The Future of Child Care

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

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

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

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

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

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

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

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

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

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

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

The Consumer Role

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

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

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

mechanism for assuring quality care.

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

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

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

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

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

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

Training

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

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

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

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

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

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

Financing

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

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

Here's what happens now:

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

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

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

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

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

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

quality improvement initiatives.

Here's what I would propose:

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

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

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

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

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

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Community Stewardship

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

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

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

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

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

Quality as Continuity

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

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

splintered jurisdiction, and arcane funding structures.

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

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

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

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

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

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

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

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

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

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

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

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

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Introduction: Child Care as a Developmental Context

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The last 20 years have been marked by increased attention to the impact of child care on children's development. This attention was sparked, in part, because the use of child care was becoming the norm, not the exception, for children in the United States. Attention also increased due to seemingly contradictory reports about the effects of child care on children's developmental outcomes, with some (e.g., Clarke-Stewart & Fein, 1983) reporting positive effects on cognitive, language, and social development and others (e.g., Belsky, 1988) reporting negative effects. Policy makers, educators, and parents wanted to know "the answer" to the child-care question, and child-care researchers faced a formidable task of making sense of a barrage of findings.

Guided by the empirical model provided by research of the effects of family experiences on child development, it became apparent that child-care research needed to be reconceptualized. Like families, child care comes in all sizes and shapes. Just as an understanding of family contributions to child development requires a careful articulation of exactly what aspects of the family are being studied, under what conditions, and in relation to which developmental outcomes, child-care researchers began to reformulate what they were studying and how they were studying it.

Ecological systems theory (Bronfenbrenner, 1979, 1989) played a central role in this reformulation. The papers in this special issue are

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illustrative of the comprehensive efforts underway to understand child care within this theoretical framework. Using Bronfenbrenner's theory as an organizational guide, the child-care research agenda has broadened to delineate processes and properties of the child-care microsystem and to consider this microsystem in relation to other contexts such as family and workplace. With this broader conceptualization, the research efforts reported in this issue demonstrate recent advances in our understanding of child-care effects.

Much of the initial day-care research focused on center-based care that was offered on a full-time basis. This type of care, however, represents only a small proportion of the care of infants and toddlers. Center-based care also is relatively uncommon for school-aged children during the after-school hours, especially in the later elementary grades. As a consequence, researchers have expanded the scope of child-care research to include family day care, sitters, and relatives such as grandmothers. A working definition that incorporates this diversity of circumstances defines child care as any arrangement that occurs on a regular basis, when parents are not available. There are two additional care arrangements that extend the definition of child care even further. Some children care for themselves and their siblings while their parents are at work or school, an arrangement called self-care. In other families fathers serve as care providers while mothers are employed or at school; this care is typically accomplished by parents coordinating their work schedules.

As papers in this volume demonstrate, each of these care settings has its own set of special features as well as features that can be compared across arrangements. Because of the distinctive features of different arrangements, some researchers (Howes; McCartney et al.) have focused on one or another type of care. In other cases, researchers (cf. Marshall et al.; Pettit et al.) have included measures that can be used for comparisons across different child-care microsystems.

Child care also varies along other dimensions such as (a) *quantity or number of hours that the care is used,* (b) *stability of care, measured by number of children's concurrent and sequential arrangements,* (c) *children's ages when care is initiated or terminated,* (d) *children's readiness for the care settings,* and (e) *children's and parents' beliefs and attitudes about care.* As papers in this issue document, all of these dimensions are associated with effects on children and their families. Several papers also emphasize the importance of the *quality of the care setting.* Just as "quality" is an essential component in the study of the family as a developmental context, "quality" is a major construct necessary for the

study of child care. In this issue, we see child-care quality described in terms of formal structural features such as auspice, licensure, and child : adult ratios, as well as children's observed experiences with caregivers, materials, and peers.

Researchers believe that this focus on the components of child care as a microsystem is a necessary part of understanding child care within an ecological systems framework. The delineation of the microsystem, however, is only one part of the task because child care does not exist independent of other developmental contexts. Consequently, researchers have focused on what Bronfenbrenner calls the mesosystem—in this case, the connections between child care and the family.

One indication of the interdependence is evident in children's placement into care. Families' economic and social resources as well as parents' beliefs and values are related to children's placement into different child-care settings. All papers in this issue describe such selection effects. For example, Vandell et al. observed that families were more likely to use fathers as caregivers when family incomes were lower prior to the infant's birth and when fathers had less education. Nonparental care was used for more hours when parents believed that maternal employment was beneficial for children, when families had higher incomes, and when fathers were more educated. Others (Kontos et al.; McCartney et al.; Peisner-Feinberg & Burchinal) reported relations between child-care quality and families' educational and economic resources. Children whose families had more resources were more likely to be observed in higher quality settings.

The implications of these family differences are substantial. For families and policy makers, they document inequities in the child-care system that can undermine children's preparation for school. For researchers, these selection differences make the task of studying the effects of child care on children very difficult. In some cases (Peisner-Feinberg & Burchinal; Vandell et al.), researchers have utilized statistical techniques to control for family selection factors in their investigations of care effects on child development. In other cases, however, family and child-care circumstances are so confounded that investigators have been unable to use statistical controls. In these cases, some researchers such as Kontos et al. turned to an ecological niche approach to studying child care within particular family contexts.

An ecological systems approach also has resulted in consideration of a second type of connection between family and child care. Drawing on Bronfenbrenner's admonition that all main effects are interactions, several papers in this special issue included consideration of possible

family moderators of child-care effects. For example, both Marshall et al. and Pettit et al. found greater behavioral difficulties associated with self-care for children of low-income as opposed to middle-income families. Marshall et al. also found beneficial effects of formal programs for children of low-income, but not middle-income, families.

Although all of the papers in this volume share an underlying conceptual framework, and sometimes analytic strategies, each has succeeded in illuminating different aspects of the child-care puzzle. Some (Howes; McCartney et al.; Peisner-Feinberg & Burchinal) focus on variations within center-based care, whereas others (Kontos et al.) examine family day care and relative care. Self-care, formal programs, and enrichment lessons are all considered in the three studies of school-aged children (Belle; Marshall et al.; Pettit et al.).

The article by the NICHD Early Child Care Research Network gives a detailed account of the nonmaternal care of almost 1,300 infants living in 10 research sites located across the United States. Mothers were interviewed five times during their infants' first year. These interviews highlighted several issues. One issue is that infants often have more complex child-care situations than might be suggested by global indicators. A second issue is that care arrangements, employment, and family circumstances were intertwined.

The paper by Vandell et al. explores other issues pertaining to infant child care. Vandell et al. described changes in emotional well-being and marital satisfaction of 380 mothers and fathers that were associated with infant care. Mothers' and fathers' depression and marital concerns increased from prebirth assessments when nonparental care was used for more hours during early infancy. Having fathers serve as care providers also was associated with mothers' emotional well-being. When mothers who preferred father care were able to use that care during early infancy, less anger, depression, and anxiety were observed. When father care was used, but not preferred, mothers appeared more depressed and concerned.

Kontos et al. demonstrate another connection between child care and the family. In a three-state study of family day care and relative care, children's experiences varied as a function of family income. Children from very-low-income families (less than $20,000 a year) had significantly different care experiences than children from more prosperous families (more than $39,000 a year). For example, 73% of the children from very-low-income families were in care settings that received quality ratings in the inadequate range, whereas 43% of the children from low-income families and 13% of the children in moderate-income families

were in the inadequate settings. No children from very-low-income families were in care settings rated as good quality, making it impossible to disentangle child-care and family effects in some analyses.

McCartney and colleagues also found systematic associations between family and child-care characteristics in their study of center-based programs. Use of nonprofit centers rather than proprietary centers was more likely when families had greater resources, as measured by maternal education and per capita income. Furthermore, children had more frequent positive interactions with teachers in the nonprofit centers. This study also identified an important exosystem relationship that had developmental implications for children. Mothers' perception of work–family interference was a significant predictor of teachers' reports of the children's behaviors at the centers.

The Cost, Quality, and Outcomes Study reported by Peisner-Feinberg and Burchinal also was focused on center-based care. They observed 170 centers located in four states that had disparate child-care regulations. Cognitive and language functioning of 757 children was related to program quality. Controlling for family selection differences (maternal education and ethnicity), classroom quality was a significant predictor of children's language and prereading scores and of teachers' reports of child behavior problems. This study has provided some of the strongest evidence to date of the effects of child-care quality on children's concurrent functioning.

Howes used data from the Cost, Quality, and Outcomes Study (in conjunction with data from the Florida Quality Improvement Project) to examine relationships within the child-care microsystem, namely associations between regulatable factors and observed caregiving. Both child : adult ratios and teacher education were related to the quality of observed caregiving in center-based care. Relations between the regulatable features and children's performance on standardized tests also were evident. In classrooms in which teachers had at least an AA degree in early childhood education, children had higher language scores than children in classrooms with teachers who had only high school educations. Children in centers that were in compliance with recommended ratio standards had higher prereading scores.

The three papers in this volume that examined school-aged child care have some features in common with the studies examining younger children: The settings varied along multiple dimensions including hours, stability, and activities; family selection factors were apparent; and family factors interacted with child-care situations. At the same time, Belle, Marshall et al., and Pettit et al. considered some issues that were less

relevant for younger children, including children caring for themselves and their siblings, and children participating in enrichment activities after school.

Belle's open-ended interviews collected over a 4-year period revealed important variations in after-school experiences. The interviews showed how blurred the boundaries are between self-care and supervision. In addition, Belle highlighted the importance of adults for children in self-care. Some of these adults were positive sources of emotional and instrumental support, but others were not. One of the most telling aspects of Belle's interviews was the children's understanding of their after-school situations as a frame that shaped their reactions to the setting.

Many of the themes articulated in Belle's qualitative analysis were evident in Marshall et al.'s quantitative analyses. Marshall and colleagues found that most school-aged children were involved in multiple care arrangements that were characterized by different activities and experiences. Furthermore, associations between these experiences and children's development varied depending on the families' economic and social resources.

Finally, this volume ends with a paper by Pettit et al. that examines the effects of after-school arrangements on preadolescent development. Extent of involvement in six types of nonparental care (self/sibling, sitter/relative, neighbor, day care, school-based care, and activity-oriented care or lessons) was determined for 466 children when they were in first, third, and fifth grades. This paper is intriguing because it documents associations between early self-care experiences and children's subsequent adjustment. High amounts of early self-care predicted adjustment difficulties in sixth grade. In addition, difficulties were heightened for children from low-SES families, for children with problems in kindergarten, and for children who did not have any enrichment activities after school.

In summary, the nine papers in this volume may be viewed as part of a growing effort to understand the ways in which child care functions as a developmental context. These studies, in combination, illustrate the complexity within and across child-care settings. They underscore the necessity of considering relations between child care and other contexts such as family and workplace. Although the research task is clearly a challenging one, the studies provide converging evidence regarding at least some of the questions about child care.

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Current Population Reports; Household Economic Studies

Who's Minding Our Preschoolers?

By Lynne M. Casper

CENSUS BUREAU P70-53 March 1996

One of the greatest challenges for employed parents is finding good quality, low cost child care. Reliable, quality care is especially important for preschoolers because young children are dependent on caregivers to fulfill their basic needs and to keep them from harm. Preschoolers are also in the midst of forming personalities, developing cognitively, and learning social skills, and child care providers can and do have a major impact on these processes and their outcomes. For these reasons, finding the right provider is critical. In this report, we examine how working parents arrange care for their preschoolers.

Almost half of preschoolers are cared for by relatives while their mothers are at work

According to the Survey of Income and Program Participation, in the fall of 1993 there were 9.9 million children under age 5 who were in need of child care while their mothers were working. Almost half (48 percent) of these preschool-age children were primarily cared for by relatives (figure 1). Seventeen percent of preschool children were cared for by their grandparents during their mothers' working hours; about the same proportion were cared for by their fathers. The majority of preschoolers who were cared for by relatives were, in fact, cared for by either their grandparents or their fathers, each accounting for a third of the care provided by relatives. Other relatives such as aunts, uncles, and cousins played a smaller role in providing child care services overall, amounting to about 9 percent of all arrangements for preschoolers. Mothers provided the remainder of the care by relatives. About 6 percent of preschoolers were cared for by their mothers; most of these moms worked at home.

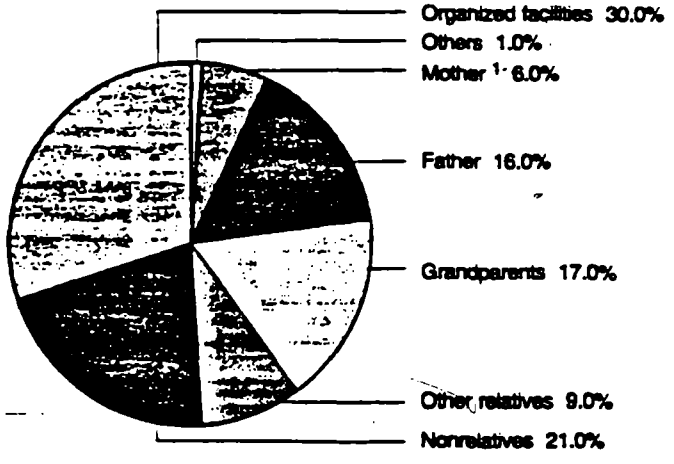
A little more than half (52 percent) of preschool-age children were cared for by someone other than relatives while their mothers were at work. In 1993, more preschoolers were cared for in organized child care facilities than in any other single arrangement; approximately 1 in 3 preschoolers were cared for in organized child care facilities. Nonrelatives, including in-home babysitters and family day care providers, were also important sources of child care; about 1 in 5 preschool-age children were cared for by nonrelatives.

Another important consideration in the choice of child care arrangements is the environment in which care is provided. In 1993, about a third of preschoolers were cared for in each of the three major child care environments: the child's home, the provider's home, and organized child care facilities (table 1).

Defining Child Care Arrangements

Relatives include mothers, fathers, siblings, grandparents, and other relatives. **Other relatives** include aunts, uncles, and cousins. An **organized child care facility** is a day care center, a nursery school, or a preschool. A **family day care provider** is a nonrelative who cares for one or more unrelated children in her/his home. **In-home babysitters** are nonrelatives who provide care within the child's home. **Nonrelatives** include in-home babysitters and family day care providers.

Figure 1.
Primary Child Care Arrangements Used by Families With Employed Mothers for Preschoolers: 1993



[1] Includes mothers working at home or away from home.

