper Cheryl Lavigne came to the door. She walked past Jeremy's crib which was right by the door, and said, "Oh, your son did great, he is sleeping very nicely."

When Mrs. Fiedelholtz looked at Jeremy she noticed he was on his stomach. A quick thought went through her mind that she would never bring Jeremy again. Every daycare operator or helper knows or should know, you don't put a baby on the stomach because it increases the chance of SIDS.

When Mrs. Fiedelholtz went down to pick up Jeremy he was blue and his head was down in vomit and blood, he was not breathing. Mrs. Fiedelholtz screamed and the helper didn't know what to do. Mrs. Fiedelholtz blew a few breaths into Jeremy but there was no response. Helper Lavigne didn't know how to do CPR so she called 911. The Paramedics came within minutes, revived Jeremy's heartbeat but he was brain-dead. Mrs. Fiedelholtz frantically called Mr. Fiedelholtz to come right away.

When Mr. Fiedelholtz arrived at the Schwartzberg home, Mrs. Schwartzberg was just pulling into the driveway According to the police report she left for an errand to go to the supermarket for 45 minutes. Mrs. Schwartzberg went into the house and never spoke to the Fiedelholtz's again.

The Lies, Ignorance and Greed

It wasn't until the afternoon of January 29, 1997 that we found out the Schwartzberg daycare center was a death trap. Human Resource Service investigator Roy Chandle came to interview us at the hospital. We really didn't understand why he was there, but we assumed it was routine because the incident involved a child. The information that Mr. Chandler told us, would change our lives for ever and shatter our faith in the American daycare system.

A Meat Market Mentality

When we decided to take Jeremy to Mrs. Schwartzberg's daycare center we based our decision on three criteria; our background check, tour of the facilities and meeting with Mrs. Schwartzberg. Everything Mrs. Schwartzberg told us about her daycare center was a lie and her motive was to procure our business at any cost. On the next page is a comparison of what we we were promised and what actually happened.

Promise: Jeremy would be the 4th child with a few drop offs.

Truth: Plantation police department found 13 children at the Schwartzberg home. She had six infants, six 1yr olds and one 2yr old. This law states if you have four infants you can't have anymore children. She was nine over the legal limit.

Promise: Only the licensed room we saw would be used for daycare activities.

Truth: Plantation police found an unlicensed back room where Mrs. Schwartzberg was napping five children. Neither the Fiedelholtz's nor licensing knew this room existed. On a January 6, 1997 official inspection, Mrs. Schwartzberg never told the inspector about the room.

Promise: Mrs. Schwartzberg would never leave the premises. Her helper Cheryl Lavigne would run the errands.

Truth: According to the police report, Mrs. Schwartzberg told the police she went to the supermarket for 45 minutes, leaving the 7 month pregnant helper alone to care for 13 children in two rooms at different ends of the house.

It was also discovered Mrs. Schwartzberg knew that Mrs. Lavigne couldn't run errands because she had a restricted drivers license. Additionally, Mrs. Schwartzberg knew that helper Lavigne was suffering from fainting spells. She had gone to the doctor for this problem.

Promise: Mrs. Schwartzberg said that helper Lavigne was certified in CPR and was fully qualified according to Broward County Licensing standards.

Truth: The licensing investigator found helper Lavigne was not certified in CPR and was not a qualified substitute. Mrs. Lavigne is also accused of giving a false social security number on her criminal background check.

Mrs. Schwartzberg's license was suspended. Inorder to avoid testifying at a revocation hearing she surrendered her license. Mrs. Schwartzberg and Mrs. Lavigne have refused to talk to police, the medical examiner or anyone else regarding Jeremy's death. Although the medical examiner's report hadn't been completed, Mrs. Schwartzberg told the parents we brought a very sick baby to her daycare. This statement contradicts what she told the licensing investigator. Mrs. Schwartzberg said Jeremy looked fine before she left for the supermarket. It was later determined by the medical examiner's office that Jeremy was a healthy boy but he suffocated.

A Painful Good-bye

Seeing Jeremy suffer from seizures on the afternoon of January 29th, we decided that our beautiful boy should suffer no more Once Jeremy was officially determined to be brain-dead, we decided to sign a waiver to remove his life support.

On January 30, 1997 around 4:00pm, we pulled Jeremy's respirator from his mouth. Our screams were so loud, we're sure the entire hospital heard us. How could this happen? How could somebody neglect this beautiful child? What kind of women would lie to parents about their daycare center and credentials? This death was so senseless. A perfectly healthy boy dies at daycare in his first two hours due to neglect.

