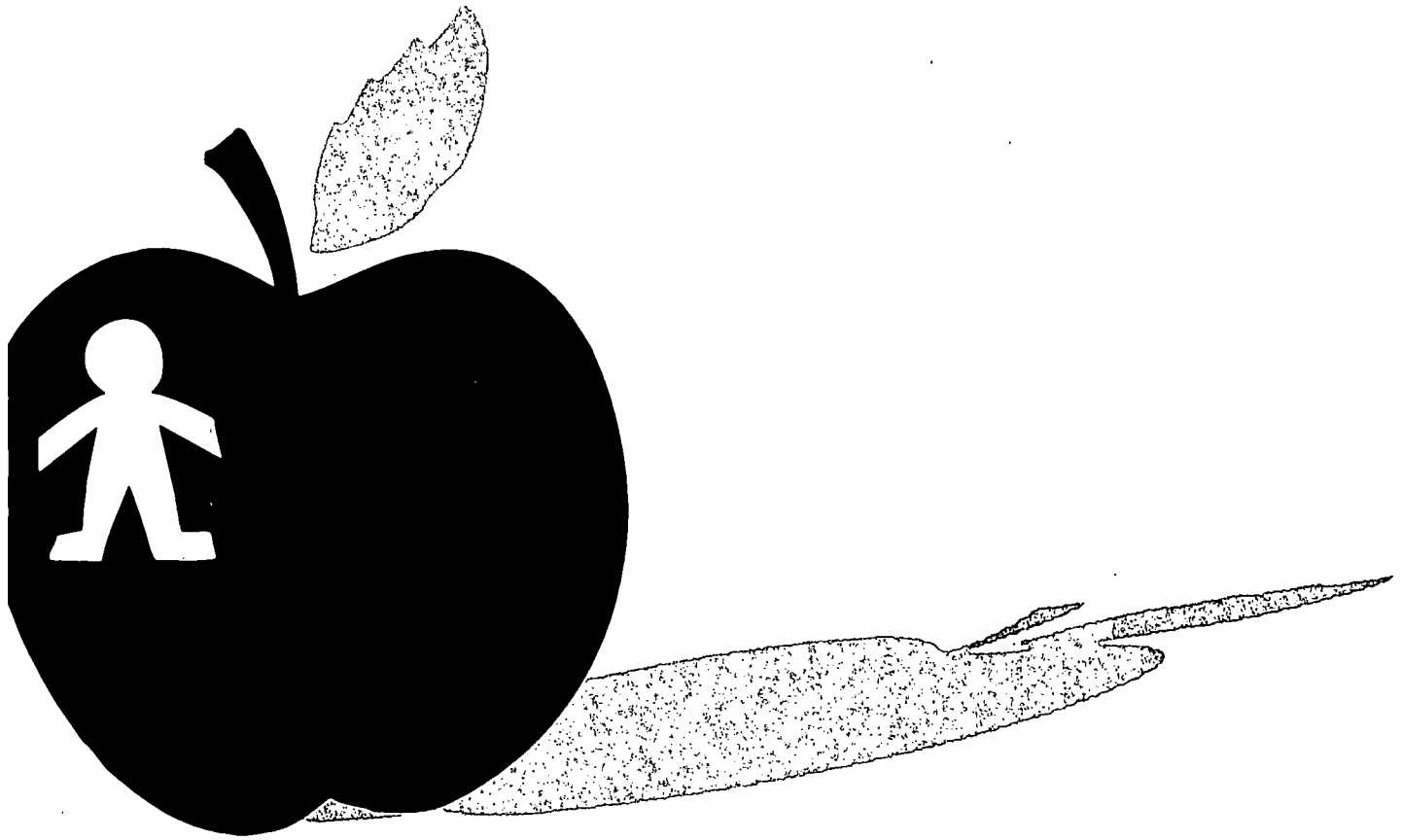
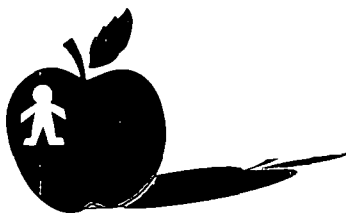


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child care and
early education



early care
and education

July 22, 1997

Ms. Jennifer Klein
Senior Policy Analyst
The White House
Washington, D.C. 20500

Dear Jennifer:

Thank you for joining us at the Media Strategies Group meeting on July 9. We appreciated the opportunity to discuss with you the important themes and goals of the upcoming White House Conference on Child Care. We applaud the commitment of the Administration, and your efforts, to increase public awareness of the need to invest in child care because of its importance as an economic necessity for working families and a crucial support for child learning.

Please feel free to contact us or any members of the Media Strategies Group for information and assistance as you proceed with your planning. As we discussed, we will be sending you a list of key reporters in the near future. We look forward to continuing working with you. Thanks again.

Sincerely,



Kathy Bonk
Communications Consortium Media Center



Gail Richardson
Child Care Action Campaign

FOR MORE INFORMATION

Child Care Action Campaign: 212-239-0138
General information about child care, assessing quality, advocacy ideas, and speaking to your employer about child care.

Child Care Aware (operated by the National Association of Child Care Resource and Referral Agencies): 800-424-2246
Child care resource and referral agencies in your community.

National Association for the Education of Young Children: 800-424-2460
Call for the number of your local affiliate.
Information on local efforts to expand and improve child care and for quality accreditation of centers.

National Association for Family Child Care: 800-359-3817
Information on family child care, local networks, provider training, and quality accreditation.

School-Age Child Care Project: 617-283-2547
Information on out-of-school-time care, provider training, quality accreditation.

National Center for the Early Childhood Work Force: 202-737-7700
Information on improving working conditions and compensation for child care providers.

Children's Defense Fund: 202-628-8787
Advocacy, voting records of congressional representatives on child care, child care and welfare reform.

Zero to Three: National Center for Infants, Toddlers and Families: 202-638-1144
Information on development and appropriate child care practice for children from birth to age three.



THE CHILD CARE ACTION CAMPAIGN (CCAC) is a national, non-profit coalition of individuals and organizations that supports the development of policies and programs that increase the availability of quality, affordable child care.

Members of the Child Care Action Campaign believe good quality child care is essential for children's healthy growth and development. It is vital to the economic well-being of families and the nation. Good quality child care prepares children to succeed in school and enhances the quality of life in communities.

Members receive CCAC's bi-monthly publication, the *ChildCare ActionNews*. Upon request, members also receive CCAC's *Information Guides*, a series of 28 pamphlets on a wide range of child care issues—child care policy, advocacy, employers and child care, information for parents, and child care services. Members also receive substantial discounts on all CCAC publications.

Call or write CCAC today to receive detailed information about membership, programs and publications.

Child Care Action Campaign
330 Seventh Avenue, 17th floor
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(212) 239-0138

CHILD CARE: AN ACTION GUIDE

FIVE THINGS YOU SHOULD KNOW ABOUT CHILD CARE

- 1 Parents of young children are in the workforce in record numbers:
 - 75% of mothers with children under age 6
 - 59% of mothers with children under age 3
 - 17 million school-age children need child care ...and demand for child care is growing!
- 2 New research on brain development shows that children's mental and emotional capacities are built in the first three years of life. Good quality care is critical:
 - a safe environment
 - trained, caring providers
 - activities that help them develop emotionally, socially and mentally.
- 3 Only 9% of child care homes and 14% of centers provide good quality care. Good quality child care costs more than most parents can afford. Parents, on average, pay \$3,700 a year.
- 4 Good quality child care depends on the provider's motivation, training and experience. Child care teachers are grossly underpaid (averaging \$6.89 per hour), causing high turnover and lowering quality.
- 5 The United States is the only western industrialized nation with no national policy or commitment to support young children and their families.

FIVE THINGS YOU CAN DO ABOUT CHILD CARE

WHEN YOU ARE LOOKING FOR CARE FOR YOUR OWN CHILD...

LOOK Visit several homes or centers. Look for a safe environment with toys, books and materials within a child's reach. Do the teachers enjoy talking and playing with children? Are infants able to crawl and explore safely? Do providers devote time to one-on-one activities with infants and toddlers, to reading to children and to frequent conversation?

LISTEN Do children sound happy and involved? Do they converse easily with each other and with caregivers? Do caregivers speak in cheerful and patient tones? Too much noise may signal a lack of control; too much quiet may mean not enough activity. Is TV used as a substitute for more stimulating activities?

COUNT Count the children in the group, and the number of staff members caring for them. For each adult, there should be no more than: 3-4 infants or toddlers; 4-6 two-year-olds; 7-8 three-year olds; 8-9 four year-olds; 8-10 five-year-olds.

ASK What is the background and experience of all staff? Providers trained in child development are more likely to be able to meet your child's individual needs. Ask about staff turnover. Find out if family providers are licensed, and if the center or home is accredited by a professional organization.

CHECK Talk to other parents who have used the center or home. Call Child Care Aware to locate providers in your area, and call Child Care Action Campaign for further information on how to assess quality (see numbers on reverse side). Even after you start using child care, continue to drop in and check it out for quality.

...OR IN YOUR COMMUNITY

LOOK Is the child care in your community of good quality? Is safe and stimulating care available for babies and toddlers? Is there care for school-age children before and after school and during vacations? How many families lack affordable, reliable care? Are there long waiting lists for child care subsidies for working parents? Is there a formal network or organization for home-based providers? Are employers, local government and community organizations investing in child care?

LISTEN Talk to other parents in your workplace and in your community. What are their child care needs? Think about what you can do together in your community to make child care better and more affordable for all working parents.

ASK Ask your employer, elected officials, school, union, religious, community or professional organization what they are doing to help working parents who need child care. Contact your local resource and referral agency, YMCA, YWCA, and United Way for information and to find out who is working to make child care better in your community. We can expand and improve child care when everyone works together.

ACT Get involved in the parent organization at your child care center, or help start one if none exists. Volunteer at a local child care center. Find out which local organizations are working to improve child care by contacting your local resource and referral agency or one of the organizations listed on the other side.

CHECK Check on the progress your community is making to meet the child care needs of working parents. Hold elected officials to promises they make. Remind them that good quality child care is essential for children's healthy growth and development—and it keeps America working.

