

**Overview of the Field of Child Care  
Training Module  
version 4  
(Last updated 2/12/13)**

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## NOTE TO TRAINER

This Training Module presents information on the history and current state of the field of child care in the United States. The Toolkit includes a Trainer’s Guide to leading training sessions, PowerPoint slides, and materials for participants’ packets.

For more information about using the NTI materials, please read “Guidelines for Using the NTI Curriculum Materials,” available in the “Curriculum” section of the NTI Resources Website (accessed by entering your NTI username and password at <http://sakai.unc.edu>).

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## **LEARNING OBJECTIVES**

After reading this Module, Trainers will be able to:

- Describe the different types of child care options available to families
- Identify key considerations of families looking for child care
- Summarize critical issues relating to out-of-home child care
- Address the role of the state in child care systems-building

## **INTRODUCTION**

### **The History of Child Care in the United States**

In the late 1800s, America experienced its first child care revolution, driven by the institution of child labor laws and compulsory public education for children over six (Hernandez, 1995). Most children under the age of six lived in two-parent families where the fathers worked outside the home and the mothers were the principal caretakers of young children. In 1940, for example, 87% of children had one non-employed parent who could provide full-time care at home (Hernandez, 1995).

The second child care revolution began around 1960 and was characterized by increasing numbers of mothers of young children entering the work force and leaving the care of their young children to someone else. This dramatic shift from parental/guardian to nonparental/guardian care arrangements resulted from the growing prevalence of families where both parents/guardians were in the work force, and one-parent/guardian families with an employed head-of-household. In 1960, less than 33% of mothers of young children entered the work force (Lande, 1990). By 2001, 65% of mothers with children under six and 59% of mothers with infants were working outside the home (Children's Defense Fund, 2005). The percentage of working mothers has remained relatively steady over the past decade, although the percentage of women with infants under age one in the workforce has declined a bit in recent years (U.S. Dept. of Labor, 2009).

As more women entered the work force, more families chose out-of-home child care programs. In 1965, fewer than 20% of children ages 0-5 (about 3.8 million children) were in out-of-home child care (Brittain and Low, 1965). In 2005, 61% of children ages 0-6 (about 12 million children) spent time in out-of-home child care (Federal Interagency Forum on Child and Family Statistics, 2009). These children spent an average of 36 hours per week in child care settings (Census Bureau, 2008).

### **The Role of the CCHC**

To provide guidance and assistance to child care caregivers/teachers and policymakers, child care health consultants (CCHCs) must be knowledgeable about the status of child care in their communities and the realities of various child care settings. Of utmost concern is the quality of child care—for the child, for the parents/guardians, and for the caregivers/teachers. For the child, the CCHC needs to be aware of the factors affecting the health and safety of the child care environment, and the quality of the social, emotional, intellectual, and physical care received. For the parents/guardians, the CCHC needs to respond to a need for child care that is affordable, meets work schedule needs, and includes specialized care for infants and children with special needs. For caregivers/teachers, the CCHC should advocate for competitive salaries and benefits that are essential to attract and retain high quality caregivers/teachers and staff. Finally, the CCHC needs to work on supporting appropriate state-wide infrastructure for technical assistance, evaluation, and collaboration among child care staff to ensure that high quality child care is achieved and maintained throughout the community.

## WHAT THE CCHC SHOULD KNOW: TYPES OF CHILD CARE

Parents/guardians face a bewildering array of options when seeking child care, including who cares for the child, what setting to choose, and the degree of formality of the care arrangement. Children who are ill or who have special needs may need specialized child care. Care for these children is discussed in detail in the NTI Modules *Caring for Children Who Are Ill* and *Caring for Children with Special Needs*.

National data on the use of different types of child care are not widely available and vary from study to study. In general, child care centers are the most widely utilized form of out-of-home child care, serving approximately 25-28% of children under age five. Another 25%-27% of children under age five are cared for by relatives, and about 7%-14% are cared for in a family home setting (U.S. Census, 2008; Hamm, Gault, and Jones-DeWeever, 2005). The remaining children are cared for by a parent or nanny/babysitter at home.

Multiple child care arrangements for individual children are common. In 2005, 25% of children under five with a working mother regularly spent time in two or more child care arrangements per week (Census Bureau, 2008). The most frequently used combination of arrangements (28%) was an organized facility, such as a child care program, and another non-relative caregiver/teacher, such as friends, babysitters, or family care caregivers/teachers. This finding suggests that a single, principal child care source is not sufficient to cover the child care needs of working families.

In addition to meeting the needs of working families, out-of-home child care is also common for children whose primary parent/guardians not employed. In 2005, 16.1% of all children under five whose principal parent was neither employed nor in school were enrolled in regular nonparental child care (U.S. Census, 2008). This may be due to parent confidence, based on extensive research, that child care programs offer enrichment, education, and social opportunities, particularly for pre-school-age children (Hofferth, 1996; Smith, 2000; see also Barnett, 1995; Gomby, Larner, Stevenson, Lewit, and Behrman, 1995).

### **Non-Relative Care**

Non-relative care is the broadest category of child care, referring to care by friends and neighbors as well as professionals. It may occur in the child's home, in the caregiver/teacher's home, or in a child care facility, and it may be a formal or informal arrangement.