Death Due To Neglect

The official medical examiner's report concluded Jeremy's death was due to positional asphyxia. This means because Jeremy was placed on his stomach with the crumpled crib sheet around his nose, he suffocated. It was determined that Jeremy was asphyxiating for close to ten minutes. The Child Protection Team of Broward County has determined Jeremy's death was due to neglect on the part of operator Christine Schwartzberg and helper Cheryl Lavigne.

A Cold Response

We knew neither Mrs. Schwartzberg nor Mrs. Lavigne would take responsibility for the lies to parents and dangerous conditions in their daycare center. But, we did expect some form of condolence for Jeremy's death, it never happened. Once Mrs. Schwartzberg came back from the supermarket, she immediately contacted her lawyer and we never heard from her or Mrs. Lavigne again. This woman and her helper gambled on the lives of 13 beautiful children and one died. However, she refused to show any humanity by at least sending formal condolences to the Fiedelholtz's.

More Neglect

At the time of writing this testimony, neither Mrs. Schwartzberg nor Mrs. Lavigne have been charged by the Broward County Attorney's Offices. Although they have been actively investigating this case for three months there has been no resolution. Since there are no criminal penalties for daycare violations, Mrs. Schwartzberg's only penalty has been $100. This is an outrage and proves how America's children are neglected.

The direct evidence is overwhelming that Mrs. Schwartzberg and Mrs. Lavigne conspired to defraud the Fiedelholtz's and other parents at their daycare center to procure their business. The cited violations Mrs. Schwartzberg was cited for by Broward County are extremely serious and strike at the heart of daycare. If you don't have supervision you don't have daycare. Mrs. Schwartzberg and Mrs. Lavigne's reckless behavior placed all 13 children in jeopardy that day.

A Political Decision

Although the official line is that the Broward County Attorney Mike Satz is waiting for an opinion from a national expert, the real determination rests on whether this case is politically viable to move forward. Head of the Homicide department, Charles Morton, and County Attorney Mike Satz have concerns that the case will be tossed out on directed verdict or overturned on appeal. Since this is a high profile case, nobody wants to take the chance of losing. This could negatively affect their won-loss record and may hurt their political and career goals. What a disgusting mentality.

There is overwhelming evidence that could defeat the defense's claim that Jeremy's death was an unfortunate accident. Jeremy's death occurred during the period that there was gross overcrowding and the operator left one unqualified person to care for 13 small children in two rooms. Additionally, Jeremy's head was visible in the mat for up to 10 minutes. If Mrs. Lavigne had the legal limit of four infants in one room, she would have seen Jeremy run into trouble during those 10 minute. This establishes the legal causality of Jeremy's death. Finally, the statutes that Mrs. Schwartzberg and Mrs. Lavigne knowingly violated were designed to protect the death or harm that occurred. Cases with less direct evidence than this one, have resulted in manslaughter or other felony charges. But, the Broward County State Attorney is still pondering whether the acts of daycare operator Christine Schwartzberg and Cheryl Lavigne amount to criminal negligence. They just don't want to believe a daycare operator and helper could devise a money making scheme that results in a child's death.

Unfortunately, this type of mentality is prevalent throughout the country. When it comes to abuse cases at daycare centers. Our children not only fall victim to the abuse of a daycare operator, they also succumb to the smothering political ambitions of prosecutors and their staff. Traditionally, prosecutors would shy away from these cases calling them an unfortunate accident. However, times are changing and District Attorney's are starting to recognize that juries will not tolerate the neglect of children from anyone. This is especially true of a daycare operator who has a higher duty of care to supervise and protect children.

Time For Change

Jeremy's story resonates loudly that something has to be done to stop the abuse and neglect of children at daycare. Thinking a woman or mother wouldn't hurt children and possesses an innate ability to care for kids is wrong. It's this mentality that has caused us to avoid regulating daycare which has resulted in scores of senseless deaths or abuse. Many daycare operators are using our children as pawns in a get rich scheme.

Parents are so worried about daycare, that it's a good day when their child hasn't been sexually molested or physically harmed at daycare. Even after Jeremy's death, many of the parents at the Schwartzberg daycare center said they would go back. This type of ignorance is what daycare operators feed on.

We represent millions of parents who are tired of daycare being a Wild Wild West Show with our children being caught in the crossfire. The states have shirked their duty with minimum daycare regulations and allowing unqualified and dangerous people to enter the daycare field. It was determined in a recent study by the Families and Work Institute, that 86% of center based daycare and and 88% of family based daycare can cause serious harm to children. These statistics prove our daycare system is broken.