Clip and mail to

CHILD CARE ACTION CAMPAIGN

330 Seventh Avenue, 17th floor, New York, NY 10001 • (212) 239-0138 • fax (212) 268-6515

___ I want to join the Child Care Action Campaign. Enclosed is ___ \$25 ___ \$50.

___ Please send me a publications list and more information about CCAC.

___ Enclosed is my additional tax-deductible contribution of \$ ____

Name _____

Address _____

City _____

State _____

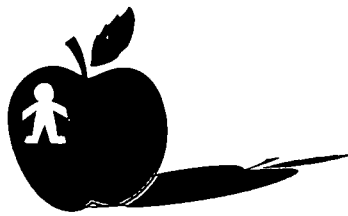
Zip _____

Organization _____

Phone _____

Join the
Child Care Action
Campaign
and help bring
quality, affordable
child care
to every child
who needs it.

CCAC is a 501(c)3 organization. Contributions are tax-deductible. Copies of our latest financial report are available upon request.



early care
and education

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May 1997

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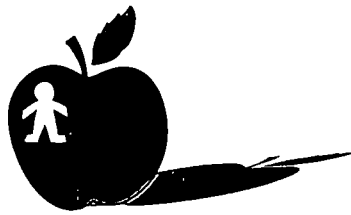
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child care and
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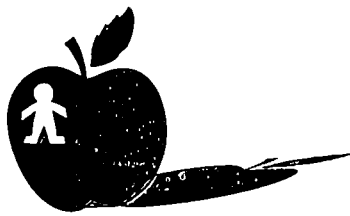
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MEMORANDUM

TO: Nicole Rabner
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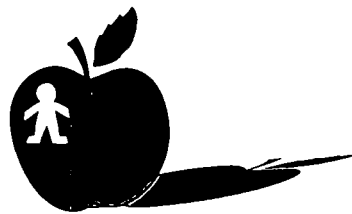
FROM: Kathy Bonk
Executive Director

DATE: June 11, 1997

RE: Child Care Media Strategies Group Meeting

As a follow-up to my voice mail today, I would like to officially extend an invitation to you to attend the next Child Care Media Strategies Group (MSG) on July 9, 1997. The MSG began in 1994 and is a unique collaboration of executive directors and key policy leaders from more than 20 national organizations. We meet monthly to develop shared messages and implement specific public policy activities to communicate the value of child care and early education.

The MSG has compiled trends in media coverage over the past two to three years that we would be happy to share and discuss with you. I have enclosed a copy of the child care and early education press kit as well as a listing of the MSG members for your information. If for some reason July 9 does not work, give me a call and we can find a date and time that is convenient for you. The meeting will be held at 1200 New York Avenue, Suite 300.



child care and
early education

KEY FACTS ON CHILD CARE AND EARLY EDUCATION

How many children need child care in the U.S.?

12 million children under age 6 and 17 million children between the ages of 6 and 13 have both parents or their only parent in the work force.

(Source: composite figure of Bureau of Labor Statistics data, *National Child Care Survey*, 1990, Hofferth, *et al.* Urban Institute Press, Washington, DC, 1990, and Child Care Action Campaign calculations)

How many children have received child care and early education before they enter kindergarten?

By the age of six, 84% of children have received supplemental care and education.

(Source: U.S. Department of Education, National Center for Education Statistics, *National Household Education Survey*, 1995)

What kind of child care do families use?

According to the U.S. Census Bureau, of the 9.937 million preschoolers (under age 5) with employed mothers in 1993:

- 29.9%, or 2,972,000, were cared for in child care facilities (*i.e.*, child care centers, nursery schools, preschools).
- 25.3%, or 2,516,000, were cared for by relatives either in the child's home or in the relative's home.
- 22.2%, or 2,201,000, were cared for by their own parents (mothers while working at home or away from home: 6.2% or 616,000; fathers caring for children at home: 16% or 1,585,000).
- 16.6%, or 1,645,000, were cared for in the home of a non-relative provider.
- 5.0%, or 492,000, were cared for in their own homes by non-relatives.
- 1.0%, or 111,000, were cared for in other arrangements.

(Source: Casper, Lynn M., *Current Population Reports: Who's Minding Our Preschoolers?*, U.S. Census Bureau, March 1996)

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What is the percentage of mothers in the workforce whose youngest child is age 12 or under?

- Youngest is under the age of one - 56.9% (or 1,651,000)
- Youngest is under the age of three - 58.7% (or 5,650,000)
- Youngest is under the age of six - 62.3% (or 10,395,000)
- Youngest is between the ages of six and thirteen - 75.1% (or 10,003,000)

(Source: Bureau of Labor Statistics, Division of Labor Force Statistics, "Employment status of the civilian noninstitutional population by sex, age, presence and age of youngest child, marital status, race, and Hispanic origin, March 1995, Table 3, unpublished data)

What is the average family expenditure for child care, and what proportion of family income does this represent?

Families with employed mothers of preschool children (under age 5) spend an average of \$74 per week on child care, or about 8 percent of their annual income.

Families whose monthly income was:

- Less than \$1,200 paid \$47.29/week or 25% of their income.
- \$1,200 to \$2,999 paid \$60.16/week or 12% of their income.
- \$3,000 to \$4,499 paid \$73.10/week or 8% of their income.
- \$4,500 and over paid \$91.93/week or 6% of their income.

(Source: Casper, Lynn M., *Current Population Reports: What Does It Cost to Mind Our Preschoolers?*, U.S. Census Bureau, September 1995)

What is the size of the child care work force in the U.S.?

There are approximately 3 million child care teachers, assistants, and family child care providers in the U.S.

(Source: NCECW, figures derived from Hofferth, S., et al., *The National Child Care Survey Revisited*, 1991, The Urban Institute)

Family Day Care

- **Regulated** family child care providers = 298,515
- **Non-regulated** family child care providers = 550,000 to 1.1 million¹

Center-Based Care

There are 93,221 licensed child care centers nationwide.²

(Sources: The Children's Foundation, *1996 Family Child Care Licensing Study*, 1996)

¹ Estimated by Willer, B. et al., *The Demand and Supply of Child Care in 1990: Joint findings from The National Child Care Survey 1990 and A Profile in Child Care Settings*, a joint publication from: National Association for the Education of Young Children, Administration on Children, Youth and Families, U.S. Department of Health & Human Services, and the Office of Policy and Planning, U.S. Department of Education)

² State licensing requirements vary. States may or may not require licensing of Head Start programs, pre-schools, nursery schools, prekindergartens, religiously affiliated centers, or programs operated by public schools.

What is the average salary for child care providers?

Teachers, Assistant Teachers, and Teacher-Directors working in child care centers earn an average of \$6.89 per hour, \$12,057.50 for 35 hours/week, 50 weeks/year.

(Source: *Cost, Quality & Child Outcomes*, University of Colorado at Denver, 1995)

What is the average turnover rate for child care providers?

The turnover rate for all providers in child care centers is 36% per year.

(Source: *Cost, Quality & Child Outcomes*, University of Colorado at Denver, 1995)

In contrast, average turnover in other professions is much lower. The turnover rate for public school teachers is 5.6% per year.

(Source: *National Child Care Staffing Study Revisited: Four Years in the Life of Center-Based Child Care*, 1993)

How much does American business lose each year due to child care problems?

U.S. employers lose \$3 billion annually due to child care-related absences.

(Source: Reisman, Barbara, *Child Care: The Bottom Line*, p. 66, Child Care Action Campaign, 1988, based on Bureau of Labor Statistics data, 1988)

How many U.S. businesses offer work-family benefits to their employees?

Approximately 6,000 employers nationwide offer work-family benefits to their employees. Four percent of all employees are eligible for employer-assisted child care benefits in the U.S.

(Source: Bureau of Labor Statistics, *Employee Benefits in the United States 1993-94*, March 1995)

How many U.S. businesses provide on-site or near-site child care for employees who pay for it?

Approximately 2,200 employers sponsor child care centers.

(Galinsky, E., *The Changing Workforce*, Families & Work Institute, 1993)

Public sector: The U.S. Government operates over 800 on- or near-site centers in the U.S. and abroad. Six hundred forty-four of these are sponsored by the U.S. Armed Forces.

(Source: Wohl, Faith, interview in "Uncle Sam Leads the Way on Worksite Child Care," *Child Care ActionNews*, January-February 1996)

Rethinking the Brain

New Insights into Early Development

Families and Work Institute

New insights into brain development suggest that as we care for our youngest children, as we institute policies or practices that affect their day-to-day experience, the stakes are very high. But we can take comfort in the knowledge that there are many ways that we as parents, as caregivers, as citizens, and as policy makers can raise healthy, happy smart children. We can take heart in the knowledge that there are many things that we as a nation can do, starting now, to brighten young children's future and ours.

Research shows that:

- ❶ **Human development hinges on the interplay between nature and nurture.**
 - How humans develop and learn depends critically and continually on the interplay between nature (an individual's genetic endowment) and nurture (the nutrition, surroundings, care, stimulation, and teaching that are provided or withheld).
 - The impact of environmental factors on the young child's brain development is dramatic and specific, not merely influencing the general direction of development, but actually affecting how the intricate circuitry of the human brain is "wired".
- ❷ **Early care has decisive and long-lasting effects on how people develop and learn, how they cope with stress, and how they regulate their own emotions.**
 - Babies thrive when they receive warm, responsive early care.
 - Warm and responsive care plays a vital role in healthy development.
 - Individuals' capacities to control their own emotional states appear to hinge on biological systems shaped by their early experiences and attachments
 - A strong, secure attachment to a nurturing adult can have a protective biological function, helping a growing child withstand the ordinary stresses of daily lives.
- ❸ **The human brain has a remarkable capacity to change, but timing is crucial.**
 - The brain itself can be altered - or helped to compensate for problems - with appropriately timed, intensive intervention. In the first decade of life, the brain's ability to change and compensate is especially remarkable.
 - There are optimal periods of opportunity - "prime times" during which the brain is particularly efficient at specific types of learning.
- ❹ **The brain's plasticity also means that there are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and sustained effects.**
 - Early exposure to nicotine, alcohol, and drugs may have even more harmful and long lasting effects on young children than was previously suspected.
 - Many of these risk factors are associated with or exacerbated by poverty. For children growing up in poverty, economic deprivation affects their nutrition, access to medical care, and safety and predictability of their physical environment, the level of family stress, and the quality and continuity of their day-to-day care.
- ❺ **Evidence amassed by neuroscientists and child development experts over the last decade point to the wisdom and efficacy of prevention and early intervention.**
 - Well designed programs created to promote healthy cognitive, emotional, and social development can improve the prospects - and the quality of life - of many children.
 - The efficacy of early intervention has been demonstrated and replicated in diverse communities across the nation.