Table 1.
Primary Child Care Arrangements of Preschoolers by Mother's Employment Status: Fall 1993

Type of arrangement	All preschoolers		Employment status [1]							
			Employment schedule				Shift work status			
			Full time		Part time		Day shift		Non-day shift	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Preschoolers	9,937	100.0	6,425	100.0	3,512	100.0	6,083	100.0	3,855	100.0
Care in child's home	3,054	30.7	1,656	25.8	1,398	39.8	1,465	24.1	1,589	41.2
By father	1,585	15.9	719	11.2	866	24.7	657	10.8	928	24.1
By grandparent	649	6.5	384	6.0	264	7.5	361	5.9	287	7.4
By other relative	328	3.3	227	3.5	101	2.9	166	2.7	162	4.2
By nonrelative	492	5.0	325	5.1	167	4.8	281	4.6	211	5.5
Care in provider's home	3,184	32.0	2,239	34.9	945	26.9	2,095	34.4	1,089	28.3
By grandparent	996	10.0	684	10.6	312	8.9	593	9.7	403	10.5
By other relative	543	5.5	384	6.0	159	4.5	360	5.9	183	4.8
By nonrelative	1,645	16.6	1,171	18.2	474	13.5	1,143	18.8	503	13.0
Organized child care facilities	2,972	29.9	2,166	33.7	806	22.9	2,146	35.3	826	21.4
Day/group care center	1,823	18.3	1,398	21.8	425	12.1	1,369	22.5	453	11.8
Nursery/preschool	1,149	11.6	768	11.9	381	10.9	776	12.8	373	9.7
Mother cares for child at work [2]	616	6.2	280	4.4	336	9.6	296	4.9	321	8.3
Other [3]	111	1.2	84	1.3	26	0.8	81	1.3	30	0.8

[1] Calculations based on mother's principal job only.
[2] Includes women working at home or away from home.
[3] Includes preschoolers in kindergarten and school-based activities.

Preschoolers' child care arrangements have changed dramatically over the past few years

Noteworthy changes have recently occurred in the types of child care arrangements parents use for their preschoolers. Between 1988 and 1991, the proportion of preschoolers who were cared for in organized child care facilities declined from 26 percent to 23 percent (figure 2). However, between 1991 and 1993, this trend reversed itself and the proportion of preschoolers who were cared for in organized facilities jumped from 23 percent to 30 percent, representing a 30 percent increase over the 2-year period.

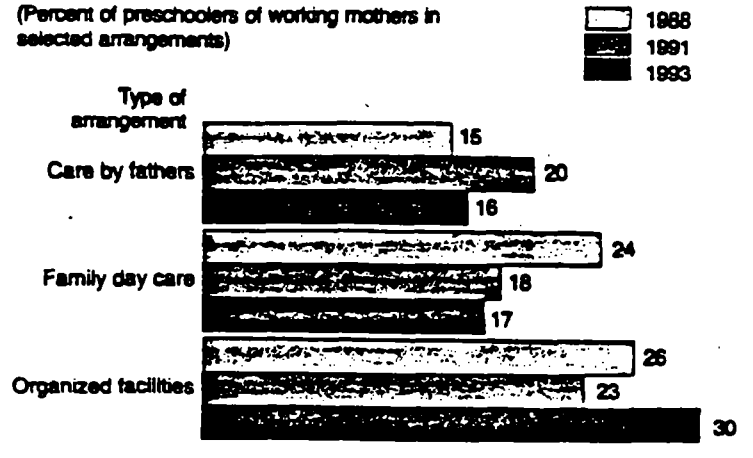
During the same time periods these shifts were occurring, there were offsetting changes in the proportions of preschoolers being cared for by fathers and family day care providers. Care by fathers, while remaining at about the 15 percent level between 1977 and 1988, sharply increased to 20 percent by 1991. However, between 1991 and 1993, the proportion of preschoolers being cared for by their fathers dropped back down to 16 percent.

Family day care had also been a consistent source of child care arrangements, providing 23 percent of all arrangements for preschoolers in 1977 and 1988. However, the proportion of children cared for by family day care providers sharply fell from 24 percent in 1988 to 18 percent in 1991 and remained at this historically low level in 1993.

Between 1988 and 1991, the decreases in the use of organized child care facilities and family day care providers, and the increase in care by fathers, may have been rational responses to the economic recession which occurred during the same time period. Increases

Figure 2.
Changes in Selected Child Care Arrangements: 1988 to 1993

(Percent of preschoolers of working mothers in selected arrangements)



in the proportion of fathers who were unemployed and working at part-time jobs meant that more fathers were available to serve as potential child care providers. These shifts also may have reflected the desire of parents to cut down on child care costs by switching to more parental supervision of their children whenever possible. Between 1991 and 1993, the fact that the decline in care by fathers and the increase in the use of organized facilities occurred at the same time as the recession was ending also supports this notion. Note also that not only did father care decline during this period, but mother care declined as well from 9 percent in 1991 to 6 percent in 1993.

It could be then, that the increase in care by fathers between 1988 and 1991 which many thought was part of a growing social trend for fathers to become more involved in the rearing of their children, actually was driven more by the economy and the attendant economic circumstances of families with young children. The continued comparative unpopularity of family day care may in part reflect a growing uneasiness of parents to use a minimally regulated arrangement where there is a single provider, as opposed to a heavily regulated arrangement — an organized child care facility — where there are a number of providers. Recent media reports of child neglect and abuse at the hands of babysitters and family day care providers may also be a factor in the decline in the use of family day care providers.

Mothers working evening or night shifts have an easier time arranging for relative and in-home care

The type of shift that a mother works makes a big difference in the kind of primary care arrangements she uses. When compared to children whose mothers work day shifts, children whose mothers work non-day shifts are less likely to be cared for by someone other than a relative.[1] For example, among preschoolers whose mothers worked a day shift at their principal job, 60 percent were cared for by someone who was not related to them compared with only 41 percent of children whose mothers worked a non-day shift (figure 3).[2]

Use of organized child care facilities was also more prevalent for children of women working day shifts, accounting for 37 percent of all child care arrangements (figure 3). Because organized child care facilities often may not be available during evenings or on weekends, children of women working non-day shifts used these facilities less frequently, amounting to 22 percent of all child care arrangements.

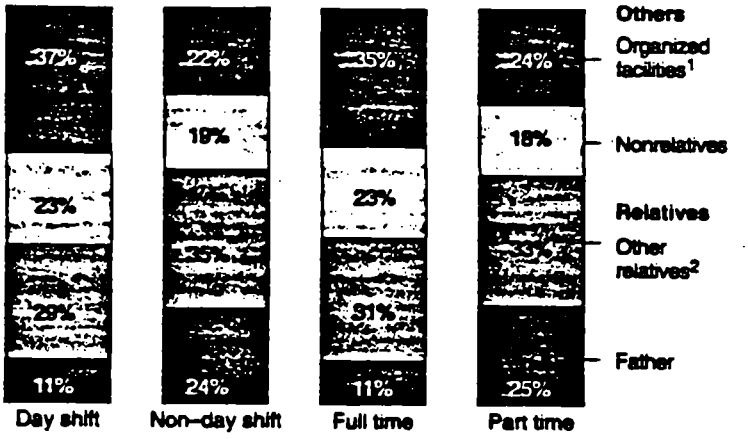
[1] Day shift in this report is defined as a work schedule where at least one-half of the hours worked daily were between 8:00 a.m. and 4:00 p.m. All other schedules in which the majority of hours are worked outside of this period or which have irregular or rotating hours are classified as non-day work shifts.

[2] The 37 percent of preschoolers who are cared for in organized facilities includes about 1 percent of children who are in kindergarten or school based activities.

Working non-day rather than day shifts may offer more opportunities for women with preschoolers to secure care for their children by relatives, especially by the children's fathers. Overall, 59 percent of the preschool-age children of women working non-day shifts were cared for by relatives compared with only 40 percent of the children of women working day shifts. In addition, preschoolers whose mothers worked non-day shifts were two and one-half times as likely as preschoolers whose mothers worked day-shifts to have their fathers as primary care providers (24 percent vs. 11 percent).

Children whose mothers worked day shifts were also more likely to be cared for in another home than children whose mothers worked non-day shifts (table 1). Among preschoolers whose mothers worked a day shift, 34 percent were cared for in another home compared with 28 percent of children whose mothers worked a non-day shift. In contrast, only 24 percent of the preschool-age children of women working day shifts were cared for in their own home compared with

Figure 3.
Child Care Arrangements for Preschoolers by Employment Status of Mother: 1993



[1] Includes day care centers, nursery schools, preschools, and about 1 percent of children in kindergarten or school based activities.
[2] Includes mothers, siblings, grandparents, and other relatives.

41 percent of the children of women working non-day shifts.

Mothers working part time also have an easier time arranging for relative and in-home care

Child care patterns by the number of hours worked are similar — preschool children of mothers employed full time were less likely to be cared for by relatives (42 percent) than were children of mothers employed part time (58 percent). On the other hand, full-time working mothers relied more heavily on child care by nonrelatives (23 percent) and organized child care facilities (35 percent) than did part-time working mothers.

Preschool-age children of part-time working mothers were twice as likely to be cared for by their mothers while at work (10 percent), than were children of mothers who worked full time (4 percent, table 1). In addition, child care provided by the father was also more frequent when the mother worked part time (25 percent) than full time (11 percent). Families may have chosen a part-time work schedule for mothers in order to reduce work schedule conflicts between spouses, thus providing these families with a greater opportunity for one parent to care for their children while the other parent is at work.

In 1993, children whose mothers were employed full time were less likely to be cared for in the child's home (26 percent) than were children whose mothers were employed part time (40 percent). However, no differences at all were found in the proportion of grandparents and other relatives (10 percent) or nonrelatives (5 percent) caring for preschoolers in the child's home among children whose mothers were employed part time versus full time. In contrast, full-time working mothers relied more heavily on child care in someone else's home (35 percent) than did part-time working mothers (27 percent).

Black and Hispanic mothers rely more heavily on their relatives to provide child care assistance while they are working than do White mothers

In 1993, at least half of the care received by Black and Hispanic preschoolers was provided by their relatives compared to only about 45 percent of the care received by White children (table 2). About 4 in 10 Black and Hispanic children were cared for by grandparents or other relatives compared to only about 2 in 10 White children. Care by grandparents was especially important to Black and Hispanic families, accounting for one-fifth of all arrangements used for preschoolers. Care by fathers was less common among Black children than among either White or Hispanic children.

In contrast, White preschoolers were more likely to be cared for by nonrelatives or in organized child care facilities than either Black or Hispanic preschoolers (54 percent compared with 48 percent and 41 percent respectively). But, Black and White children were more likely to use organized child care facilities (about 32 percent each), than were Hispanic children (21 percent).

Children who live with only one parent are much more likely to be cared for by their grandparents and other relatives than are children who live with married-couple parents

Because children who live with married couple parents are more likely to live with their fathers than are children who live with only one parent, preschoolers with married parents are more likely to be cared for by their fathers. In 1993, preschoolers in married-couple families were fourteen times more likely to be cared for by their fathers than preschoolers whose parents were divorced, widowed, or separated, and 4 times more to be cared for by their fathers than children who lived with a never-married parent.

In contrast, children in one-parent families were much more likely to be cared for by grandparents and other relatives than those in married-couple families. Only 14 percent of children living with married-couple parents were cared for by their grandparents compared with 21 percent of preschoolers whose parents were divorced, widowed, or separated and 28 percent of preschoolers whose parents never married. Compared with preschoolers whose parents were married, preschoolers whose parents were not married were twice as likely to be cared for by other relatives (7 percent vs. 16 percent).[3]

Relatives provide a great deal of child care for preschoolers in poor families

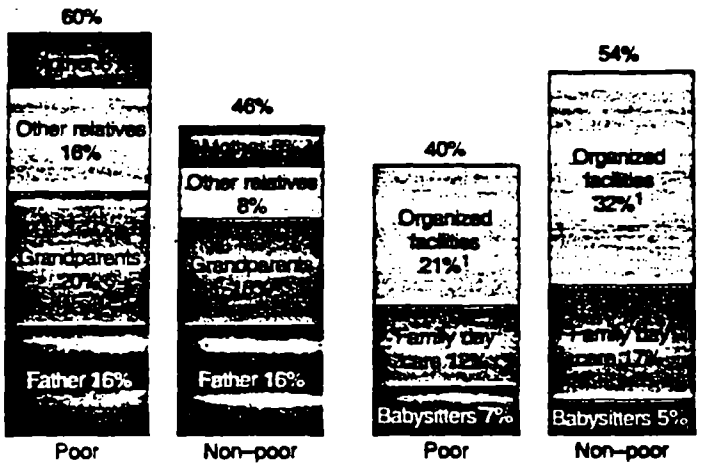
For many families child care can be a costly expense. However, asking relatives to serve as child care providers may be one way to avoid having to pay for child care. Child care costs constitute an especially large portion of the poor family's budget, so it comes as no surprise that poor families rely more heavily on relatives to help them out with child care than non-poor families do.[4] In 1993, 60 percent of all child care for preschoolers in poor families was provided by relatives, compared to only 46 percent for non-poor families (figure 4).

Grandparents and other relatives play an especially large part in the child care of poor preschoolers. Preschoolers in poor families were 50 percent more likely to be cared for by their grandparents and other relatives than were preschoolers in non-poor families (36 percent vs.

[3] The proportion of preschoolers of widowed, separated, or divorced mothers who were cared for by grandparents (21 percent) is not significantly different from the proportion who were cared for by other relatives (16 percent).

[4] For more information about child care costs see Casper, Lynne M. 1995. *What Does It Cost to Mind Our Preschoolers?* U.S. Government Printing Office, Washington DC.

Figure 4.
Child Care Arrangements for Preschoolers by Poverty Status: 1993



[1] Includes day care centers, nursery schools, preschools, and about 1 percent of children in kindergarten or school based activities.

24 percent). In contrast, fathers and mothers were no more likely to provide child care in poor than non-poor families.

Poor families are less likely to use organized child care facilities than non-poor families because child care in an organized facility is one of the most expensive of all types of child care arrangements. In 1993, children in poor families were two-thirds less likely than children in non-poor families to be cared for in organized child care facilities while their mothers were at work (21 percent vs. 32 percent).

Children in families receiving welfare benefits are more dependent on relatives to provide child care

In the fall of 1993, approximately 1.5 million preschoolers lived in families who received either General Assistance, AFDC (Aid to Families with Dependent Children), Food Stamps, or WIC (Special Supplemental Food Program for Women Infants and Children). A significant proportion of preschoolers lived in families who participated in more than one program at the same time (43 percent).