The Future of America's Daycare

It's impossible to embark on change in daycare, if we don't eradicate the myth that child care can be self-regulated. Certain questions need to be addressed. Are we willing to place children's safety above the political and economic pressures of the growing daycare business. Will daycare be considered a profession as in other countries? Will we fight for national regulations and criminal penalties. These are just a few of the fundamental questions that need to be addressed immediately.

On the issue of immediacy. The evidence is clear, the present daycare system is allowing criminal behavior which is harming and killing our precious children.
We need to move quickly to counter this trend and construct a daycare infrastructure that will protect our kids going to child care. Lawyers, Doctors, Nurses and other professions all have to be tested, retested and closely monitored, why not daycare providers. Dealing with infants and small children is dangerous business.

State daycare regulations are embarrassing. For instance in our state Florida, you can take a three hour course, criminal and civil background check, pay a $25 application fee and your now a bona fide daycare operator. 57 out of 67 Florida counties could have licensing procedures but don't.

In Illinois, state officials are thinking about giving welfare moms a 4 month training course and presto, they are daycare operators. With all due respect to these people, many of the welfare moms are just starting to acquire the basic skills of reading and writing. This is a clear example of how the states are always looking for a quick fix.

In a 1996 study of Family Child Care in America by the Children's Foundation, it clearly shows the lack of uniformity in state daycare regulations:

Only 18 states require daycare licensing exclusively.

Only 23 states require regulated daycare providers to attend an orientation session

Only 39 states require regulated daycare providers to have CPR/First Aid Training

Only 42 states require more than basic CPR/First Aid training for regulated providers

Only 32 states require unannounced inspection visits in response to a complaint

The states have done a miserable job in taking daycare seriously. Their attitude is to leave it up to the individual counties or cave in to daycare lobbyists who don't want more regulations because it would hurt their bottom line. This type of ignorance has to stop because it's killing our kids. There is an alternative.

The Cidcare Bill

Jeremy's story and the Welfare Reform act are two excellent reasons why the Cidcare bill has to succeed. The premise of the bill relies on a natural shift of the marketplace towards safe and quality daycare. This bill will provide a daycare subsidy package that offers quality oriented daycare at a reasonable cost. With parents desperately looking for daycare, a Federal subsidy daycare package will be a welcome addition to the marketplace. The parents receive better daycare delivery at a reasonable cost, and daycare operators get paid more as long as they follow the rules. Thus, a safer and more productive daycare environment for everybody.

Similar to other countries, America needs to make a firm commitment that daycare will be professionally run and regulated. Daycare operators receive professional wages and in return they are educated and obey the law. As you consider the Cidcare Bill and other options, we strongly recommend the inclusions on the following page:

Daycare Operator Educational Requirements

All daycare operators and staff must take a 40 hour substantive course with a heavy medical component. This is a uniform course that every accreditation center offers. The course can be offered through distant learning such as the internet, video training or traditional classroom style.

The substance of the course is divided into three parts:

First, medical training on infants, toddlers and older children. The curriculum supersedes the basic CPR/First Aid course. Verification of knowledge is measured by various written and role-playing tests.

Second, a thorough knowledge of state daycare laws. Daycare operators and staff wil be trained on adult-child ratios, inspections, business practices and criminal penalties.

Third, all students will have to show practical knowledge of their skills in a realistic crisis and non-crisis situation. Failure to pass this test means the daycare operator does not obtain a license.

On the issue of retraining, daycare operators and staff must take a sixteen hour mandated retraining course every year with testing. Failure to meet this requirement means immediate suspension of an operator's daycare license.

Inspections

Part of the Cidcare bill must require frequent inspections. There would be a two pronged approach to inspections. First, both facility and home daycare centers must be inspected every three months. Independent contractors can be hired to do the inspections on a rotating basis so the daycare operator won't be able to establish a relationship with any one inspector. The inspections must be unannounced, unbiased and adhere to a strict criteria. Any daycare operator who is found to be in serious violation of safety procedures would lose their license immediately and have to reapply showing the inadequacy was rectified. If the same violation reoccurs, the license would be suspended pending a revocation hearing.

Second, parents would be educated on inspection procedures and have the right to inspect all rooms in a facility or home day care. Any daycare operator who refuses this privilege, would be sanctioned. Parents would be advised to immediately remove their child from that particular daycare.