Where Do We Go From Here:

❶ First do no harm

- The principle that guides medical practice should also apply to policies and practices that affect children.
- Allow parents to fulfill their all-important role in providing and arranging for sensitive, predictable care for their children. Parents need more information about how the kind of care they provide affects their children's capacities.
- Implement policies that support parents in forming strong, secure attachments with their infants in the early months, and make a concentrated effort to improve the quality of early care and education.

❷ Prevention is best, but when a child needs help, intervene quickly and intensively.

- Warm, responsive care cushions children from the occasional bumps and bruises that are inevitable in everyday life.
- If children are given timely, intensive help, many can overcome a wide range of developmental problems. To have greatest impact, interventions must be timely and must be followed up with appropriate, sustained services and support.

❸ Promote the healthy development and learning of every child of every age, every demographic description, and every risk category.

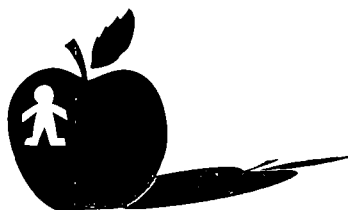
- If we miss opportunities to promote healthy development and learning, later remediation may be more difficult and expensive, and may be less effective.

Implications for Policy and Practice:

- ◆ Improve health and protection by providing health care coverage for new and expectant parents.
- ◆ Promote responsible parenthood by expanding proven approaches.
 - all parents can benefit from solid information and support as they raise their children; some need more intensive assistance.
 - certain parent education/family support programs promote the healthy development of children, improve the well being of parents and are cost effective.
- ◆ Safeguard children in early care and education from harm and promote their learning and development.
 - The nation's youngest children are most likely to be in unsafe, substandard child care.
 - More than one third are in situations that can be detrimental to their development, while most of the rest are in settings where minimal learning is taking place.
- ◆ Enable communities to have the flexibility and the resources they need to mobilize on behalf of young children and their families.

Research taken from: *Rethinking the Brain - New Insights into Early Development; Conference Report - Brain Development in Young Children: New Frontiers for Research, Policy and Practice*, Organized by the Families and Work Institute, June 1996

This summary prepared by the:
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child care and
early education

NATIONAL OPINION POLL DATA ON CHILD CARE

The ability to find and afford good quality child care have been major concerns of American families ever since mothers began to enter the permanent workforce in large numbers. With the passage of welfare reform in 1996, the importance of child care in the public dialogue has grown further still. Various national polls show that Americans continue to care deeply about child care and they support child care assistance to working families and families making the transition to work.

FINDING GOOD CARE IS CAUSE FOR CONCERN

Please tell me if you agree or disagree with the following statements:

It is very difficult for parents to find child care that is both affordable and of good quality.

(Push) And would that be strongly (agree/disagree) or just somewhat (agree/disagree)?

Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	DK
56%	23%	9%	5%	7%

(R/S/M, Inc., conducted for the Child Care Action Campaign, 3/95)

How concerned are you, if at all, about not having adequate child care when you go to work?

Very concerned	Somewhat	Not too	Not at all concerned	D/A
30%	15%	11%	15%	29%

(Princeton Survey Research Associates, conducted for the *Times Mirror*, 10/25-30/95)

GOVERNMENT AND BUSINESS HAVE A ROLE

How do you feel about the following statement: the government has a responsibility to help improve the quality of family life by providing tax incentives to corporations to encourage them to provide parental leave and day care centers to their employees?

Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	DK
41%	25%	12%	17%	5%

(Michaels Opinion Research, conducted for Massachusetts Mutual Life Insurance Company, 8/9-26/95)

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Do you think the federal government should or should not provide tax incentives to American corporations that invest in child care?

Should 73%	Should not 23%	Not sure 4%
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(Yankelovich Partners, Inc., conducted for *Time*, Cable News Network, 5/8-9/96)

CHILD CARE IS ESSENTIAL IN THE WELFARE-TO-WORK TRANSITION

Do you favor or oppose proposals to provide subsidized child care for poor mothers who leave welfare for work?

Favor 92%	Oppose 7%	Not Sure 2%
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Please tell me how effective you think this will be in improving the welfare system.... Provide subsidized child care for poor mothers who leave welfare for work:

5 -- Very Effective 53%	4 24%	3 15%	2 4%	1-- Not effective 4%
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(Hart and Teeter Research Companies, conducted for NBC News, *Wall Street Journal*, 4/21-25/95)

In regard to different approaches to improving welfare, please tell me if you think each is absolutely essential, important but not essential, or not that important to improving welfare: Providing child care while mothers on welfare work or go to school?

Absolutely essential 68%	Important but not essential 32%
-----------------------------	------------------------------------

(Public Agenda Foundation, 12/8-17/95)

*Which items if any on the following list do you think the government must provide to help low-income parents on welfare?**

Job training 76%	Tax breaks to businesses 71%	Child care 67%	Jobs in community service 53%	None/DK 4%
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* Adds to more than 100% due to multiple responses.

(I.C.R. Survey Research, Associated Press Poll, 6/5-9/96)

States Faced Large Unmet Need for Child Care and Early Education Assistance in 1994

State	Comments
Alabama	As of 9/94, 19,699 children were on the waiting list for At-Risk and CCDBG. The average wait on the list is one to one and a half years. Some families, however, spend up to three years on the list.
Alaska	One third of the communities had waiting lists in September, and the number was growing as families returned to work and school after the summer months.
Arizona	There were 2,600 children on the waiting list for CCDBG and At-Risk.
Arkansas	Families usually spent two years on the list before they received child care help. The state prekindergarten program only served approximately 24% of eligible children.
California	There were thousands of children on waiting lists for child care. The state only served approximately 14% of the eligible children. One state child care administrator reported that, "A child can graduate from high school before the parents get off of the list."
Colorado	Due to a budget crisis, the state closed intake for child care assistance for low-income and working poor families. No new applicants had been accepted since December, except for families that exhausted their Transitional Child Care (TCC) benefits. Because caseloads were growing so fast, waiting lists were going to be implemented in every county beginning July 1, 1994.
Connecticut	Closed its program intake in 11/93. The only new families served since 1994 were teen parents enrolled in school, and families coming off of TCC.
Delaware	There were over 1,000 children on the waiting list.
District of Columbia	There was no central waiting list. Each intake site maintained its own list.

**States Faced Large Unmet Need for Child Care
and Early Education Assistance in 1994
(cont'd.)**

Florida	There were 19,757 children on the waiting list as of 7/94. The state prekindergarten program served approximately 26% of eligible children.
Georgia	The waiting list had 21,300 families/41,000 children in 1994. It is estimated that the state prekindergarten program served less than 50% of eligible children.
Hawaii	There were 900 children on the waiting list.
Idaho	In 1994, there were approximately 1,000 children on the waiting list. In early 1995, the state lowered eligibility to 125% of poverty, making many low-income working families ineligible for child care assistance. The state also discontinued the waiting list.
Illinois	There were approximately 20,000 children on the waiting list. If waiting list families were not considered first priority (i.e. teen parents, protective services, and other special needs), they probably never made it off of the waiting list. As of 1994, the only new families actually getting assistance were protective services cases. There had not been any movement on CCDBG waiting lists during the last year and a half. It had been a year since the state had had At-Risk dollars available for former TCC families. It is estimated that only 32% of eligible children were being served by the state prekindergarten program.
Indiana	There were about 7,955 children on the waiting list.
Iowa	The state discontinued its waiting list in the last few years and reduced eligibility cutoffs from 155% of poverty to 100%. However, in 1994, respondents indicated that the state probably would have to implement a waiting list again. The state legislature began a waiting list in 7/94, and anticipated 200 to 300 children a month on the list.
Kansas	There were approximately 1,270 children on the list. The average wait was nine months.

**States Faced Large Unmet Need for Child Care
and Early Education Assistance in 1994
(cont'd.)**

Mississippi	The length of time that a family spent on the list varied from county to county. The average wait ranged from six months to one year.
Missouri	There were 6,500 children on the list as of 10/94. The average wait was nine months.
Montana	There were approximately 200 children on the waiting list as of 11/94.
Nebraska	The state was planning to cut back the amount of assistance given to families in order to avoid having to turn families away without any assistance.
Nevada	As of 7/94, there were 7,000 children on the waiting list. The average wait was six months or longer.
New Hampshire	The state was using part its CCDBG funds to help pay for child care expenses of AFDC parents.
New Jersey	As of 6/94, there were 24,000 children on the waiting list, but it is not routinely updated. The average wait was one year, but could be several years depending on the county.
New Mexico	As of 10/94, there were 6,300 children on the waiting list. Intake was closed from 8/93 to 7/94. Many people did not bother signing up because the wait was so long.
New York	As of 7/94, 34 counties had waiting lists representing approximately 23,100 children. Because some counties did not keep waiting lists, the actual number of children needing child care assistance is likely to be higher. The state prekindergarten program only served approximately 9% of low-income children.
North Carolina	As of 11/93, there were 13,000 children on the waiting list.
North Dakota	There was a tremendous shortage of infant care.

**States Faced Large Unmet Need for Child Care
and Early Education Assistance in 1994 (cont'd.)**

Kentucky	There were approximately 10,000 children on the list. The state prekindergarten program served approximately 43% of eligible children.
Louisiana	There were 4,646 children on the list as of 10/94. The average wait was five to eight months. It is estimated that approximately 40% of eligible children were served by the state prekindergarten program.
Maine	As of summer 1994, there were over 3,000 children on the waiting list. This only included the children on the resource and referral lists. The average wait was six months. However, depending on the family's status, the wait could be up to a year.
Maryland	There were approximately 4,000 children on the waiting list, though many more low-income children needed child care. The list had been frozen since 1/93, so families no longer bothered to apply for assistance. The state prekindergarten program only served approximately 14% of all children.
Massachusetts	There were over 4,000 families statewide waiting for child care for low-income working families. Waiting lists were kept at Child Care Resource and Referral agencies, and families also put their names on child care providers' waiting lists. The state prekindergarten program only served approximately 20% of eligible children.
Michigan	The state served 12,000 children and did not keep a waiting list, but the U.S. General Accounting Office found that nearly 660,000 Michigan children are eligible for the CCDBG. The state prekindergarten program was estimated to serve approximately 50% of children.
Minnesota	There were 7,000 families on the list as of 2/94. The length of time that a family spent on the waiting list varied from county to county. The wait could be anywhere from one month to two years. The state prekindergarten program served more than 40% of eligible children.