Like children in poor families, those receiving either General Assistance, AFDC, Food Stamps, or WIC benefits were more likely to be cared for by relatives than were those not receiving these benefits (57 percent vs. 46 percent). Children whose families received at least one type of assistance were also less likely to be cared for in organized day care facilities than were those not receiving these benefits (23 percent vs. 31 percent).

When we examine the usage of child care arrangements by recipients in specific programs, we see this pattern does not necessarily hold. Children in families enrolled in the WIC program were 20 percent more likely to be cared for by relatives than were children not enrolled in the program. Similarly, children in families receiving Food Stamps were also 20 percent more likely to be cared for by relatives than were children not receiving Food Stamps. However, children in families receiving AFDC were no more likely to be cared for by relatives than were those not receiving AFDC. The principal reason for this difference is because a smaller proportion of preschoolers are cared for by their fathers in AFDC families (5 percent) than in WIC (14 percent) and Food Stamp families (11 percent).[5]

Similar to children in poor families, children in families receiving WIC benefits are much less likely to be cared for in organized child care facilities when compared with those not receiving WIC benefits (19 percent vs. 31 percent). In contrast, AFDC and Food Stamp recipients are about equally as likely as non-recipients to use organized child care facilities. Why would WIC recipients be less likely to use organized child care facilities than non-recipients? One reason may be because mothers in families receiving WIC benefits are younger and have younger children than mothers in families receiving other types of benefits and some organized facilities have regulations restricting enrollment to older children. In 1993 for example, only 19 percent of infants under 1 year of age were cared for in organized facilities while their mothers were at work compared with 42 percent of 4-year-olds. Note also that in families with mothers aged 15 to 24, one-fifth of preschoolers were cared for in organized facilities compared with one-third of those in families with mothers who are 35 years of age or more.

Organized child care facilities are more popular in the South and in the suburbs

In 1993, families in the South were more likely to choose organized child care facilities and less likely to choose relatives as primary care providers for their preschoolers than families in any other region of the country. In contrast, families residing in the Northeast were the most likely to call on relatives to provide care for their preschoolers. The greater use of relatives in the Northeast

[5] Proportions of children cared for by their fathers in WIC (14 percent) and Food Stamps (11 percent) families were not significantly different from each other.

Table 2.
Primary Child Care Arrangements Used for Preschoolers by Families With Employed Mothers: Fall 1993

Characteristics	Number of children	Type of primary care arrangement										
		Care in child's home by				Care in another home by			Organized facilities			
		Father	Grand-parent	Other relative	Non-relative	Grand-parent	Other relative	Non-relative	Day-care center	Nursery/ pre-school	Mother cares for child[1]	Other[2]
All Preschoolers	9,937	1,585	649	328	492	996	543	1,845	1,823	1,149	616	111
Race and Hispanic Origin:												
White, not Hispanic	7,295	1,252	389	141	370	699	299	1,294	1,461	807	529	54
Black, not Hispanic	1,161	101	123	82	17	106	135	164	188	191	33	22
Hispanic origin	1,078	161	86	85	76	158	88	136	110	119	34	26
Other	403	71	50	21	30	33	21	51	64	31	21	9
Age of Child:												
Less than 1 year	1,831	285	123	45	98	183	108	384	284	29	113	-
1 year	2,122	392	186	88	84	229	136	449	408	56	92	3
2 years	1,969	304	117	55	139	247	113	327	392	140	132	3
3 years	2,161	300	128	76	87	172	111	322	424	386	152	3
4 years	2,055	304	95	65	85	166	74	184	314	539	127	102
Marital Status:												
Married, husband present	7,841	1,514	378	183	394	750	360	1,282	1,429	924	543	84
Widowed, separated, divorced	1,012	14	113	70	60	101	90	176	192	137	48	12
Never married	1,084	57	158	75	39	144	94	188	201	88	25	14
Age of Mother:												
15 to 24 years	1,566	225	184	69	61	226	118	279	256	77	60	10
25 to 34 years	5,984	1,040	340	150	263	615	334	982	1,113	713	363	71
35 years and over	2,387	320	124	108	168	155	91	385	454	359	192	30
Educational Attainment:												
Less than high school	1,051	180	109	98	50	90	85	155	116	96	64	8
High school, 4 years	3,549	611	258	115	118	447	253	564	600	346	201	38
College, 1 to 3 years	2,772	447	155	69	123	267	139	437	542	347	210	35
College, 4 or more years	2,566	347	127	46	203	192	66	489	564	360	141	30
Enrollment in School:												
Enrolled in school	742	89	69	27	24	58	30	124	166	101	48	8
Not enrolled in school	9,196	1,496	579	301	468	938	513	1,522	1,657	1,048	569	104
Monthly Family Income[3]:												
Less than $1,200	1,070	170	70	52	61	143	100	161	143	73	83	13
$1,200 to $2,999	3,268	648	177	116	96	370	235	490	516	324	262	35
$3,000 to $4,499	2,578	454	189	70	114	266	86	488	476	275	136	26
$4,500 and over	2,981	313	204	90	219	210	123	498	685	475	127	38
Poverty Level[3]:												
Below poverty	1,068	173	88	65	70	126	104	131	128	83	87	13
Above poverty	8,829	1,412	552	263	419	862	439	1,506	1,692	1,064	521	98
Program Participation:												
All recipients[4]	1,537	196	141	91	62	193	157	229	247	111	98	11
Non-recipient[5]	8,401	1,387	507	237	431	803	386	1,416	1,576	1,038	519	101
AFDC recipient	443	20	44	32	24	43	49	68	81	48	32	2
Non-recipient	9,495	1,565	605	296	468	953	494	1,577	1,742	1,101	584	109
WIC recipient	1,019	139	89	70	28	118	126	178	139	58	67	6
Non-recipient	8,919	1,446	559	258	465	878	417	1,467	1,683	1,091	549	105
Food Stamps recipient	873	93	81	48	38	113	107	93	155	82	52	11
Non-recipient	9,064	1,492	568	280	454	883	436	1,552	1,668	1,067	564	101
Region:												
Northeast	1,748	440	112	78	69	185	93	189	290	152	104	16
Midwest	2,773	453	200	78	92	272	120	609	479	237	211	21
South	3,319	348	203	93	184	337	237	506	695	531	134	50
West	2,097	344	133	80	126	202	93	341	359	229	166	23
Metropolitan Residence:												
Metropolitan	7,746	1,246	507	256	433	761	391	1,234	1,402	960	467	88
In central cities	2,844	495	218	108	147	296	143	471	465	316	150	34
Suburbs	4,902	751	290	148	286	465	247	763	937	644	317	55
Nonmetropolitan	2,191	339	141	72	59	235	152	412	420	189	149	23

- Rounds to or represents zero. [1]Includes mothers working at home or away from home. [2]Includes preschoolers in kinderparten and school-based activities. [3]Omits preschoolers whose families did not report income. [4]Family receiving either AFDC, Food Stamps or WIC, or any combination of the three programs. Also includes a small number of preschoolers (18 [illegible] families are on [illegible] Assistance, not [illegible] ing either [illegible] l Assistance, AFDC, [illegible] or WIC.

can be attributed to the greater use of fathers in the region, where 1 in 4 preschoolers were cared for by their fathers, compared to 1 in 6 in the Midwest and West, and only 1 in 10 in the South.

Families in the suburbs were more likely to use organized child care facilities to care for their preschoolers (32 percent) than were families in central cities or nonmetropolitan areas (28 percent each). On the other hand, preschoolers residing in central cities and nonmetropolitan areas (50 percent each) were more likely than preschoolers residing in the suburbs (45 percent) to be cared for by relatives.

Upcoming reports

Sharp changes in the distribution of preschoolers' child care arrangements have been observed between 1988 and 1993. For example, between 1988 and 1991 care by fathers rose substantially for the first time since 1977. However, between 1991 and 1993 there was a decline in the use of fathers as principle care providers back down to the level it had been before 1991. In our next report, we explore the reasons for this shift and the other shifts in child care arrangements that occurred over this period.

More information

A detailed table package showing the costs of child care and the child care arrangements of preschool and gradeschool children is available on floppy disk for $20 (PE-33) or on paper for $10 (PPL-34) from the Population Division's Statistical Information Office (301-457-2422). The table package is also available on the INTERNET (http://www.census.gov); look for child care data from the Population Division. Information about child care costs is available in the report *What Does It Cost to Mind Our Preschoolers?* (P70-52). To order a copy of this report, contact the Statistical Information Office.

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Accuracy of the data

All statistics are subject to sampling error, as well as nonsampling error such as survey design flaws, respondent classification and reporting errors, data processing mistakes, and undercoverage. The Census Bureau has taken steps to minimize errors in the form of quality control and edit procedures to reduce errors made by respondents, coders and interviewers. Ratio estimation to independent age-race-sex population controls partially corrects for bias due to survey undercoverage. However, biases exist in the estimates when missed persons have characteristics different from those of interviewed persons in the same age-race-sex group.

Analytical statements in this report have been tested and meet statistical standards. However, because of methodological differences, use caution when comparing these data with data from other sources. Contact Jennifer Guarino, Demographic Statistical Methods Division, at 301-457-4228 or on the INTERNET at jguarino@census.gov for information on (1) the source of data, (2) the accuracy of estimates, (3) the use of standard errors, and (4) the computation of standard errors for estimates in this publication.

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CB96-61

USE OF ORGANIZED CHILD CARE FACILITIES REACHES 30 PERCENT, PROPORTION OF PRESCHOOLERS CARED FOR BY FATHERS DECLINES, CENSUS BUREAU REPORTS

EMBARGOED UNTIL: APRIL 24, 1996 (WEDNESDAY) - The use of organized child care facilities increased to 30 percent of all arrangements used in 1993, while care by fathers decreased, according to a new report entitled, Who's Minding Our Preschoolers? (P70-53), released today by the Commerce Department's Census Bureau.

The proportion of preschoolers with working mothers who were cared for in organized facilities jumped from 23 percent in 1991 to an all-time high of 30 percent in 1993. This followed a period of decline, between 1988 and 1991, when the proportion of preschoolers who were cared for in organized child care facilities dropped from 26 to 23 percent.

Meanwhile, the proportion of preschoolers who were cared for by their fathers declined from 20 percent in 1991 to 16 percent in 1993. This followed a significant increase in care by fathers during the 1988 to 1991 period, when the proportion rose to 20 percent in 1991.

The report's author, Lynne Casper says, "The 1993 data suggests that the increases in care by fathers previously noted

(more)

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between 1988 and 1991 was not the result of a growing social trend for fathers to become more involved in the rearing of their children, but apparently an outcome driven more by the economy and the attendant economic circumstances of families with young children."

The report also revealed that the proportion of children cared for by family day care providers sharply fell from 24 percent in 1988 to 18 percent in 1991, and remained at that level in 1993.

Other highlights include:

- In the fall of 1993, there were 9.9 million children under age five who were in need of child care while their mothers were working. Of these children, almost half (48 percent) were primarily cared for by relatives. The majority of preschoolers who were cared for by relatives were cared for by either their grandparents or their fathers, each accounting for a third of the care provided by relatives.

- Children in families receiving some kind of public assistance were more likely to be cared for by relatives than were children in families not receiving these benefits (57 percent vs. 46 percent).

- Sixty percent of all child care for preschoolers in poor families was provided by relatives, compared to only 46 percent in non-poor families in 1993.

- Preschool children of mothers employed full time were less likely to be cared for by relatives (42 percent) than were children of mothers employed part time (58 percent). In addition, child care provided by the father also was less frequent when the mother worked full time (11 percent) than part time (25 percent).

- In 1993, families in the South were more likely to choose organized child care facilities and less likely

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to choose relatives as primary care providers for their preschoolers than in any other region in the country. In contrast, families residing in the Northeast were the most likely to call on relatives to provide care for their preschoolers.

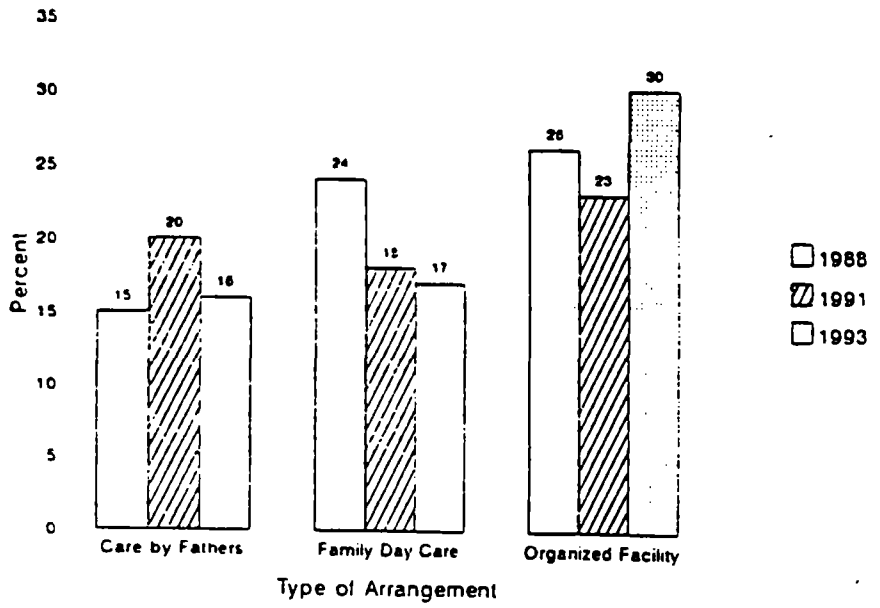
- African American (50 percent) and Hispanic (57 percent) children were more likely to be cared for by relatives while their mothers were working, than were White children (45 percent).

As in all surveys, the data in this report are subject to sampling variability and other sources of error.

-X-

Editor's note: media representatives may obtain copies of the report from the Census Bureau's Public Information Office on 301-457-3030; fax: 301-457-3670; or e-mail: pio@census.gov; or contact Fax-On-Demand at 301-457-4178, Document No. 1139. Other orders should be directed to the bureau's FastFax: 1-900-555-2Fax (there is a nominal fee); Customer Services Branch on 301-457-4100; or fax: 301-457-3842.

CHILD CARE ARRANGEMENTS OF PRESCHOOLERS WITH WORKING MOTHERS: 1988 TO 1993



Source: U.S. Department of Commerce, Bureau of the Census

U.S. Census Bureau The Official Statistics

WHAT DOES IT COST TO MIND OUR PRESCHOOLERS?

By Lynne M. Casper

This is an excerpt from a larger report (P70-52). To purchase a complete report, email *pop@census.gov.*

One of the most important decisions employed parents make is arranging for someone to care for their children while they are working. Reliable, quality care is especially important for preschoolers because young children are dependent on caregivers to fulfill their basic needs and to keep them from harm. Affordability is also an important consideration and for many parents child care is a costly expense. In this report, we examine who pays for child care and how much it costs.