Criminal Penalties

Many states have administrative sanctions instead of criminal penalties for daycare violations. This would change immediately. Inorder for any state to gain access to the Cidcare subsidy program, they would need to create laws that demand strict criminal penalties for violating daycare laws. Not one red cent should be given to any state that has weak daycare sanctions. This requirement is crucial, daycare operators violate laws because they know the rules won't be enforced.

Parent's Awareness

All the previous requirements are crucial, but parent awareness is essential to the success of this bill. Parents must be educated about daycare laws and procedures. All credentials need to be verified before the child comes to the center.
Promises by the daycare operator must be authenticated. Quiz the daycare operator about fundamental daycare procedures. If they don't know or are unsure about these questions, don't take your child to that center. Additionally, visit the daycare center a few times before you bring your child there.

All daycare operators must hand out a brochure explaining the state's laws on ratios, inspections and other relevant issues. In addition to the brochure, the operator will give a parent the following:

- Educational Credentials (all formal education and child care classes)
- Copy of operators license, certifications and all staff's certifications
- Disclosure of complaints or signed affidavit of no complaints
- Demonstrate skills to parents in CPR/First Aid on a toy doll
- The right to quiz the operator on fundamental daycare principles
- The right to inspect the entire facility during business hours.

These steps can't always overcome complex schemes like the Schwartzberg daycare center. But, it can reduce these type of daycare operators from flourishing.

The passage of the Cidcare bill is important, because it acts as a first step in creating a professional infrastructure for daycare in America. Anyone who fails to vote for tougher regulations in daycare is signing a death warrant for our children. We have Federal protection for the Spotted Owl and other animals but when it comes time to protect our children, we cry poverty or claim it would expand the Federal bureaucracy. If Congress can find money to fund the investigations of Whitewater and Campaign Financing investigations, surely money can be sent on keeping our children safe at daycare. Our children are not second class citizens.

Anytime you think about abandoning this issue, just remember how Jeremy Fiedelholtz died in his first two hours of daycare. This could have been your children or grandchildren. Thank you for the opportunity to appear before your committee and testify today.

The Future of Child Care

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Board on Children and Families

National Research Council/Institute of Medicine

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When Sara invited me to be part of this panel, she asked me to describe my version of the ideal child care system. She was offering me something that is notably rare in my life these days--permission to ignore issues of economic and political feasibility. In reality, our child care system is the product of highly politicized debates that occur in the narrow zone between those who ask, "how little must we do/what is the minimum amount we can get away with?" and those who ask, "how much can we do/what is the maximum amount that we can persuade the decision-makers is necessary?" My own capacity for flights of fancy has been somewhat grounded in recent months, so what I will offer you falls somewhere between my greatest hopes and what I view as important changes that need to be made in the current system to bring it into better alignment with the contemporary needs of children and families.

Over the past two years I have been engaged in a major effort, titled Quality 2000, the purpose of which is to develop a blueprint for a high quality child care system, and to figure out how to get there from here. In the process, my colleagues and I have looked at how quality issues are dealt with in other countries--including third world countries; in other sectors--including elder care, environmental protection, and higher education; and in other professions--ranging from architects to hair dressers. I will be drawing upon this work in my remarks today, as well as upon my own experience with child caree research and policy.

Child care policy in the United States has historically served many purposes and many masters: employers, parents, architects of welfare reform, social workers in search of respite care for families at risk of abusive behavior, and, all too often least of all, children. In practice, child care falls right at the nexus of the requirements of family life and the requirements of work. Because work demands tend to prevail, the child care that children

experience is often dictated not by considerations of what children need or even what parents want, but by parents' wages (which determine what they can afford), work schedules, and access to different types of child care providers. Consider, for example, that almost half of working-poor parents work on rotating or changing schedules, which automatically rules out center-based child care and most family day care homes as options that can even be considered.

As a developmental psychologist (and a working mother of a preschooler), I view child care fundamentally as a program for children. Knowing that the majority of children enter care by 11 weeks of age, for close to 30 hours per week, typically experience three different providers--in addition to their mother--in just the first year of life, and stay in child care until school entry, it is time to acknowledge that child care is where children are getting their basic health and nutritional needs met or not met, getting socialized and getting ready for school. This, in turn, deeply affects the elements of child care that I view as essential to a system that protects the health and well-being of children--for this is my driving goal.

