

# OECD THEMATIC REVIEW OF EDUCATION AND CARE POLICY

## *Background Report*

## UNITED STATES OF AMERICA

*Draft provided by the U.S. Department of Education, OERI*

*A full, corrected and updated version, with an Introduction by Naomi Karp, was published in 2003 under the title: **Early Childhood Education and Care in the USA**, ed.s Cryer and Clifford, Brookes Publishing C., Inc.*



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## I - DEFINITIONS, CONTEXT, AND PROVISION - Sheila B. Kamerman & Shirley Gatenio<sup>1</sup>

### Introduction and Definitions

Early childhood education and care (ECEC) in the US includes a wide range of part-day, full-school-day, and full-work-day programs, under educational, social welfare, and commercial auspices, funded and delivered in a variety of ways in both the public and the private sectors, designed sometimes with an emphasis on the "care" component of ECEC and at other times with stress on "education" or with equal attention to both.

The ECEC programs discussed here include preschools (kindergartens, prekindergartens, compensatory education programs, and nursery schools under education auspices), day care centers (often defined as programs in non-residential settings that provide education and care to children and include organized group programs such as Head Start and nursery schools) and family type day care homes (both regulated and unregulated "child minding"). Parental care, relative care, occasional baby sitting (child minding) and care provided in a child's own home are not included in this discussion nor are programs for children with special needs.

*Preschools* include the range of programs offered under education auspices or providing compensatory education under special legislation and are largely half-day or cover the normal school day (9:00am - 3:00 pm).

*Center-based child care* typically refers to full-day programs under social welfare auspices or free-standing and independent programs, that correspond to the traditional working hours of 9:00 AM to 5:00 PM (sometimes 7:00 AM to 6:00 PM), and are open five days a week for the full year. Some child care centers provide care for infants, others will only care for toddlers (1-2 years of age) and/or preschool age children (ages 3 to 5 years). At their discretion, some child care centers may care for school-age children as well in their afterschool programs. Almost all centers are regulated or licensed in some way by the states with regard to health and safety standards, staff-child ratios, maximum number of children per group, nutrition and have at the least annual inspections.

*Family day care* refers to care for several children (other than the provider's own) in the caregiver's own home. States regulate family day care homes through licensing or registration on one or more of the following criteria: square footage for activities, staff-child ratios, pre-service training requirements, criminal backgrounds, immunization requirements. Licensing typically requires providers to meet minimum health, nutrition and safety standards, limit the number of children in a home; and

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sometimes requires programmatic standards. Registration, by comparison, requires or encourages providers to self-identify themselves to the state and certify that they comply with state requirements. Registration typically involves fewer inspections than licensing. In 1993, only eight states and the District of Columbia required that family day care providers be registered or licensed (Blank, 1994). Family day care may provide care during standard hours or during irregular hours (e.g., nights or weekends). Group family day care homes are private homes that provide care for sometimes as many as 12 children compared to the upper limit of six children in family day care homes. They are often required to employ at least one other adult to assist in the care of the children and are more likely to be licensed than family day care homes. The number of hours and days of care provided is negotiated between the parent and provider in these home-based settings, but are generally available to accommodate the needs of full-time working parents, full-year. Some states specify the maximum number of infants and toddlers that a provider can care for in their home.

ECEC policies include the whole range of government actions (federal, state, and sometimes local) to influence the supply and/or demand for ECEC and the program quality. These government activities include: direct delivery of ECEC services; direct and indirect financial subsidies to private providers of education and care such as grants, contracts, and tax incentives; financial subsidies to parents/consumers of ECEC such as grants and tax benefits to permit or facilitate access to services or to permit parents to remain at home and withdraw from the labor force at the time of childbirth or adoption for a brief period of time; and the establishment and enforcement of regulations.

Generally, ECEC policies cover children from birth through state-designated compulsory school age. Compulsory school age is determined by the individual state and ranges from age five through eight years. Elementary (primary) school is compulsory for all children but it is at the state's discretion whether or not kindergarten (the year before primary school begins) enrollment is mandated. Eleven states and the District of Columbia, require children to attend kindergarten. The other 39 states mandate the local school districts to provide kindergarten but it is the parents' decision whether or not to enroll their child. Parents also have the option of enrolling their children in privately sponsored kindergartens.

**Table 1.0: Compulsory School Attendance Age Across States**

| <u>Compulsory School Attendance by Age</u> | <u>Number of States</u> |
|--|-------------------------|
| Age 5 years                                | 7                       |
| Age 6 years                                | 20                      |
| Age 7 years                                | 22                      |
| Age 8 years                                | 2                       |

*Source:* Data collected by the Public Affairs Division of the National Association for the Education of Young Children (NAEYC) in the Spring of 1995.

The primary responsibility for education is at the level of the states. At present, many state legislatures are taking a leading role in the development of ECEC policies, making larger investments in preschool programs and in programs that respond to the work responsibilities of poor families, especially those who are or are at risk of welfare dependency.