#### ***In-Home Non-Relative Care***

Care provided by non-relatives in the child's own home is commonly referred to as babysitting or nanny care. Traditionally, babysitter care is part-time and/or occasional, while nannies more often provide full time care and may live with the family. This type of care is almost always based on an informal arrangement between the family and caregiver. In 2005, less than 4% of children were cared for in their own homes by a nonrelative (U.S. Census Bureau, 2008). Given the small percentage of children

cared for by non-relatives at home, there is limited data about this type of care arrangement.

### ***Family Child Care***

Family child care refers to a program in which a caregiver/teacher takes care of unrelated children in her/his own home. Approximately 14 % of children with a working parent are in family child care settings, although that percentage drops to 7.3% when a family child care is defined as one in which there are two or more children (Hamm, Gault, and Jones-DeWeever, 2005). Family child care can be informal (unregulated) or formal (regulated). Informal care refers to arrangements not regulated by state or federal agencies, such as care provided by an acquaintance, a neighbor, or someone who cares for other people's children besides her own. Formal care refers to care provided by someone who has chosen child care as a career and maintains a business that is regulated and therefore required to meet particular standards for health, safety, and general operation. Some states exempt family child care homes serving small numbers of children from any regulation, resulting in many more unregulated than regulated programs. Currently, thirty eight states and the District of Columbia require that all family child care caregivers/teachers be registered or licensed. Most states license some form of family care, and only three states have no licensure for family care (National Child Care Information and Technical Assistance Center (2009a). In addition, the aspects of family child care that are regulated vary across states.

### ***Center-Based Care***

Center-based child care refers to organized facilities typified by age segregated classrooms and many caregivers/teachers who provide care and education for children in a nonresidential setting. Center-based facilities include child care centers, nursery or pre-schools, Head Start programs, and public school pre-kindergarten programs. Compared to other types of child care, center-based programs generally place greater emphasis on education, enrichment, and preparation of children for elementary school.

Center-based programs typically fall into two categories by virtue of their schedules and the age of children served. Child care centers often provide care for infants and children from birth to 5 years of age, and they typically operate all day, five days a week, all year. These programs are especially suited to working families who work traditional 9:00 a.m.-5:00 p.m. shifts. Nursery schools, pre-schools, state pre-kindergarten programs, and Head Start programs typically operate on a part-day, part-year basis and serve only older (3-5-year-old) children.

Most center-based programs are regulated or licensed in some way. With the exception of Idaho, all states and the District of Columbia license child care at the state level (National Child Care Information and Technical Assistance Center, 2009a). Even though part-day preschool programs are usually not licensed, they may be subject to some other form of regulation. Also, center-based programs typically undergo more stringent regulations and inspection schedules than family child care homes. Many churches provide child care to their congregation, and are subject to

state licensing requirements dependent upon a variety of factors, such as the number of child care hours provided and the number of children in attendance. Depending on the state, some church programs may be exempt from licensure (National Child Care Information Center, 2006).

Federally recognized American Indian and Alaskan Native Tribes can apply for federal money to operate child care facilities or child care subsidy programs in accordance with the Minimum Standards of Tribal Child Care as issued by the ACF Child Care Bureau.

**Expansion of Public School Pre-Kindergarten Programs:** Public schools and school districts are becoming increasingly involved in providing services to pre-kindergarten children and are beginning to “exert influence in developing a vision for an early childhood system” (Clifford, Early, and Hills, 1999). In 2008, over 1.1 million pre-kindergarten-age children were served in public schools; enrollment in state-funded programs rose by 50% from 2002 to 2008 (Pre-K Now, 2009). At present, funding from federal programs is being used for 1) services to preschoolers with disabilities, 2) Head Start grantees and/or Head Start programs housed in public schools, and 3) Title 1 preschool programs for children at risk of school failure due to socio-economic status. In addition to federal support, 41 states and the District of Columbia provide funding for some pre-kindergarten programming, and 39 states report that they support statewide, comprehensive programs for preschoolers. However, while state appropriations for publicly-funded pre-kindergarten programs rose from \$2.9 billion in 2005 to \$5.2 billion in 2009, less than 30% of three and four year olds attend these public programs (Pre-K Now, 2009).

**The Role of Head Start and Early Head Start Programs:** The Head Start program was founded in 1965 with the goal of preparing young children from economically disadvantaged households for school. In 2008, Head Start operated in all 50 states serving over 908,000 children; the program accounted for approximately \$7.1 billion in federal spending, with an additional \$2.1 billion allocated in the 2009 Recovery Act. Head Start programs are administered at the community level by local non-profit organizations and school systems, which receive federal grants from the Department of Health and Human Services (DHHS). Head Start is a comprehensive program that addresses the social, psychological, health, nutritional, and emotional needs of children (US DHHS Head Start Bureau, 2006).

Head Start programs may allow families to enroll in family child care. Head Start has established baseline national requirements for these programs, especially for Head Start programs in states that do not regulate family child care. All family child care programs within Head Start must be licensed. Where states do regulate and license family child care, programs participating in the Head Start family child care option must meet all state, local, and tribal requirements, and are subject to the most stringent set of provisions (U.S. Department of Health and Human Services, 2009).