A related prefatory remark concerns the great extent to which child care is context bound. By this I mean that the haphazard architecture of the existing child care system is driven by factors and pressures that surround this architecture--notably the structure of jobs (with differing issues facing low-, moderate- and high-wage workers), pressures to keep government expenditures on child care as low as possible, and available local community resources on which child care providers can draw for such important inputs as staff, training, funding, materials, and support services--the material and social capitol of child care. Indeed, if I were really to take a flight of fancy, it would be in the direction of changing the

many workplace practices that impinge on family life and, of course, redirecting political will towards greater concern for quality of life for children and their families.

Let me turn, now, to the main issue that I was asked to address: the ingredients of an improved child care system. Given that I'm placing children at the center of my concerns, it won't surprise you that **quality and continuity of care** figure prominently in my plan. And, given my emphasis on contextualizing conceptions of quality in child care, it won't surprise you that I am not going to focus narrowly on the immediate child care settings where children reside (e.g., ratios, group size), but rather on other **resources and settings in the community**--including the resource of **child care consumers with real choices**--that influence how child care is organized and supported in our society. Quality, in other words, becomes a community-level construct. Notions of community stewardship become central to considerations of quality care. Along these lines, substantial thought has been given to the essential functions that are necessary to supporting quality early care and education services (Kagan, 1993). These include an equitable and coordinated financing structure, collaborative planning and cross-system linkages, consumer and public engagement, a regulatory structure, and systems for staff and leadership development that link expertise and compensation.

I want to place special emphasis on five elements that I consider to be essential to a higher quality, more stable and dependable system of child care:

- widespread, accessible consumer education about what to look for in early care settings, including information about regulation and regulatory enforcement;
- accessible, rigorous, and publicly recognized training opportunities and credentials for those who work in early care and education settings.

- adequate, coordinated, and equitable financing systems that expand, rather than constrain, the choices available to families;
- the presence, effectiveness, and inclusiveness of a community-wide planning system for early care and education;
- a local employer community that demonstrates active involvement in efforts to improve the quality of early care and education services;

The Consumer Role

I hesitate to use the term "parent choice", because it has become so politicized, but any workable child care system had to start from a basis of true parent choice--and choice as informed consumers. This is decidedly not the case today.

Parents have the most immediate personal stake in any effort to improve child care quality and offer the single most effective and credible constituency for the purpose of advocating for this goal. In the context of a child care system that combines relatively lax regulation, substantial variation in forms and qualities of care, and an entrepreneurial provider base, parents are not only the consumers but also important watchdogs of child care quality.

Absent parents' direct involvement, the consumer voice has been manipulated in policy debates by those who have argued that parents' priorities are demonstrated by the actual child care choices they make--what they use is what they want. Since there is no uproar from parents, there is no need to improve quality. Indeed, numerous studies reveal high levels of parent satisfaction with their child care arrangements (Hofferth et al., 1991), lending additional weight to these assertions that "parent choice" is an operative and effective

mechanism for assuring quality care.

In fact, a growing literature on parental satisfaction has revealed that there is one group that stands out from the pack as being quite dissatisfied: Employed, single mothers with low incomes (e.g., under $15,000) confess to interviewers that they want to change their arrangements, that they have had difficulties finding care that is "good for my child", and that they have concerns that the care they are using is not safe. In a national survey (Hofferth et al., 1991), 43% of this group of mothers indicated these types of concerns. I probably do not need to call this groups' attention to the fact that this is precisely the group of mothers who will be increasing their work effort in conjunction with welfare reform.

Parent choice becomes a reality when gaps between what parents want and what they are using for child care are minimized. Exercising this choice is part of being a responsible parent. Assuring parents the opportunity to exercise this choice is a fundamental right that, like the ideology of equal treatment in the disability movement, could provide a compelling basis for reframing debates about quality of care. To the extent that parents' reliance on child care is compulsory, as is the case when use of child care is mandated by welfare reform, this premise becomes particularly compelling.

The themes of parent choice and responsibility also afford the opportunity to establish coalitions of support across the family leave and child care advocacy constituencies. If one considers the decision about *when to initiate* reliance on non-maternal care as the first in a series of child care decisions--and perhaps the most constrained of decisions given the lack of a paid leave policy in the United States--then the debate about child care can be cast within the context of a "continuum of child care choices". Indeed, a 12-month, paid family leave

policy that covers all employers is at the top of my list of the most important child care policy actions that could be taken given the relatively poor quality and high cost of infant child care in this country.