States Faced Large Unmet Need for Child Care and Early Education Assistance in 1994 (cont'd.)

Texas	As of 8/94, there were 35,692 children on the waiting list. The wait could be as long as two years, especially in urban areas. Some people on the list were unlikely to ever be served. There were fewer people on the list than needed child care because many did not bother to enroll, knowing that they were so far down on the list. More than 39% of eligible children were served by the state prekindergarten program.
Utah	The state had a waiting list for four months in 1993. It may have to reinstate the list.
Vermont	There was a waiting list for eight months in 1993. The state may have to reinstate a waiting list again soon. Approximately 33% to 35% of eligible children were served by the state prekindergarten program.
Virginia	As of 4/94, there were approximately 13,700 families on the waiting list. The average wait varied by locality, but could be years; 75% of localities had waiting lists.
Washington	The waiting list had 3,000 children on it as of 9/94. Average wait varied by locality from one month to one year. The state prekindergarten program served approximately 39% of eligible children.
West Virginia	A waiting list was instituted in 5/94. It had 13,000 families on it as of 5/94. At the time of the survey, no one had been called off the waiting list, and there was not much hope of serving new families in the near future. The state prekindergarten program only served approximately 12% of all children.
Wisconsin	There were 6,484 children/ 3,943 families on the waiting list as of 3/94. The state prekindergarten program served over 10% of eligible children.
Wyoming	An increasing proportion of funds as well as slots were going to AFDC families rather than low-income working families, leaving some low-income working families unserved.

Source: Most of the data in this table are from *Child Care Tradeoffs: States Make Painful Choices*, by Ebb, Children's Defense Fund, 1994. Some information gathered from CDF contact with the state administrators and advocates. Unless otherwise specified, data reflect policies as of 1994.

**States Faced Large Unmet Need for Child Care
and Early Education Assistance in 1994
(cont'd.)**

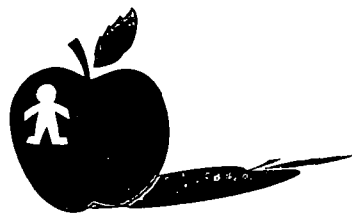
Ohio	The program was closed under administrative order due to lack of funds and then reopened in 2/94 at a lower eligibility level. It was closed again on 8/94, and would reopen if slots or dollars became available. It is estimated that the state prekindergarten program only served 26% of eligible children.
Oklahoma	Families whose transitional child care benefits had expired were not guaranteed continuing child care assistance. Approximately 10% of children were served by the state prekindergarten program.
Oregon	The state's recent population survey found that child care was not affordable for 59 percent of households with incomes of \$25,000 or less. The state prekindergarten program served approximately 9% of eligible 3- and 4-year-olds.
Pennsylvania	As of 7/94, there were 7,779 children on the waiting list.
Rhode Island	As of 10/94, there were 972 children/679 families on the list.
South Carolina	Intake was closed. There were fewer than 300 people on the waiting list, down from 6,000 in 4/94 and 2,000 in 8/94. Some people had been on the waiting list for over a year. The state was able to serve less than 5% of the eligible population. There was also an unofficial waiting list for the At-Risk program, which was managed by county Department of Social Services child care specialists. One county had 700 people on the waiting list for At-Risk funds.
South Dakota	The state used some CCDBG funds for child care assistance for AFDC families, leaving some low-income working families unserved.
Tennessee	No accurate count available because some counties closed their waiting lists when they ran out of funds and opened them again later. In urban areas, the wait could be six months to a year. In rural areas, the wait was a few months or less.

STATE-BY-STATE NUMBERS AND POVERTY STATUS OF YOUNG CHILDREN

STATE	Number of Children Under Six	Number of Children in Poverty Under Six ¹
Alabama	389,048	106,230
Alaska	62,480	10,659
Arizona	337,904	72,528
Arkansas	215,188	64,338
California	3,187,761	815,687
Colorado	332,552	79,718
Connecticut	323,702	65,064
Delaware	59,838	6,023
District of Columbia	51,433	18,437
Florida	1,134,283	311,160
Georgia	582,571	147,078
Hawaii	111,222	21,180
Idaho	100,574	20,693
Illinois	1,130,898	302,032
Indiana	504,632	137,305
Iowa	262,301	43,039
Kansas	253,842	48,619
Kentucky	283,885	112,150
Louisiana	399,004	156,891
Maine	99,745	28,248
Maryland	488,341	77,660
Massachusetts	472,468	96,534
Michigan	848,443	229,515
Minnesota	378,513	99,428
Mississippi	269,908	105,217
Missouri	458,731	123,099
Montana	77,169	22,123
Nebraska	153,046	25,961
Nevada	119,078	21,115
New Hampshire	93,062	10,389
New Jersey	695,110	120,420
New Mexico	144,005	47,655
New York	1,640,000	447,658
North Carolina	577,891	138,154
North Dakota	47,792	9,084
Ohio	987,253	195,108
Oklahoma	300,808	84,181
Oregon	248,371	56,697
Pennsylvania	1,006,789	197,331
Rhode Island	81,723	17,657
South Carolina	311,662	92,971
South Dakota	63,039	12,747
Tennessee	382,181	135,799
Texas	1,659,160	457,332
Utah	213,447	29,124
Vermont	53,573	9,654
Virginia	558,057	87,960
Washington	451,355	74,255
West Virginia	145,754	52,861
Wisconsin	429,298	67,698
Wyoming	38,380	7,584

SOURCE: NCCP. Based on March Current Population Surveys, 1991-1993, U.S. Bureau of the Census

¹ Calculations by National Center for Children in Poverty based on samples. (See indicator Table 4.)



child care and
early education

CORPORATE PRODUCTIVITY, CHILD CARE, AND WORK-FAMILY POLICIES

The changing workforce

In the past forty years, the nature of the American work force has changed dramatically, bringing with it equally dramatic changes in family life:

- Fewer than 10 percent of all households are headed by a male breadwinner with a wife at home.
- Half of all mothers with children under one year of age are working outside their homes.
- Eighty-seven percent of American workers--men and women--have some day-to-day responsibility for family members and 47 percent have dependent (child or elder) care responsibilities (Galinsky *et al.*, *The Changing Workforce*, 1993, Families & Work Institute).
- By the year 2005, more than 70 percent of women in the work force will have children in need of child care or after-school care, based on current population projections.

(Source: Census Bureau, Bureau of Labor Statistics, unpublished data, 1993, 1995; Fullerton, Howard J, "The 2005 Labor Force: Growing, but Slowly," *Monthly Labor Review*, p.30, Table 1, November 1995.)

A survey of 5,000 employees at five major U.S. corporations found that 82 percent of working parents missed days at work, were tardy, had left work early, or had used work time to deal with various child care problems. A number of national surveys have estimated such lost work time to be between six and eight days per parent annually (Fernandez, *Child Care and Corporate Productivity*, 1986). This translates into a \$3 billion loss annually for American businesses, according to the Child Care Action Campaign.

The changing workplace

The workplace, too, is changing dramatically. In the past decade, many companies have restructured, drastically scaling back on their workforces to increase profitability and competitiveness. Companies continue to search for ways to cut costs, improve quality, and maintain flexibility.

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The employment contract has changed for employees at all levels. No longer can production workers, service employees, or even managers count on lifetime employment, steady career advancement, and ever-increasing salaries and benefits. Yet at the same time, "[companies] are asking employees to work harder and smarter, to provide better customer service, and to be ready and willing to change with a newly flexible organization" (Work/Family Directions, Inc., *The Business Case for Work and Family Policies and Programs*, Boston, MA).

The role of business

Convinced that work/family conflict affects productivity, more companies are recognizing that flexible work options and dependent care benefits are smart investments in their current and future workforces. Improved employee recruitment and retention, productivity, and loyalty are important results of these benefits that feed directly into a company's bottom line. Also, many companies are thinking ahead, and realize that investment in child care and early education today results in a better educated and prepared work force tomorrow.

Parents know their children need good quality child care, but many can't find it in their communities. If parents do find good quality child care, they often can't afford it. Parents need help bridging the gap between what good quality child care costs and what they can afford. They also need help locating good quality child care settings in their communities. A growing number of companies now respond to their employees' child care needs in a variety of ways.

Employers may provide one or more of the following dependent care benefits:

- Access to child care resource and referral services.
- On-site or nearby child care centers.
- Emergency care for ill children.
- Dependent Care Assistance Plans (DCAP), which allow employees to pay for child care out of pre-tax earnings.
- Seminars and workshops on child care and child care support services.
- Paid family leave.
- Flextime and other work scheduling such as work-at-home or compressed workweeks that help families balance work schedules with parental responsibilities.
- Child care subsidies to help lower-wage employees afford child care.

There is some evidence of growth in employer-supported benefits. In 1993, approximately 2,200 employers in the United States sponsored child care centers (Families & Work Institute, *Workforce*), with 6,000 employers nationwide offering some form of work-family benefits (Bureau of Labor Statistics, *Employee Benefits in the United States 1993-94*, March 1995). The U.S. Government operates over 800 on- or near-site child care centers in the U.S. and abroad. Six hundred forty-four of these are sponsored by the U.S. Armed Forces (Faith Wohl, interview in "Uncle Sam Leads the Way on Worksite Child Care," *ChildCare ActionNews*, January-February 1996). Uncle Sam, the nation's largest employer, also is its largest supporter of worksite child care programs (Wohl, *ibid.*).

Investment in community child care resources: American Business Collaboration

A growing number of companies recognize that investing in the child care resources in the communities in which they operate is a cost-effective way to satisfy the child care needs of employees, improve corporate productivity, and improve the community's resources for the benefit of all families. These have taken the form of direct corporate investments in community-based child care programs in centers and family child care homes, in resource and referral services, and in the

- creation of dependent care programs that may involve a consortium of corporations and, in some cases, unions.

