Child Care for Young Children: Demographics

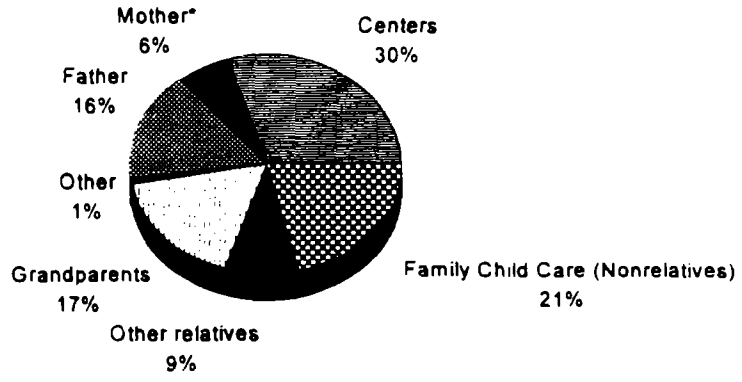
● According to the National Center for Education Statistics, in 1995 there were approximately 21 million infants, toddlers, and preschool children under the age of six in the U.S.; more than 12.9 million of these children were in child care.†

● Forty-five percent of children under age one were in child care on a regular basis.†

● While use of center-based care increased from 1988 to 1993, most young children are still in a home-based setting, including family child care.††

Primary Child Care Arrangements Used by Families with Employed Mothers for Preschoolers: 1993

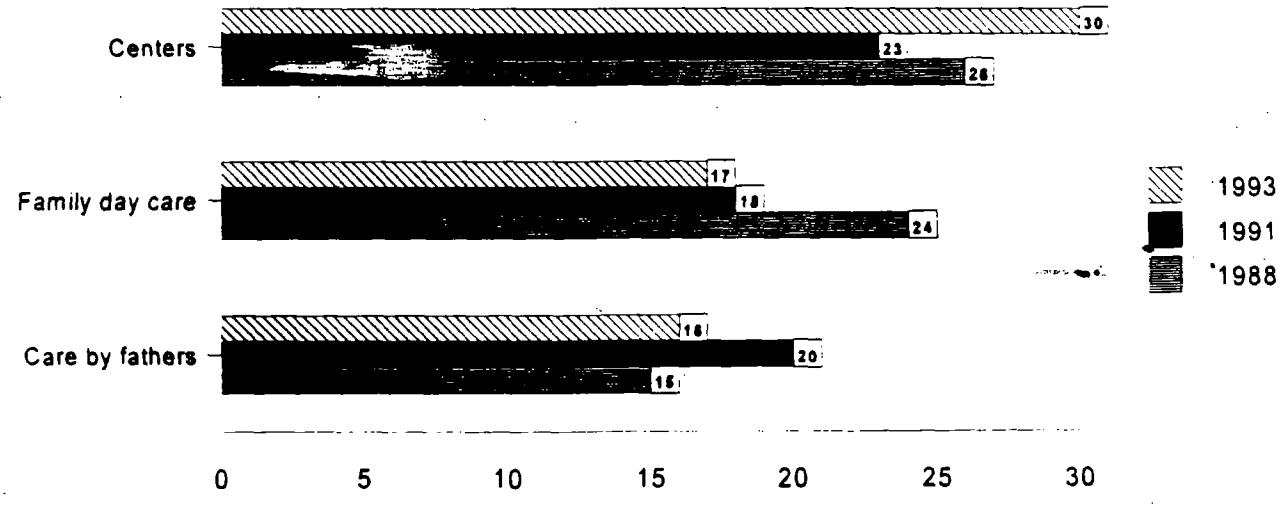
(Percent of preschoolers of working mothers in selected arrangements)



* Includes mothers working at home or away from home. Source: Casper, L.M. *Who's Minding Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 53, Washington, DC 1996

Changes in Selected Child Care Arrangements: 1988 to 1993

(Percent of preschoolers of working mothers in selected arrangements)



Source: Casper, L.M. *Who's Minding Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 53, Washington, DC 1996

This profile of child care demographics has been excerpted from information provided by the † National Center for Education Statistics, U.S. Department of Education and the ††U.S. Bureau of the Census.

For additional information, contact the National Child Care Information Center at (800) 616-2242 or visit the Web site at ***http://ericps.crc.uiuc.edu/nccic/nccichome.html***

Economics of Child Care

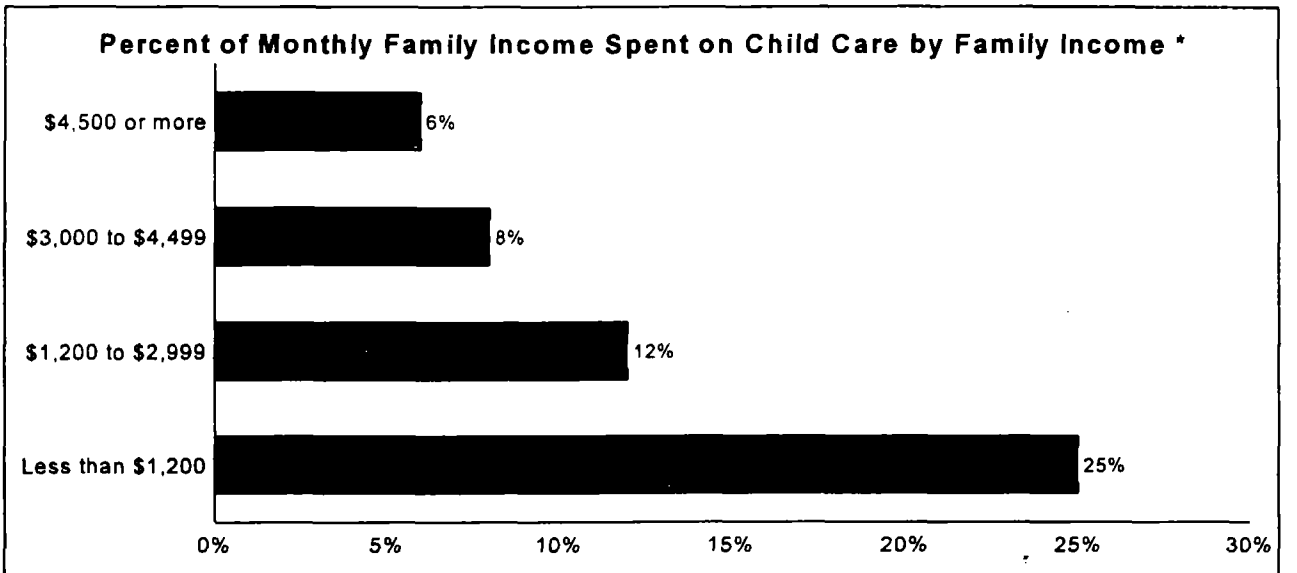
● In 1994, 62% of married mothers with a child under age six were in the workforce, compared with 30% in 1970.†

● The increased employment of mothers outside the home has led to a sharp increase in the use of child care over the past several decades. Eight of 10 employed mothers with children under six are likely to use some form of nonparental child care arrangement.†

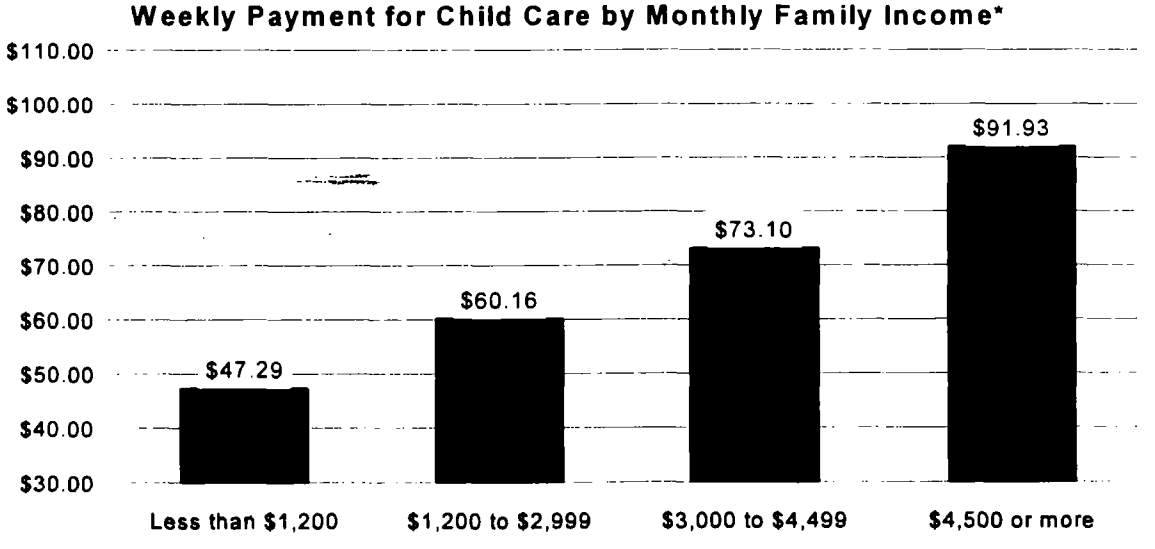
● In 1990, 7.2 million mothers with 11.7 million children under age 15 worked full or part time during nonstandard hours.**

● In 1993, the average family with an employed mother and a child under age five spent about $74 per week for child care for all preschoolers in the family.*

● Families with annual incomes under $14,400 that paid for care for children under five spent 25% of their income on child care, compared with 6% for families with incomes of $54,000 or more.*



* Limited to families with a preschooler, 1993 data. Source: Casper, L.M. *What Does It Cost to Mind Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 52. Washington, D.C., 1995



*Limited to families paying for child care for preschoolers, 1993 data. Source: Casper, L.M. *What Does It Cost to Mind Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 52. Washington, D.C., 1995

Information in this fact sheet is excerpted from † Sandra L. Hofferth, "Child Care in the United States," *The Future of Children*, vol. 6, no. 2 Summer/Fall 1996, with additional information from: National Center for Education Statistics, U.S. Department of Education; *U.S. Bureau of Census; **Women's Bureau, U.S. Department of Labor.

For additional information, contact the National Child Care Information Center at (800) 616-2242 or visit the Web site at ***http://ericps.crc.uiuc.edu/nccic/nccichome.html***

Child Care for Young Children: Quality

"Recent brain research suggests that warm, responsive child care is not only comforting for an infant; it is critical to healthy development."