Notions of parent choice and responsibility may also offer a particularly effective lever for enlisting parents as partners in quality improvement initiatives. It is important, however, to be realistic about the opportunities and constraints that will characterize any effort to increase the volume of the parent voice in efforts to improve quality. Unlike the chronicity of the pressures and anxieties that face parents of a child with special needs, need for quality early care and education is temporary--one can grin and bear it if need be, knowing that this particular source of anxiety will come to an end. Time for advocacy is also a precious commodity, and especially so for working parents of young children.

Perhaps the greatest barrier, however, derives from how little parents appear to demand from their child care arrangements. Of necessity they must find arrangements; their choices are constrained by place, time, and money; and their standards for quality are simple and straightforward. To turn the acknowledged misgivings of some parents into an effective, empowered consumer movement for quality, is among the biggest challenges facing the child care field, but an essential point of departure for improved child care in the years ahead.

Training

There are not many things that the full range of individuals involved in child care can agree upon, but one is that the absolute core of quality child care is the provider herself. Some believe that as long as this provider looks like a mother, talks like a mother, and walks like a mother, she will provide fabulous child care. This might be the case in many

instances. But, the research literature on child care has consistently found that trained providers do provide better child care and produce better outcomes for children. Most recently, the NICHD Study of Early Child Care reported that, for infants, in-home providers (in child's own home, including relatives and family day care home providers) with specialized training are significantly more likely to offer babies the nurturant, sensitive caregiving that parents want. This supplements what we already know about the importance of training and education in center-based care.

Training in the child care field faces a unique set of challenges. Providers who care for babies undoubtedly need somewhat different training than those who care for school-age children. Those who provide care in an institutional setting probably need somewhat different skills than those who provide care in home settings. Moreover, because it is critical to establish training opportunities that are appealing and feasible for a vast range of providers, flexibility in when, how, and where training is offered is essential. The Child Care Food Program, which provides food subsidies and training to regulated family day care providers, is a highly effective model for training child care providers and actually serves as incentive for this sector of the child care market to get registered and to participate in provider networks, thereby reducing the isolation that can come with child care work.

At the same time, there is a core of knowledge that anyone who takes care of someone else's child should be expected to have, focused on health and safety practices and child development (e.g., CPR, recognition of common childhood illnesses, immunization schedules, developmental milestones). People who take care of our hair and our pets have to be certified as having acquired a basic core of knowledge before they can practice their

profession. I would not expect less of those who take care of our children. I would set in motion all incentives imaginable (e.g., higher reimbursement rates, access to materials, higher priorities listings with resource and referral agencies) to increase the pool of trained child care providers from all types of settings.

I would also give serious consideration to the establishment of a system of individual certification for entry into child care work, as is the case with all of the professions that we analyzed for the Quality 2000 initiative with the sole exception of travel agents. There are two major reasons that individuals in certain occupations must have licenses. One is to protect the health, safety and welfare of the public, especially in situations where the public is unlikely to judget the competence of a product or service for itself. The other factor is independence. When an individula practices independently, rather than under the supervision of others, greater assurance of competence is presumed necessary to protect the public. Both sets of characteristics apply to child care.

Financing

Child care advocates are always asking for more money, of course. Interestingly, they tend to ask for less money than do advocates for the elderly, the disabled, the oil industry, and agribusiness. $100 million is cause for celebration in the child care community.

I have a more modest wish: to establish a structure for public child care subsidies that encourages, rather than discourages, continuity of care for children and that rewards work. I would also like to see a much larger share of public dollars going towards quality improvement initiatives.

Here's what happens now:

(1) The vast majority of federal child care subsidies are channeled to nonpoor families through the nonrefundable Dependent Care Tax Credit ($2.5 billion versus $1.7 billion for AFDC, TCC, At-risk, and CCDBG).

(2) As families move from non-working poverty to working poverty they actually lose public benefits. Counting both direct subsidies and tax benefits for child care, 30% of the working poor receive subsidies compared to 37% of the non-working poor (Hofferth, 1995).

(3) This perverse distribution of benefits may actually be getting worse, according to state child care administrators, who are under immense pressures to channel their limited child care dollars to participants in welfare-to-work programs in order meet federally mandated caseloads. Because states don't begin to have enough funds to cover all eligible families (working and non-working poor, as well as those at risk of being poor due to child care expenses), about 1/3 of states are actually shifting dollars that have gone to working poor families to serve the non-working poor.

(4) Not surprisingly, working poor families spend, on average 24% of their income on child care, compared to the 6% that is typically spent by middle- and upper-income families.