The largest of these investors in community resources is the American Business Collaboration for Quality Dependent Care (ABC), a coalition of 156 major U.S. corporations, government entities, and non-profit organizations established in 1992. During the first phase of the ABC's initiative, in 1992, members of the group invested more than \$27 million in 45 communities in 25 states and the District of Columbia. In September 1995, 21 "champion" corporations of the original group pledged to invest a total of \$100 million over the next 10 years to develop and strengthen school-age child care and child care projects in communities across the country. This is believed to represent the largest single investment in dependent care ever by the private sector.

Examples of corporate dependent care programs

Based in Charlotte, North Carolina, **NationsBank** offers resource and referral services, numerous dependent care assistance policies, and a near-site child care facility for its headquarters, and has provided more than \$900,000 in seed money for a center for its employees in Atlanta. In addition, Nations Bank has invested \$25 million to provide child care benefits, such as income-based subsidies.

Other corporations are addressing the child care needs of lower income workers. A division of CONAGRA Refrigerated Foods Company, **Butterball Turkey**, has invested corporate funds into on-site and near-site child care centers for low-income employees at its Arkansas and Missouri plants. Prompted by concerns about worker loyalty and productivity and by employee surveys that found that child care was a workers' second greatest expense, CONAGRA now provides care for all shifts (6:00 a.m. - midnight), operates after-school and summer school programs for children and infants, and subsidizes employee expenses through pre-tax payroll deductions.

Fel-Pro Incorporated, a Skokie, Illinois-based manufacturer of automobile sealing products, employs approximately 2,000 people in three states and overseas, and expresses its commitment to them through the benefits it offers. Its work and family benefits package -- costing about \$700 per employee -- includes: on-site child care, an elder care resource and referral service, a sick child care and adult emergency care service, and subsidized tutoring and college scholarships for employees' children. A University of Chicago study of 882 Fel-Pro employees found that 92 percent of the respondents indicated that the company's benefits make it easier to balance their work and their personal lives. Of those with children, 72 percent agreed that Fel-Pro's benefits have helped their children do things they would not otherwise have been able to do (*Added Benefits: The Link Between Family Responsive Policies and Job Performance*, University of Chicago, 1993).

Small businesses respond too

Almost 37 million Americans work for companies with fewer than 100 employees, according to the U.S. Small Business Bureau. However, a company's small size does not have to limit its ability to provide child care benefits to its employees. With proper planning and strong commitment on the part of the employer, the goal of meeting employees' child care needs can be achieved. Moreover, the benefits to small employers are much the same as those commonly reported by large corporations: improved employee productivity and morale, an increased ability to attract and retain skilled workers, and a better image in the community. Child care options that work especially well for many small businesses include:

- Child care subsidies.

- Financial assistance, through the pre-tax Dependent Care Assistance Plan (DCAP).
- Resource and referral services.
- A flexible benefits plan which offers employees the opportunity to choose from a menu of benefits that include some form of child care.
- The direct provision of a licensed on- or off-site child care facility.
- Consortium centers.

Chalet Dental Clinic in Yakima, Washington, with 50 employees, operates an on-site child care center used by 15 of its employees, which is its maximum capacity. When space is available, the clinic opens the center to non-employees in the community, and patients may use the center at no charge during their office visits. Employees pay low daily fees for using the center, which serves children up to five years of age; and the employer reports that the operating costs for the center are approximately \$2,500 to \$3,000 monthly. The employer reports that publicity surrounding the clinic's center has helped reduce the clinic's recruiting costs, and that benefits to the employees outweigh the center's operating costs. The clinic also offers employees up to three months of unpaid parental leave (Child Care Action Campaign, *Not Too Small to Care: Small Businesses and Child Care*, pp.26-28; telephone interview, 1997).

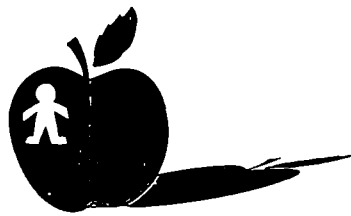
In its eleventh annual survey (1996) of the 100 best companies for working mothers, *Working Mother* magazine included two companies with fewer than 100 employees. The smallest company on the list was **Tom's of Maine**, a manufacturer of natural personal care products, with 68 employees. The company subsidizes the cost of child care for employees earning less than \$22,500 annually, and provides a smaller subsidy for employees earning between \$22,501 and \$32,500. The company also provides four weeks of fully paid parental leave, work at home, job sharing, compressed workweek, and flextime options.

VCW, Inc., which sells insurance and other products to truckers and employs 70 persons, provides on-site child care, with fees below market rates, with back-up care also available. Employees have work at home, flextime, and compressed workweek options.

Child care benefits boost the bottom line

Businesses that help employees with child care also benefit from decreased absenteeism and turnover, improved productivity and morale, and less staff turnover, which has in turn led to lower recruitment and training costs. A 1994 comparative study of Johnson & Johnson's employees found that 71 percent of those employees who utilized family-supportive policies at the company ranked this reason as "very important" in deciding to stay at Johnson & Johnson (Families & Work Institute, *An Evaluation of Johnson & Johnson's Balancing Work and Family Program*, Executive Summary, April 1993).

If American employers understand that people are the critical resource responsible for the success of any business, they will realize the value of understanding and responding to employee's needs. American businesses are realizing that if child care and other dependent care problems are solved, productivity can be increased and worker stress can be alleviated. The very small number of employers who currently support comprehensive work-family initiatives for their employees must radically increase if the long-term success of business, and the nation, is to be ensured. As the Fel-Pro study states, "Demographic and economic trends indicate that it is time for American business to learn to make the most out of the vast human resources available ... Providing family responsive policies in the workplace helps accomplish this goal" (University of Chicago, *Op. cit.*, p.10).



child care and
early education

THE STATE OF THE STATES: A PATCHWORK OF COMMITMENTS AND APPROACHES TO CHILD CARE AND EARLY EDUCATION

States set standards for child care and early education

Decision-making about child care and early education policies has long been under the jurisdiction of states and localities. Each state sets its own standards for child care, including which child care settings will be subject to licensing and regulation. States determine what the ratio of child care staff to children should be, and set the minimum health and safety standards for regulated child care settings. Regulations vary widely; in Maryland, for example, there must be one child care provider for every three babies, while Idaho and several other states permit one child care teacher to care for six babies. Nearly all states set staff:child ratios for child care centers, but fewer than half of all states regulate group size. A study by Children's Defense Fund found that 43 percent of all children in out-of-home care are in care settings that are exempt from state regulations (Children's Defense Fund, *Who Knows How Safe?* 1990).

Parent fees cover 70 to 75 percent of the cost of child care and early education, with public subsidies making up most of the balance. States and the federal government invest in the provision of child care and early education because they recognize the public benefits of good quality child care. Government support for child care and early education takes the form of both expenditure-based subsidies, mostly targeted to low- and moderate-income families, and tax-based subsidies. Expenditure-based subsidies generally are designed to help people enter the labor force or to keep them in the labor force and off welfare, in recognition of the fact that low-income working parents need help paying for child care. Many states provide tax-based subsidies, including dependent care tax credits, which benefit parents, and employer tax credits, which allow employers to claim up to 50 percent of the cost of an employee child care benefit. States also put up matching funds to draw down federal funds designated for child care and early education initiatives. They invest in public pre-school programs for four-year-olds, and some states have subsidized special programs such as child care for teen parents and for school-age child care. States also support programs to increase the quality and expand the supply of child care and early education, including training, licensing, and monitoring efforts (Stoney and Greenberg, "The Financing of Child Care: Current and Emerging Trends," *The Future of Children*, Summer/Fall 1996).

Study finds state commitments inadequate

While numerous studies have demonstrated that children need good quality child care and early education to grow, thrive, and enter school ready to learn, and that parents need accessible, affordable good quality child care programs to get and keep jobs, not

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all families have access to the child care and early education programs they need. Parents often cannot find good quality child care in their communities, and if they do, many cannot afford it (Children's Defense Fund, *Child care and welfare reform: More painful choices*, 1995). Parents pay, on average, a total of \$3,700 per year for child care; good quality child care costs between \$6,300 and \$8,500 **per year per child** to provide (Casper, L.M., "What does it cost to mind our preschoolers?" *Current Population Reports*, U.S. Census Bureau, September 1995; Zigler, E.F., and M. Finn-Stevenson, "Funding Child Care and Public Education," in *The Future of Children: Financing Child Care*, David and Lucile Packard Foundation, Summer/Fall 1996; Willer, B., "Estimating the full cost of quality," *Reaching the full cost of quality in early childhood programs*, NAEYC, 1990).

The level of financial commitment to child care and early education varies greatly from state to state. A recent analysis by the Children's Defense Fund of 1994 data finds that state commitments to child care and early education were inadequate to serve the many children and working families that need help. Thousands of working families are on waiting lists for child care assistance in 38 states, and too often, the child care that is available is of poor quality, especially for infants. The report found that states placed child care and early education low on their list of state priorities: almost three-fifths of the states (29) invested less than 50 cents out of every \$100 in state tax revenues in child care and early education (Children's Defense Fund, *Who Cares? State Commitment to Child Care and Early Education*, 1996).

Welfare reform gives more child care responsibility to the states

With the enactment of the new federal welfare legislation in August 1996, the Personal Responsibility and Work Opportunity Reconciliation Act, the federal government has thrown the states into uncharted waters - never before have states had this much responsibility and discretion to try to meet the demand for good quality child care and early education. While most states will have more federal child care funds than before, many still will not have enough to meet the anticipated demand for child care from parents required to work under the welfare law's work requirements, as well as to continue to help low-income working parents bridge the gap between what good quality child care and early education costs and what they can afford. Some states may have to choose which families to assist with child care and early education subsidies; if they decide to support the families leaving welfare for work, they may jeopardize the continued independence of the low-income families that are working but cannot afford the child care and early education that will allow them to continue to work and their kids to grow and develop.

States are taking varied approaches to meeting child care and early education demands both created by and pre-dating welfare reform: allocating more funds; extending child care for parents leaving welfare for work from one to up to two years; increasing the state investment in Head Start so more children can enroll, and extending the program from a half-day to a full day, and to children younger than three years; leveraging private sector investment with public dollars; and developing other programs to expand the supply and improve the quality of child care and early education for working families in each state.