In 1994, Early Head Start was established for pregnant women, infants and toddlers from low-income families. It serves over 95,000 children in all 50 states. Early Head

Start is founded on evidence that early intervention through high-quality services can help both parents and children reach their goals. Both Head Start and Early Head Start programs meet national performance standards and also serve children with disabilities (US DHHS Head Start Bureau, 2006).

The establishment of Head Start and Early Head Start has benefited many pre-kindergarten aged children across the country, specifically children who may not otherwise have access to quality, comprehensive services. However, this trend in public support for pre-kindergarten programs indicates that private child care programs may be forced to compete with public programs. In addition, the increase of publicly-provided services for older children may encourage private child care programs to instead focus on children ages 0-3.

**Parents' Day Out and After-School Programs:** Parents' Day Out programs refer to a part-time child care program typically offered by a church, synagogue, or private school that provides parents/guardians several hours to take care of shopping and appointment needs without their children, while children spend time in a social environment with small groups of children of the same age. Care workers in this setting are generally child care workers or church or synagogue members. These programs vary widely and are not licensed in most states (Emory University, 2009).

After-school programs are often available through child care centers; many centers provide transportation from schools to provide care coverage after school hours. Some schools have after school programs and may contract with a local child care program, or the school system itself may organize care. Children have recreational time during these programs and may have an opportunity to complete homework as well (Emory University, 2009).

### **Relative Care**

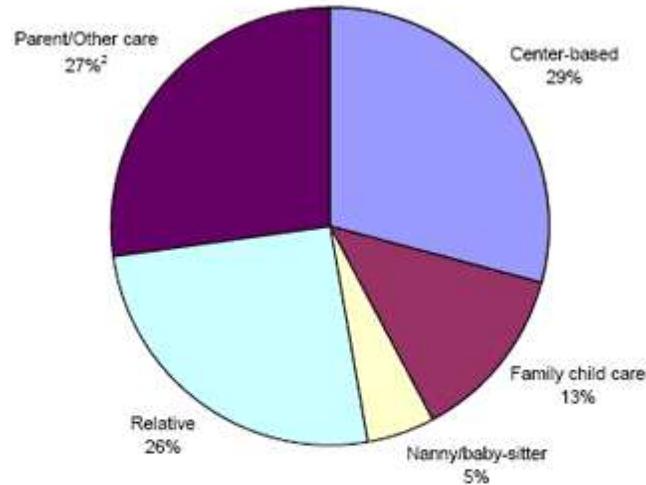
Relative care refers to nonparental/guardian relative care, such as care provided by grandparents, siblings, aunts, uncles, and cousins. It does not include care by parental/guardian partners. Due to its informal and unregulated nature, there is minimal information on the characteristics and quality of relative care. About a quarter of all children under age 5 are cared for by relatives as their primary care arrangement, and about 50% of preschoolers are regularly cared for by relatives at least some of the time (Smith, 2000). On average, children spend less time in relative care than in non-relative care, suggesting that parents may rely on relatives more often for supplemental rather than primary child care arrangements (Smith 2000).

The conditions of relative care can vary a lot. Relative care may be provided in the child's home or the relative's home, the relative may live with the child's family, and the relative may care for more than one child with additional children being siblings, cousins, or unrelated children.

The figure on the following page illustrates the frequency of each type of arrangement (Urban Institute, 2002b).

**Figure 1:**

**Primary Child Care Arrangements for Children under Age 5 with Employed Mothers<sup>1</sup>**



Source: 2002 National Survey of America's Families

Note: <sup>1</sup>Data on child care arrangements were obtained by conducting interviews with the adult most knowledgeable about the child. Since this person was most often the mother (71.5 percent), the term "mother" is used here to refer to this respondent.

<sup>2</sup>The survey did not ask questions about parental care, which can include care provided by the other parent or care by the mother while she worked. Children whose mothers did not report them to be in a regular child care arrangement are assumed to be in parent/other care.

### **How Families Choose Child Care Arrangements**

When choosing child care, parents/guardians must consider many factors, such as location, convenience, religious affiliation, and personal preferences. Some of the most influential factors are:

- The age of the child(ren)
- The family's income
- The parents'/guardians' work schedule
- Cultural considerations

The four primary factors are described in detail below.

#### ***Age of Child***

Children change dramatically between infancy and age five, and it is not surprising that parents/guardians make different child care choices as their children move through developmental stages. Casper (1996) found that children age two and under with employed mothers are significantly more likely to be cared for in a private home (either their own or the caregiver/teacher's) than in a center-based setting. However, these numbers do not specify whether parents' choice of a home environment reflects their preference for a home environment or their difficulty in securing care at center-based facilities. Smith (2000) proposes that after age two, school readiness may weigh in as an important factor in child care choices, which would explain the high proportion of 3-4-year-olds in center-based programs. By age four, well over 50% of families utilize center-based care in some capacity (U.S. Department of Education, 2004).