- Rethinking the Brain: New Insights into Early Development
Families and Work Institute (1997)

● **Higher quality child care for very young children (Birth to 3) was consistently related to high levels of cognitive and language development.** "Mother-Child Interaction and Cognitive Outcomes Associated with Early Child Care", NICHD Early Child Care Research Network (1997)

● **Studies have raised concerns about the quality of care:**

- A four-state study of quality in child care centers found **only one in seven (14%) were rated as good quality.** *Cost, Quality and Child Outcomes in Child Care Centers, (Executive Summary)* University of Colorado at Denver (1995)
- **Thirteen percent of regulated and 50 percent of nonregulated family child care providers offer care that is inadequate.** *The Study of Children in Family Child Care and Relative Care*, Families and Work Institute (1994)
- **"The quality of services provided by most centers was rated as barely adequate."** *The National Child Care Staffing Study* (Executive Summary), National Center for the Early Childhood Workforce (1989)

● **"[M]any children living in poverty receive child care that, at best, does not support their optimal development and, at worst, may compromise their health and safety."** *New Findings on Children, Families, and Economic Self-Sufficiency*, National Research Council, Institute of Medicine (1995)

What Works to Improve the Quality of Child Care

● **"Children who receive warm and sensitive caregiving are more likely to trust caregivers, to enter school ready and eager to learn, and to get along well with other children**. . . To ensure that child care settings nurture children, protect their health and safety, and prepare them for later school success, better qualified staff are essential." *Starting Points: Meeting the Needs of Our Youngest Children*, Carnegie Task Force on Meeting the Needs of Young Children (1994)

● **"[S]maller group sizes, higher teacher/child [illegible] and higher staff wages result in quality child care.** Outcomes for children are also better when they attend programs that include a curriculum geared to young children, well prepared staff and where parents are involved in programming." *Early Childhood Care and Education: An Investment That Works*, National Conference of State Legislatures (1997)

● **Any child care setting will benefit from a health consultant**. . . to advise on potential infectious diseases, explain symptoms and treatments to families, plan health alert procedures when infectious disease occurs, and assist with public health reporting requirements. *Caring for Infants and Toddlers in Groups*, Zero to Three: National Center for Infants, Toddlers and Families (1995)

● **States with stronger licensing requirements had a greater number of good-quality centers** according to recent research. *Cost, Quality and Child Outcomes in Child Care Centers*, University of Colorado at Denver (1995)

● **Voluntary conformity to higher standards through professional center accreditation or through meeting another set of quality standards also increased the likelihood of higher classroom quality.** *Cost, Quality and Child Outcomes in Child Care Centers*, University of Colorado at Denver (1995)

For additional information, contact the National Child Care Information Center at (800) 616-2242 or visit the Web site at ***http://ericps.crc.uiuc.edu/nccic/nccichome.html***

Out-of-School Time
School-Age Care

According to the Bureau of the Census, in 1997 there were 38.8 million children between the ages of 5 and 14 years living in the U.S. There are approximately 24 million school-age children with parents in the workforce or pursuing education (based on 1993 SIPP data from the Bureau of the Census).

Care Arrangements of School-Age Children

● Experts estimate that **nearly 5 million school-age children spend time as latchkey kids without adult supervision during a typical week.**

● **Approximately 1.7 million children in kindergarten through grade 8 were enrolled in 49,500 formal before- and/or after-school programs in 1991,** according to the National Study of Before and After School Programs.

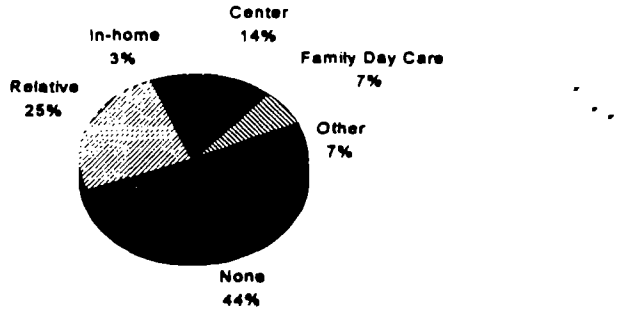
● In 1993-94, according to the National Center for Education Statistics, there were 18,111 before- or after-school programs in public schools--70% of public schools did not offer extended learning programs.

● School-age children are likely to spend time in many different care arrangements. According to the National Child Care Survey (1990), **76 percent of school-age children with an employed mother spend time in at least two child care arrangements during a typical week, in addition to their time in school.**

● According to the National Child Care Survey, children aged 5 to 12 with employed mothers use the following types of supplemental care: 7% are in family day care, 14% are in centers, 3% are cared for by in-home providers, 25% are cared for by relatives and 44% do not use supplemental care.

Use of Supplemental Care,

Children 5 to 12 with Employed Mothers



The Effects of Out-of-School Time on Children

● Children under adult supervision in a formal program during after-school hours have demonstrated improved academic achievement and better attitudes toward school than their peers in self- or sibling care. Miller and Marx, 1990 in *Supplement of the National Assessment of Chapter 1*

● Youth are at greatest risk of violence after the regular school day. Youth between the ages of 12 and 17 are most at-risk of committing violent acts or being victims between 2:00 pm and 6:00 pm--a time when they are not in school. *Fight Crime: Invest in Kids*, 1997

The most frequently mentioned barrier to participation is the parents' inability to pay the tuition and fees charged by programs. Other barriers include availability, quality of activities, inadequate facilities, transportation, high staff turnover, hours of the program and lack of resources.

Components of Successful Before- and After-School Programs include: linkages between after-school and regular school programs, children's participation in age appropriate learning activities, hiring of qualified staff, low student-staff ratio, involvement of parents, program evaluation and coordination with the schools and other community organizations.

For information on what states and communities are doing to meet the need for school-age care, contact the National Institute on Out of School Time (formerly the School-Age Child Care Project), Center for Research on Women, Wellesley College at (617) 283-2547 or visit the World Wide Web site at: http://www.wellesley.edu/WCW/CRW/SAC/. For additional information on extended learning in after-school programs in schools, contact the U.S. Department of Education. Please call (800) USA-LEARN or visit the World Wide Web site at: http://www.ed.gov/PFIE.

CHILD CARE INITIATIVE/STATE SPENDING

State Ability to Spend Child Care Dollars

QUESTION:

Why is new funding for child care programs necessary when States are not even spending the resources they currently have? States are only drawing down their money at a 70% rate-- that suggests they don't need additional funds.

ANSWER:

- In fact, we do project that the States will spend virtually all of their child care funds for the 1997 fiscal year. The State financial reports received thus far are very encouraging and show that States have obligated over 99 percent of the FY 1997 child care funds available to them under the new welfare law.

- We believe that the amount obligated represents a better measure of a States' commitment to child care programs and the need for child care assistance. Obligations represent the amount of money that States have committed to spending. They reflect the amount of contracts and agreements that States have made for which expenditures and outlays will be made at a later point. States are required to obligate their funds within one year, and the overwhelming majority have done so. States have two years to actually spend their money and several years to draw down (i.e. outlay) funds from the Federal Treasury. While it is true that child care outlays were 72 percent for FY 1997, we project that States will **expend** all their funds within the two years as required.

- The passage of the Personal Responsibility and Work Opportunity Reconciliation Act made major changes in the funding for State child care programs, and it was expected that States would require some time to make the transition. However, despite these significant reforms in the program, States reacted quickly and have drawn down the vast majority (72 percent of 1997 funds) of child care money.

- There is a tremendous need for child care assistance, particularly among low income working families. While our most recent data from 1995 indicates that funds in that year allowed us to serve over about 1 million children, that is a small percentage of those eligible since there are approximately 10 million children eligible for the Child Care and Development Block Grant. Further, without assistance, working families with annual incomes under $14,400 who pay for care for children under five spend 25 percent of their incomes on child care -- and even then, it's difficult to find accessible, high- quality care.

March 2, 1998

OBLIGATION/OUTLAY STATUS OF FY97 CHILD CARE & DEVELOPMENT FUNDS

As of September 30, 1997

TOTAL CCDF 1/			
STATE	FEDERAL OBLIGATIONS (GRANT AWARDS)	OUTLAYS	% OUTLAID
AL	27,926,853	18,329,649	65.6%
AK	5,610,115	4,720,799	84.1%
AZ	33,009,317	31,453,685	95.3%
AR	12,156,237	5,743,278	47.2%
CA	191,419,162	83,686,052	43.7%
CO	20,670,842	9,904,849	47.9%
CT	27,436,190	23,353,949	85.1%
DC	6,045,074	0	0.0%
DE	7,120,013	6,261,946	87.9%
FL	79,950,897	55,649,835	69.6%
GA	57,341,557	45,336,879	79.1%
HI	8,614,735	8,356,481	97.0%
ID	6,458,213	3,397,358	52.6%
IL	93,357,853	72,796,280	78.0%
IN	41,822,487	32,535,258	77.8%
IA	16,353,592	10,866,603	66.4%
KS	17,133,537	15,581,573	90.9%
KY	26,909,331	22,171,508	82.4%
LA	27,090,865	14,605,828	53.9%
ME	6,327,589	4,186,601	66.2%
MD	37,221,533	28,576,145	76.8%
MA	60,625,908	44,930,622	74.1%
MI	58,858,804	58,858,804	100.0%
MN	36,489,141	24,192,624	66.3%
MS	14,382,687	6,818,062	47.4%
MO	39,275,586	27,634,777	70.4%
MT	5,623,488	3,381,476	60.1%
NE	15,983,845	11,937,142	74.7%
NV	6,957,737	2,276,531	32.7%
NH	8,203,100	7,607,314	92.7%
NJ	52,995,377	45,128,630	85.2%
NM	14,097,126	14,097,126	100.0%
NY	154,582,535	63,626,914	41.2%
NC	89,130,000	86,195,818	96.7%
ND	4,271,224	1,504,161	35.2%
OH	100,676,759	96,242,949	95.6%
OK	34,196,929	33,005,422	96.5%
OR	27,789,219	25,078,034	90.2%
PA	86,275,355	54,490,569	63.2%
RI	9,211,348	8,454,520	91.8%
SC	20,020,772	16,610,181	83.0%
SD	3,866,368	3,090,306	79.9%
TN	51,658,408	51,658,408	100.0%
TX	118,659,031	87,026,560	73.3%
UT	19,608,284	19,140,224	97.6%
VT	5,699,454	4,977,134	87.3%
VA	38,749,634	25,884,423	66.8%
WA	57,071,362	44,734,934	78.4%
WV	13,120,981	6,049,528	46.1%
WI	38,656,278	29,383,686	76.0%
WY	4,193,464	1,759,249	42.0%
TERR	573,904	13,365	2.3%
TOTAL	$1,941,480,100	$1,403,304,049	72.3%