Programs must link child care and early education

The 12 million children under the age of six who need child care and early education for all or part of their day need care that will help them grow and learn and be ready for school, not just care that will keep them safe. States should recognize that all children need good quality child care and early education, and should seek to improve the quality of all child care and early education settings, as well as increase the supply of good quality care in order to meet the anticipated demand created by welfare reform. The stakes are very high; new research on the brain and

children's earliest years shows that the need for good quality care and early education starts immediately; yet recent studies have found most infant care to be dangerously poor (Helburn, S. *et al.*, *Cost, Quality and Child Outcomes*, University of Colorado at Denver, 1995; Families & Work Institute, *Study of Children in Family Child Care and Relative Care*, 1994). This lack of attention to our children's earliest years is a high stakes gamble; studies show that every \$1 spent on early education saves \$7 in remediation, incarceration, and special education (Barnett, W.S., "Benefit-cost Analysis of Preschool Education: Findings from a 25-year Follow-Up," *American Journal of Orthopsychiatry*, 1993).

Examples of state initiatives

A number of states are choosing to make the well being of children their priority, and are often undertaking bold initiatives to support child care and early education. Some of the most exciting and innovative state programs are going beyond the distinction between child care and early education, offering coordinated curricula and joint training of teachers. Below are some of the noteworthy state efforts in child care and early education. (A state may appear more than once if its programs fall into more than one category.)

PROGRAMS RESPONDING TO LOCAL NEEDS :

North Carolina's Smart Start is designed to provide every child in North Carolina who needs it access to affordable early childhood education and other crucial services. Smart Start is built on the concept of empowering and supporting local communities to develop, implement, and fund a plan for children and families. The state spends almost \$57 million annually to support and implement the work of the 42 counties that have brought together planning groups to participate in Smart Start. When Smart Start was passed by the North Carolina legislature in 1993, it was accompanied by other efforts to improve quality and affordability of child care and early education. Licensing changes improved staff:child ratios for young children, and additional staff was hired to monitor and assist the child care program. A special program, TEACH, was funded to help child care workers obtain training at community colleges and is linked to increases in salaries and compensation. Affordability was addressed by increasing, on a sliding scale, the amount of the state's child care tax credit for families earning less than \$40,000.

New Jersey's Governor Whitman's Bright Beginnings is an \$8.5 million initiative that will create 8,600 additional child care slots in the state, which has a waiting list for subsidized care of 24,000. The initiative will expand the capacity of Head Start and licensed child care centers by 1,650 slots, will register an additional 1,600 family child care providers (creating openings for an additional 6,000 children), will issue planning grants to promote "full coordination and partnership" for pre-K programs among schools, Head Start and non-profit child care providers, will fund parenting education, and will expand training, development and accreditation for child care providers to boost quality. Grants and loans will create 950 additional slots at licensed centers for children from low- and middle-income families. The initiative will be funded with federal money and "savings from administrative efficiencies."

SCHOOL-AGE CHILD CARE:

Hawaii's After-School Plus, or A+, program is the nation's first statewide, after-school child care program. It provides low-cost, after-school care to children in every elementary school district in the state. It is accessible to all families: low-income families are served free; all others pay a flat fee.

Indiana schools are required by law to provide after-school programs unless they receive waivers due to lack of demonstrated need, thanks to an initiative by former Governor Bayh. Originally funded by a state cigarette tax, the programs are currently funded by Child Care and Development Block Grant funds and through the State School-Age Project Fund. Schools or school districts can run programs themselves or combine with other schools and contract out for the service with a program provider.

EARLY EDUCATION:

Colorado's Children's Campaign, a grassroots effort, was the active force behind the creation of a bipartisan committee of 20 state legislators that moved several key pieces of legislation in 1995 and 1996, including a bill to increase the number of four-year-olds in public pre-kindergartens from 6,500 to 8,500. New licensing legislation will permit more frequent inspections of poor quality child care settings and fewer for programs that meet state standards. Another bill established a program to provide funds to community organizations to train welfare recipients to be child care workers.

Georgia's Governor's Pre-Kindergarten Program delivers child care and early education and health screening to children in child care centers and in family child care homes. Local community councils administer the program, delivered through community providers, and help ensure that they are responsive to community needs. Funded by a lottery, the program receives \$255 million and serves 57,000 children. (In comparison, in 1993-94, the state invested \$37 million and served just 8,000 children.) Programs offer comprehensive services including health, nutrition, and social services; parents can obtain literacy and job training, for example. Located in both public and private facilities (25,000 are in public schools and 32,000 in private settings), the programs are encouraged to be open on a full-day, full-year basis to meet the needs of working parents. A Department of Education evaluation found that 94 percent of parents were "satisfied" with the program. The goal is to make these services available to all of Georgia's four-year-olds.

Ohio's Governor Voinovich's Ohio Family and Children First Initiative aims to achieve the goal of school readiness for all Ohio children by improving child health care, family stability supports, and early childhood care and education. In the early childhood arena, the initiative has succeeded in providing either Head Start or state pre-kindergarten programs to nearly all 4-year-old children living in poverty, whose parents choose to enroll them, as well as improving the child care licensing system to ensure higher quality. Ohio leads the states on investment in Head Start and also has been a leader in developing linkages between Head Start and child care programs to ensure full-day care and education for children of working parents on very low incomes, many of whom are making the transition from welfare to full-time jobs.

Oregon Benchmarks are the indicators that this innovative state uses to measure its progress toward broad strategic goals of all types; they define a constructive, supportive role for the state that helps communities solve their own problems. Improvement of early childhood development is considered an urgent, or high-priority, benchmark. Six county-level pilot demonstrations of program elements necessary to ensure good quality child care and early education in all settings, including schools, will provide evidence for state initiatives to improve child care and early education, as well as family support and choice, across all public school, Head Start, and child care settings.

TAX BREAKS/CREDITS:

Arkansas doubles the state dependent care tax credit (a supplement to the existing tax credit) from 10 to 20 percent if parents enroll their children in a child care program that has received a good quality rating or is accredited.

Colorado parents will once again be able to claim a child care tax credit on their state income tax return, thanks to a bill passed by the state legislature in 1996, and Colorado citizens will have the opportunity to use a new voluntary income tax check-off that will help fund quality enhancement in licensed child care facilities, particularly for staff training and development and accreditation. Both the tax credit and check-off were among the recommendations of the 25-member Business Commission on Child Care Financing, created by Governor Romer in 1995 to examine financing structures for early care and education from a business perspective. A related bill that would have made the tax credit refundable was defeated.

Minnesota anticipates that the demand for child care and early education will continue to be greater than the funds available in welfare reform. The state is considering eliminating the dependent care deduction in favor of tax credits, consolidating all funding sources, and making child care funds equally available to all families at particular income levels. Minnesota proposes to maximize the funds available through parent co-payments, tax credits, and child support enforcement. State child care and earned income tax credits, combined with federal tax credits, would create the potential for "substantial financial assistance" to many families. Minnesota also is exploring "tax credit express," which would make funds available on a monthly basis to help minimize the impact of higher co-payments (Child Care Action Campaign, *Wisconsin and Minnesota: Approaches to Welfare Reform and Child Care*, 1996).

PUBLIC-PRIVATE PARTNERSHIPS FOR CHILD CARE FINANCING:

Florida's legislature passed the Child Care Partnership Act in 1996 that created a state fund of child care subsidy dollars for working families. Private employers, whose employees directly benefit from child care subsidies, can draw on these dollars by matching them one to one. The Act allocates \$2 million for a child care purchasing pool in 10 counties, and will be administered by child care resource and referral agencies. The act will allow an additional 1,500 children or low-income working families now on the waiting list to receive child care, with the price of care to be shared by the state, employers, and families. A precedent is being established for employers to provide at least some child care subsidy support. The CEO who chairs the governor's board for the Partnership Act has become so concerned about Florida's looming child care crisis that he recently appeared at a press conference with Governor Chiles to call for an increase in state child care subsidy funding. The idea for this budget increase had emerged earlier, during a series of state and local meetings for business leaders that Child Care Action Campaign helped to plan and carry out in partnership with the Florida Children's Forum.

Indiana has hosted two Child Care Financing Symposiums, the cornerstones in a multi-year effort to bring together county-based teams comprised of business, early childhood professionals, educators, and community organizations to create ways to improve the quality and expand the supply of child care in Indiana. This collaborative effort between the Child Care Action Campaign (CCAC) and the Indiana Family and Social Services Administration (FSSA), launched the Indiana Child Care Fund to raise and channel private funding for investments in child care provider training and other improvements in child care quality. The fund operates under the aegis of the Indiana Donors Alliance, representing 70 community foundations, which has agreed to become the home of the Indiana Child Care Fund.

As a result of this collaborative effort, 17 counties in Indiana launched business-community initiatives in 1995, and 46 counties joined the project in October 1996. The original 17 counties' business-community partnerships have achieved impressive results, including opening new child care centers, upgrading existing centers, providing child care for children with special needs, and creating a loan fund to help family child care providers make repairs and needed renovations to their homes.

WELFARE REFORM AND CHILD CARE:

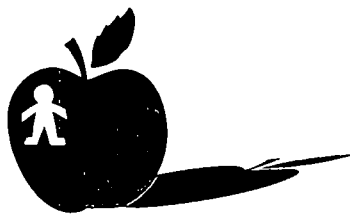
Wisconsin Works (W-2), the state's new welfare plan, "guarantees" that no mother of a child under six who leaves welfare for work will be required to work unless child care is available, but women who cannot work due to lack of care will still face the federal five-year lifetime limit on benefits. The plan provides child care subsidies to all low-income families regardless of whether they have been on AFDC, eliminates time limits on child care for eligible families, and supports parent choice through a voucher system. Parent copayments for child care are based on family income but never exceed an amount equal to 16 percent of gross income, regardless of the number of children in care. However, the parent copayment plan steers families to cheaper child care with fewer standards. Under W-2, Wisconsin will increase its child care spending by 300 percent by 1998. In December 1996, Governor Thompson announced that the state would use the federal funds available due to welfare caseload reduction to "completely eliminate" the waiting list for subsidized child care for low-income working families in the first half of 1997, and to build capacity for the expected increase in demand created by welfare reform work requirements. One way the Governor expects to build capacity is through use of provisional child care providers, who are welfare recipients who provide child care, for whom 15-hour state training requirements are eliminated and who are reimbursed at half the market rate.