**Family Income**

Since child care is costly, family income is a predictable influence on the choice of care arrangements. Income level strongly determines the options a family can afford. Subsidies to help defray the cost are only available to a small percentage of parents/guardians, further limiting the choices to families with limited income.

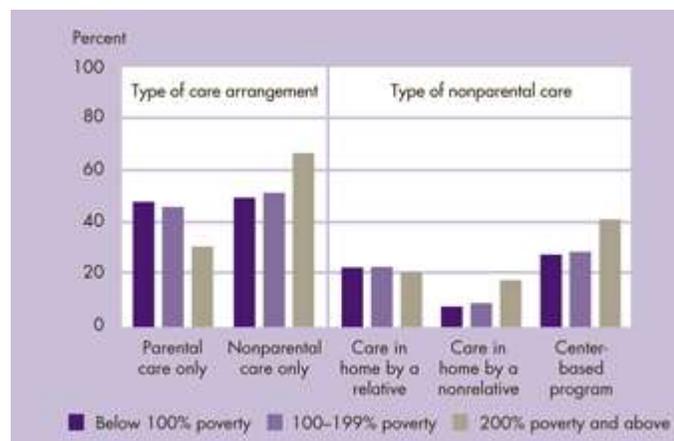
Findings on choice of child care by income suggest:

- Poor families rely more on relatives (41%) than non-relatives (32%) to provide child care, while non-poor families rely about equally on relatives and non-relatives (Smith, 2000).
- Nanny and babysitter care is most common for children of high income families, and least common for children of poor families (Ehrle et al., 2001).
- Children from low-income families are less likely to receive center-based care and more likely to receive parental or relative care than children from higher-income families (Urban Institute, 2002a).
- Children from very poor families where the parents/guardians are not working are more likely to be eligible for public subsidy or to enroll in center-based programs like Head Start which are available to only the poorest families.
- Working poor families cannot afford private center-based care but also earn an income that disqualifies them from subsidies and from Head Start.
- Working poor families have the highest percentage of children in relative care (Hoffeth, 1996).

The figure below illustrates these trends.

**Figure 2:**

Percentage of children ages 0–6 not yet in kindergarten by type of care arrangement and poverty status, 2005



Source: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program. (Federal Interagency Forum on Child and Family Statistics, 2009).

### ***Parents’/Guardians’ Work Schedule***

Center-based facilities and family child care homes typically operate during traditional business hours (9:00 a.m.-5:00 p.m., weekdays). Casper (1999) reports that 60% of mothers working traditional shifts enrolled their children in center-based and family child care versus 41% for mothers working nontraditional shifts. In contrast, mothers working nontraditional hours use relatives for child care more often than mothers working traditional hours (35% versus 29%) (Casper, 1999).

### ***Race/Ethnic Background***

Evidence suggests that race and ethnic background plays a role in child care choices. In comparing child care arrangements of white, black, Hispanic, and Asian racial/ethnic groups for children under five, the 2005 Census report (see Table 1 below) reveals:

- Hispanic and Asian families relied on relatives for child care more often than white or black families.
- Center-based care was much more common for black children than for white or Asian children, and less than half as common for Hispanic children compared with black children.
- Family child care was least common for Asian children and Hispanic children and most common for white children.
- Parental care was most common for white children.

Another study showed that use of nanny and babysitter care was more prevalent among white families than other ethnic groups (Ehrle et al., 2001).

**Table 1: Primary Child Care Arrangements of Children Under Age 5 with Employed Mother, by Race & Ethnicity: 2005**

Category	Relative Care	Family Child Care	Centers <sup>1</sup>	Percent with Parental Care Only
<b>White, non-Hispanic</b>	22.5	9.6	28.5	25.6
<b>Black, non-Hispanic</b>	31.8	6.9	36.7	15.9
<b>Hispanic</b>	40.9	4.0	18.7	18.5
<b>Asian</b>	36.2	1.1	28.3	14.6

Source: U.S. Census, 2008

In summary, choice of child care is clearly a family decision dependant on many factors, including the race/ethnic background of the family, family income, the age of the child, and the family’s work schedule. What is not clear in the figures presented, however, is whether these different choices represent actual preferences or a lack of alternatives. Nevertheless, knowledge of such factors is crucial to policymakers who must seek to provide arrangements that meet the needs of families from all sectors of the economic/racial/ethnic population.

<sup>1</sup> Center-based programs include child care centers, nursery schools, pre-kindergartens, preschools, and Head Start programs.

## WHAT THE CCHC SHOULD KNOW: CRITICAL ISSUES IN CHILD CARE

The field of child care today faces many critical challenges. Parents/guardians, caregivers/teachers, community leaders, and legislators are facing complicated, far-reaching problems. Some of the most profound issues include:

- Limited availability and affordability of child care
- Challenges for the child care caregivers/teachers
- Lack of supporting infrastructure

Each of these issues is described in detail below.