MANDATORY & MATCHING FUNDS 2/			
STATE	FEDERAL OBLIGATIONS (GRANT AWARDS)	STATE OBLIGATIONS	% OBLIGATED
AL	27,538,930	27,538,930	100.0%
AK	5,573,564	5,573,564	100.0%
AZ	32,654,444	32,654,444	100.0%
AR	11,928,191	11,928,191	100.0%
CA	189,109,829	189,109,829	100.0%
CO	20,458,829	20,458,829	100.0%
CT	27,297,695	27,297,695	100.0%
DC	6,007,129	6,007,129	100.0%
DE	7,079,533	7,079,533	100.0%
FL	78,991,515	78,991,515	100.0%
GA	56,725,095	56,725,095	100.0%
HI	8,544,528	8,544,528	100.0%
ID	6,360,048	3,809,277	59.9%
IL	92,635,041	92,635,041	100.0%
IN	41,476,175	41,476,175	100.0%
IA	16,176,667	16,176,667	100.0%
KS	16,962,947	16,126,305	95.1%
KY	26,565,371	26,565,371	100.0%
LA	26,579,410	26,579,410	100.0%
ME	6,253,341	6,253,341	100.0%
MD	36,968,426	36,968,426	100.0%
MA	60,349,955	60,349,955	100.0%
MI	58,298,700	58,298,700	100.0%
MN	36,230,665	36,230,665	100.0%
MS	14,049,912	13,624,205	97.0%
MO	38,926,173	38,926,173	100.0%
MT	5,561,904	5,561,904	100.0%
NE	15,877,705	15,877,705	100.0%
NV	6,878,492	6,878,492	100.0%
NH	8,153,892	8,153,892	100.0%
NJ	52,638,058	52,638,058	100.0%
NM	13,916,036	13,916,036	100.0%
NY	153,480,403	153,480,403	100.0%
NC	88,590,381	88,590,381	100.0%
ND	4,226,635	4,226,635	100.0%
OH	100,003,527	100,003,527	100.0%
OK	33,904,916	33,904,916	100.0%
OR	27,598,040	27,598,040	100.0%
PA	85,648,280	85,648,280	100.0%
RI	9,159,194	9,159,194	100.0%
SC	19,673,401	19,673,401	100.0%
SD	3,805,883	3,805,883	100.0%
TN	51,258,743	51,258,743	100.0%
TX	116,877,750	116,877,750	100.0%
UT	19,428,168	19,428,168	100.0%
VT	5,666,584	5,666,584	100.0%
VA	38,380,459	38,380,459	100.0%
WA	56,766,466	56,766,466	100.0%
WV	12,973,006	12,973,006	100.0%
WI	38,370,188	38,370,188	100.0%
WY	4,162,276	4,162,276	100.0%
TOTAL	$1,922,742,500	$1,918,929,380	99.8%

1/ Includes grant awards and outlays from Mandatory & Matching Funds, as well as the $19 million in Discretionary Funds for FY97. Outlays represent cash drawdown of grant awards as reported by the Payment Management System (PMS). When reporting to PMS, States did not differentiate between outlays from the three funding sources of the CCDF. For all three parts of the CCDF, States have at least one year beyond the year of the grant award to liquidate funds.

2/ Data is shown as reported by States and is subject to revision. State obligations represents amounts obligated by States from their Mandatory & Matching Funds. Matching Funds not obligated by States during the year of the grant award are reallotted to other States.

NOTE: *Amounts exclude Tribal funds, as well as Training and Technical Assistance.*

18-Feb-98

FY97 & FY98 CHILD CARE FUNDING 1/
Outlays Through Jan. 31, 1998

DRAFT

FY 1997 CCDF			
STATE	GRANT AWARDS	OUTLAYS (DRAWDOWNS)	% OUTLAID
AL	27,926,853	27,917,002	100.0%
AK	5,610,115	5,610,115	100.0%
AZ	33,009,317	32,619,584	98.8%
AR	12,156,237	12,156,237	100.0%
CA	191,419,162	178,938,322	93.5%
CO	20,670,842	17,224,015	83.3%
CT	27,436,190	24,283,319	88.5%
DC	6,045,074	6,045,074	100.0%
DE	7,120,013	6,487,006	91.1%
FL	79,950,897	79,744,835	99.7%
GA	57,341,557	49,306,879	86.0%
HI	8,614,735	8,571,528	99.5%
ID	6,458,213	3,907,442	60.5%
IL	93,357,853	90,857,853	97.3%
IN	41,822,487	36,366,094	87.0%
IA	16,353,592	16,353,592	100.0%
KS	17,133,537	17,133,537	100.0%
KY	26,909,331	23,189,301	86.2%
LA	27,090,865	15,334,347	56.6%
ME	6,327,589	6,189,073	97.8%
MD	37,221,533	26,355,856	70.8%
MA	60,625,908	44,930,622	74.1%
MI	58,858,804	38,803,194	65.9%
MN	36,489,141	28,170,108	77.2%
MS	14,382,687	9,229,603	64.2%
MO	39,275,586	39,275,586	100.0%
MT	5,623,488	5,065,876	90.1%
NE	15,983,845	15,868,605	99.3%
NV	6,957,737	3,347,368	48.1%
NH	8,203,100	8,203,100	100.0%
NJ	52,995,377	52,436,918	98.9%
NM	14,097,126	14,097,126	100.0%
NY	154,582,535	137,198,982	88.8%
NC	89,130,000	88,816,130	99.6%
ND	4,271,224	[illegible]099	40.9%
OH	100,676,759	99,658,940	99.0%
OK	34,196,929	33,005,422	96.5%
OR	27,789,219	25,850,049	93.0%
PA	86,275,355	69,369,824	80.4%
RI	9,211,348	9,211,348	100.0%
SC	20,020,772	19,283,840	96.3%
SD	3,866,368	3,759,579	97.2%
TN	51,658,408	51,658,408	100.0%
TX	118,659,031	118,659,031	100.0%
UT	19,608,284	19,441,050	99.1%
VT	5,699,454	5,699,454	100.0%
VA	38,749,634	25,886,041	66.8%
WA	57,071,362	56,905,721	99.7%
WV	13,120,981	8,919,048	68.0%
WI	38,656,278	36,142,317	93.5%
WY	4,193,464	2,858,696	68.2%
TERR	573,904	423,657	73.8%
TOTAL	$1,941,480,100	$1,758,514,649	90.6%

FY 1998 CCDF (First Qtr. Grants only)			
STATE	GRANT AWARDS	OUTLAYS (DRAWDOWNS)	% OUTLAID
AL	29,066,739	6,750,989	23.2%
AK	2,680,699	167,759	6.3%
AZ	31,407,907	14,531,525	46.3%
AR	11,763,443	1,141,030	9.7%
CA	157,322,210	73,632,832	46.8%
CO	19,174,514	110,301	0.6%
CT	21,245,433	5,560,518	26.2%
DC	4,691,059	-	0.0%
DE	5,584,762	2,490,170	44.6%
FL	92,540,322	35,480,000	38.3%
GA	60,098,647	21,136,000	35.2%
HI	8,641,460	3,795,349	43.9%
ID	5,106,148	2,846,457	55.7%
IL	78,150,925	140,000	0.2%
IN	39,339,621	21,509,074	54.7%
IA	14,082,230	707,425	5.0%
KS	9,162,803	736,803	8.0%
KY	28,850,102	8,515,235	29.5%
LA	18,446,346	4,621,392	25.1%
ME	6,290,973	381,464	6.1%
MD	26,999,467	9,485,712	35.1%
MA	52,394,278	-	0.0%
MI	30,921,965	30,921,965	100.0%
MN	35,105,524	-	0.0%
MS	10,883,620	3,485,027	32.0%
MO	40,697,510	22,147,276	54.4%
MT	5,381,746	140,000	2.6%
NE	7,323,165	4,365,714	59.6%
NV	6,416,074	1,893,892	29.5%
NH	6,286,366	1,101,764	17.5%
NJ	39,023,018	18,969,046	48.6%
NM	8,071,812	5,096,832	63.1%
NY	147,633,252	-	0.0%
NC	82,263,466	41,140,360	50.0%
ND	3,206,184	187,290	5.8%
OH	79,909,662	3,770,503	4.7%
OK	22,152,897	8,303,326	37.5%
OR	14,655,604	-	0.0%
PA	72,968,225	16,324,339	22.4%
RI	5,982,805	2,420,968	40.5%
SC	26,410,956	4,428,600	16.8%
SD	3,752,582	1,070,519	28.5%
TN	25,340,420	25,340,420	100.0%
TX	116,823,833	33,544,117	28.7%
UT	10,256,016	9,866,443	96.2%
VT	4,349,618	1,358,519	31.2%
VA	41,503,492	9,469,977	22.8%
WA	44,903,624	15,820,605	35.2%
WV	14,391,330	2,599,348	18.1%
WI	37,750,483	7,958,831	21.1%
WY	2,988,722	-	0.0%
TERR	10,752,279	6,705,876	62.4%
TOTAL	$1,681,146,338	$492,171,592	29.3%

1/ Includes grant awards and outlays from all three funding sources: Mandatory, Matching and Discretionary Funds. FY97 amounts include the $19 million in Discretionary Funds appropriated for FY97. Outlays represent cash drawdown of grant awards as reported by the Payment Management System (PMS). When reporting to PMS, States did not differentiate between outlays from the three funding sources of the CCDF. FY98 grant awards represent only one quarter's worth of a State's annual allocation.

NOTE: Amounts do not include Tribal funds or Training and Technical Assistance.

DRAFT

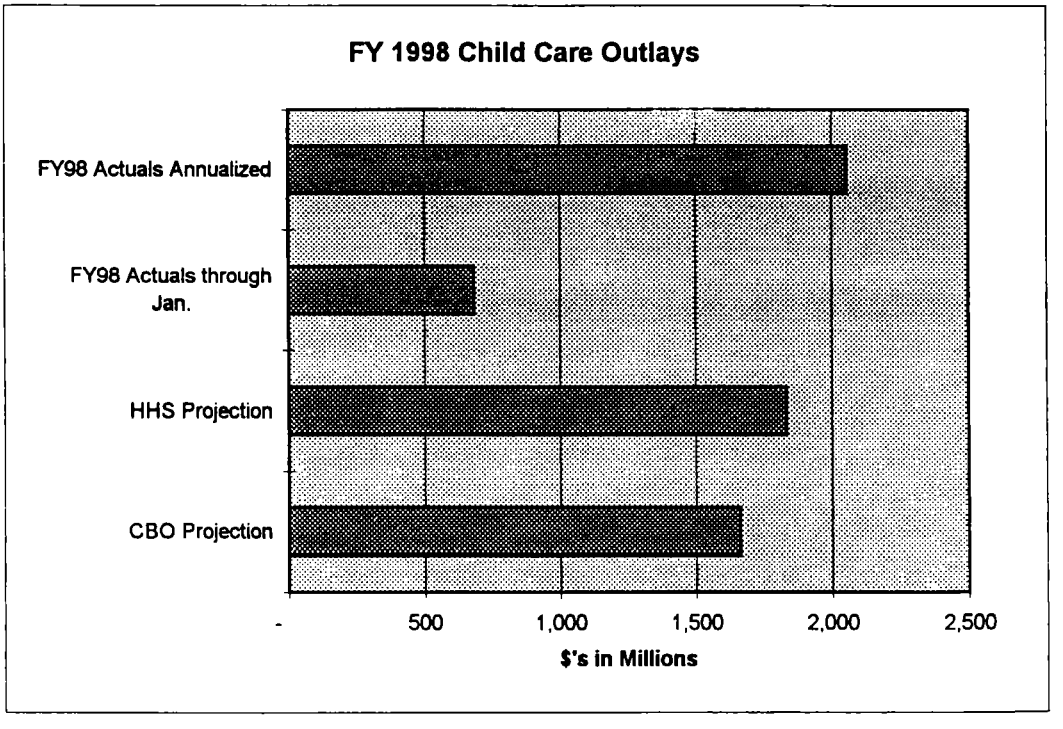
MANDATORY & MATCHING FUNDS -- OUTLAY SUMMARY

	Outlay Rates	
	As of 1/31/98	As of 1/31/97
FY97 Mandatory Funds	90.8%	24.7%
FY97 Matching Funds	90.1%	22.6%
FY98 Mandatory Funds	27.3%	-
FY98 Matching Funds	28.4%	-

CBO's baseline projection assumes that FY98 child care funds will be displaced by leftover FY97 funds; States will spend their funds remaining from FY97 first, and some portion of new FY98 funds will go unused by States.