Washington State's Child Care Coordinating Committee (CCCC), created in 1988 by the state legislature, helps develop a focused legislative agenda, while a multi-tiered coordination process among child care advocates and administrators sets priorities and creates budget recommendations. The coordination and cooperative efforts between the CCCC and the advocacy community paid off in the inclusion of child care provisions in all of the legislative proposals for welfare reform that were introduced in 1996. To reduce the waiting list for child care for low-income working families, \$9.8 million was appropriated, and \$3.8 million was approved to expand the state's version of Head Start. Another recent achievement is the increase of state funding for child care training and licensing activities.

Other state efforts: **Illinois's** Governor Edgar has proposed an "entitlement" to help both families moving from welfare to work as well as low-income working families with child care assistance for those earning below 60 percent of the state median income. The "entitlement" is subject to appropriations by the state legislature. **Colorado** has proposed a guarantee of child care assistance for all families earning up to 130 percent of the federal poverty line. Counties would have discretion to expand the assistance to families earning up to 185 percent of poverty.

Florida's Governor Chiles has proposed adding \$49 million new state dollars for child care and transferring \$89 million Temporary Aid to Needy Families (TANF) dollars to child care. This would allow Florida to serve nearly half of the more than 30,000 children of low-income families on the state waiting list for subsidized child care.

Sources: Children's Defense Fund; Child Care Action Campaign; Office of the Governor, State of New Jersey.



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WELFARE REFORM: SHIFTING RESPONSIBILITY TO THE STATES

A huge gamble

On August 22, 1996, President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act into law. This new law not only ends the 60-year old guarantee of subsistence income for poor families and their children, it also eliminates the child care assistance that had been guaranteed to families who were moving from welfare into the work force, education, or training. The federal government will now provide capped block grants¹ to the states, which have a great deal of discretion as to how the funds are spent. Within six years, half the parents on welfare in every state will have to be working in private sector jobs or in some type of "workfare" program. This will create a huge need for child care, since two-thirds of all welfare recipients are children under 13, many of them very young. Their parents cannot get or keep a job unless they have reliable child care.

Painful choices: Which working families deserve child care help?

Each state can now determine how it will meet the child care and early education needs of families making the transition from welfare to work. These decisions will shape the entire system of subsidies for all low-income working families, including the millions of low-income working families who are not on welfare but who need help bridging the gap between what they can afford and what safe, reliable child care costs. Thirty-eight states and the District of Columbia already have waiting lists thousands of names long of working families who are eligible for help paying for child care, but for whom there isn't enough money (Children's Defense Fund, *Child care and welfare reform: More painful choices*, 1995). In fact, waiting lists understate the need for care; they include only the parents who know about the programs and have sought places for their children in them. Some states simply close their waiting lists to new applicants when they get too long.

States have an opportunity in next two years

The Congressional Budget Office estimates that child care funding in the Act is \$1.4 billion short of what will be necessary for states to maintain their current efforts and meet the needs of all the families who must move from welfare to work. But the big crunch will not come until the third year; during the first two years, many states will have more child care money than they had before. The states thus have a window of opportunity they can use to put systems into place and help all low-income working families pay for child care; to invest money to expand the supply and

¹ A state's block grant allocation will be based on its FY 1994 or FY 1995 expenditures, whichever is higher, or the average of its spending for the three years from FY 1992 to FY 1994.

improve the quality of existing child care and early education; to train new providers and increase wages to reduce turnover; and to support resource and referral services that provide parents with information about child care and early education options in their communities.

If states provide leadership and invest the time and money, it is possible to make child care help available to low-income families who can thereby avoid needing welfare.

Families leaving welfare vs. low-income working families

The new welfare act eliminates the former guarantee of Transitional Child Care and child care help for parents enrolled in education or training programs. As states try to meet the Act's work participation requirements with capped child care funds, they may have to choose between subsidizing child care for welfare recipients required to work and the working poor. According to Department of Health and Human Services calculations, almost two-thirds of the 1.5 million children who get federally subsidized child care nationally are from low-income working families. Without child care help, many of these low-income working families are at risk of needing welfare because they will not be able to afford the child care and early education they need to keep working.

Quality of child care is a low priority for states

Though parents know that good quality child care and early education helps children grow, thrive, and succeed in school, they have great difficulty finding good quality care, and when they do, they often can't afford it. The *Cost, Quality, and Child Outcomes* study (Helburn, Culkin, Howes, Bryant, Clifford, Cryer, Peisner-Feinberg, and Kagan, *et al.*, 1995) found that the quality of care in seven out of 10 child care centers is mediocre to poor, and the *Study of Children in Family Child Care and Relative Care* by Families & Work Institute (1994) found similar quality ratings for family child care. In addition, the *Future of Children*, Winter 1995, by the Packard Foundation Journal, published a review of 144 studies demonstrating that poor children get the greatest benefit from good quality child care and early education even more than other children; they need the extra boost that good quality care can provide.

But states faced with burgeoning demand and restricted budgets may decide that "something is better than nothing," and simply try to spread too few child care dollars too thinly. The *Cost, Quality, and Child Outcomes* study demonstrated the clear link between cost and quality. When reimbursement rates are too low, child care providers in centers and family child care homes simply cannot provide good quality child care. In addition, if reimbursement rates go down, many centers and family child care homes will be forced to close, thereby cutting back on the child care supply for all working families.

What about informal care?

Informal child care, provided by neighbors, relatives or friends, is used by 46 percent of low-income families, according to *The National Child Care Survey* (Hofferth, *et al.*, 1990). Informal child care is exempt from regulation or monitoring; most care by relatives and all in-home care is unregulated. Many parents want their children to be cared for by friends or relatives. Many parents use this form of care because they have no other choice: they can't afford another kind of care, no other kind is available locally, or no other kind is available for shift or weekend work.

According to *The Study of Children in Family Child Care and Relative Care*, care that is regulated is usually higher quality care, and care that is provided by people who **want** to work with children is more reliable and of higher quality. Parents need to have child care and early education options so that informal care is not their only choice; that's why states must use their window of opportunity to expand the quality and supply of child care and early education resources for all working families.

States will have to decide whether to establish a minimum requirement for informal providers who receive federal and state funds. Basic health and safety requirements would include having a telephone, passing a criminal background check, having smoke detectors, and passing a health screening. Child care resource and referral agencies are finding innovative ways to help parents assess such care and can make information resources available to the friends, relatives, and neighbors providing the informal care.

Welfare recipients as child care providers: A risky experiment

Many states have already tried to turn welfare recipients into child care providers. It has worked in some places but not all, and takes a lot of time and investment in order to succeed. While moving these parents into the work force as informal child care providers, working in their own homes, would seem to take care of both a state's work participation requirement and the increased demand for child care, a number of obstacles exist.

Recent reports like the *Family Child Care Training Study* (Families & Work Institute, 1995) have demonstrated the critical relationship between provider training and the quality of care, and some states and municipalities are encouraging former welfare recipients to become providers with no training. Care by unregulated providers is usually less reliable, causing working parents to miss work more frequently. Even child care providers who love their work still leave the field for lack of decent wages and health benefits. In addition, states are considering cutting the reimbursement rates for these providers, lessening their chances even more of earning a living wage as a child care provider.

Welfare recipients who become child care providers need ongoing support in order to succeed, as do other parents making the transition from welfare to work. Outreach, orientation, training, and continued investment and support are the foundations of success in this risky undertaking.

Child care for infants

The new law does permit states to exempt welfare recipients with children under six from the work requirements if they can't find affordable, available, and appropriate child care. Mothers of infants under one year of age also may be exempted. However, the five-year lifetime limit on welfare benefits will still apply to the mothers who are exempt. Even though they are not required to work, the "exempt" period of months or years that parents spend taking care of their children at home counts towards the five-year time limit.

Some states such as Michigan are requiring mothers with children as young as 12 weeks old to go to work. Child care for infants is scarce and very often of very poor quality; 40 percent of current infant care is of such low quality that it endangers the babies in care (*Cost, Quality and Child Outcomes*, 1995). But insufficient child care and early education funding means little hope exists for improving the quality and supply of available care.

School-age children: Child care needs don't disappear at age six

Parents of school-age children also will need help finding and paying for care during out-of-school time, since the Act depends on these parents to meet the work requirements. School-age children need good quality care and supervision before and after school, as well as on school holidays and during vacations when parents still have to work. In some communities, 25 percent of school-age children are already on their own after 3:00 p.m.; a study released by the Office of Juvenile Justice and Delinquency Prevention in 1995 showed that most crimes committed by juveniles take place between 3:00 and 6:00 p.m. States can invest money to expand and improve the supply of out-of-school care, and avoid adding millions more children to the current legions of latch-key children.

States must commit to two generations: Parents and children

Over the next several months, states will develop plans to use the federal block grant funds. They will have to determine how they will meet the child care and early education needs of families who move from welfare to work, and of the millions of low-income working families who need help paying for child care so that they can continue working. Some states -- including Illinois, Wisconsin, and Minnesota -- are looking for ways to ensure that all working families with income below a certain level get child care assistance. They are looking at ways to structure parent co-payments so that parents have access to all types of care and can choose what is best for their children.

During the next two years, states will have an unprecedented opportunity to build the supply of child care and early education to meet expanding need, bolster the quality, and ensure that working poor families continue to receive assistance. Because of the enormous challenge the Act creates, it is important that states use available state and federal money to leverage investment from employers and local philanthropies. Good quality child care and early education can be the means to help families become and stay independent.

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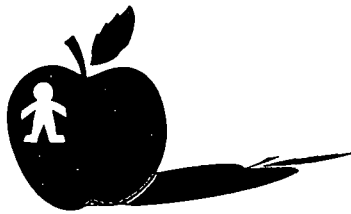
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GOOD QUALITY CHILD CARE AND EARLY EDUCATION: A DRAMATIC OPPORTUNITY TO PROMOTE LEARNING AND PREVENT DAMAGE IN OUR YOUNGEST CHILDREN

The social, emotional, and cognitive development of as many as 12 million children under the age of six is dependent on their access to safe, reliable child care and early education that provides them with the opportunity to form stable relationships with caring adults and other children and to engage in interesting and stimulating activities. Such good quality child care and early education is strongly linked to school achievement and the development of social skills that enable a child to grow into a happy, productive adult. Such child care has been used successfully to prepare at-risk children for school. It also improves educational and social development for children from middle- and low-income families (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984; Burchinal, Lee, & Ramey, 1989; Campbell & Ramey, 1994; Carnegie Corporation of New York, 1994; Doherty, 1991; Hayes, Palmer, & Weikart, 1980; Lazar, Darlington, Murray, Royce, & Snipper, 1982; Schweinhart & Weikart, 1980).