### **Limited Availability and Affordability of Child Care**

According to the National Association of Child Care Resource and Referral Agencies, there is a dearth of child care spots available for children under age 6 who need care while their parents work (NACCRA, 2009). NACCRA documents only 10.8 million legally-operated spaces for 14.5 million children in need of care. Even when spaces are available, they are often not within high-quality programs. The difficulties families have in finding quality care are well documented. Less than 10% of child care programs in the U.S. can be described as high quality, and up to 86% of all programs are rated mediocre to poor quality (NACCRA, 2009). In addition to the shortage of overall quality care, many working parents/guardians are unable to find child care with the features necessary to accommodate their needs. Some of the biggest obstacles are in child care availability include:

- **Limited care during nontraditional hours:** The service sector (hotels, restaurants, hospitals, discount stores) employs 3 out of 4 American workers and is characterized by nonstandard hours and rotating shifts. Also, lower income parents/guardians are more likely to work non-traditional hours on a rotating or changing schedule or on weekends. Yet child care availability at nonstandard hours is rare. Surveys have shown that only about 15% of child care centers and 6% of family child care homes provide care during nontraditional hours (California Child Care Resource and Referral Network, 2006; Hofferth, 1996).
- **Limited care for infants:** Sixty percent of mothers with children under one year of age are in the work force, but child care for infants is very limited, especially center-based infant care. Hofferth (1996) reports that fewer than half of centers admit infants. Furthermore, infant care that is available is often at least 50% more expensive than that for preschoolers, primarily because of the lower staff/child ratios required.
- **Limited care for child with special needs:** Children with special health care concerns are often excluded from child care programs that feel unprepared to meet their needs.

As with availability of child care, affordability is directly linked with quality. Quality programs are usually more expensive due to lower staff /child ratios, higher salaries for well-qualified staff, and the cost of facilities and supplies for children. The higher cost of quality care often makes these programs prohibitively expensive to even average income families.

American families spend an average of \$12,445 per year on child care expenses, which compares to college tuition at a public university (State of Care Index, 2009). Estimates of the cost of full-day center-based child care range from \$4,056 to \$15,895 per year. The cost for full-time care in a family child care home is only slightly less, ranging from \$3,380 to \$10,324 (NACCRRA, 2011).

The average family that spends 14% percent of its household income on child care, and in low-income and single-parent families the cost of child care takes an even greater share of their income (State of Care Index, 2009; Rosenbaum and Ruhm, 2004). Compounding this burden, low-income families often utilize cheaper sources of child care and often receive lower quality care. According to Rosenbaum and Ruhm (2004), equalizing the quality and costs per hour of child care would greatly increase the cost burdens of poor families. That is, if poor families were paying for high quality child care, they would be spending an even higher percentage of their income. In reality, many families are making the hard choice to move their children into lower-quality child care settings. In 2009, 43% of families changed their primary child care arrangements, and half of those families made the change due to economic concerns or constraints (State of Care Index, 2009). Sixty-three percent of families who changed child care arrangements based on cost were very concerned that the changes had negatively impacted the quality of their child's care (State of Care Index, 2009).

Child care subsidies are not an entitlement, and many low-income families do not receive help. Federal and state funding to help families subsidize child care expenses is very limited and many eligible families do not receive assistance due to small budgets. Since 2001, 23 states have decreased the availability of subsidies for child care, and only 18.3% of eligible children receive subsidies nationwide (Hamm, Gault, and Jones-DeWeever, 2005). These figures indicate that most families who have left the welfare system and are working are not receiving child care subsidies. As a result, children from families with low income, who are often most in need of quality care, are shut out of these programs. Many families face the dilemma of being unable to work without child care arrangements but unable to pay for child care with their current salaries.

### **Challenges for the Child Care Staff**

The field of child is marked by a number of workforce challenges that affect the quality of child care. These challenges are discussed below.

#### ***Low Compensation***

Few would dispute that the most important contributor to quality in child care is a skilled and stable caregivers/teachers. Yet child care caregivers/teachers are notoriously underpaid. The average annual income for child care workers is \$19,670 and \$25,800 for pre-school teachers (NACCRRA, 2011). Family child care staff who

participate in some degree of regulation earn approximately \$8,344-\$10,000 annually after expenses. The salary of nonregulated staff is estimated to be even lower at \$5,132 (Whitebook and Phillips, 1999). The low wages paid to child care caregivers/teachers and the altruistic motivations of many staff members serve to depress direct costs and effectively underwrite or subsidize child care programs. If the higher wages caregivers/teachers could earn in another occupation (based on their education, experience, etc.) were considered in the cost, it is estimated that caregivers/teachers “donate” as much as 19% of the total cost of child care (Helburn and Howes, 1996).

### ***Inadequate Benefits***

Child care caregivers/teachers experience higher than normal exposure to infectious disease, yet few centers can afford to offer fully-paid health insurance. Many programs offer partial coverage, but staff frequently don’t utilize it because they can’t afford the premiums. Very few programs offer a retirement plan (Whitebook and Phillips, 1999). Because they operate independently, family child care staff fare even worse than center-based personnel in obtaining access to health, retirement, and other benefits. In a recent survey of child care caregivers/teachers, when asked for recommendations on how to reduce turnover among personnel in child care centers, 75% of teachers recommended improving wages and benefits (Whitebook et al., 2001).