The Administration's projection assumes that States will use all their FY97 and FY98 funds, and current outlay data support this. While prior year outlays are running at a very high rate (90%), the rate of new funds drawn down by States so far during FY98 is higher than at the same period last year (see table above). In addition, outlay rates for the first quarter are normally low for all programs. Therefore, while States are spending down their leftover FY97 balances, there is every indication that States will use all of their FY98 child care funds.

As the chart below indicates, FY98 outlays are currently running higher than either CBO or Administration projections.



Prepared by ACF/DHHS 3/5/98

Child Care and Development Block Grant (CCDBG)
Historical and Projected Outlay Rates

FY	Appropriation ($'s in thousands)	Year 1	Year 2	Year 3	Year 4	Year 5
1991 1/	$731,915	44.0%	43.9%	9.4%	0.8%	
1992	$825,000	49.8%	40.7%	6.7%	1.7%	0.8%
1993	$892,711	50.5%	37.3%	7.7%	4.1%	0.2%
1994	$892,616	61.0%	25.3%	12.2%	1.4%	
1995	$934,642	66.8%	17.2%	14.5%	1.5%	
1996	$934,642	62.4%	21.6%	14.5%	1.5%	
1997	$19,100	67.9%	22.0%	8.4%	1.6%	
1998	$1,002,672	62.0%	22.0%	14.5%	1.5%	

1/ FY 1991 outlay rates do not add to 100% due to deobligation of approx. $13 million in unliquidated funds.

Mandatory and Matching Child Care
Historical and Projected Outlay Rates

FY	Appropriation ($'s in thousands)	Year 1	Year 2	Year 3	Year 4	Year 5
1997	$1,967,000	71.0%	18.7%	6.7%	3.4%	
1998	$2,070,792	70.9%	18.9%	6.8%	3.5%	

Numbers may not add due to rounding.

Prepared by ACF/DHHS 2/19/98

OUTLAY RATES OF SELECTED HHS PROGRAMS

Program	Year 1	Year 2	Year 3	Year 4
Mandatory & Matching Fund	71%	19%	7%	4%
Discretionary Fund (CCDBG)	62%	22%	15%	2%
Head Start	38%	57%	3%	2%
Maternal & Child Health	60%	33%	7%	0%
Child Welfare Services	82%	17%	0.2%	0.8%

Prepared by ACF/DHHS 3/5/98

How Satisfied Are Parents With Their Child Care?

In a recent Harris poll,[1] a significant percentage of adults reported having problems finding affordable, quality child care.

- Among the quarter of all adults who say they or their spouses or partners have used or needed child care in the last five years, half (51 percent) say it was extremely difficult or very difficult to find affordable care.
- Forty-four percent found it extremely difficult or very difficult to find quality care.
- In addition, half of the respondents indicated that the lack of satisfactory care made it difficult to do a good job at work, and nearly as many (43 percent) said they could not take a job they had wanted because they did not have satisfactory child care.

In contrast to the Harris poll findings, research surveys have consistently reported parent satisfaction with child care arrangements to be very high. However, researchers have always noted that parent satisfaction is difficult to assess effectively for a number of reasons.[2]

- For example, in the most recent nationally representative survey, the 1990 National Child Care Survey, 96 percent of all parents--both employed and non-employed--responded either that they were "very satisfied" or "satisfied" with the current arrangement for their youngest child.[3]
- Yet, when these same parents were asked if they would prefer to change their arrangement, 26 percent indicated a preference for another arrangement.
- For families with an employed mother, 30 percent preferred another arrangement. For families with a non-employed mother, 19 percent wanted a change. The desire to change arrangements was greatest among employed single mothers (40 percent).[4] The desire to change arrangements was not significantly affected by family income.

For those parents wanting an alternative care arrangement, the majority--both employed and non-employed parents--were seeking care with certain program-quality characteristics, most often those related to promoting children's cognitive, social, and emotional development.

- The most frequently named alternative care preferred for children between one and four years of age is center care; under age one, care by a relative is preferred as an alternative to the current arrangement.[5] However, mothers with children under one often express a preference to stay at home.
- Family income does affect the kind of alternative care desired, with families with incomes below $25,000 a year in 1990 much more likely to want center care instead of the current arrangement.

1. Harris Poll, January 28, 1998. Poll of 1,000 adults between January 14 and 16.

2. Anne Mitchell, Emily Cooperstein, and Mary Larner. Child Care Choices, Consumer Education, and Low-Income Families. National Center for Children in Poverty, 1992. In addition to reflecting true satisfaction with a care arrangement, reported satisfaction may reflect relief in finding a suitable arrangement and/or a parent's realization of constraints in choice (availability of arrangements, price of care, etc.). A reported lack of satisfaction may reflect that a parent wants to change the arrangement to one more developmentally appropriate because the child is growing older or that the parent is either thinking of returning to work or increasing working hours.

3. Sandra L. Hofferth, April Brayfield, Sharon Deich, and Pamela Holcomb. National Child Care Survey, 1990. Urban Institute Press.

4. Sandra L. Hofferth. "Caring for Children at the Poverty Line." Children and Youth Services Review 17 (½), 1995, 1-21.

5. Hofferth. National Child Care Survey, 1990.

CHILD CARE ARRANGEMENTS OF FAMILIES WITH EMPLOYED AND NON-EMPLOYED MOTHERS

CHILD CARE ARRANGEMENTS OF FAMILIES WITH EMPLOYED AND NON-EMPLOYED MOTHERS

1. **"Child Care for Young Children: Demographics"** (National Child Care Information Center Fact Sheet)

2. **"Out-of-School Time: School-Age Care"** (National Child Care Information Center Fact Sheet)

3. **Child Care Arrangements by Age of Child and Maternal Employment Status -- Employed** (National Child Care Survey 1990)

4. **Child Care Arrangements by Age of Child and Maternal Employment Status -- Non-Employed** (National Child Care Survey 1990)

5. **Percentage of Preschool Children with Employed Mothers Enrolled in Center-Based Programs** (National Household Education Survey of 1991)

6. **Percentage of Preschool Children with Non-employed Mothers Enrolled in Center-Based Programs** (National Household Education Survey of 1991)

Child Care for Young Children: Demographics

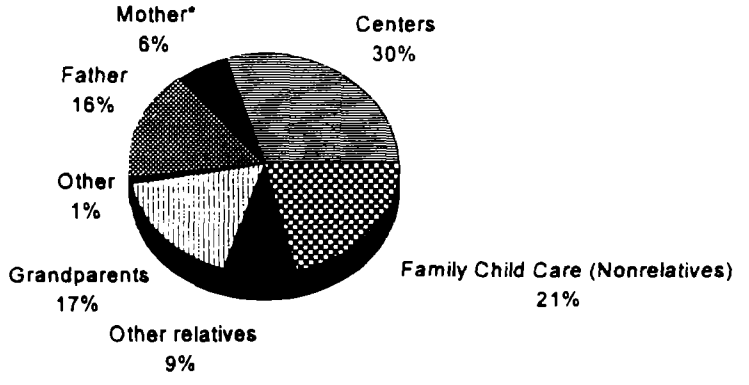
● According to the National Center for Education Statistics, in 1995 there were approximately 21 million infants, toddlers, and preschool children under the age of six in the U.S.; more than 12.9 million of these children were in child care.†

● Forty-five percent of children under age one were in child care on a regular basis.†

● While use of center-based care increased from 1988 to 1993, most young children are still in a home-based setting, including family child care.**

Primary Child Care Arrangements Used by Families with Employed Mothers for Preschoolers: 1993

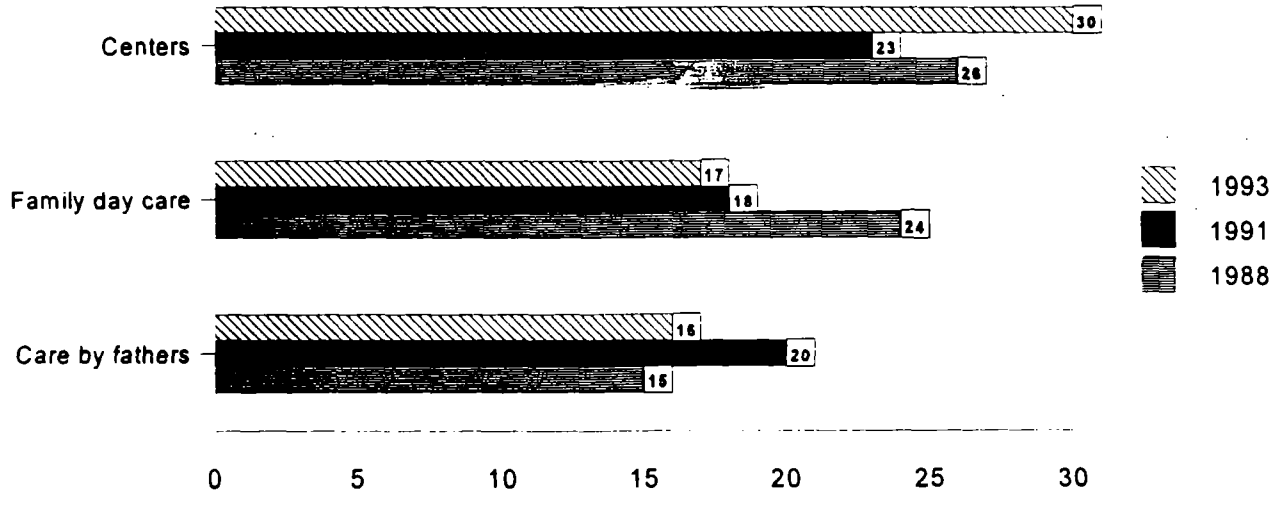
(Percent of preschoolers of working mothers in selected arrangements)



* Includes mothers working at home or away from home. Source: Casper, L.M. *Who's Minding Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 53, Washington, DC 1996

Changes in Selected Child Care Arrangements: 1988 to 1993

(Percent of preschoolers of working mothers in selected arrangements)



Source: Casper, L.M. *Who's Minding Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 53, Washington, DC 1996

This profile of child care demographics has been excerpted from information provided by the † National Center for Education Statistics, U.S. Department of Education and the **U.S. Bureau of the Census.

For additional information, contact the National Child Care Information Center at (800) 616-2242 or visit the Web site at ***http://ericps.crc.uiuc.edu/nccic/nccichome.html***

Out-of-School Time
School-Age Care

According to the Bureau of the Census, in 1997 there were 38.8 million children between the ages of 5 and 14 years living in the U.S. There are approximately 24 million school-age children with parents in the workforce or pursuing education (based on 1993 SIPP data from the Bureau of the Census).