Poor quality child care and early education can harm children. Their intellectual and social development can be stunted. In extreme cases, children have been harmed physically. The Carnegie Corporation's Starting Points Task Force, citing new scientific research on brain development in the first three years of life, found that "an adverse environment can compromise a young child's brain function and overall development, placing him or her at greater risk of developing a variety of cognitive, behavioral, and physical difficulties. In some cases these effects may be irreversible. But the opportunities are equally dramatic: a good start in life can do more to promote learning and prevent damage than we ever imagined" (Carnegie Corporation, *Starting Points*, abridged, p.4, 1994).

Most child care and early education is not of good quality

Tragically, several recent studies have documented that the quality of most child care and early education available to working families in the United States is mediocre to poor. Independent observers for *The Cost, Quality, and Child Outcomes Study in Child Care Centers* (Helburn, Culkin, Howes, Clifford, Cryer, Kagan *et al.*, 1995) found that in 40 percent of the infant and toddler rooms, caregivers did not follow basic sanitary practices. In these poor quality settings, children were rarely held, cuddled, or talked to by their providers. The rooms lacked toys and other materials that encourage development. *The Study of Children in Family Child Care and Relative Care* by the Families & Work Institute in 1994 found that "only nine percent of the [family child care]

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homes in the study are rated as good quality (meaning growth-enhancing), while 56 percent are rated as adequate/custodial (neither growth-enhancing nor growth-harming), and 35 percent are rated as inadequate (growth-harming)."

The quality of child care and early education affects parents as well. When working parents are comfortable with their child care arrangements, they are more productive on the job. When care is inadequate, parental stress mounts and work performance suffers. Poor quality child care arrangements are more likely to fall apart, causing parents to miss work and even to lose their jobs (Galinsky *et al.*, *The Changing Workforce*, 1993; Fernandez, *Child Care and Corporate Productivity*, 1986).

What does good quality child care and early education look like?

In good quality child care and early education, children learn how to share, play with, and get along with each other. They are read to, and encouraged to talk and create their own stories. There is a lot of warmth and support for all children. Babies are held when they are fed. They receive a lot of attention from caregivers who understand their cues. They are hugged, talked to, and comforted when they are fussy. Toddlers and preschool children are engaged in interesting, age-appropriate, safe activities both indoors and out. They can play at the sandtable with other children, or build a tower on their own. When they are finished with one form of play, they are encouraged to explore something else.

Essential ingredients of good quality child care and early education:

- Providers who *want* to care for and work with children.
- Providers who are *trained* in the stages of child development, health, and safety.
- Providers who are *paid* a salary commensurate with their skills, training, and experience.
- Low staff turnover (a product of above conditions), which helps children experience secure attachment to caring adults.
- High staff:child ratios, which ensure each child is safe and gets enough attention.
- Policies and practices that encourage parental involvement in children's education and development.
- Stimulating activities that help children develop cognitive and social skills through play.

Poverty-level wages undermine quality work force

Although demand for good quality child care and early education remains high and is certain to increase with the implementation of welfare reform, child care teacher and provider salaries still hover at or near the poverty level. Low salaries lead to a high turnover rate; nearly one-third of all child care center teachers and one-half of all family child care providers leave their jobs each year (National Center for the Early Childhood Work Force, *National Child Care Staffing Study Revisited*, 1993).

Between 1993 and 1994, real wages for the lowest paid teaching assistants, the fastest growing segment of the child care center work force, actually declined. At the same time, real wages for the highest paid teaching staff in centers, who constitute a very small segment of the work force, increased by only 66 cents per hour. The *Cost, Quality, and Child Outcomes in Child Care Centers* study surveyed teaching assistants and teachers in early 1995 and found that the average wage was \$6.89 an hour, or \$12,057.50 a year. The same study found that health care benefits were offered in 64 percent of centers for full-time teachers, in 49 percent of centers for full-time assistants, and in 13 percent of centers for part-time staff. The National Center for the Early Childhood Work Force reports that only 63.7 percent of the staff of child care centers receive paid vacation (Whitebook

et al., *National Child Care Staffing Study Revisited: Four Years in the Life of Center Based Child Care*, Oakland, CA: Child Care Employee Project, 1993).

Cost of good quality child care and early education is out of reach for most

Most working families cannot afford to pay what it costs to *produce* good quality child care and early education. This is true despite the fact that the wages of child care providers, which account for 60 to 70 percent of the cost of producing child care, are below what individuals with similar education and experience earn in other settings (*Cost, Quality, and Child Outcomes*). Families who pay for child care spend, on average, about \$3,700 per year for one or more preschool children (U.S. Census Bureau, "What Does it Cost to Mind Our Preschoolers?," in *Current Population Reports*, September 1995). By contrast, national experts peg the cost of **providing** good quality care at \$6,300 to \$8,500 **per child per year** (National Association for the Education of Young Children, "Estimating the full cost of quality," in *Reaching the full cost of quality in early childhood programs*, 1990). The latter figures represent 26 to 44 percent of the gross income for a family of four earning the median income and paying for child care for two children.

Providers struggle, too often unsuccessfully, to get by on fees that parents can afford. Whether in a center or family child care home, revenue from parent fees alone do not allow the typical child care provider to offer children the trained staff, small group sizes, and low child-to-adult ratios that encourage frequent, responsive adult interactions with each child that are at the heart of good quality child care and early education.

Parents need help paying for good quality child care and early education

Parents need help bridging the gap between what they can afford and what good quality child care and early education cost. There are a number of ways that federal, state, and local governments can help more parents pay for good quality child care: by expanding the Dependent Care Tax Credit, and making it refundable; by extending child care subsidies to a broader range of working families; by extending tax incentives to employers who provide child care subsidies or on-site child care; and by linking child care with public school systems to improve the quality of the child care and early education our youngest children receive.

Businesses benefit when they play a role in helping parents find and pay for good quality child care and early education. The most important role for business is as a partner of local or state public agencies for investment in child care and early education resources, so that all families have good quality child care choices they can afford in their communities. Public-private partnerships of this nature sustain child care and early education growth and improvement in communities. Businesses also can provide employees with the Dependent Care Assistance Plan pre-tax payroll deduction, link parents with child care resource and referral agencies in their communities, or invest directly in child care and early education resources in or near the work site for their employees.

Choices for children and parents

More and more emphasis has been placed on consumer education: arming parents with the knowledge that they need to make informed decisions regarding child care and early education. But, parents often feel that they do not have a choice about the care they use. Sixty-two percent of parents using family child care and relative care said that they had looked for alternatives to the child care they presently use. Sixty-five percent of these same parents said they found no other acceptable options (Galinsky *et al.*, *The Study of Children in Family Child Care and Relative Care*, 1994).

Public support for standards to protect children

There is strong public support for the setting and enforcement of regulations that establish basic health and safety standards to protect consumers of child care. According to a March 1995 poll by prominent Republican pollster Vince Breglio of R/S/M, Inc., 54 percent of all Americans oppose efforts to eliminate federal requirements that states set minimum health and safety standards for child care facilities.

Overall, large gaps exist in state regulations of child care in centers and family child care homes, which helps determine the minimum quality and safety of the care in each state. *The Cost, Quality, and Child Outcomes Study in Child Care Centers* found that "states with more demanding licensing standards have fewer poor quality centers" (Helburn *et al.*, Executive Summary, p.4). A study by the Children's Defense Fund (CDF) found that 43 percent of all children in out-of-home care are unprotected by state regulations due to exemptions. For example, a number of states specifically exempt child care located in or provided by churches and schools (CDF, *Who Knows How Safe?* 1990).

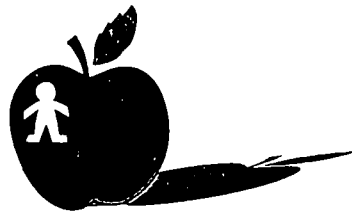
- Fewer than half of all states regulate group size. Nearly all set staff:child ratios for centers, but many allow staffing ratios that exceed levels that have been shown to produce good quality child care (*Ibid.*).
- Although at least three-fifths of the states require ongoing training for teachers, most require only 12 hours of training or less per year (Morgan *et al.*, *Making a Career of It*, Center for Career Development in Early Childhood Education, Wheelock College, 1993).

Regulations make a difference in the quality of child care and early education

It is clear that regulations make a difference. In a study that compared regulated family child care providers with those who were not regulated, the regulated providers were more likely to be sensitive and responsive to children in their care (Galinsky *et al.*, *The Study of Children in Family Child Care and Relative Care*). In states that regulate family child care, standards are usually less demanding than for child care in centers. For family child care providers, ongoing annual training is required in only 19 states (Morgan *et al.*, *Making a Career of It*). The Families & Work Institute found that when family child care providers participate in intensive workshops and general courses in child care, their commitment to their jobs increases and they seek out additional training; this leads to higher quality for children and families (Galinsky *et al.*, *The Family Child Care Training Study*, 1995).

Choosing to meet higher standards of quality through accreditation

Accreditation is another way to ensure that children are receiving good quality child care and early education. Accredited centers and family child care homes voluntarily strive to attain higher standards of quality that have been established by national child care organizations and that exceed minimum state licensing standards. The National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children, is the largest accrediting body for child care and early childhood centers. As of April 1995, nearly 5,500 programs have been accredited by NAEYC. Health and safety, staffing, staff qualifications, physical environment, and administration are all reviewed during the accreditation process, with primary consideration placed on the quality of the interactions between staff and children and the developmental appropriateness of the curriculum. Family child care providers (as well as providers in centers) can have Child Development Associate credentials, meaning that they have completed a 6 to 18-month course of study. They also may be accredited by the National Association for Family Child Care, which assesses the provider's skills as well as the home in which the care is provided (Families & Work Institute, *Child Care Aware: A Guide to Promoting Professional Development in Family Child Care*, 1995).



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