### ***High Turnover***

Because the wages are so low, child care personnel tend to leave when higher paying employment becomes available. Approximately 20% of child care workers leave their jobs each year (Hamm, Gault, and Jones-DeWeever, 2005). High turnover affects caregivers/teachers at both the upper and lower ends of the child caregiver/teacher pay scale. A teacher shortage in many elementary school districts is creating incentives for the best trained, most experienced child caregivers/teachers to leave the field for better paying jobs in public school. The high turnover also places an additional burden on those who remain in child care and must continuously train new co-workers.

In addition to losing their best caregivers/teachers to better paying jobs, child care directors describe severe difficulties in recruiting qualified staff to replace them. In the Whitebook et al. (2001) survey, directors reported hiring teachers in 2000 that they would have considered unqualified in 1994. Nearly half of the teachers who had left since 1994 had completed a B.A., compared to 33% of the new teachers who were hired to replace them. The survey showed that child care centers paying higher wages to both directors and teachers showed less turnover in both groups.

### ***Cost of Quality Improvements***

Caregivers/teachers are often required and encouraged to improve the quality of their programs. However, while modest increases in quality can be achieved through relatively small increases in cost, major improvements can be expensive. For example, increases in quality that involves higher compensation for employees, or major outdoor play area renovations with ground resurfacing, are very expensive. The

cost of quality improvements is particularly burdensome for family caregivers/teachers who may require costly renovations to their homes to make them safe and appropriate for group child care.

In the majority of child care programs, parent fees comprise the largest single source of revenue (Helburn and Howes, 1996). Yet experts agree that parents alone cannot afford the costs necessary to raise child care in America to quality standards. By current estimates, purchasing quality child care would require almost double what families currently pay (Johnson et al., 1999). In the first child care revolution over 100 years ago, the government mandated and paid for universal schooling for all children over six (Hernandez, 1995). The question then arises, should the cost of the second child care revolution be born mainly or solely by parents/guardians?

### ***Family Child Care Staff***

In addition to amplification of issues facing all child care staff, family caregivers/teachers face unique challenges of professional isolation, lack of separation of work/family space and time, the need to provide for multi-age children, and responsibility for all aspects of the program. For many family care caregivers/teachers there is no clear end to the workday. They often work 50 or more hours per week with the children, as well as additional hours of shopping, cleaning, and preparing activities (Whitebook and Phillips, 1999).

### **Lack of Supporting Infrastructure**

The U.S. public school system consists of far more than individual teachers in individual classrooms providing independent instruction to their students. The public school system comprises a vast supporting infrastructure that includes:

- Standardization of teacher training and education through public and private educational institutions
- Ongoing research in educational institutions to generate and update effective curricula
- Creation and publication of learning materials by commercial companies
- Construction of comfortable, attractive facilities utilizing tax dollars
- A network of transportation for getting children to and from school
- Nutritional experts and food service staffs to provide free or reduced price meals for eligible students during school hours
- An ongoing multi-level evaluation system for checking the effectiveness of the educational process

The massive public school infrastructure allows the individual teacher to educate his/her students with guidance and support at many levels.

In contrast to the public school system, support mechanisms available to child care staff are scattered and uncertain. Gallagher and Clifford (2000) maintain that child care in general is characterized by the “absence of a comprehensive infrastructure or support system to stand behind the delivery of services to the child and family” (p. 2). There is no

standard form of funding for early childhood education, and child care infrastructure is inconsistent and fragmented (Johnson et al., 1999).

To improve the effectiveness of child care programming nationwide, an effective child care infrastructure modeled after the public school system should be developed. This infrastructure would include the following components (from Gallagher and Clifford, 2000):

- **Standardized training for child care personnel through public and private higher education institutions:** This training should follow a uniform model developed in collaboration with academic, state, federal, and child care institutions and should include linkages with child care facilities, supervised student teaching programs, or other models of practical skills-building.
- **Regional technical assistance programs:** These would provide access to a wide variety of consultation and support personnel necessary for developing and maintaining quality.
- **A communication network for sharing best-practices:** This would link child care caregivers/teachers with the latest research and practices via a system such as the National Child Care Information Center and ERIC Clearinghouse on Elementary and Early Childhood Education.
- **An industry-wide system of evaluation and accountability:** Child care programs must agree on goals and be held accountable to meeting these goals through an established evaluation method.
- **Improved data collection about the field of child care:** In order for policy-makers and funding agencies to develop systematic improvements, information about types and utilization of child care needs to be easily available. Many states exempt large numbers of family child care homes, part-day centers, and faith-based programs from any regulation, which results in a vast number of child care programs that are hard to identify and count.
- **Comprehensive planning that brings together all of the various players and stakeholders in the early childhood domain:** This includes child care in its various arrangements (e.g., center-based care, family child care), Head Start, public schools, early intervention projects, parents/guardians, and citizens.
- **Improved public funding and oversight to ensure that all children in child care have access to programs that are healthy and safe:** This may include an expansion of subsidies for quality improvements to struggling programs as well as expanded assistance to families.