Care Arrangements of School-Age Children

● Experts estimate that **nearly 5 million school-age children spend time as latchkey kids without adult supervision during a typical week.**

● **Approximately 1.7 million children in kindergarten through grade 8 were enrolled in 49,500 formal before- and/or after-school programs in 1991,** according to the National Study of Before and After School Programs.

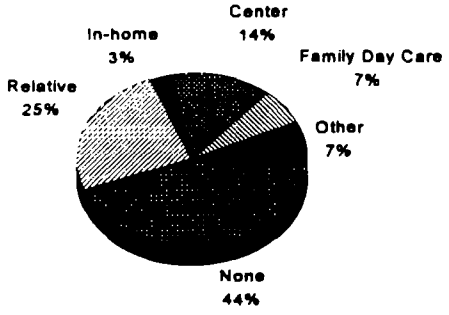
● In 1993-94, according to the National Center for Education Statistics, there were 18,111 before- or after-school programs in public schools—70% of public schools did not offer extended learning programs.

● School-age children are likely to spend time in many different care arrangements. According to the National Child Care Survey (1990), **76 percent of school-age children with an employed mother spend time in at least two child care arrangements during a typical week, in addition to their time in school.**

● According to the National Child Care Survey, children aged 5 to 12 with employed mothers use the following types of supplemental care: 7% are in family day care, 14% are in centers, 3% are cared for by in-home providers, 25% are cared for by relatives and 44% do not use supplemental care.

Use of Supplemental Care,

Children 5 to 12 with Employed Mothers



The Effects of Out-of-School Time on Children

● Children under adult supervision in a formal program during after-school hours have demonstrated improved academic achievement and better attitudes toward school than their peers in self- or sibling care. Miller and Marx, 1990 in *Supplement of the National Assessment of Chapter 1*

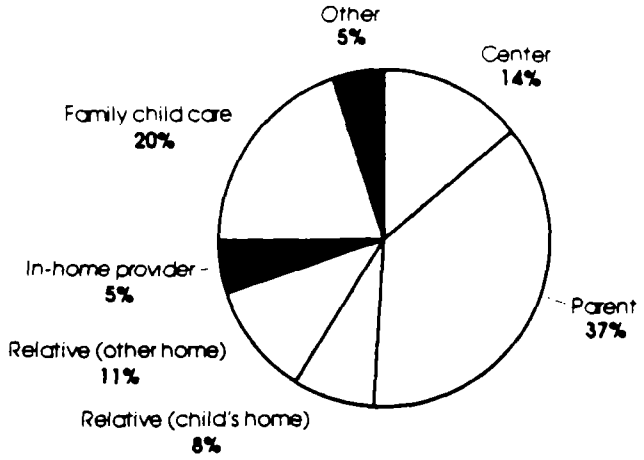
● Youth are at greatest risk of violence after the regular school day. Youth between the ages of 12 and 17 are most at-risk of committing violent acts or being victims between 2:00 pm and 6:00 pm--a time when they are not in school. *Fight Crime: Invest in Kids*, 1997

The most frequently mentioned barrier to participation is the parents' inability to pay the tuition and fees charged by programs. Other barriers include availability, quality of activities, inadequate facilities, transportation, high staff turnover, hours of the program and lack of resources.

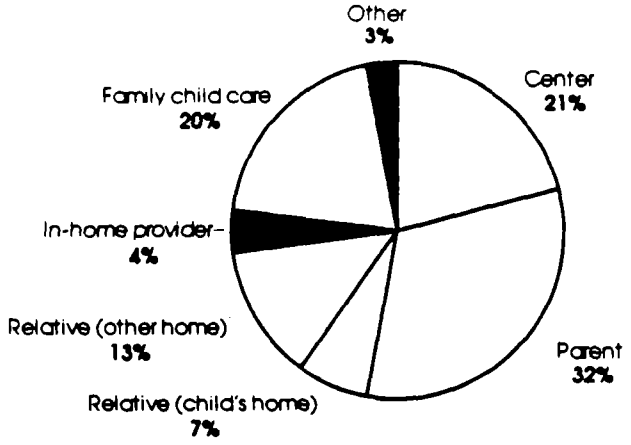
Components of Successful Before- and After-School Programs include: linkages between after-school and regular school programs, children's participation in age appropriate learning activities, hiring of qualified staff, low student-staff ratio, involvement of parents, program evaluation and coordination with the schools and other community organizations.

For information on what states and communities are doing to meet the need for school-age care, contact the National Institute on Out of School Time (formerly the School-Age Child Care Project), Center for Research on Women, Wellesley College at (617) 283-2547 or visit the World Wide Web site at: http://www.wellesley.edu/WCW/CRW/SAC/. For additional information on extended learning in after-school programs in schools, contact the U.S. Department of Education. Please call (800) USA-LEARN or visit the World Wide Web site at: http://www.ed.gov/PFIE.

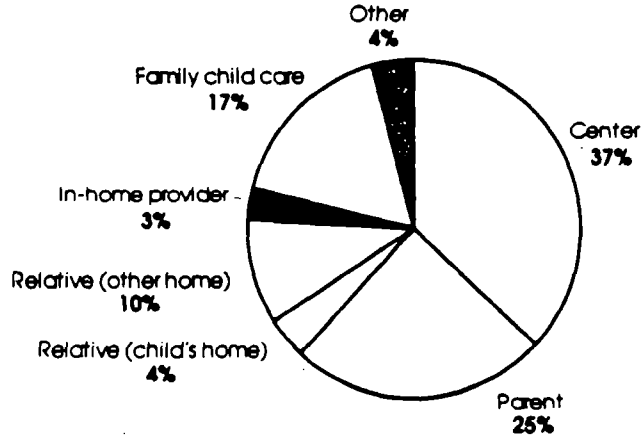
Child Care Arrangements by Age of Child and Maternal Employment Status, 1990



Employed mother, children under 1 year of age

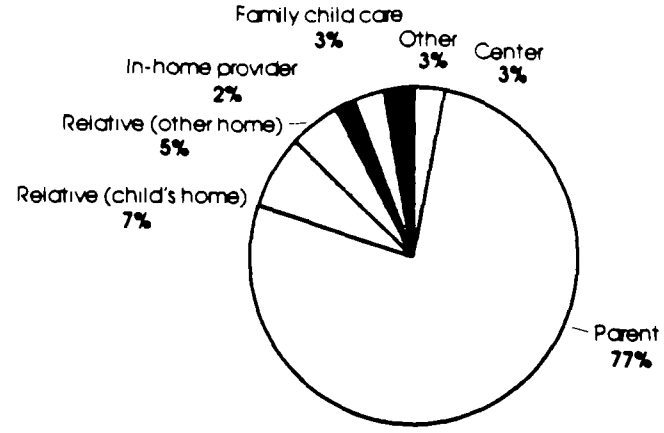


Employed mother, children 1 to 2 years of age

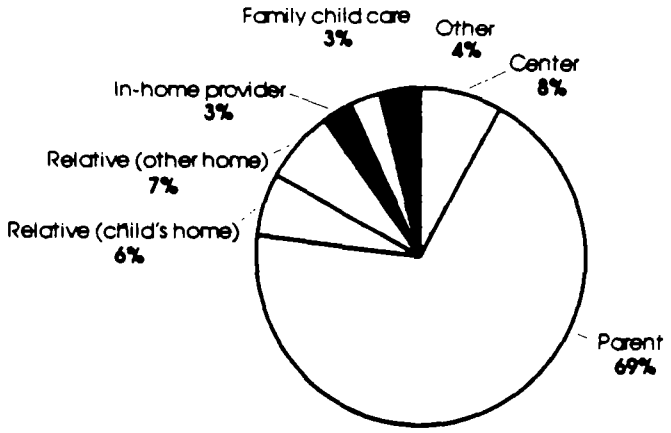


Employed mother, children 3 to 4 years of age

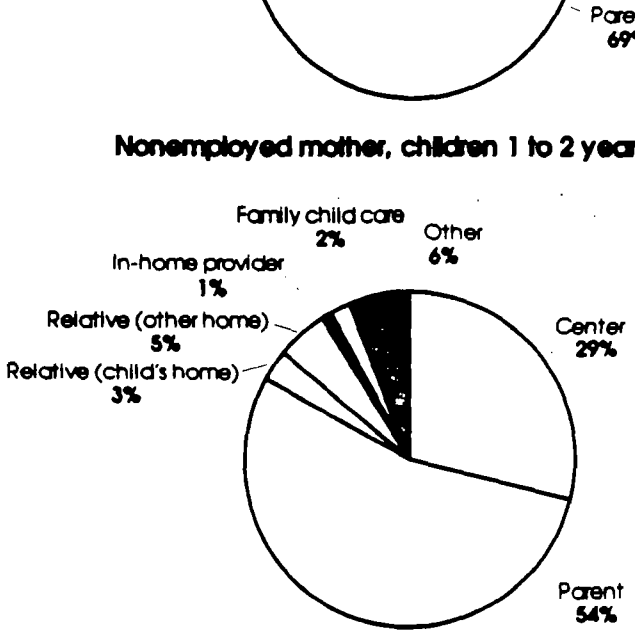
Child Care Arrangements by Age of Child and Maternal Employment Status, 1990



Nonemployed mother, children under 1 year of age



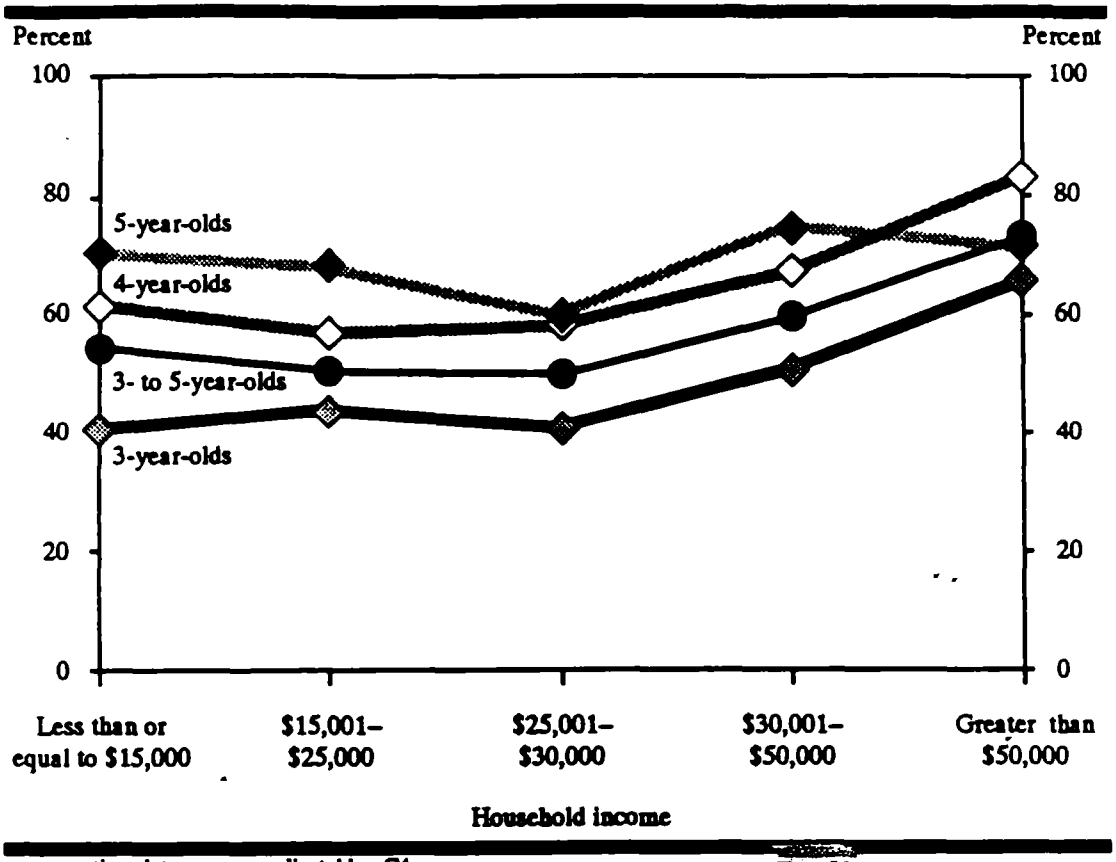
Nonemployed mother, children 1 to 2 years of age



Nonemployed mother, children 3 to 4 years of age

Source: Hofferth, S., Brayfield, A., Deich, S., and Holcomb, P. *National Child Care Survey, 1990*. Washington, DC: The Urban Institute, 1991.