According to the Survey of Income and Program Participation, in Fall 1993, there were 8.1 million families with preschoolers who required care during the time their mothers were at work. Of these families, 56 percent paid an average of $74 per week for child care or about 8 percent of their monthly family income (table 3). Larger families paid much more for child care than smaller families. Families with two or more preschool-aged children paid about $110 per week for child care while families with one child paid only $66 per week. Families with two or more children also spent a larger share of their family income on child care (11 percent versus 7 percent). Married-couple families spent about $78 per week to care for their children, at least $15 more per week than single-parent families spent. However, married-couple families spent a much smaller proportion of their family income on child care (7 percent) than did single-parent families (12 percent).

Families with older mothers paid more for child care than did families with younger mothers. Families with mothers who were 35 years old or more spent on average at least $14 more per week on child care than families with younger mothers (those less than 35). In contrast, families with younger mothers spent a much larger proportion of their income on child care than did families with older mothers. For example, families with mothers aged 15 to 24 spent about 10 percent of their monthly income on child care, compared with families with mothers aged 35 or over who spent about 7 percent of their income on child care.

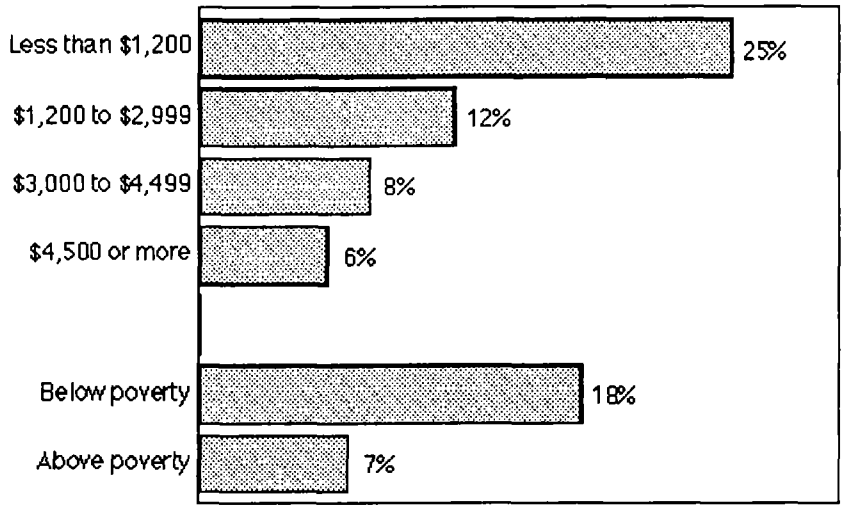
Families whose mothers have more education pay more for child care than families whose mothers have less education. In 1993, families whose mothers had less than a high school education paid significantly less for child care per week ($60) than families whose mothers completed some college ($70), and those whose mothers were college educated ($93). In contrast, while child care expenditures accounted for about 10 percent of the family budget in families whose mother had less than a high school education, they accounted for only about 7 percent of the budget in families whose mothers were college educated.

Child care is more of an economic burden for poor families

In 1993, relatively fewer poor than non-poor families paid for child care (37 percent versus 58 percent). Poor families paid about $25 less a week for child care than non-poor families ($50 versus $76). However, child care consumed an especially large share of the poor family's budget; poor families who paid for care spent 18 percent of their income on child care, compared with non-poor families who spent 7 percent (figure 3).

7 percent (figure 3).

Figure 3.
Percent of Monthly Family Income Spent on Child Care by Family Income and Poverty Status*



*Limited to families with a preschooler.

Fewer families receiving either general assistance, AFDC, Food Stamps, or WIC payments paid for child care than did families not receiving these benefits (46 percent versus 57 percent). Families who participated in at least one of these programs spent an average of $50 per week on child care, while families who did not participate in any of these programs spent an average of about $78 per week on care. In contrast, child care consumed about 13 percent of the family budget for participant families compared with only about 7 percent for non-participant families.

Child care is more expensive in the Northeast and in metropolitan areas

In 1993, more families in the South paid for child care than did families in any other part of the country. But, families paid more for child care in the Northeast ($85 per week) than either in the Midwest or in the South (about $70 per week each). Child care was more expensive in metropolitan areas ($80 per week) than in nonmetropolitan areas ($55 per week), with families residing in metropolitan areas spending a slightly higher percentage of their monthly income on child care (8 and 7 percent respectively).

Upcoming Reports

Sharp changes in the distribution of preschoolers' child care arrangements have been observed between 1991 and 1993. The most notable changes include the rise in the use of organized child care facilities and the decline in the use of fathers as principal care providers during the time mothers are at work. Additional reports about these arrangements will be issued later this year.

More information

A detailed table package showing the child care arrangements of preschool and gradeschool children is available on floppy disk for $20 or on paper for $10 from Population Division's Statistical Information Office (301-457-2422). The table package is also available on the INTERNET (www.census.gov); look for Child Care data from the Population Division.

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Table 3.
Weekly Child Care Costs Paid for Preschoolers by Families With Employed Mothers, Fall 1993

(Numbers of families in thousands. Excludes families with no report of family income in last 4 months)

Characteristics	Number of families	Payments made		Weekly child care expenses[1]		Hours worked per week[1]	Monthly income[2] — of —		Income spe month on ch
		Number	Percent	($)	Standard error		Family ($)	Mother ($)	Percent[3]
All families	8,076	4,493	55.6	74.15	1.26	36.52	4,264	1,839	7.56
Race and Hispanic Origin:									
White, not Hispanic	5,937	3,420	57.6	76.35	1.44	36.09	4,491	1,869	7.37
Black, not Hispanic	993	517	52.1	60.89	3.18	38.37	3,104	1,645	8.50
Hispanic origin	831	434	52.2	65.69	3.80	36.88	3,174	1,434	8.97
Marital Status:									
Married, husband present	6,261	3,522	56.3	77.88	1.46	36.67	4,842	1,951	6.97
Widowed, seperated, divorced	868	530	61.1	61.09	3.00	36.81	2,157	1,610	12.27
Never married	948	442	46.6	60.07	3.27	35.01	2,086	1,213	12.48
Age of Mother:									
15 to 24 years	1,372	628	45.8	58.49	2.25	34.46	2,495	967	10.16
25 to 34 years	4,732	2,701	57.1	72.44	1.50	37.00	4,089	1,753	7.68
35 years and over	1,972	1,164	59.0	86.56	2.94	36.51	5,588	2,508	6.71
Number of Preschoolers:									
1 child	6,515	3,694	56.7	66.48	1.17	36.53	4,229	1,835	6.81
2 or more children	1,561	799	51.2	109.63	3.86	36.49	4,371	1,853	10.87
Educational Attainment:									
Less than high school	847	373	44.0	59.70	4.07	35.55	2,592	987	9.98
High school, 4 years	2,931	1,498	51.1	65.07	1.77	37.08	3,389	1,420	8.32
College, 1-3 years	2,246	1,277	56.9	69.51	2.01	35.71	3,833	1,618	7.86
College, 4 or more years	2,052	1,345	65.5	92.67	2.75	36.93	6,079	2,751	6.61
Enrollment in School:									
Enrolled in school	622	369	59.4	78.81	4.18	33.71	3,904	1,590	8.75
Not enrolled in school	7,454	4,124	55.3	73.73	1.31	36.77	4,286	1,861	7.46
Employment Status:									
Full-time worker	5,301	3,341	63.0	79.00	1.46	41.34	4,333	2,072	7.90
Part-time worker	2,775	1,153	41.5	60.11	2.27	22.56	4,027	1,162	6.47
Work Shift Status:									
Daytime worker	5,009	3,173	63.4	76.56	1.47	38.55	4,358	1,940	7.61
Non-day worker	3,068	1,320	43.0	68.32	2.34	31.64	4,006	1,594	7.39
Monthly Family Income:									
Less than $1,200	927	366	39.4	47.29	2.74	32.74	815	748	25.14
$1,200 to $2,999	2,667	1,295	48.6	60.16	1.86	35.97	2,177	1,202	11.98
$3,000 to $4,499	2,091	1,191	56.9	73.10	2.13	37.34	3,746	1,647	8.46
$4,500 and over	2,391	1,642	68.7	91.93	2.37	37.20	7,029	2,723	5.67
Poverty Level:									
Below poverty level	870	319	36.6	49.56	3.47	30.66	1,211	696	17.73
Above poverty level	7,206	4,174	57.9	76.03	1.30	36.97	4,487	1,926	7.34
Program Participation:									

Recipient[4]	1,218	558	45.8	49.76	2.27	32.97	1,682	869	12.82
AFDC	352	154	43.7	46.47	4.27	28.10	1,176	736	17.13
WIC	785	344	43.8	52.11	3.05	34.07	1,830	897	12.34
Food Stamps	706	319	45.0	45.42	3.04	31.71	1,349	822	14.60
Non-recipient[5]	6,858	3,935	57.4	77.61	1.36	37.02	4,619	1,973	7.28
Region:									
Northeast	1,443	658	45.6	85.07	3.38	34.62	4,670	2,032	7.89
Midwest	2,237	1,261	56.4	71.47	1.96	36.28	4,236	1,853	7.31
South	2,739	1,684	61.5	69.17	2.17	37.66	4,196	1,778	7.14
West	1,658	890	53.7	79.32	2.98	36.11	4,083	1,789	8.42
Metropolitan Residence:									
Metropolitan	6,283	3,487	55.5	79.72	1.50	36.50	4,497	1,943	7.68
In central cities	2,272	1,204	53.0	81.66	2.89	36.75	4,036	1,855	8.77
Suburbs	4,010	2,283	56.9	78.70	1.71	36.37	4,740	1,989	7.19
Nonmetropolitan	1,793	1,006	56.1	54.85	1.72	36.59	3,414	1,478	6.96

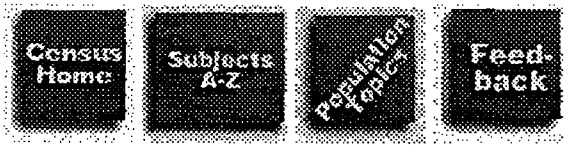
[1]Average per week for families making child care payments for any child under 5 years old. [2]Average monthly income for the last 4 month families making child care payments. [3]Percent is ratio of average monthly child care payments to the average monthly family income. includes the small number of families (17,000) on General Assistance. [5]Family not receiving either General Assistance, AFDC, Food Stamp payments.

Source and Accuracy of Estimates

All statistics are subject to sampling error, as well as non-sampling error such as survey design flaws, respondent classification and reporting errors, data processing mistakes, and undercoverage. The Census Bureau has taken steps to minimize errors in the form of quality control and edit procedures to reduce errors made by respondents, coders and interviewers. Ratio estimation to independent age-race-sex population controls partially corrects for bias due to survey undercoverage. However, biases exist in the estimates when missed persons have characteristics different from those of interviewed persons in the same age-race-sex group.

Analytical statements in this report have been tested and meet statistical standards. However, because of methodological differences, use caution when comparing these data with data from other sources. Standard errors which estimate the magnitude of the SIPP sampling error are provided for means and percent of income in the tables. We do not provide estimates of total error, which includes nonsampling error. Contact Elaine Hock, Demographic Statistical Methods Division, at 301-457-4182 or on the internet at ehock@census.gov for information on (1) the source of data, (2) the accuracy of estimates, (3) the use of standard errors, and (4) the computation of standard errors for other estimates not found in this publication.

Source: U.S. Census Bureau
Last Revised: Friday, 09-May-97 14:22:06



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Results of NICHD Study of Early Child Care
Reported at Society for Research in Child Development Meeting

New research being released this week indicates that the quality of child care for very young children does matter for their cognitive development and their use of language. In addition, quality child care in the early years, meaning care with a high degree of positive interaction between caregivers and children, can also lead to better mother-child interaction, the study finds.

The findings come from a longitudinal study on the effects of early child care supported by the National Institute of Child Health and Human Development (NICHD). They will be presented at the biennial meeting of the Society for Research in Child Development on April 4, 1997, at 4:30 p.m. at the Sheraton Washington Hotel in Washington, D.C.

"The most striking aspect of these results from the early child care study is that children are not being placed at a disadvantage in terms of cognitive development if they have high quality day care in their first three years," said NICHD's Director, Duane Alexander, M.D. "It's very important to study these issues as they are of such importance to American families."

A major way in which the NICHD Study of Early Child Care contributes to understanding the effects of child care is by moving beyond the global questions about whether child care is good or bad for children. Instead, it focuses on how the different aspects of child care, such as quantity and quality of care, are associated with children's cognitive and language development and mother-child interaction patterns over the first three years of life.

Just as important, the NICHD Study of Early Child Care examines effects of child care after taking into consideration other factors that shape children's development and their relationships with their mothers. These factors include family economic status, mother's psychological well being and intelligence, child sex and infant temperament. This study design makes it more likely that the effects discerned are truly due to child care, and not a function of other factors.

The study is clarifying the association between child care and children's cognitive development, as well as the association between child care and the mother-child relationship, two issues that are of deep concern to the over 50 million working mothers and their families in this country. Child care is becoming an ever increasing fact of life as more women stay in the work force after pregnancy and many more women are single parents. In 1980, according to U.S. census data, 38% of mothers, ages 18-44, with infants under one year of age, worked outside the home. By 1990, this percentage climbed to 50, a rate close to where it stands now. Most of these women return to work in their child's first three to five months.

Evidence is emerging from the study that across a wide range of child care settings, quality child care, as defined by positive caregiving and language stimulation given in the child care environment, are positively related to early cognitive and language development. While the quality of child care had a small but statistically significant relation to children's cognitive and linguistic outcomes, the combination of family income, maternal vocabulary, home environment, and maternal cognitive stimulation were stronger predictors of children's cognitive development.

"In this study, we found that the amount of language that is directed at the child in child care is an important component of quality provider-child interaction," said Dr. Sarah Friedman, NICHD coordinator of the study and one of its investigators. "This language input is predictive of children's acquisition of cognitive and language skills, which are the bedrock of school readiness."

Language stimulation was assessed by measuring how often caregivers spoke to children, asked them questions, and responded to their vocalizations. To assess children's cognitive development, researchers used standardized tests, including the Bayley Scales of Infant Development, the Bracken-Scale-of-Basic-Concepts school-readiness subtest, the MacArthur Communicative Development Inventory, and the Reynell Developmental Language Scale.

The small but consistent findings indicate that the higher the quality of child care in the first three years of life the greater the child's language abilities at 15, 24, and 36 months, the better the child's performance on the Bayley Scales of Infant Development at age two, and the more school readiness the child showed at age three.