## WHAT THE CCHC SHOULD KNOW: REGULATION AND STATE SYSTEMS

### Child Care Regulation

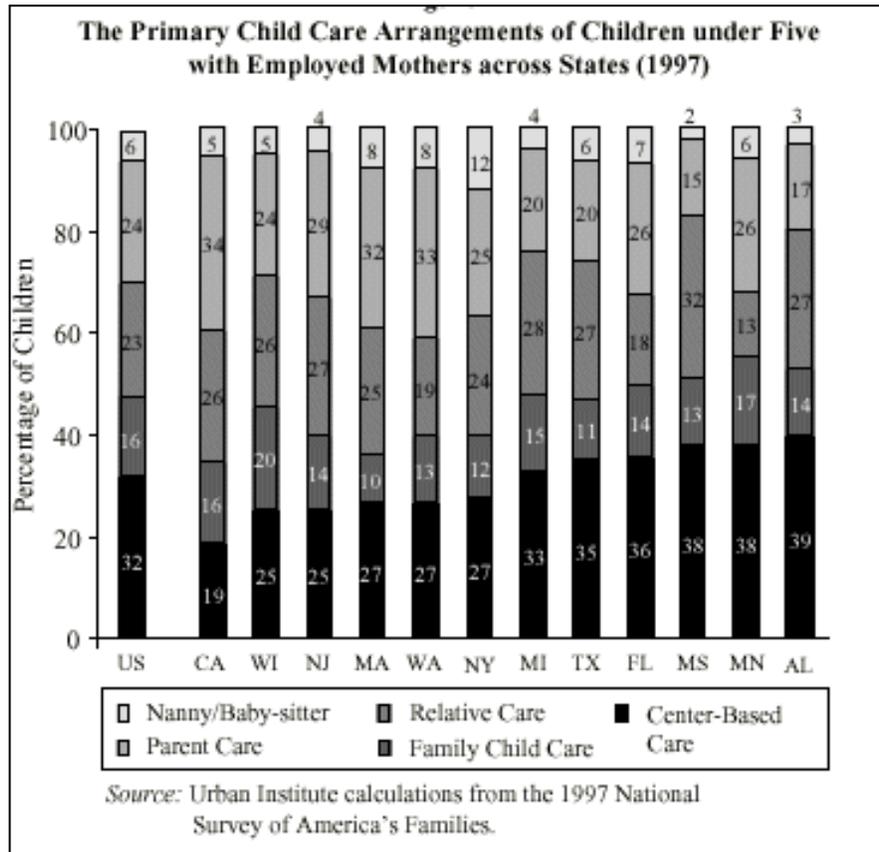
Although regulation of child care has been an issue for some time (Barnett, 1993), the increasing demand for out-of-home child care arrangements has spotlighted deficiencies in the existing system. Since Federal Interagency Day Care Regulations were discontinued in 1981, regulation of child care has increasingly been the responsibility of states. Many state regulatory agencies have been overburdened by the increased demand for child care and cannot provide enough trained staff to inspect child care facilities on a regular basis. In other states, the increased demand has highlighted insufficient regulation. For example, 35 states do not regulate family child care homes serving fewer than three children, and 31 states require no prior experience in early childhood education or development for child care teachers (Azer, LeMoine, Morgan, Clifford, and Crawford, 2002). Low income families cannot afford quality child care programs and are likely to place their children in less expensive informal and/or unregulated programs. Unregulated programs are usually unattached to support services, resulting in the inability to provide on-going support to meet the needs of the caregivers/teachers and the children in their care.

State regulations generally establish the minimum standards for health and safety in early child care. To improve the quality of child care, various national associations have recommended standards for high quality care. For example, the National Association for the Education of Young Children and the National Association for Family Child Care have established voluntary accreditation programs. As of 2007, only 9% of child care centers and a mere 0.86% of family child care homes were accredited by any agency (NACCRRRA, 2011). With the specific aim to improve the health and safety of children in out-of-home care, the American Public Health Association, the American Academy of Pediatrics, and numerous other child care experts developed a set of voluntary national health guidelines called *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (2nd ed., 2002). These national guidelines support a safe and healthy environment and developmentally appropriate programs for all children, as proposed in the *Healthy People 2010 National Health Promotion and Disease Prevention Objectives* (2000).

### State Variation in Child Care Arrangements

National estimates of child care choices present a homogeneous picture, suggesting that each state situation is a simple reflection of the national average. In fact, states show considerable diversity in families' preferences for child care arrangements. Capizzano, Adams and Sonenstein (2000) compared primary child care arrangements of working mothers across 12 states in the figure on the following page.

**Figure 3:**



Some of the predominant inter-state differences revealed in Figure 3 include:

- In Alabama, Minnesota, and Mississippi, almost 40% of preschoolers of employed mothers were in center-based care compared to only 19% in California.
- In Wisconsin, 20% of children are enrolled in family child care compared to only 10% in Massachusetts.
- In Mississippi, 32% of children of employed mothers are cared for by relatives, which is almost twice the number cared for by relatives in Minnesota.

Knowledge of such differences is important to state policymakers in targeting child care reforms. Inter-state differences also serve as a stimulus for investigation. For example, are variations due to state differences in supply and/or cost of particular types of child care, to variations in parental/guardian work patterns, or to differences in current state child care policies?