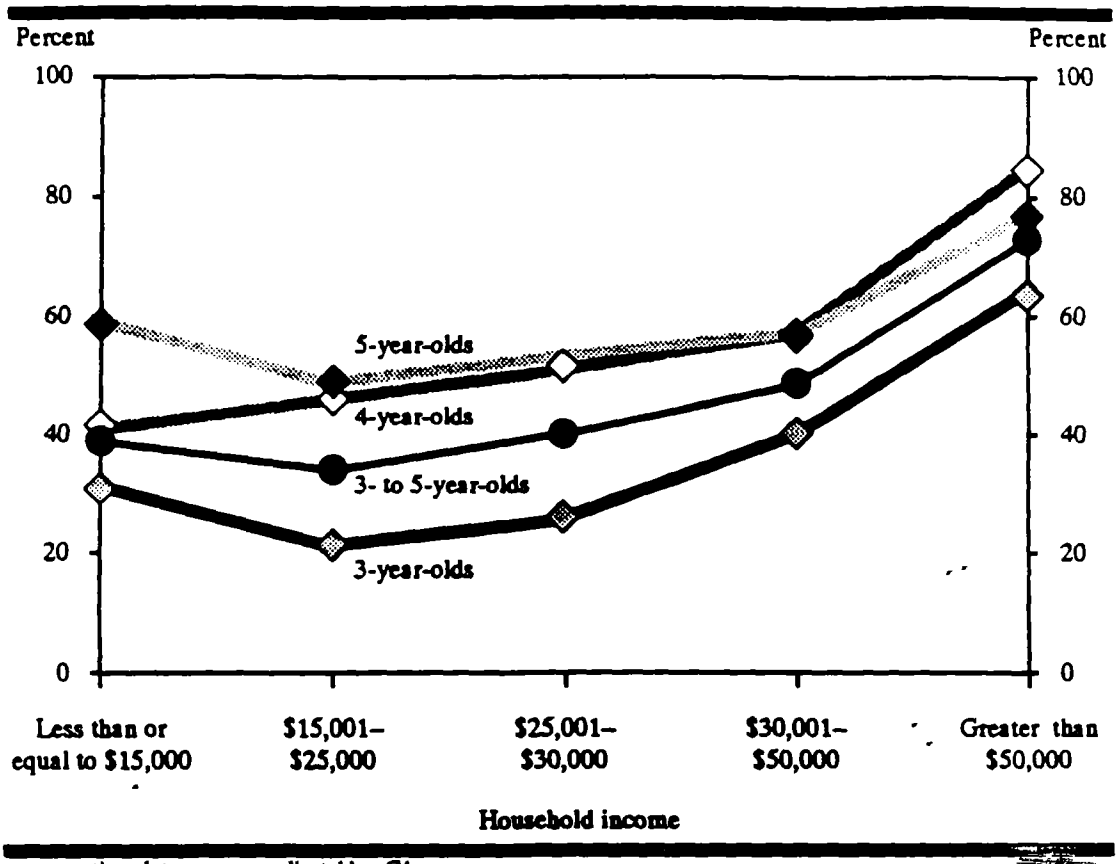
Percentage of preschool children with employed mothers enrolled in center-based programs, by age and household income: 1991



NOTE: For supporting data see appendix tables C4.

SOURCE: U.S. Department of Education, National Household Education Survey of 1991 (NHES:91), Early Childhood Education (ECE) Component.

Percentage of preschool children with nonemployed mothers enrolled in center-based programs, by age and household income: 1991



NOTE: For supporting data see appendix tables C4.

SOURCE: U.S. Department of Education, National Household Education Survey of 1991 (NHES:91), Early Childhood Education (ECE) Component.

HOW DOES CHILD CARE AFFECT CHILDREN'S DEVELOPMENT:

FINDINGS FROM THE NICHD STUDY OF EARLY CHILD CARE

February 1998

What Are the Findings of the NICHD Study of Early Child Care?

In 1991, the NICHD Study of Early Child Care was launched to address key questions about whether child care has harmful effects on infants and toddlers. More than 1,300 children in ten sites were followed from one month old to three years old. The study sites included urban, rural, and suburban areas and sampled a diverse group of families in terms of race, maternal education, income, family structure, maternal employment status, type and quality of child care, and the number of hours that children spent in non-maternal care arrangements.

- Overall, the study found that a family's economic circumstances, maternal behavior toward the child, and characteristics of the family environment together are highly predictive of children's social, cognitive, and linguistic outcomes and are more predictive than child care factors.

- The study finds that even very young children who attend child care should be expected to develop good relationships with their mothers and to acquire appropriate social, cognitive, and linguistic competencies. In addition, better quality care is linked to better social, cognitive, and language development.

- Lesser quality care results in less optimal psychological outcomes for all children, including those whose families are experiencing significant emotional or financial stress.

- The more child care centers comply with commonly defined standards of quality, the better the cognitive and social outcomes of the children at 36 months of age. Standards of quality are staff-child ratio, group size, and provider education and training. These elements are all related to more positive staff-child interactions, a predictor of better outcomes for children.

- Mothers whose children are in child care for longer hours are slightly less sensitive to their children's signals. At the same time, increased family income is associated with more positive mother-child interaction.

How Does Child Care Affect Children's Development?

On the whole, children are affected by experiences in child care in much the same way that they are affected by experiences at home.

- A first concern is for children's health and safety. Avoidable injuries and illnesses can occur in either setting if conditions are hazardous, overcrowded, or unclean.

- Children also do best when their hearts and minds are nurtured. The key ingredients are good interactions with caring adults whom they know and trust, ample opportunities to play with other children in safe and supervised settings, and physical environments that invite exploration and discovery.

Concerns about the effects of child care on children's development are on the minds of parents and policy makers and have been studied extensively by researchers. Overall, research indicates that it is not whether children are in child care or home care that matters most. What matters in either setting is the quality of children's experiences and the safety of their environments.

The most recent research focuses on infants and toddlers. In 1991, the NICHD Study of Early Child Care was launched to address key questions about whether there are harmful effects of child care for infants when compared to exclusive care by mothers. The study was designed to go beyond global questions and examine how very young children are affected by different aspects of child care such as quality, quantity, and timing of entry. Researchers in ten sites have followed more than 1300 children from one month of age to three years of age. The study sites included urban, rural, and suburban areas and sampled families from a wide range of economic and social backgrounds.

The NICHD research indicates overall that:

- Family factors are the most important predictors of children's development. Child care does not diminish the importance of children's home experiences.

- Overall, the results show that even very young children who attend child care can be expected to develop good relationships with their mothers and to acquire appropriate cognitive, linguistic, and behavioral competencies. In addition, better quality care is linked to better outcomes for children.

- In most respects, children's relationship with mothers are unaffected by child care. For certain aspects and conditions, findings are more mixed. For example, mothers are slightly less sensitive to their children's signals when children have spent more time in child care. However, mothers' employment also contributes to family income, and income predicts more positive mother-child interaction.

- The more child care centers comply with commonly defined standards of quality, the better the cognitive and social outcomes of the children at 36 months of age. Standards of quality are staff-child ratio, group size, and provider education and training. These elements are all

related to more positive staff-child interactions, a predictor of better outcomes for children.

- Low quality care is likely to have special risks -- and high quality care is likely to have special benefits -- for children whose families are experiencing significant emotional or financial stress, consistent with findings from other studies.

There is evidence from other research that many child care programs do not offer children -- especially our youngest children -- the kinds of settings and experiences that are best for their development. However, we know what kinds of conditions are problematic and how to improve these conditions -- through states' tightening of regulations and monitoring efforts, training of providers, consumer education for parents, and other measures -- to better ensure that children are protected and nurtured.

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NICHD News Notes
National Institute of Child Health and Human Development — National Institutes of Health
U.S. Department of Health and Human Services — Public Health Service

Child Care Does Not Affect Infant's Attachment to Mother, Unless Mother Insensitive to Infant's Needs

NICHD-supported scientists conducting a longitudinal study of the effects of child care on children's development through age seven have 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. Low-quality care, more than 10 hours per week in care, and multiple child-care arrangements, however, adversely affected attachment when combined with maternal insensitivity to infant needs, cautioned the scientists who announced their findings today at the International Conference on Infant Studies in Providence, Rhode Island.

Behavioral scientists define attachment as an infant's comfortable sense of trust in his or her mother. For this study, the child-care arrangements evaluated in relationship to attachment security were diverse and included father care, grandparent care, care by a non-relative in the child's home, family day care, and center-based care.

In 1991, the NICHD Study of Early Child Care enrolled more than 1,300 families and their children from 1 0 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.

Initiated by the NICHD and conducted by investigators at the NICHD and 14 universities nationwide, the study was spurred by the increase in the use of early child care over the past decade, and questions about its effects on children. In 1980, 38 percent of mothers ages 18-44 with infants under one year old worked outside the home. Ten years later, this percentage had climbed to 53. Since most of these mothers return to work in their child's first three to five months of life, their children spend much of their early lives in various kinds of child-care situations.

This increase in the use of child care has led to many questions from parents, developmental psychologists, and policy makers about the effects of such early child care on children's development. One of their core interests is how early child care affects a cl-child's attachment to his or her mother. Psychologists have linked insecure attachment to the mother to compromised developmental and social adjustment at older ages, including difficult interactions and relationships with peers, parents, and other adults.

"The NICHD Study of Early Child Care is unprecedented in several ways," said Dr. Sarah Friedman, NICHD coordinator of the study and one of its investigators. "An important feature of the study is the great diversity of the infants and of the child-care settings that were studied. It is also important that we could measure the effects of child care after taking into account family influences on security of attachment. In many other studies of child care it was not possible to do so, and, therefor&, what were

considered to be child-care effects might have been, at least in part, family effects."