Among children in care for more than 10 hours per week, those in center care, and to a lesser extent, those in child care homes, performed better on cognitive and language measures when the quality of the caregiver-child interaction was taken into account.

In addition to the cognitive findings, researchers also found that quality and amount of child care had a small but statistically significant association with the quality of the mother-child interaction. Again, a combination of other variables, including family environment, maternal education, and family income, were more influential in determining the quality of the mother-child interaction.

Researchers found that the amount of nonmaternal child care was weakly associated with less sensitive and engaged mother-child interactions. The more time infants and toddlers spent in non-maternal child-care arrangements, the less sensitive and positively involved were mothers with their infants at 6 months of age, the more negative they were with them at 15 months of age, the less positively affectionate the child was toward the mother at 24 and 36 months of age, and the less sensitive mothers were to their toddlers at the 36 month point.

Where effects of quality on mother-child interaction were found, higher quality of provider-child interaction in the child care setting predicted greater maternal involvement-sensitivity (at 15 and 36 months) and greater child positive engagement at 36 months.

Mother-child interaction was evaluated by videotaping mother and child together during play and observing mother's behavior toward the child to see how attentive, responsive, positively affectionate or restrictive the mother was when faced with multiple competing tasks (i.e., monitoring child, talking with interviewer).

In sum, what is happening at home and in families appears to be a powerful predictor of both cognitive outcomes and mother-child interaction. Still, with the family, maternal, and child care characteristics considered, the child care variables studied provided additional, significant prediction of children's cognitive and language outcomes and mother-child interaction.

In 1991, the NICHD Study of Early Child Care enrolled more than 1,300 families and their children from 10 locales throughout the country. The children, who were one month old or less at enrollment, their families, and their child-care arrangements are being followed through the child's seventh year of life. The families are diverse in terms of race, maternal education, family income, family structure (single-parent families are included), maternal employment status, type and quality of child care, and the number of hours that children spend in non-maternal care arrangements. Arrangements included father care, grandparent care, care by a non-relative in the child's home, child care homes, and center-based care.

The child care variables used in the analysis included information about the type of care, the amount of care, and the quality of care. Higher quality care was defined in terms of the interactions of child care providers with the study children. Interactions expected to promote positive affect, better social adjustment and greater cognitive and language skill were considered of higher quality.

Initiated and conducted by NICHD and investigators at 14 universities

nationwide, the study was spurred by many questions from parents, developmental psychologists, and policy makers about the effects of early child care on children's development. Among the investigators' core interests have been how these child-care experiences affect children's cognitive and language development and the way in which parents relate to children who are in child care. These are important study foci because early cognitive and language development predicts future school achievement and performance on intelligence tests and because patterns of mother-child interaction predict future social, emotional, and cognitive development.

Last April, study investigators released data which evaluated the infants up to the 15 month point. They found that child care, in and of itself, neither adversely affects, nor promotes, the security of children's attachment to their mothers at the 15 month age point, provided the children were already receiving relatively sensitive care from their mothers.

For more information about the study, contact NICHD's Public Information and Communications Branch at (301) 496-5133. The NICHD is part of the National Institutes of Health, the biomedical research arm of the Federal government. Since its inception in 1962, the Institute has become a world leader in promoting research on development before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation.

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NATIONAL CENTER FOR EDUCATION STATISTICS

Child Care and Early Education Program Participation of Infants, Toddlers, and Preschoolers

For a free single copy of this report, click here to contact ndrc@pcci.com at The National Data Resource Center or by phone at (703) 845-3151. Refer to publication number: NCES 95-213

The care and education children receive regularly from individuals other than their parents have attracted the attention of policy makers, practitioners, and researchers. In the United States over the past few decades, the percentage of children receiving such care and education has grown to the point that most children now receive some type of nonparental care and education prior to starting first grade (West et al. 1992). Increasingly, this care and education is being provided by nonrelatives in a formal group setting rather than by relatives or nonrelatives in a private home (O'Connell and Bachu 1992; West, Germino Hausken, and Collins 1993).

This report contains the first release of information from the 1995 National Household Education Survey (NHES) on the care and educational experiences of young children who have yet to enter kindergarten. It describes infants', toddlers', and preschoolers' participation in a variety of early care and education settings, including both home-based and center-based arrangements. Characteristics of children (age and race-ethnicity) and their families (family income and mother's education and employment status) that have been found to be related to children's participation rates are examined (Dawson and Cain 1990; Hofferth et al. 1991; O'Connell and Bachu 1992).

National Data on Early Care and Program Participation

The increased interest in children's early care and education has placed more demands on the federal statistical system to supply data for monitoring children's early childhood program participation rates (Brooks-Gunn et al. 1994). Several federal household surveys collect periodic data for monitoring parents' use of and children's receipt of a range of supplemental care and education. Among these are the U.S. Bureau of the Census' Current Population Survey (CPS) and Survey of Income and Program Participation (SIPP), and the National Center for Education Statistics' National Household Education Survey (NHES). The CPS concentrates on preschool children's participation in formal education programs; the SIPP focuses on the supplemental care and education children receive while their mothers work or attend school; and, the NHES examines the care and education children receive from persons other than their parents regardless of parental activities while in care and education settings.1

The early childhood program participation component of the NHES was developed to collect information on children's experiences in a wide range of care and education settings, including their homes, the homes of others, and formal group settings. This component was first fielded in 1991 and then repeated in 1995. Because parents are considered by definition to be their children's primary care providers, the NHES does not include parents as providers of supplemental care and education. Instead, it seeks to provide data to estimate how many children receive care and education on a regular basis from *persons other than their parents*.2 Furthermore, no attempt is made to distinguish settings where children receive care from settings where they receive education as any such distinction would be largely artificial.

The early childhood component of the 1995 NHES differs from the 1991 NHES. In 1991, children had to be at least 3 years old to be included in the survey. But in 1995, there was no lower age limit. Consequently, estimates of the number and percentage of infants and toddlers receiving supplemental care and education can be made along with estimates for older children.

Current Participation in Nonparental Care and Education Programs

Children may receive supplemental care and education in home-based or in center-based settings. Home-based arrangements may take place in either a child's own home or in the home of someone else. This care may be provided by a relative (other than the child's parents) or a nonrelative. Care provided by a nonrelative in the caregiver's home is commonly called family day care. Center-based programs, on the other hand, provide children with care and education in a nonresidential setting. These programs include day care centers, nursery schools, prekindergartens, and other types of organized group programs such as Head Start.3

There are many ways of calculating children's participation rates in various child care and early education program arrangements. This report uses a prevalence rate which represents the percent of children receiving care and education in each type of arrangement. In calculating this rate, no consideration is given to either the number of hours a child spends in one setting as compared to others or a parent's activities (e.g., whether or not a child's mother works) while the child is in nonparental care. Moreover, a child may be counted under several arrangements if he or she spends time in more than one setting.

During the spring of 1995, about 6 out of every 10 children under the age of six who have yet to enter kindergarten were receiving some type of care and education on a regular basis from persons other than their parents (table 1) .4 This translates to more than 12.9 million infants, toddlers, and preschool children receiving such care and education.

Table 1. Percentage of children under 6 years old participating in child care and early education programs on a regular basis, by type of arrangement and child and family characteristics 1

Characteristic	Children		Total		T In R
	Number (in thousands)	percent	percent	s.e.	per
Total	21,421	100	60	0.7	2
Age 4					
Less than 1 year old	4,158	19	45	1.6	2
1 year old	4,027	19	50	1.5	2
2 years old	4,007	19	54	1.5	1
3 years old	4,126	19	68	1.5	2
4 years old	4,065	19	78	1.2	1
5 years old	1,038	5	84	2.1	1
Race-ethnicity					
White, non-Hispanic	13,996	65	62	0.9	1
Black, non-Hispanic	3,344	16	66	2.0	3
Hispanic	2,838	13	46	1.6	2
Other	1,243	6	58	3.1	2
Household Income					
$10,000 or less	4,502	21	50	1.9	2
$10,001 to $20,000	2,909	14	54	1.9	2
$20,001 to $30,000	3,385	16	53	1.7	2
$30,001 to $40,000	3,047	14	60	1.8	2

$40,001 to $50,000	2,304	11	63	2.0	1
$50,001 to $75,000	3,063	14	74	1.6	2
More than $75,000	2,211	10	77	1.7	1
Mother's Education5					
Less than high school	3,055	15	38	2.0	2
High school / GED	7,328	35	56	1.2	2
Vocational/technical or some college	6,016	29	66	1.3	2
College graduate	3,478	17	70	1.6	1
Graduate or professional degree	1,246	6	79	2.3	1
Mother's Employment Status					
35 hours or more per week	7,101	34	88	0.8	3
Less than 35 hours per week	4,034	19	75	1.5	3
Looking for work	1,635	8	42	2.8	1
Not in labor force	8,354	40	32	1.1	7

1 Estimates are based on children under 6 years old who have yet to enter kindergarten.

2 Columns do not add up to total because some children participated in more than one type of nonparental arrangement.

3 Center-based programs include day care centers, head start programs, preschools, prekindergartens, and other early childhood programs.

4 Age is calculated as of December 31, 1994.

5 Children without mothers are not included in estimates dealing with mother's education or mother's employment status.

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

The percentage of children receiving nonparental care and education increases with the age of children. Forty-five percent of children who had not reached their first birthday were reported as receiving nonparental care and education on a regular basis. This contrasts to 78 percent of four-year-olds and 84 percent of five-year-olds.

Hispanic children are less likely to receive supplemental care and education than either white or black children.5 About 46 percent of Hispanic children, compared with 62 percent of white children and 66 percent of black children, receive care and education regularly from persons other than their parents.

Children's participation in nonparental care and education also increases as household income increases. Only 50 percent of children living in households with incomes of $10,000 or less receive care and education from persons other than their parents, in comparison to 77 percent of children living in house holds with incomes in excess of $75,000.

In general, children's participation in nonparental care and education arrangements increases with mother's education. Children whose mothers did not complete high school or earn a GED are less likely to receive supplemental care and education (38 percent) than children whose mothers graduated from college or earned a graduate degree (70 percent and 79 percent, respectively).

Children are also more likely to receive supplemental care and education when their mothers work. Nearly 88 percent of children whose mothers work full-time (35 hours or more per week) and 75 percent of children whose mothers work part- time (less than 35 hours per week) regularly receive care and education from a nonparent caregiver. In contrast, only 32 percent of children whose mothers are not in the work force regularly receive care and education from persons other than their parents.

During the spring of 1995, about 6 out of every 10 children under the age of six who have yet to enter kindergarten were receiving some type of care and education on a regular basis from persons other than their parents This translates to more than 12.9 million infants, toddlers, and preschool children receiving such care and education.

In general, more and more children receive nonparental care and education on a regular basis as they grow older. Forty-five percent of children who had not reached their first birthday were reported as receiving nonparental care and education on a regular basis. This contrasts to 78 percent of four-year-olds and 84 percent of five-year-olds.

More children receive this care and education in center-based programs than in either relative or nonrelative home-based arrangements. For this group of children as a whole, the participation rates in both the relative and nonrelative home-based arrangements (21 percent and 18 percent, respectively) are significantly lower than the participation rate in center-based programs (31 percent). The setting in which children receive supplemental care and education is related to children's age. Children under the age of two are more likely to be cared for by a relative in a private home or a nonrelative in a private home than in a center-based setting. Roughly one-fourth (24 percent) of children under the age of one receive care and education from a relative in a private home, and 17 percent receive this care and education from a nonrelative in a private home. In contrast, only 7 percent of these infants are cared for in center-based settings. The participation rates for one-year-olds follow a similar pattern. However, starting with two-year-olds, the setting in which children receive care and education begins to change noticeably. Two-year-olds are about equally likely to receive care and education in home-based settings, from relatives or nonrelatives (19 percent and 20 percent, respectively), and in center-based settings (19 percent). But, three-, four-, and five-year-old preschoolers are more likely to receive care and education in center-based programs than in either of the two home- based settings.

Children's participation in center-based programs also increases with household income and mother's education. Only 50 percent of children living in households with incomes of $10,000 or less receive care and education from persons other than their parents, in comparison to 77 percent of children living in house holds with incomes in excess of $75,000. Participation in nonparental care and education arrangements increases with mother's education. Children whose mothers did not complete high school or earn a GED are less likely to receive supplemental care and education (38 percent) than children whose mothers graduated from college or earned a graduate degree (70 percent and 79 percent, respectively).

With regard to mother's employment status, children whose mothers work full-time or part-time are more likely to attend a center-based program than children whose mothers are not in the work force. Children are also more likely to receive supplemental care and education when their mothers work. Nearly 88 percent of children whose mothers work full-time (35 hours or more per week) and 75 percent of children whose mothers work part- time (less than 35 hours per week) regularly receive care and education from a

nonparent caregiver. In contrast, only 32 percent of children whose mothers are not in the work force regularly receive care and education from persons other than their parents.