### State Initiatives

A growing number of states are developing initiatives to create more comprehensive “early learning systems” that coordinate early care and education systems. Each state

must form an Early Childhood Advisory Council (ECAC) under the 2007 Head Start Reauthorization Act, charged with developing and advising policymakers on a coordinated care system across Head Start, private child care, and other public and not-for-profit pre-kindergarten programs. ECAC members in each state include Head Start representatives, state health and education departments, local schools, and the Interagency Coordinating Council for Individuals with Disabilities Education Act Part C. As of November 2009, 19 states have formed their ECAC, and a further 30 are in the process of forming an ECAC (Satkowski, 2009). Several states have modeled their ECAC to work within larger networks of coordination councils; in many others, the ECAC will seek the input of local councils either formally or informally. ECACs may also work with businesses and community organizations that serve as early childhood advocates (Satkowski, 2009). Other state efforts to strengthen child care systems are discussed below.

### ***Coordination of Support Elements***

At the present time, the federal Maternal and Child Health Bureau funds the Early Childhood Comprehensive Systems (ECCS) Initiative in an effort to coordinate services for young children on a state level. Grants are available to states to collaboratively strengthen systems of support for early childhood education efforts while drawing on the expertise of a variety of fields and organizations.

Due to the myriad agencies involved in early childhood, each with its own legitimate “turf”, coordinating services can be “a predictably painful step requiring strong motivation” (Gallagher and Clifford, 2000). The Organization for Economic Cooperation and Development (2000) notes that a network of interagency partnerships is needed to build a sustainable within-state and across-state system of early childhood education and care. They recommend a single department (e.g., ‘Department of Services for Children and Families’) that includes early education, child care, health, and family support to improve coordination and integration of services. Such a department might also improve the chances that early education and child care policies would withstand changes in political leadership and economic fluctuations.

The majority of states have professional development systems to support child care workers as well as those who are interested in entering the field. These organizations vary widely in the resources they provide; some states may offer career counseling, core knowledge and competency documents, and a database of training sessions. (NCCIC, 2009a).

### ***State Quality Rating and Improvement System (QRIS)***

Quality rating and improvement systems assign quality ratings to child care programs in a state based on five criteria areas, including standards, accountability measures, program outreach and support, financing incentives, and parent and consumer education efforts (NCCIC, 2009b). The rating system is based on state licensing standards, with multiple steps towards higher quality standards; ratings are assigned through systematic accountability and monitoring processes designated by the state. States also provide training support for caregivers/teachers and financial incentives to

higher quality programs. QRIS aim to use easily recognizable symbols, such as stars, to educate parents and consumers about the quality of individual programs (NCCIC, 2009). QRIS can help states monitor and improve the level of care provided to children, create demand among parents for higher quality care, and promote professional development of caregivers/teachers (NCCIC, 2009b). Currently, 18 states and the District of Columbia employ a full QRIS in child care.

### ***State Early Learning Standards***

Most states have developed early learning standards, a set of criteria that outline what children should know and be able to do prior to entering kindergarten, with the intent to improve teaching and serve as a curriculum resource. Many states have also developed learning standards for infants and toddlers. Increasingly, states are creating monitoring systems to measure how these standards have been implemented in child care settings, and several states intend to use early learning standards in program accountability (Scott-Little et al., 2007).

## **ACTION ITEMS FOR THE CCHC**

The CCHC should:

- Be familiar with types and utilization of child care in her community, including the factors that influence how families choose child care
- Work with staff to expand options for available and affordable child care
- Work with staff to develop policies that promote staff training, increased salaries and benefits, and possibilities for staff to move up the career ladder within the child care program
- Identify outstanding programs and establish them as demonstration centers for other facilities
- Work with policymakers, child care programs, and resource and referral agencies to build child care infrastructure
- Engage in state-systems building by getting to know state players and providing input into development of state quality rating systems and early learning standards

## WHERE TO FIND MORE INFORMATION

### Articles

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Center for Law and Social Policy  
<http://www.clasp.org>

Child Care Aware  
<http://childcareaware.org/>

Child Trends DataBank  
<http://www.childtrendsdatbank.org>

Children's Defense Fund (CDF)  
<http://www.childrensdefense.org>

Clearinghouse on Early Education and Parenting  
<http://ceep.crc.uiuc.edu/>

Early Childhood Learning and Knowledge Center  
<http://eclkc.ohs.acf.hhs.gov/hslc>

Early Head Start National Resource Center  
<http://www.ehsnrc.org/>

FPG Child Development Institute  
<http://www.fpg.unc.edu>

Healthy Child Care America  
American Academy of Pediatrics  
<http://www.healthychildcare.org>

National Association for the Education of Young Children (NAEYC)

<http://www.naeyc.org>

National Association for Family Child Care (NAFCC)

<http://www.nafcc.org>

National Association for Regulatory Administration (NARA)

<http://www.naralicensing.org>

National Head Start Association

<http://www.nhsa.org/>

National Resource Center for Health & Safety in Child Care and Early Education

<http://nrckids.org>

Pre-K Now

<http://www.preknow.org>

The Future of Children

<http://www.futureofchildren.org>

Zero to Three

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