To assess the security of infants' attachment to their mothers, investigators used a laboratory measure, known as the "strange situation" procedure, designed to expose infants to mild stress by separating them from their mothers for a few minutes. Secure infants reestablish positive contact with their mothers following these brief separations, while insecure infants either ignore and avoid their mother, or are not reassured by her return.

Using this measure, the investigators observed, in a laboratory setting, the infants' attachment security at age 15 months. They also evaluated the different aspects of child care experienced by each child, including type of care, quality of care, its amount (i.e., number of hours per week), stability (number of child-care arrangements experienced), and age of entry into care. When family characteristics were taken into account, the investigators found that no single child-care aspect, in and of itself, affected attachment security.

Certain child-care conditions in combination with certain home environments, however, did increase the proportion of insecurely attached infants. Infants who received either poor quality of care, more than 10 hours per week of care, or were in several child-care settings in the first fifteen months of life were more likely to be insecurely attached when their mothers were low in sensitivity and relatively unresponsive to their needs. Infants who fit into one of these three "dual-risk" categories were more likely to be insecurely attached to their mothers. In addition, boys who spent more than 30 hours per week in child care had a somewhat increased risk for insecure attachment compared with other boys, whereas girls with fewer than 10 hours per week in care were at a somewhat increased risk for insecurity.

While experts have evidence showing that insecure attachment often leads to difficulties in social adjustment, they recognize that, because human development is an ongoing process affected by many experiences beyond infancy, not every insecure infant develops such problems. By continuing to evaluate the social, cognitive, linguistic, and health development of the children in this study, investigators hope to be able to identify the conditions that predict enhanced or compromised development in relation to child care as children grow older.

Copies of the full report on the study are available from the 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.

Return to News

NIH NEWS ALERT

NATIONAL INSTITUTES OF HEALTH

National Institute of Child Health
and Human Development

Embargoed until April 3, 1997
6 p.m. E.S.T.

Contact: Robin Peth-Pierce
(301) 496-5136

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 Develop[illegible] 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 Friedm[illegible] 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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SECTION: OP-ED; Pg. A19; FREE FOR ALL
HEADLINE: It's the Quality of Care That Matters

BODY:

Stanley Greenspan's Oct. 19 Outlook article, "The Reasons Why We Need to Rely Less on Day Care," refers to the Study of Early Child Care supported by the National Institute of Child Health and Human Development (NICHD) . Unfortunately, he provides a misleading picture.

The NICHD study was designed to assess the effects of child care experiences on the development of children born in the early 1990s. Child care experiences under investigation included the age of entry into child care, weekly hours of care, stability of care and quality of care. Some 1,200 urban and rural families from across the United States and from a wide range of socioeconomic backgrounds were enrolled in the study following the birth of their babies. Information has been collected about family and child care characteristics, and about patterns of child development pertaining to social, emotional, cognitive, language and health outcomes.

Contrary to the statement by Greenspan, the NICHD study did not find that 80 percent of center care is inadequate. The NICHD study made no attempt to assess what proportion of child care might be "inadequate." Greenspan's assertion that out-of-home care is inferior to parental care is not supported by the study's findings. It concluded that for cognitive outcomes, infants in out-of-home care functioned as well as, and in some cases better than, those in maternal care at home.

Describing the NICHD study results with regard to infant-mother attachment, Greenspan writes that "babies in relatively full-time day care have compromised attachments, unless their parents were especially sensitive to their needs and adept at reading their emotional signals in the evening." The study showed that characteristics of the child care experience -- including age of entry into care, amount of care, stability of care or quality of care -- did not, in and of themselves, affect the infants' security of attachment to their mothers. The strongest predictors of infant attachment security were their mothers' sensitivity/responsiveness toward their children and the mothers' psychological health. The only group of infants at a significantly increased risk for insecure attachment was the group of infants whose mothers were in the lowest 25 percent of the sensitivity/responsiveness continuum and who attended poor-quality child care, had more than minimal amounts of child care or received relatively unstable care.

Greenspan implies that even good child care centers are failing to provide children with adequate linguistic stimulation. Based on assessments of children at 15, 24 and 36 months of age, the NICHD study reported in April that the cognitive and language development of children who are in child care is not compromised, relative to children in exclusive maternal care. The study also reported that the higher the quality of care, the better the cognitive and linguistic outcomes of children who are in child care. When the quality of care provided in the different child care settings was equivalent, center care predicted better outcomes than other forms of care. Here again, as with infant-mother attachment, the strongest predictors of children's cognitive and linguistic outcomes were features of the home and family environment.

-- Lewis P. Lipsitt

The writer is chairman of the steering committee of the National Institute of Child Health and Human Development national child care project.

Wash. Post: 10-19-97

The Reasons—Why We Need To Rely Less On Day Care

By Stanley I. Greenspan

On Thursday, the White House will direct its attention—and probably much of the nation's—to a subject that desperately needs attention: the state of day care for the young children of millions of working parents in this country.

The White House Conference on Child Care will focus on the quality, the affordability and the supply of child care, among other topics. It plans to figure out how best to help parents identify high-quality child care and discuss how best to bring good child care to under-served populations, such as welfare mothers headed to work.

These are important questions, of course. But in the rush to improve and increase child care, we are ignoring a more fundamental reality: Much of the child care available for infants and toddlers in this country simply isn't good for them.

This isn't the parents' fault and, in many respects, it's not the child-care providers' fault, either. A growing body of recent research indicates that most of our children are cared for in child-care centers and in other out-of-home day-care arrangements that have significant limitations. Recent studies by the University of Colorado, the Families and Work Institute of New York, and the National Institute of Child Health and Development, for example, have concluded that more than 80 percent of day care in child-care centers is inadequate and that, for infants, out-of-home care, especially day-care centers, tend to be inferior to parental care.

This negative conclusion about day care is not motivated by the misguided nostalgia of the Christian Right for the days when fewer women worked outside the home nor by a conservative hostility to government social programs aimed at helping children. Nor am I unmindful of the economic realities that force many parents to rely on day care. But rather than increase our reliance on day care, we should begin fundamentally rethinking the way we organize work and child care.

The best way to begin is to review and

See DAY CARE, C2, Col. 4

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DAY CARE, From C1

understand the best research into the effects that different types of care have on the development of very young children.

President Clinton identified this basic issue at last April's White House Conference on the Brain and Early Development. The conference, which helped kick off a national discussion on how best to help children's early development, attracted hundreds of participants, including pediatrician T. Berry Brazelton, Carla Shatz, professor of neurobiology at the University of California at Berkeley and David A. Hamburg, then president of the Carnegie Corp. There was a healthy consensus that early interactions between infants and caregivers are essential not only for a healthy mind, but also for the physical growth and wiring of the brain.

When Clinton asked those of use at the conference what kinds of experiences are most important for babies' development and how much is needed, he opened up a subject that is far more politically sensitive than he probably anticipated. That's because I—and many other researchers—have identified the quantity and quality of experiences that babies and young children need to develop optimally. There are six stages that families with children who are emotionally and intellectually healthy provide to their children. A review of these six stages makes clear why most out-of-home child care cannot provide a number of essential building blocks for a child's healthy mind and brain. Briefly, children need:

- An ongoing, loving and intimate relationship (lasting years, not months) with one or a few caregivers in order to develop caring, empathy, trust and relating.
- Sights, sounds, touches and other sensations tailored to the baby's unique nervous system in order to foster learning, language, awareness, attention and self-control.
- Interactions made up of long sequences of back-and-forth smiles, smirks, sounds, reaching and the like. This "emotional dialogue" between adults and babies fosters the beginnings of a sense of self, logical communications and the beginnings of purposefulness.
- Discussions without words—long negotiations with gestures to solve problems (such as when a toddler takes a caregiver to the fridge to get the juice) to foster early types of thinking and social skills.
- Shared use of creative ideas through pretend play between a caregiver and a child and creative negotiations of basic needs ("Juice!") in order to foster language and creativity.
- Logical use of ideas through a caregiver eliciting a child's opinion ("I like this because ....") and debates in order to promote logical thinking, learning and readiness for reading and math.

These aren't interactions that can occur on the fly. Child-care experts suggest that during the first two years of life, these types of experiences need to be available one-half or more of a baby's waking hours. Many parents provide these interactions during feeding, bathing and diaper changes. Yes, children get fed and get their diapers changed in day care, but even at excellent centers with outstanding, well-trained staff, there are significant limitations. Because day-care workers are often caring for several infants, their interactions with each baby tend to be brief, which means the infants aren't getting the long interactive "dialogues" through words and gestures that many parents provide at home.

Even in good day-care centers, we've seen many an eager, expectant 8-month-old baby give up and stare at the wall as his caregiver stops by his crib briefly but then hurries away to attend to a crying rival.

Even more important, day-care workers don't get a chance to build long relationships with the children in their care because, at most centers, babies change caregivers each year as they move on to the toddler room. And in centers where there is less training, lower wages and high turnover, caregivers may change even more frequently.

In short, three of the six essential building blocks are compromised due to the very structure of center-based day care: ongoing, intimate relationships; interactions made up of lengthy, back and forth emotional dialogues and long problem-solving sessions with gestures.

The other three components of good care—providing stimulation appropriate to the baby's nervous system; shared use of creative ideas and logical use of ideas through eliciting opinions and debates—vary significantly, depending on the staff and the chemistry between caregivers and the children.

There is some resistance to this idea. For example, the initial results of an ongoing day-care study conducted by the National Institute of Child Health and Development have been interpreted by many media outlets including The Washington Post, CNN and popular parents' magazines as "good news for parents." In fact, the news isn't quite as upbeat as all that. The study is finding that babies in relatively full-time day care have compromised attachments unless their parents were especially sensitive to their needs and adept at reading their emotional signals in the evenings—that is, providing the types of experiences missing in the day-care centers.

The child-care challenges we face cannot be dismissed. Current patterns of out-of-home child care have significant limitations that endanger the growing minds of future generations. An entirely new set of guiding assumptions is necessary. We need to re-evaluate the professed value we place on children. Children and the care of them must be elevated to a higher priority, both within families and society. This will be unrealistic for parents who, no matter how much they want to stay home, have no choice but to work. So we need to gradually bring about social arrangements which maximize at home care of young infants by their parents.

I believe many two-parent working families would do well to consider the "4/3 Solution," or some variation of it. Under this plan each parent works two-thirds time to pursue career goals and together they provide 4/3 of a single income. Thus, one-third of each parent's time is left for direct baby and child care. Obviously, some families will elect other part-time arrangements. This will mean a significant pay cut, which clearly not all families can afford. But if those who do will make child care the significant part of their lives that it deserves to be.

In the short run, parents and future parents need to more carefully plan their careers and lifestyles so they can fit in the time and the attention that children need. In the long run this solution will involve considerable government and industry support, to put it mildly. Options that will need to be considered will include government incentives, including tax incentives for employers to provide part-time work options for men and women and more flextime to employees, so parents can arrange more flexible work schedules.