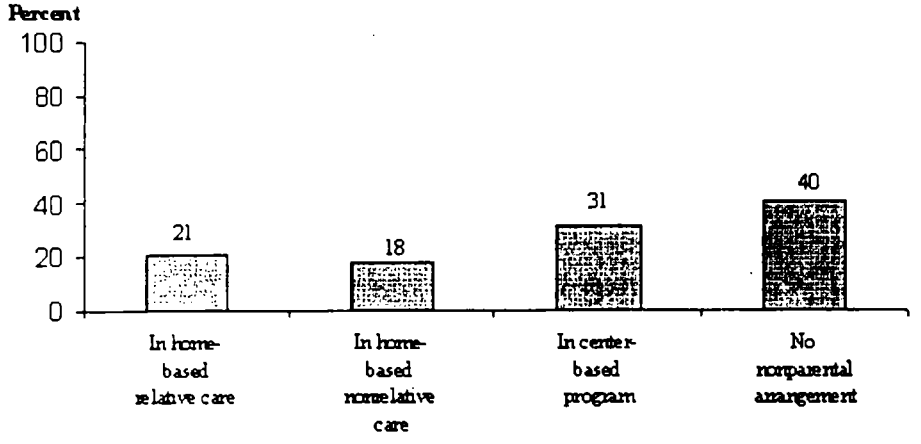
Characteristic	Children		Total		In Relative care		In nonrelative ca	
	Number (in thousands)	percent	percent	s.e.	percent	s.e.	percent	s.e.
Total	21,421	100	60	0.7	21	0.6	18	0.6
Age/4								
Less than 1 year old	4,158	19	45	1.6	24	1.4	17	1.2
1 year old	4,027	19	50	1.5	24	1.3	19	1.1
2 years old	4,007	19	54	1.5	19	1.1	20	1.2
3 years old	4,126	19	68	1.5	21	1.2	19	1.1
4 years old	4,065	19	78	1.2	18	1.1	15	1.0
5 years old	1,038	5	84	2.1	15	1.9	17	2.0
Race-ethnicity								
White, non-Hispanic	13,996	65	62	0.9	18	0.7	21	0.7
Black, non-Hispanic	3,344	16	66	2.0	31	1.8	12	1.2
Hispanic	2,838	13	46	1.6	23	1.3	12	1.0
Other	1,243	6	58	3.1	25	2.7	13	1.8
Household Income								
$10,000 or less	4,502	21	50	1.9	22	1.5	10	1.2
$10,001 to $20,000	2,909	14	54	1.9	27	1.7	12	1.2
$20,001 to $30,000	3,385	16	53	1.7	22	1.4	14	1.1
$30,001 to $40,000	3,047	14	60	1.8	23	1.5	20	1.4
$40,001 to $50,000	2,304	11	63	2.0	19	1.7	22	1.7
$50,001 to $75,000	3,063	14	74	1.6	20	1.4	26	1.6
More than $75,000	2,211	10	77	1.7	14	1.4	30	2.0
Mother's Education/5								
Less than high school	3,055	15	38	2.0	20	1.6	7	1.1
High school / GED	7,328	35	56	1.2	23	1.1	15	0.9
Vocational/technical or some college	6,016	29	66	1.3	24	1.1	19	1.0
College graduate	3,478	17	70	1.6	15	1.2	26	1.5
Graduate or professional degree	1,246	6	79	2.3	16	2.0	36	2.8
Mother's Employment Status								
35 hours or more per week	7,101	34	88	0.8	33	1.1	32	1.1
Less than 35 hours per week	4,034	19	75	1.5	30	1.5	26	1.5
Looking for work	1,635	8	42	2.8	16	2.0	4	0.9
Not in labor force	8,354	40	32	1.1	7	0.6	6	0.6

1/ Estimates are based on children under 6 years old who have yet to enter kindergarten.
2/ Columns do not add up to total because some children participated in more than one type of nonparental arrangement.

B>Participation in Different Types of Care and Education Programs

Figure 1 shows the percentages of children under the age of 6 who receive home-based care from relatives and nonrelatives as well as the percentage of children who attend a center-based program. For this group of children as a whole, the participation rates in both the relative and nonrelative home-based arrangements (21 percent and 18 percent, respectively) are significantly lower than the participation rate in center-based programs (31 percent).

Figure 1.-Percentage of children under 6 years old participating in child care and early education programs on a regular basis, by type of arrangement 1



1 Percentages are based on children under 6 years old who have yet to enter kindergarten.

2 Percentages do not add up to 100 percent because some children participated in more than one type of arrangement.

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

The setting in which children receive supplemental care and education is related to children's age (table 1). Children under the age of two are more likely to be cared for by a relative in a private home or a nonrelative in a private home than in a center-based setting. Roughly one-fourth (24 percent) of children under the age of one receive care and education from a relative in a private home, and 17 percent receive this care and education from a nonrelative in a private home. In contrast, only 7 percent of these infants are cared for in center-based settings. The participation rates for one-year-olds follow a similar pattern. However, starting with two-year-olds, the setting in which children receive care and education begins to change noticeably. Two-year-olds are about equally likely to receive care and education in home-based settings, from relatives or nonrelatives (19 percent and 20 percent, respectively), and in center-based settings (19 percent). But, three-, four-, and five-year-old preschoolers are more likely to receive care and education in center-based programs than in either of the two home- based settings. In comparison to the dramatic increase in preschool children's center-based program participation, the participation rates in relative and nonrelative home-based arrangements look quite stable.

The participation rates for white and black children under the age of 6 in center-based programs are the same (33 percent). Hispanic children participate at a lower rate than both of these groups (17 percent). White children (21 percent) are more likely to receive care and education from a nonrelative in a private home than children of any other racial-ethnic group. Black children (31 percent), on the other hand, are

more likely than white or Hispanic children to receive care and education from a relative in a private home.

Children's participation in center-based programs increases with household income and mother's education. Similarly, children are more likely to receive care and education from a nonrelative in a private home as household income and mother's education increase. For relative care arrangements, the relationship of household income and mother's education to children's participation is, however, less clear. Children whose mothers work full-time or part-time are more likely to attend a center-based program than children whose mothers are not in the work force (39 percent and 35 percent v. 22 percent). With regards to home-based care arrangements; relatively few children whose mothers are not in the labor force receive care and education from relatives (7 percent) or nonrelatives (6 percent). Care by a nonrelative is also used infrequently (4 percent) by mothers who are looking for work. For these women and their children, relative care is the more widely used home-based arrangement (16 percent).

Location of Home-Based Arrangements

Children may receive nonparental care and education in their own homes or in the homes of others, and in both settings this care may be provided by relatives or nonrelatives. Care provided by a nonrelative in a caregiver's own home is commonly called family day care, while care provided by a nonrelative in a child's own home is usually referred to as care by a sitter or nanny. Relative care in a child's own home or in a caregiver's home may be provided by an older sibling, grandparent, aunt, or uncle.

Table 2 contains estimates of the percentage of children under the age of 6 who receive relative or nonrelative care by the location where the care is provided. Whether the care children receive is provided by a relative or by a nonrelative, it is more likely to be provided in a home other than their own. The difference in the percentage of children receiving care in their own homes versus the home of someone else is larger for nonrelative than for relative care arrangements. Approximately 14 percent of children under the age of 6 receive nonrelative care in a home other than their own compared with 4 percent who receive care from a nonrelative in their own homes. For relative care, the comparable percentages are 14 and 9 percent, respectively.

Table 2. Percentage of children under 6 years old receiving relative or nonrelative care on a regular basis, by location and child and family characteristics. 1

Characteristic	Children		In Relative Ca		
			In own home		Not
	Number (in thousands)	percent	percent	s.e.	per
Total	21,421	100	9	0.4	
Age 2					
Less than 1 year old	4,158	19	12	1.0	
1 year old	4,027	19	10	0.8	
2 years old	4,007	19	9	0.8	
3 years old	4,126	19	9	0.8	
4 years old	4,065	19	8	0.8	
5 years old	1,038	5	5	1.2	
Race-ethnicity					
White, non-Hispanic	13,996	65	7	0.5	
Black, non-Hispanic	3,344	16	14	1.3	
Hispanic	2,838	13	12	1.0	
Other	1,243	6	14	2.2	
Household Income					
$10,000 or less	4,502	21	10	1.0	
$10,001 to $20,000	2,909	14	12	1.1	

$20,001 to $30,000	3,385	16	8	0.9
$30,001 to $40,000	3,047	14	9	1.0
$40,001 to $50,000	2,304	11	9	1.2
$50,001 to $75,000	3,063	14	8	1.0
More than $75,000	2,211	10	8	1.1
Mother's Education 3				
Less than high school	3,055	15	12	1.3
High school / GED	7,328	35	9	0.7
Vocational/technical or some college	6,016	29	9	0.7
College graduate	3,478	17	7	0.9
Graduate or professional degree	1,246	6	9	1.6
Mother's Employment Status				
35 hours or more per week	7,101	34	13	0.8
Less than 35 hours per week	4,034	19	14	1.2
Looking for work	1,635	8	9	1.4
Not in labor force	8,354	40	4	0.5

1 Estimates are based on children under 6 years old who have yet to enter kindergarten. Some of these children participated in more than one type of arrangement.

2 Age is calculated as of December 31, 1994.

3 Children without mothers are not included in estimates dealing with mother's education or mother's employment status.

4 - indicates that the estimate is less than half of one percent.

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

For children ages one through five, both relative and nonrelative care and education are less likely to be provided in a child's own home, with the differences being more pronounced for nonrelative care. For example, 16 percent of 1- and 2-year-olds receive care from a nonrelative in the care- giver's home, while 4 and 5 percent, respectively, receive care from a non- relative in their own homes. For children who are cared for by a relative, 16 percent of 1-year-olds and 12 percent of 2-year-olds are cared for outside of their own homes, while 10 and 9 percent, respectively, receive care in their own homes.

White and black children are more likely to receive care and education outside of their own homes, regardless of whether the care is provided by a relative or a nonrelative. For Hispanic children, there is no difference in the percentages who receive care from a relative in their own homes versus another's home. However, the pattern for nonrelative care is the same as that of white and black children.

With the exception of the most affluent group of children, the percentage of children receiving nonrelative care in a home other than their own is larger than the percentage receiving care in their own homes. Similarly, relative care is usually provided in a home other than the child's, except for those children living in households with incomes under $10,000 or over $75,000 where the percentages of children receiving relative care in and out of their own homes are nearly the same.

The patterns of care provided by relatives in children's own homes and in the homes of others by mother's education look much like those observed for household income. A notable exception is the children whose mothers have completed a graduate or professional degree. This group of children are unlikely to receive care from a relative, and those who do are as likely to receive it in their own homes (9 percent) as in the homes of someone else (9 percent).

Women who work, whether they work full-time or part-time, are more likely to use home-based care

from a nonrelative in a private home than children of any other racial-ethnic group. Black children (31 percent), on the other hand, are more likely than white or Hispanic children to receive care and education from a relative in a private home.

Children's participation in center-based programs increases with household income and mother's education. Similarly, children are more likely to receive care and education from a nonrelative in a private home as household income and mother's education increase. For relative care arrangements, the relationship of household income and mother's education to children's participation is, however, less clear. Children whose mothers work full-time or part-time are more likely to attend a center-based program than children whose mothers are not in the work force (39 percent and 35 percent v. 22 percent). With regards to home-based care arrangements, relatively few children whose mothers are not in the labor force receive care and education from relatives (7 percent) or nonrelatives (6 percent). Care by a nonrelative is also used infrequently (4 percent) by mothers who are looking for work. For these women and their children, relative care is the more widely used home-based arrangement (16 percent).

Location of Home-Based Arrangements

Children may receive nonparental care and education in their own homes or in the homes of others, and in both settings this care may be provided by relatives or nonrelatives. Care provided by a nonrelative in a caregiver's own home is commonly called family day care, while care provided by a nonrelative in a child's own home is usually referred to as care by a sitter or nanny. Relative care in a child's own home or in a caregiver's home may be provided by an older sibling, grandparent, aunt, or uncle.

Table 2 contains estimates of the percentage of children under the age of 6 who receive relative or nonrelative care by the location where the care is provided. Whether the care children receive is provided by a relative or by a nonrelative, it is more likely to be provided in a home other than their own. The difference in the percentage of children receiving care in their own homes versus the home of someone else is larger for nonrelative than for relative care arrangements. Approximately 14 percent of children under the age of 6 receive nonrelative care in a home other than their own compared with 4 percent who receive care from a nonrelative in their own homes. For relative care, the comparable percentages are 14 and 9 percent, respectively.

Table 2. Percentage of children under 6 years old receiving relative or nonrelative care on a regular basis, by location and child and family characteristics./1

			In Relative Care				In nonre	
	Children		In own home		Not in own home		In own home	
Characteristic	Number (in thousands)	percent	percent	s.e.	percent	s.e.	percent	s.e

Total	21,421	100	9	0.4	14	0.5	4	0
Age/2								
Less than 1 year old	4,158	19	12	1.0	15	1.2	3	0
1 year old	4,027	19	10	0.8	16	1.1	4	0
2 years old	4,007	19	9	0.8	12	0.9	5	0
3 years old	4,126	19	9	0.8	15	1.0	4	0
4 years old	4,065	19	8	0.8	12	0.9	4	0
5 years old	1,038	5	5	1.2	11	1.7	5	1
Race-ethnicity								
White, non-Hispanic	13,996	65	7	0.5	13	0.6	5	0
Black, non-Hispanic	3,344	16	14	1.3	20	1.5	2	0
Hispanic	2,838	13	12	1.0	13	1.0	3	0
Other	1,243	6	14	2.2	15	2.1	2	0
Household Income								
$10,000 or less	4,502	21	10	1.0	13	1.3	2	0
$10,001 to $20,000	2,909	14	12	1.1	17	1.4	3	0
$20,001 to $30,000	3,385	16	8	0.9	16	1.2	2	0
$30,001 to $40,000	3,047	14	9	1.0	16	1.3	3	0
$40,001 to $50,000	2,304	11	9	1.2	14	1.5	4	1
$50,001 to $75,000	3,063	14	8	1.0	13	1.2	4	0
More than $75,000	2,211	10	8	1.1	7	1.0	15	1
Mother's Education/3								
Less than high school	3,055	15	12	1.3	10	1.1	2	0
High school / GED	7,328	35	9	0.7	16	0.9	3	0
Vocational/technical or some college	6,016	29	9	0.7	17	1.0	3	0
College graduate	3,478	17	7	0.9	11	1.1	8	1
Graduate or professional degree	1,246	6	9	1.6	9	1.5	15	2
Mother's Employment Status								
35 hours or more per week	7,101	34	13	0.8	23	1.0	5	0
Less than 35 hours per week	4,034	19	14	1.2	21	1.4	6	0
Looking for work	1,635	8	9	1.4	9	1.6	-/4	
Not in labor force	8,354	40	4	0.5	4	0.5	3	0

1/ Estimates are based on children under 6 years old who have yet to enter kindergarten. Some of these children participated in more than one type of arrangement.
2/ Age is calculated as of December 31, 1994.
3/ Children without mothers are not included in estimates dealing with mother's education or mother's employment status.
4/ - indicates that the estimate is less than half of one percent.
Source: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey, 1995.

that is provided outside of their own homes. This pattern is the same for both relative and nonrelative care. Very few children of women who are looking for work receive care from a nonrelative in a home-based setting. Those children who do are more likely to receive it in a home other than their own. For care received from relatives, women who are looking for work are equally likely to use home-based care in and outside of their own homes. Children of women who are not in the labor force are as likely to receive care in their own homes as in the home of someone else whether that care is given by a relative or a nonrelative.

Summary

In general, more and more children receive nonparental care and education on a regular basis as they grow older, and more children receive this care and education in center-based programs than in either relative or nonrelative home-based arrangements. Children's participation in center-based programs also increases with household income and mother's education. With regard to mother's employment status, children whose mothers work full-time or part-time are more likely to attend a center-based program than children whose mothers are not in the work force.