(5) Because subsidies now operate as a system driven by parents' activities rather than following children (source of funding and reimbursement rates change as families move from nonworking poverty to low-income work and beyond), continuity of care is often disrupted if states do not make special efforts to avoid breaks in support or drops in reimbursement rates absent increased income.

(6) Of the $4.2 billion in federal child care dollars, $66 million (about 2%) was spent on

quality improvement initiatives.

Here's what I would propose:

(1) A child care entitlement, available on a sliding fee basis, to all families regardless of the parents' employment status. This is not unlike the famous health care card that stays with families as they gain, lose, and regain employment. Families should not face diminished child care benefits at precisely the moment that they get a toe hold on economic self-sufficiency. Nor should they lose benefits during temporary bouts of unemployment.

(2) The level of entitlement would be set using, as a guideline, a criterion that no family should pay more than 15% of its family income on child care (the national average), up to some agreed upon limit per child. The vast inequity in child care expenditures across income groups must be addressed.

(3) The entitlement funds could be used in any form of child care to enhance parent choice, but they would come with a brochure about choosing child care and the phone number of a local child care resource and referral agency.

(4) If the family uses a trained child care provider (or a licensed provider, or a provider who takes other designated steps to offer high-quality care), the provider would get an additional supplement to support the higher costs of higher quality care.

(5) In addition, as is done for Head Start and in the military child care budget, 25% of current federal expenditures on child care (about $1 billion) would go into a quality improvement pool to be distributed by states and localities. At a minimum, 15% of these funds must go towards provider salaries to stem the tide of turnover that exposes very young children to the repeated loss of trusted adult caregivers.

Community Stewardship

In addition to expanding the unit of analysis that is encompassed by efforts to improve the quality of child care, consideration of the community context of child care highlights the importance of considering quality not only as a product that can somehow be achieved once and for all, but rather as a process that is on-going. Inclusive planning processes, outreach efforts, public education initiatives, regulatory enforcement, and the sustained involvement of community employers constitute procedural dimensions of quality that have been overshadowed by research and policy efforts that focus on products--the provisions of regulations, levels of funding, numbers of employer-sponsored programs, and the substance of parents' definitions of quality.

The comparative research (Bush & Phillips, 1994) that I did in conjunction with Quality 2000 revealed that other countries place much greater emphasis on processes of consensus-building as integral to advancing a high-quality early care and education system. New Zealand, for example, has initiated a "chartering system" whereby local communities apply for a charter to start a child care system. The programs that are supported within the local system must abide by national standards on ratios, group size, and caregiver training. But, the localities have freedom to construct a broader system that meets their unique needs. Determining these needs involves a consensus-building process among parents, policymakers, and professionals as an essential step towards submitting a charter for approval.

As Alan Pence has noted based on his research with the First Nation's community in Canada, "given lack of agreement on 'quality', perhaps the process of involvement should take precedent over the product" (1992, p. 5). In an environment where child care is

explicitly discussed from several vantage points, although disagreement is inevitable, the process raises the profile of child care, heightens awareness of various viewpoints, and distills goals and priorities.

Beyond processes designed to enlist community stewardship, the community infrastructure for child care appears to make an appreciable difference in the delivery of accessible, high-quality, dependable child care to families. Shelby Miller recently summarized a broad array of evaluations of efforts to improve the quality of family day care, in particular. She concludes: "the programs that worked well shared certain characteristics: the provision of financial and material resources to allow providers to offer high-quality care; local staff who are familiar and trustworthy and who could reach and engage low-income providers; cooperative efforts between child care experts and community representatives; and sufficient time for change to occur and relationships to be established" (Miller, 1994). The role of intermediary organizations, such as a resource and referral agency, a community development organization, or a child care association, was critical. The nature of this organization varied across communities, as one would expect and desire, but their role as a community hub--linking otherwise isolated providers, providing training and technical assistance, connecting child care to other resources such as health providers and family support programs, and enlisting a broad range of community members in the development of a child care system that serves the diverse needs of the community--was instrumental in successful efforts to improve child care. The synergy of collective involvement was a very significant factor. Imagine the day when every community in the United States has such a hub, equivalent to the local library, where families and child care providers congregate, that

provides a valued resource, and that is a source of pride to the community. We have a growing number of models from which to learn--the challenge is one of taking these small, highly localized initiatives to scale. In the process, the necessary structures and true costs of maintaining quality child care must be acknowledged.