Unpaid parental leave should be extended from three months to six months and, whenever possible, parents should be permitted to return to full- or part-time work schedules gradually.

To facilitate the 4/3 solution over the next generation, our education system needs to get involved. Subjects like child development and family life need to become a core part of school curriculums in order to prepare students for their futures. We now have a detailed body of knowledge about how children develop the best. Kids should learn about it in school to better prepare them for parenthood.

For two-parent families and single-parent families where full-time work is essential to provide food, shelter and medical care, we must improve the quality of child care, including having caregivers stay with the same group of babies for three years or longer.

Impersonal child care is but the most obvious symptom of a society that is moving toward more impersonal modes of communication, education, and health and mental health care. Intimate ongoing interactions between children and their parents, we're learning, are essential for the proper growth of the brain and mind. These types of interactions also makes for reflective citizens as well as a sense of cohesion that makes societies work.

As part of the President's child care initiative, the Pres has adopted an early learning fund, which will 1st ~~4~~.

The Early Learning Fund

~~PRESIDENTIAL ANNOUNCEMENT~~: The President ~~proposes the~~ is proposed Early Learning Fund (~~ELF~~) to respond to new information about the importance of brain development in children's earliest years and ~~in order to meet~~ the serious concerns about the quality of child care that impacts children's development. ~~ELF~~ the early learning fund will provide $3 billion in Federal funds over five years, with a small ? State match requirement. The Fund will allow States to provide challenge grants to their communities, so that each community may craft approaches to enhance the quality of child care for the children of working families.

Communities can use the funds to improve the health, safety, and learning of children in their earliest years by:

- providing basic training to child care providers (including first aid, CPR, and basic child development training),
- creating and sustaining family child care networks to connect child care home providers to education and support,
- providing home visits and parent education,
- helping parents recognize high quality care through consumer education,
- helping child care providers meet licensing and accreditation standards,
- linking child care providers to health professionals, and supporting the inclusion of young children with special needs in quality child care settings, and
- reducing group sizes and the ratio of children to staff.

RATIONALE: Research shows that when children are in higher quality child care programs, they have stronger language, pre-mathematics, and social skills, better relationships with their teachers, and stronger self-esteem. The Clinton Administration's commitment to quality has been underscored by the White House Conference on Early Learning and the follow-up White House Conference on Child Care.

Despite the documented link between the quality of care and a good education, serious concerns have emerged about the quality of child care that many American children receive. A four-state study of quality in child care centers found that only one in seven were rated as good quality. In addition, a study of family child care and relative care found that 13% of regulated and 50% of unregulated family child care providers offer care that is inadequate.

~~CURRENT PROGRAM: Currently, states fund quality activities with a~~ minimum 4% setaside ~~from the Child Care and Development Block Grant. Although States~~ provide valuable quality activities ~~from these funds, they are rarely enough. Given the acute need to~~ serve additional children, ~~states rarely invest more than the minimum 4%, which is spread~~ thinly across a variety of activities.

The Early Learning Fund will channel money to communities to empower them to determine their most crucial needs. ELF also will target the funds to programs for children ages 0-5, who are the most vulnerable children in care.

INVESTING IN RESEARCH AND EVALUATION OF CHILD CARE

PRESIDENTIAL ANNOUNCEMENT: The President proposes specific funding to support research, data collection, and evaluation on child care issues, including funding for:
research on child care issues that could benefit low income families,
innovations in the use of technology to promote distance learning and interactive computer programs in provider education and training,
demonstration projects to test new approaches to help new parents who choose to stay home to care for newborns or newly adopted children,
a national center for child care statistics, and
a child care hotline to provide consumer information and link parents to resource and referral in their communities;

The goal of the new funding is to collect accurate information on the status of child care and make it easily accessible to assist legislators and other policy makers, program planners and administrators, educators, employers, civic leaders, providers, and parents.

The President's budget includes $30 million in FY99 for these activities, as part of a total $150 million investment over five years.

RATIONALE: The rapid devolution of responsibility from the Federal level to States, coupled with limited funding and a burgeoning need for child care services, State and local policymakers are under enormous pressure to effectively manage child care funds. Yet, existing data are often limited, out of date or cannot be easily used for planning and policy making. There is no existing dedicated source of funding for child care research or for developing innovative child care strategies for the future.

Demonstration projects and other research develop critically needed information for and about parents, providers and children; the availability, cost and quality of community child care options; and how work, family and child care trends are changing. The projects that currently exist however, are widely scattered across academia, the private sector, and public agencies and do not have the capacity to provide data on a national scale. There is no single clearinghouse for bringing together the child care data already collected by the States and others. on the status of child care.

CURRENT PROGRAM: Currently, there is no authority for research and demonstration in the Child Care and Development Block Grant.

CHILD CARE STANDARDS ENFORCEMENT FUND

PRESIDENTIAL ANNOUNCEMENT: The President proposes a fund dedicated to helping States improve their own child care provider licensing systems, enforce their child care health and safety standards, promote licensing and accreditation, increase unannounced inspections of child care settings, and ensure the health and safety of all children in child care. The Standards Enforcement Fund will enable States to more adequately address the health and safety of child care programs for children and families in all States across the nation. The President's budget provides $100 million for these activities in fiscal year 1999 and $500 million over 5 years.

RATIONALE: Recent research suggests that warm, responsive, high quality child care is critical to healthy development. Unfortunately, quality child care is often the exception, not the rule, particularly for low income working families. In 1995 a four-State study of child care, for example, found that only one in seven centers were rated "good." A University of Colorado study found that States with stronger licensing requirements had more high quality centers.

One of the vital ingredients to improving quality is holding child care providers accountable to meeting the State child care licensing standards under which they are operating and, at a minimum, assure child care providers operate programs which meet all State health and safety requirements. Too many programs currently are not merely low quality but are, often, unsafe. A study conducted in 1994 by the Department of Health and Human Services Inspector General's Office points to serious problems in many child care centers, finding more than 1,200 violations at 169 child care facilities in five States. Among the hazards found were fire code violations, toxic chemicals, playground hazards and unsanitary conditions. These are the types of dangerous and unhealthy situations that State and local standards are designed to avoid.

The Standards Enforcement Fund is designed to allow states to capitalize on lessons from the military child care system. The military child care system, highlighted in the White House Conference on Child Care as a model for the nation, turned its system around by instituting high standards and conducting four unannounced visits per year to monitor compliance with standards.

CURRENT PROGRAM: The Child Care and Development Block Grant Act (CCDBG) requires that States have child care licensure laws and effectively enforce them. However, States often do not have the resources to adequately enforce their licensing standards and to provide technical assistance to providers who wish to improve their compliance with standards.

States must spend a minimum of 4% of their Child Care and Development Block Grant on activities designed to improve the quality of child care. However, only a few States have invested more than the minimum in quality activities, because of the high demand for subsidies among low income families struggling to afford care. In addition, those funds which are available are thinly spread over a range of important quality activities.

These dedicated funds will build on the quality setaside to permit States to improve existing standards and to better monitor compliance with them.

NATIONAL CHILD CARE PROVIDER SCHOLARSHIP FUND

PRESIDENTIAL ANNOUNCEMENT: The President proposes a National Child Care Provider Scholarship Fund that will provide more than $300 million in scholarships over five years to assist up to 50,000 child care providers annually. The scholarships will improve the quality of care for more than half a million children in these providers' care. The Fund will provide scholarships of up to $1,500 to current and future child care providers who agree to remain in the field for at least one year after receiving assistance. These providers will earn increased compensation or a bonus when they complete their course work, provided by some combination of the Fund and the provider's employer.

The Fund will receive at least $250 million in Federal funds over five years (beginning with $50 million in fiscal year 1999), with every four dollars of Federal funds matched with at least one dollar of private, local or State funds. States will have flexibility in designing their programs, and can provide scholarships for students working toward a State or national credential, certificate, or Associate, B.A., or B.S. degree. States cannot use the Fund to substitute for existing efforts. States also cannot provide scholarships to employees or child care providers that are not licensed or registered.

RATIONALE: Child care staff today earn between $7 and $8 per hour and often receive few, if any, fringe benefits. Turnover rates are very high -- one third of all child care teachers leave their programs each year. This high turnover rate has significant negative impacts on quality, as new staff lack experience and often need training. Children who experience a high turnover in caregivers do not benefit from the stable, nurturing relationships that are shown to be the most effective for a child's growth.

When enacted, the Fund will improve the quality of our nation's child care by helping caregivers get training and raise their pay, thereby supporting efforts to recruit and retain them. The Fund is modeled on the North Carolina T.E.A.C.H. Early Childhood® Project, a bipartisan program that has been shown to work. Participants in T.E.A.C.H. complete an average of 18 credit hours per year and receive an average 10% increase in their wages. They have less than a 10% turnover rate, compared to the statewide rate of 42%. The President's Child Care Provider Scholarship Fund is also modeled on the Defense Department's program of linking pay raises to increased training.

CURRENT PROGRAM: While not limited to those eligible for Pell Grants, the scholarships build on Pell Grants for those eligible by covering any costs not covered by Pell, including tuition and fees, books, supplies, transportation, and child care expenses. For example, a typical caregiver in a child care center earns $12,000 a year. Attending a community college half time, with total costs of $3,000, this individual would be eligible for a $1,350 Pell Grant in 1997-98. The Fund will provide additional monies. All applicants must first apply for Pell Grants before receiving a Child Care Provider Scholarship.

MAKING CHILD CARE MORE AFFORDABLE FOR WORKING FAMILIES

PRESIDENTIAL ANNOUNCEMENT: The President proposes to dramatically expand child care subsidies to help working families struggling to meet the cost of child care. The President will add more than $1.1 billion in FY 99, as part of a total increase of $7.5 billion over 5 years. These funds will allow the States to provide additional direct child care subsidies to working families. The funds will be distributed by formula to the States and will require a State match. The Initiative builds on the $4 billion added for child care in the Personal Responsibility and Work Opportunity Reconciliation Act . Together, these new funds will allow us to reach over a million more children by 2003. The new Initiative concentrates on families who are working, but making so little that affording child care is a serious struggle.

RATIONALE: Affordable and adequate child care remains out of reach for many American working families. While the average family pays about 7% of its income for child care, low income families pay about a quarter of their income for care. At the same time, waiting lists for child care assistance continue to grow. Of the approximately 10 million families who are eligible for child care assistance, only over a million are served.

Even when funds are available, the lack of adequate supply of child care leaves many families without access to care. A recent GAO report documents the need for more child care, particularly for infants and toddlers, school-age children, and children with disabilities. The lack of adequate supply of care is even more crucial for families who work night shifts, due to the lack of "odd hour care."

CURRENT PROGRAM: The Federal government will provide approximately $3.1 billion in FY 1998 to the States, by formula , to provide direct child care assistance in care that each family chooses. Although the Federal statute allows States to set eligibility at up to 85% of State Median Income, many States set eligibility lower due to the high demand for affordable care among families with very low incomes. The new funding is designed to allow States to reach more working poor families who currently are not receiving a subsidy or assistance under the Child and Dependent Care Tax Credit.