For home-based arrangements, the differences in participation rates between relative and nonrelative care vary depending on the characteristics of children and their families. Children who are very young, who are members of a racial-ethnic minority group, who are in lower income households, or who have mothers who did not graduate from college are more likely to be cared for by relatives while their counterparts are more likely to be cared for by nonrelatives. Nevertheless, infants, toddlers, and preschoolers in home-based arrangements are, in general, more likely to be cared for in a home other than their own regardless of their relationship to their non- parental caregiver.

Methodology and Technical Notes

Survey Methodology

The National Household Education Survey (NHES) is a random-digit-dial (RDD) telephone survey conducted by Westat, Inc. for the National Center for Education Statistics (NCES). It collects data on high priority topics on a rotating basis using computer-assisted telephone interviewing (CATI) technology. The sample is drawn from the civilian, noninstitutionalized population in households with telephones in the 50 states and the District of Columbia.

Data collection for the NHES:95 took place between January and April of 1995. A Screener interview was conducted with an adult member of the household and was used (1) to determine whether any children of the appropriate ages lived in the household, (2) to collect information on each household member, and (3) to identify the parent/guardian most knowledgeable about the care and education of each sampled child. If more than two eligible children resided in a household, two children were sampled as interview subjects. Children who were enrolled in transitional kindergarten, kindergarten, and prefirst grade were assigned a higher probability of selection.

The Early Childhood Program Participation (ECPP) component of the NHES:95 sampled 0- to 10-year-olds who were not yet in fourth grade. Since the sample for the ECPP interviews was drawn from households with telephones, the estimates were adjusted using control totals from the Census Bureau's Current Population Survey (CPS) so that the totals were consistent with the total number of civilian, noninstitutionalized persons in all (telephone and nontelephone) households.6

Response Rates

The NHES:95 completed screening interviews with 45,465 households, of which 11,042 contained at least one child eligible for the ECPP component of the survey. The response rate for the Screener was 73.3 percent. The completion rate for the ECPP interview was 90.4 percent, or 14,064 interviews. Thus, the overall response rate for the ECPP interview was 66.3 percent (the product of the Screener response rate and the ECPP completion rate). This report is based on children under 6 years old not yet enrolled in

kindergarten. The number of interviews included in this analysis is 7,557.

The item nonresponse (the failure to complete some items in an otherwise completed interview) was less than two percent for all of the items used in this report (except for income which has an item nonresponse rate of 14 percent). Missing responses to all items were imputed, and imputations were done using a hot-deck procedure.

Data Reliability

Estimates produced using data from surveys are subject to two types of error, sampling and nonsampling errors. Nonsampling errors are errors made in the collection and processing of data. Sampling errors occur because the data are collected from a sample rather than a census of the population.

Nonsampling Errors. Nonsampling error is the term used to describe variations in the estimates that may be caused by population coverage limitations and data collection, processing, and reporting procedures. The sources of nonsampling errors are typically problems like unit and item nonresponse, the differences in respondents' interpretations of the meaning of the questions, response differences related to the particular time the survey was conducted, and mistakes in data preparation.

In general, it is difficult to identify and estimate either the amount of nonsampling error or the bias caused by this error. In the NHES:95, efforts were made to prevent such errors from occurring and to compensate for them where possible. These efforts included the use of focus groups and cognitive laboratory interviews when designing the survey instruments, extensive testing of the CATI system, and a two-phase pretest with approximately 870 households (759 in the first phase and 111 in the second phase).

An important nonsampling error for a telephone survey is the failure to include persons who do not live in households with telephones. About 90 percent of all 0- to 5-year-olds live in households with telephones. Estimation procedures were used to help reduce the bias in the estimates associated with children who do not live in telephone households.

Sampling Errors. The sample of telephone households selected for the NHES:95 is just one of many possible samples that could have been selected. Therefore, estimates produced from this sample may differ from estimates that would have been produced from other samples. This type of variability is called sampling error because it arises from using a sample of households with telephones, rather than all households with telephones.

The standard error is a measure of the variability due to sampling when estimating a statistic. Standard errors for estimates presented in this report were computed using a Taylor Series approximation. Standard errors can be used as a measure of the precision expected from a particular sample. The probability that a complete census count would differ from the sample estimate by less than 1 standard error is about 68 percent. The chance that the difference would be less than 1.65 standard errors is about 90 percent; and that the difference would be less than 1.96 standard errors, about 95 percent.

The standard errors found in the table can be used to produce confidence intervals. For example, an estimated 20 percent of children whose mothers did not finish high school or earn a GED are cared for by a relative. This figure has an estimated standard error of 1.6. Therefore, the estimated 95 percent confidence interval for this statistic is approximately 16.9 to 23.1 percent.

The significance of differences cited in this report for the percentage of children who receive each type of care were tested using Student's t statistic. All the differences cited in this report are significant at the 0.05 level of significance with a Bonferroni adjustment procedure used to correct the significance tests for multiple comparisons.

Endnotes

1. For a more detailed discussion of the different federal surveys that collect data on children's

supplemental care and education, see West, J. & Germino Hausken, E. (1994). Different Approaches to Counting Early Childhood Program Participation. Proceedings of the Annual Meetings of the American Statistical Association, Social Statistics Section. Washington, D.C.: American Statistical Association.

2. Throughout this report, parents represent natural and adoptive parents as well as stepparents and guardians.

3. Some Head Start programs are offered in home-based, rather than center-based, settings. The NHES:95 survey instrument does not permit identification of this distinction.

4. The term "regular basis" was not defined for respondents; however, they were instructed not to include occasional babysitting. Analysis of the NHES:95 data shows that of children receiving care and education in a center-based setting, 99 percent receive it on a weekly basis. For relative and nonrelative care, the percentages are 96 percent and 99 percent, respectively.

5. If an interviewer contacted an individual who preferred to conduct the interview in Spanish, a Spanish speaking interviewer and survey instrument were used. Also, in this report, the terms "white" and "black" are used to describe "white, non-Hispanic" and "black, non-Hispanic" children.

6. Additional information pertaining to the ECPP survey component will be provided in the NHES:95 Early Childhood Program Participation Data File User's Manual (Brick et al. forthcoming).

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[ Education At A Glance] 

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Final Release
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Child Care Report
Parents Magazine Survey Results

Summary

According to a nationally projectable poll conducted by Parents Magazine, almost 75 percent of American families with young children use some form of child care, and many are dissatisfied with that care. A majority believe it is unreliable, that available options are too limited, and that the quality isn't what it should be. Almost nine out of ten say child care should be a regulated industry, and 85 percent believe most politicians are not well informed about the child care issues that normal American parents face every day.

Parents worry: Although a majority of parents say that their children receive the best care available at any price, they all worry. Over half admit that they worry *every week* whether their child is getting enough one-on-one attention, eating well, learning, and adjusting to the environment. About one-fourth say that their child's care is not as good as they would like it to be (one-third among those with a household income below $30,000).

Child-care worries take a toll on the nation's **productivity,** as parents miss work in order to tend to child-care emergencies--more so working mothers than fathers. According to the Parents Magazine survey, working moms miss two full days and about six partial days every six months; dads miss one full day and four partial days every six months. *Among the 452 families who responded to our survey, in the past three months alone, there were a total of 588 full days of work missed and 2,044 partial days missed due to child care emergencies. Projected to the total number of families with children in the U.S., that represents over 28,000 full days and over 100,000 partial days of missed work every year.*

Reliability: Only two-fifths of the families responding to the Parents Magazine survey are *positive* that their current child-care arrangements will still be in place even six months from now. Families in lower -income households (less than $30,000) are almost twice as likely to expect a change. One reason for the high turnover is parents' dissatisfaction with the care that their children receive: Fully 60 percent of those who use out-of-home child care and 50 percent of those who have an in-home provider have had such a bad experience (e.g. negligence and/or abuse) that they won't use that arrangement any longer.

Cost: The financial burden for child care is considerable. It will cost the average two-child family over $90,000 by the time their youngest child turns 12. (A typical child spends 20 to 25 hours in child care per week, at an average cost of $75, for 50 weeks each year. Most families have two kids, and most wind up paying an additional $150 per year in late fees.) If both parents are working full-time, these costs will double, easily exceeding $180,000. The situation is even more problematic for parents with lower household incomes (under $30,000). The financial strain is obviously greater; they have only half as many options

available (either because they are not near enough to their home or work, or are not affordable), and the quality of the care is inferior (based on parents' own perceptions of their providers). All of these problems probably explain why these parents churn through providers even more frequently than others. This, of course, creates another burden: time spent searching for a new arrangement.

Limited options. Respondents to the Parents Magazine survey say they would be happy to pay more for better options. Many parents would take a cut in weekly pay if their employer (or their spouse's employer) would offer services such as on-site child care programs (61 percent), reimbursement for emergency care (48 percent), flexible scheduling or job sharing (40 percent), allowing children to be brought to work (37 percent), telecommuting (35 percent), dependent care spending accounts (35 percent), extended family leave (33 percent), and part-time employment (32 percent). Lower-income families are significantly more interested in almost all of these options than are upper-income families.

No help from the government. But they feel they should get some breaks, as well. Parents want their government and/or their employers to help cover their child-care expenses. The average parent is willing to shoulder most of the financial burden for her family's child care, but feels that the government should pay 17 percent and employers should cover 10 percent. Lower-income parents want and need more government help than upper-income parents. Those whose HHI is less than $30,000 want the government to cover 31 percent of their child care expenses (11 percent employer) while those with income over $85,000 typically feel that the government need only cover 10 percent (9 percent employer).

Too little regulation. Given how common it is for parents to encounter problems with child-care providers, it comes as no surprise that the majority (88 percent) would prefer for the child care industry to be regulated -- either by the government (68 percent) or by an independent organization (37 percent).

Detailed Findings

Background

In late August 1997, a random sample of 2,000 parents in the U.S. was mailed a four-page questionnaire about child care (no incentive was offered). By September 15, 452 responses had been received.

Our data does somewhat underrepresent nonwhite Americans and single parents, as responses to the survey from these groups were lower than from other groups. This does not detract from the reliability of our findings, however. A careful review of the data has shown that those responses received from nonwhites and/or single parents do not differ substantially from the rest of the population.

	Survey Respondents	Total U.S. households with children 12 & under[1]
Married	87 %	72 %
Average Age	34 yr.	36 yr.
Percent White	90 %	81 %
Average # of children	2	2
Percent with one parent at home with kids	25 %	26 %
Percent with working mother	66 %	66 %
Average HHI	$54,200	$50,100

Because the sample matches so well to the total U.S. population (slight discrepancies notwithstanding) we can assume that these findings are projectable and representative of all family households in this country.

Who's using child care?

The majority of American families (74 percent) are currently using *paid* child care (80 percent in homes where both parents work full-time). Only one-tenth have never used any child care at all, and these come from all income levels.

Even when one parent stays home, over half are currently using some form of child care. When both parents work full-time, 90 percent are currently using some type of child care; the remainder don't currently have any child-care arrangements but have had them in the past.

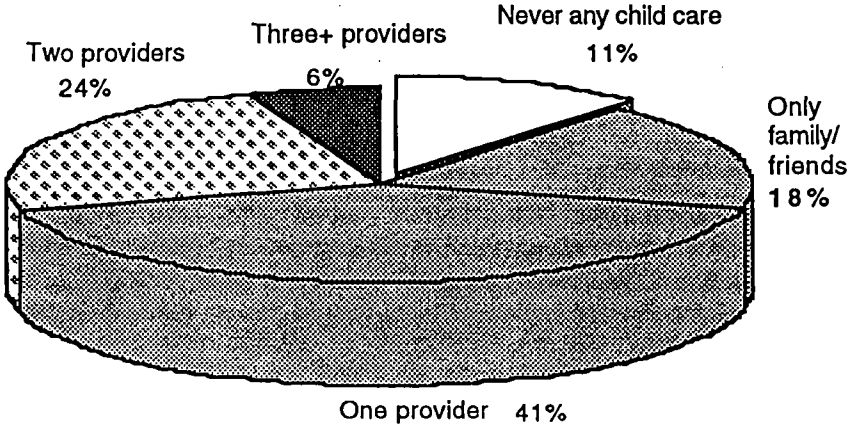
Currently use child care	Have ever used child care	
57.3%	75.7 %	One parent works full-time, one stays home
71.1	92.1	One parent works full-time, one works 20 hrs or less
92.0	96.6	One parent works full-time, one works 21-40 hrs
90.1	100.0	Both parents work full-time

[1]1997 Spring MRI

Types of child care used

Although four out of ten families responding to the Parents Magazine survey use only one provider, many families rely on more than one child-care arrangement.

Number of child-care providers used in past 12 months



Among the heaviest users of child care (those with kids in care for more than 31 hours a week), the most common form of child care is family and friends who aren't paid (75.3 percent). Since parents use family and friends for so few hours--an average of 14.1 hours a week--we can assume this is not the primary child-care arrangement. In-center care is the next most common option, used by 55.2 percent. In-home baby-sitters or nannies are the next most common (43.3 percent), followed by family day care (39.2 percent) and after-school care (25.8 percent).

Heaviest users of child care (31-plus hours per week)

Percentage who have used this type of child care in the past 12 months	Average # of hours per child per week	Type of child care
75.3%	14.1 hrs.	Family/friends (no charge)
43.3	21.6	In-home nanny or paid sitter
55.2	35.0	In-center care
39.2	38.6	Family day care
25.8	9.8	After-school care

Use of nannies/sitters is highest among parents with HHI $85,000 or more (56 percent versus 38 percent average). In contrast, family and friends are used more commonly among families with HHI of under $30,000.

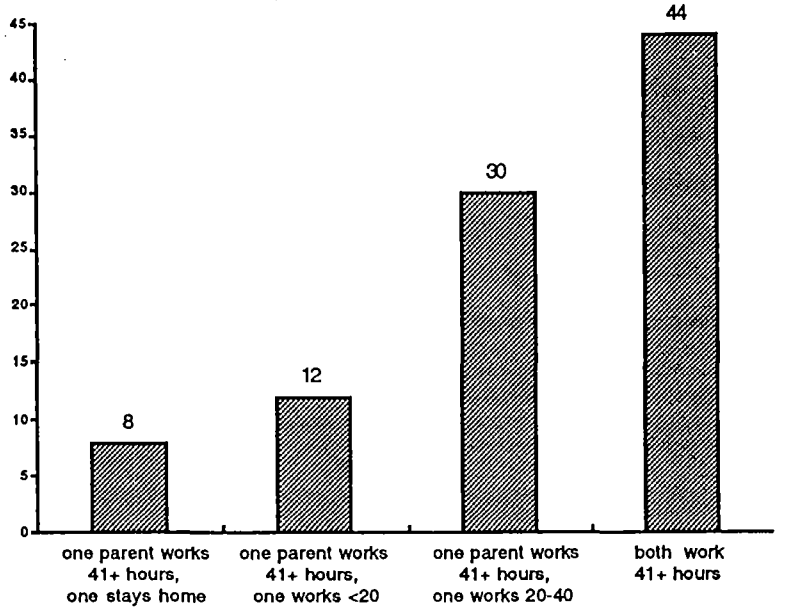
Family and after-school care is also correlated to the number of parent work-hours (the more hours that are worked, the greater the need for after-school care).