Quality as Continuity

I want to close with a few remarks about continuity of care as a guide for public policy in the child care field. Continuity of care is among the most salient guiding themes in developmental psychology (Rutter, 1979; Thompson & Grusec, 1970; Wachs & Gruen, 1982). The literature on continuity has promoted understanding of the continual and progressive accommodation of the child to the environment that successful development entails. In particular, this literature has directed attention to environmental transitions as developmentally significant events. Here the issue is one of the degree of articulation across settings, and of the predictability and planfulness that characterizes transitions from one setting to another.

Even a cursory examination of the child care field makes it abundantly evident that concern for continuity of care has influenced neither policy nor practice. Not only is quality typically assessed at a single point in time, whether by researchers, licensing inspectors, or accreditation mechanisms, but numerous obstacles exist to assuring young children well articulated and predictable patterns of care over the first several years of life. At the policy level, child care services and benefits have evolved over time in piecemeal fashion, with new programs layered onto pre-existing programs with little regard for coordination. As a consequence, families confront a child care system that is characterized by gaps in coverage,

splintered jurisdiction, and arcane funding structures.

The extent to which continuity is undermined by these systemic features of care has recently been documented in a study of state and local efforts to coordinate pre-existing child care programs with the new federal child care programs that were enacted in the early 1990s (Ross & Kerachsky, 1993). Significant discontinuities were found between welfare-based programs (AFDC child Care and Transitional Child Care) and other child care programs targeted on low-income populations (Child Care and Development Block Grant, At Risk Care). Parents leaving the AFDC or Transitional programs are not necessarily picked up by other subsidies. Loss of child care subsidies can force unanticipated changes in arrangements as a family's eligibility or capacity to pay for a particular program is suddenly lost. It can also disrupt parents' ability to prepare for and sustain employment (see Phillips & Bridgman, 1995).

At the program level, salaries that only minimally reward higher levels of professional preparation and the absence of an effective infrastructure of support for child care fuel discontinuity in the form of staff turnover and program closings. These events are highly disruptive to families and expose children to an unpredictable array of caregivers. Recent evidence has revealed that, even during the first year of life, children in care typically experience over two changes in their child care arrangements (Hofferth, et al., 1991; Study of Early Child Care, 1995). It is not surprising that, in a recent study, staff continuity (low turnover) was the strongest predictor of mother's satisfaction with child care (Shinn, Phillips, Howes, Galinsky & Whitebook, 1992).

In this context, it is critical that notions of developmental continuity infuse our efforts

to assess and improve the quality of our existing child care system. Increasingly, we are inquiring about the long-term consequences of children's early care settings, particularly for their school readiness and social adjustment. Answers to these questions require that stability and change in the contexts for development be assessed alongside patterns of stability and change in children's behavior (Caspi, 1993).

Indicators of continuity of care include, (a) staff turnover rates, (b) rates of program (home and center) closings, as distinct from overall assessments of supply which may camouflage the discontinuity that characterizes a system when equal numbers of programs close and open, (c) parent reports of **patterns** of change in their child's care arrangements--those that were sought and those that were unanticipated--and of reliance on multiple arrangements simultaneously, (d) and analyses of notches in eligibility criteria for subsidies and programs as family income rises, as well as of other exogenous factors that militate against families' efforts to sustain continuous care arrangements for their children.

Many of the suggestions I have made above would improve continity of care:

(1) Family leave during the first year of life will shelter some families from the very chaotic, poorly developed infant child care system (non-system) in this country.

(2) Trained child care providers who are part of a visible system of care and connected to other providers tend to stay in the field longer than do untrained, isolated providers.

(3) The child care entitlement, if adequately funded, would eliminate discontinuities in care that are now caused by the piecemeal structure and low levels of public funding for child care.

(4) A firm community infrastructure for child care, with strong intermediary structures

and high levels of consumer involvement, would presumably lend far greater coherence to local child care markets, making the notion of a continuum of care more a reality for young children.

In closing, I want to confess that I was tempted to make this a very brief talk, but answering Sara's question about "whither child care" with a single wish--that every child could have the child care that my own son has experienced at the Senate child care center: remarkably proficient and dedicated teachers who have knowledge of early development, high levels of parent involvement (it is a parent cooperative, run by a parent board), free developmental screening, and ample age-appropriate learning materials. But, it costs $7,500 per year. Much more than his public kindergarten education will cost this coming year. The difference is that society has agreed to support the lion's share of the costs of education; but to keep the burden of child care costs on the shoulders of parents. So, I'm back to economic and political feasibility. I would like to think that what is good enough for the Senators and their staff is good enough for the rest of the nation's families.

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