Percentage used family day care in past 12 mos.	Percentage used after-school care in past 12 mos.	
12.8%	5.1%	One parent works full-time, one stays home
8.6	14.3	One parent works full-time, one works 20 hrs or less
32.1	16.7	One parent works full-time, one works 21-40 hrs
31.0	23.9	Both parents work full-time

Hours Of Use

The typical child in America today will spend between 20 and 25 hours per week in child care, often divided between two different types of providers; two-fifths of children spend at least 40 hours a week in child care. In homes where the mother is employed full-time, the Parents survey shows that children spend between 37 and 44 hours per week with a child-care provider(s). In one-fifth of all families, the children spend *over 45 hours per week in child care.* Until the age of 12 or 13 years, the average child in the U.S. will spend 20 to 25 hours a week in child care (including nonpaid family/friends).

Median Number Of Hours Spent With Child Care Provider(s) by Hours Worked



Average Number Of Hours A Child Spends Per Week With Provider (by type of provider and household income)					
	under $30K	$30K - 44.9	$45K - 64.9	$65K - 84.9	$85K +
Family / Friends (no charge)	13.0	7.5	6.9	8.8	3.0
Nanny/ sitter	15.1	9.9	10.7	11.0	21.7
In-center care	23.7	24.1	21.8	30.0	24.8
Family day care	18.7	25.8	29.4	34.9	31.7
After-school care	7.1	7.0	10.4	9.4	12.5

Child-Care Costs

The average weekly cost for a child's care in the U.S. is $75. In those households where both parents work full-time, the average cost of child care is nearly $100/week.

Amount Spent Across All Providers (weekly)	percent
Less than $30	24.7
$30 - $50	17.0
$51 - $75	14.3
$76 - $100	12.7
$101+	23.1
Average	**$75.50**

For many parents, cost prohibits them from considering certain child care options:

- Paid in-home nannies or baby-sitters are too expensive for 50 percent
- Day-care centers are too expensive for 37 percent
- Nursery or preschool is too expensive for 28 percent.

Can't Afford					
	under $30K	$30K - 44.9	$45K - 64.9	$65K - 84.9	$85K +
Nanny/sitter	52%	46%	55%	55%	48%
In-center care	64	51	31	19	12
Nursery or preschool	52	42	19	18	4
Family day care	31	26	15	7	4
After school care	37	28	12	12	4

Who should pay?

Parents want their government and/or their employers to provide some relief from child care costs. Most would take a cut in pay of up to $50 per week if their employer would offer child-care support. And while they believe that the family should be responsible for most child-care expenses (73 percent), they think the government should pick up the tab for 15 percent to 20 percent and their employer should pay 10 percent.

Share That Families Feel Should Be Paid By...	TOTAL	under $30K	$30K - 44.9	$45K - 64.9	$65K - 84.9	$85K +
Family	72.6 %	57.7%	73.8%	74.4%	77.9%	80.7%
Federal Government	7.9	13.0	7.5	7.9	6.3	4.6
State Government	6.1	11.3	5.3	4.2	4.1	4.8
Local Government	2.9	6.8	2.2	2.3	2.2	0.8
Employer	10.4	11.2	11.3	11.2	9.5	9.0

Quality Of Care

In-home providers, in-center providers, and family day care all provide a similar level of care, according to respondents to the Parents Magazine survey. The majority vote them better than "quite acceptable" but not quite "outstanding."

- The most expensive resource is after-school care, which earns the lowest quality rating from parents.
- The least expensive, family/friends who help out free of charge, provide the highest quality care.
- Family day care, which is significantly less expensive than either in-home providers and in-center care, is perceived as comparable in quality.
- *Almost two-fifths of all parents who have relied on a child-care provider have had an experience so negative that they stopped using that provider altogether.* And less than 50 percent say they have had an experience that they would describe as very positive.
- Fifty percent believe that parents have the right to secretly videotape their in-home caregivers, at all times, under any circumstances.
- Almost 90 percent believe child care should be a regulated industry. One-half believe that regulation should come from the state, 40 percent from the federal government, and approximately 40 percent from some independent organization.

Percentage who use this type of child care	Average # of hours per child per week	Average hourly cost	Average Quality rating (on a scale of 1 to 10)	
74.1%	8.1 hrs.	--	8.5	Family/friends (no charge)
38.5	12.5	$4.10	7.4	In-home nanny or paid sitter
36.8	25.5	$3.50	7.1	In-center care
21.7	27.8	$2.90	7.4	Family day care
15.1	9.3	$5.20	6.3	After-school care

Of those who used, percent that had a bad experience	Of those who used, percent that had a good experience	
37%	44%	Total, all types of child care
11	27	Family/friends (no charge)
38	25	In-home nanny or paid sitter
26	29	In-center care
26	15	Family day care
1	3	After-school care

Availability Of Options

Child-care options are limited; for most (78 percent), employer day care is not an option. Distance from home or work precludes the following types of care:

- For as many as four in ten, family/friends are not available.
- After-school care, paid in-home nannies or baby-sitters, and family day care are all less available to those with lower incomes (about a 10:1 ratio in favor of upper-income households when comparing $85,000+ to those under $30,000).

Types Of Child Care Not Available Due to Distance From Home/Work						
Total	Under $30K	$30K - $44.9K	$45K - $64.9K	$65K - $84.9 K	Over $85 K	
13.3%	27.6%	13.8%	12.3%	5.5%	3.6%	After-school care
11.7	21.8	11.3	11.5	6.8	1.8	In-home nannies or paid sitters
10.6	19.5	6.3	13.1	6.8	1.8	Family day care

Impact On Workforce Productivity

Most parents have either left work early, arrived late, missed part of a day, and/or missed all of a day in order to handle a child-care emergency during the past three months. In addition, they take time out of the day to call their child-care providers (31 percent) and/or worry about their child.

- More often it is the mother who misses work, even when both parents work full-time (about 50 percent more often than fathers).
- When both parents work full-time, it is almost guaranteed that work hours will be missed (84 percent).

Respondents were asked to have the survey completed by the person in the household who has primary responsibility for child-care arrangements. Not surprisingly, 90 percent of the respondents to the Parents Magazine survey were women.

Parents feel ignored

- The vast majority (85 percent) say that most politicians are not well informed about the types of child-care issues that normal American families face every day.
- In households where both parents work full-time (those who are most reliant on child care), criticism is even higher (90 percent).
- Lower-income parents (HHI under $30,000) are more critical still (93 percent).

# # #

Child Care Basics

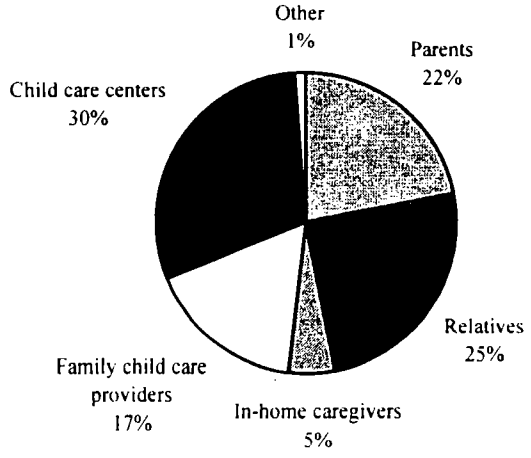
Child care and early education are critical to the success of two national priorities: helping families work, and ensuring that every child enters school ready to learn.

✓ Each day, an estimated 13 million children younger than six -- including six million babies and toddlers -- spend some or all of their day being cared for by someone other than their parents.[1] Children of working mothers are entering care as early as six weeks of age and can be in care for 40 hours a week until they reach school age.

✓ Child care and early education have become a fact of life for many parents. By 1995, 62 percent of women with children younger than six, and 77 percent of women with children between the ages of six and 17 were in the labor force.[2]

✓ Many women, particularly in low and moderate income families, are essential in helping support their families financially. A national study found that 55 percent of employed women provide half or more of their household income.[3] This is not only true of single parents -- who are obviously essential in supporting their children -- but also true for married parents. Between 1973 and 1994, young two-parent families with children lost 12 percent of their income. The mother's earnings helped to offset these losses.[4] For many families, women do not have a choice; women must work.

Parents all face the same bottom line: they can't go to work unless someone cares for their children.



Definitions of Child Care Settings:

Child care centers -- care provided in nonresidential facilities, usually for 13 or more children.

Family child care providers -- care provided in a private residence other than the child's home.

Relative care -- care provided by a related person other than the parent, either in the child's home or in the relative's home.

In-home caregivers -- care provided within the child's home, by a person other than a parent or relative.

Child Care Arrangements of Children Younger than 5 with Employed Mothers[5]

WHAT PROBLEMS DO PARENTS FACE?

Many parents can't find quality affordable child care. Even middle-class parents are surprised at the cost. Those families that manage to find care they can afford are too often ending up with care that is mediocre to poor quality.

Affordability: Child care is unaffordable for many working families.

✓ Child care is a major household expense for working families. Full-day child care for one child easily costs $4,000 to $10,000 per year -- equal to what families pay for college tuition plus room and board at a public university.[6] The following are average child care costs in six different cities for *one* three-year-old child; care for babies and toddlers costs even more:[7]

Boston $8,840	Dallas $4,210	Oakland $6,500
Boulder $6,240	Durham $4,630	Minneapolis $6,030

✓ The cost of providing care for children can easily exceed a family's rent, mortgage, car payment, or groceries. For example, a family earning $25,000 a year could easily spend *one-quarter* of their income to purchase child care for *one* child -- and the average family has two children. Families simply cannot afford the cost of good quality child care in addition to all of the other demands on their weekly or monthly budget.

✓ Many hard working families earn too little to be able to afford these costs. About half of families with young children earn less than $35,000 per year.[8] A family with *both* parents working *full-time* at minimum wage earns only $21,400 per year.

Quality: Child care helps shape children's futures, yet the quality of child care for many American children is inadequate.

✓ Child care helps shape the way children think, learn, and behave for the rest of their lives. A recent Carnegie Corporation study noted that the first three years of life are critical in the brain development of children, and that brain development is far more susceptible to adverse effects than had been earlier realized. Specifically, *"the quality of young children's environment and social experience has a decisive, long-lasting impact on their well-being and ability to learn."*[9]

✓ What is quality care? Some basic components of good care include:

- a safe and healthy environment,
- caregivers who are nurturing and knowledgeable about children's development, and who are a stable presence in children's lives, and
- small numbers of children per caregiver to make sure the child gets one-on-one attention.

✓ Research indicates that nurturing relationships in the early years are critical to a child's positive development and future success. Yet, national studies have found serious problems with the quality of child care in many communities:

- Six out of seven child care centers provide care that is mediocre to poor, according to a recent national study by a group of major universities. One in eight centers were found to be providing care that could *jeopardize* children's safety and development.[10] Equally alarming patterns were found in a study of home-based care -- one in three could actually be harmful to a child's development.[11]
- Children in poor quality child care have been found to be delayed in language and reading skills, and display more aggression toward other children and adults.[12]
- Low wages are closely linked to rapid turnover rates among child care providers, which breaks the stable relationship that infants and children need to have with their caregivers to feel safe and secure. Yet child care teachers and providers do not even earn as much as bus drivers ($20,150) or garbage collectors ($18,100) -- or even bartenders ($14,450).[13] A national wage study found that most child care workers in centers earn only $12,058 per year (only slightly above minimum wage) and receive no benefits or paid leave.

✓ Relatively few child care centers meet the higher standards of accreditation -- for example, in 1997, only six percent of all child care centers were accredited by the National Association for the Education of Young Children.[14]

Quality: We're Not Protecting Our Children In Care

✓ There are major gaps in the basic health and safety standards for child care in many states, and even the standards that are in place are often inadequately enforced. For example:

- Minimum requirements vary state to state with even basic health and safety requirements -- such as ensuring that children in child care are immunized on schedule, that child care providers have first aid and CPR training, that providers wash their hands before and after diapering and preparing food, and that minimum child-staff ratios are age-appropriate and practical.
- In many states, care in smaller providers' homes is not inspected at all because licensing is not required -- even, in some states, for homes serving as many as six, eight, and twelve children. And more than half the states do not annually inspect those homes that *are* licensed.[15] Many states also do not license some centers, including those that operate part-time or on a drop-in basis (such as operate in malls and exercise clubs).
- Staff education and training are among the most critical elements in improving children's experiences in child care. Even though approximately 1,500 hours of training at an accredited school is required to qualify as a licensed haircutter, masseur, or manicurist,[16] 41 states do not require providers who care for children in their homes to have *any* training prior to serving children.[17]

Babies and Toddlers: Our youngest children are particularly vulnerable to poor quality care. Many families find it impossible to find quality affordable care for their young children.

✓ Many of our youngest and most vulnerable children are being cared for in child care -- almost half of babies younger than twelve months are regularly spending their day in some form of child care.[18]

✓ A recent national study found that half of rooms in centers serving babies and toddlers provided such poor quality care as to jeopardize children's health, safety and development.[19] Studies of home-based care produced equally troubling results.[20]

✓ This means that many of our young children are being cared for in settings where:

- basic sanitary conditions are not met for diapering and feeding,
- safety problems exist endangering infants,
- warm, supportive relationships with adults are lacking, and
- books and toys required for physical and intellectual growth are missing. [21]

✓ Many parents with young children are struggling to find care for their children -- one national poll found that three out of four parents of young children said there was an insufficient supply of infant care in their communities, and numerous studies have reported serious shortages of care for babies and toddlers.[22]

Before & After School Care: Scarcity of programs leaves many school-age children home alone.

✓ Nearly 5 million children are left unsupervised by an adult after school each week.[23]

✓ Although it is often thought that juvenile crime occurs mostly on evenings and weekends, juvenile crime actually peaks between 2:00 and 6:00 p.m. -- the after-school hours when many children are unsupervised.[24]

✓ A 1990 study found that eighth-graders left home alone after school reported greater use of cigarettes, alcohol, and marijuana than those who were in adult-supervised settings.[25]

✓ Good after-school activities for children and teens can be hard to find because options are inadequate in many communities. This problem is even more serious in low-income neighborhoods -- only one-third of schools in low-income neighborhoods offered before- and after-school programs in 1993.[26]

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