There is no debate, at present, regarding whether compulsory school age should be changed or even made fully consistent nationally. However, there is debate with regard to expansion of prekindergarten services and/or the length of the prekindergarten and kindergarten days and which level of government

should have responsibility for regulation and the setting of program standards (Blank, et al., Forthcoming).

For most children in ECEC programs, entry into a formal early childhood program would be when children are between three and five years old. Because of growing evidence that early intervention can be effective in compensating for early deprivation, mitigating and preventing disabilities in the future, and helping prepare young children for subsequent schooling, there have been increased resources dedicated recently to providing services to children under age 3. In addition to care and education, these services may include health and nutritional screenings and may be coupled with family support services for parents including parent education, nutritional classes, various social service supports, and job training. There are specialized programs, also, which work with at risk populations, such as teens or substance abusers even prior to the birth of the child in preparation for parenting. Programs whose primary objective is to support the work efforts of parents accept children from three months of age (the maximum length of the federally mandated post-childbirth parental or family leave) through school age.

## **Policy and Program Context**

### ***Historical Roots***

As in most other advanced industrialized countries, ECEC programs in the U.S. have evolved out of diverse historical streams including child protection, early childhood education services for children with special needs, and services to facilitate mothers' labor force participation.

The "official" history of ECEC in the U.S. begins with two developments: (1) day nurseries (day care or child care centers), first established in the 1830s under voluntary auspices and designed to care for the "unfortunate" children of working mothers; and (2) nursery schools, developing from the early education programs in Massachusetts also first established in the 1830s, and the later "kindergarten" programs based on the work of Froebel. The first day nursery was established in 1838 in Boston to care for the children of seamen's wives and widows. Day nurseries expanded subsequently in response to pressures created by the rapid industrialization and massive immigration which took place in the latter part of the century. They were custodial in nature, focusing primarily on basic care and supervision of the children. By the end of the century a National Federation of Day Nurseries had been established. During war times -- the Civil War, World War I, and World War II -- these programs increased in numbers, only to decline when war ended. Kindergartens and nursery schools expanded slowly during the 19th century and experienced a significant increase only during the 1920s, as a form of enriched experience for middle class children.

Little public support developed in the country for either program type until the mid 1960s and early 1970s when a confluence of factors led to the significant expansion of both program types. The numbers of ECEC programs -- both day care centers and nursery schools -- increased dramatically. This expansion both reflected and contributed to a resurgence of national interest in early child development. The War on Poverty included attention to deprived and disadvantaged children, and the development of compensatory education programs as a response. Researchers stressed the importance of early education as a strategy for both better preparation for school as well as for ensuring access to health care and improved nutrition. Head Start was established first as a summer program and then as a year-round program. The increase in female labor force participation rates by middle class wives raised the issue of the need for decent quality out-of-home care for children generally. The rising welfare caseload stimulated interest in providing federal funds for child care for women receiving social assistance as well as those who had received aid earlier and those who were viewed as at risk of

receipt. And middle class parents, regardless of their employment status, increasingly viewed preschool as a valuable experience for their children, and essential for facilitating an easier transition to school.

In 1971 the Congress enacted the first national child care legislation but President Nixon vetoed it on the grounds that such a program would constitute an effort at "communalizing" child rearing. Conservatives mounted a massive campaign throughout the 1970s to block any federal child care initiative and only in the early 1980s did they begin to acknowledge the need for such services, albeit under private auspices. In subsequent years these diverse streams have continued to expand: Care for poor and/or neglected children, care for the children of working parents, compensatory education, and early education to enhance the development of young children. Although ECEC scholars and advocates are increasingly convinced of the need to integrate all these program types, categorical funding coupled with diverse societal values continue to support the differences. The result is a fragmented ECEC system, of wide-ranging quality and with skewed access, but with some movement in recent years toward the integration of early childhood education and care.

### ***The Current Policy Context***

The U.S. has no national child and/or family policy nor does it have a coherent national ECEC policy. Labor market policy, public (social) assistance policy, education policy, child welfare policy all have had and have a role in the development of ECEC. The hoped-for outcomes of ECEC, as stated by various proponents, now include: the productivity of the current and future workforce; the prevention and reduction of social problems such as welfare dependency, juvenile delinquency, teen pregnancy, and school failure; support for the work efforts of welfare-dependent and poor parents to help them achieve economic self-sufficiency; enhancing the development of young children; and helping parents fulfill their roles as nurturers and teachers to their children by providing skill training (Smith, 1995).

The increased interest in ECEC dating from the 1960s results from the convergence of several trends. Chief among them is the dramatic rise in the labor force participation of women, especially married mothers. Beginning in 1975, the labor force participation rate of women with children exceeds that of those with no children. More striking, in 1960, one-fifth of mothers with children under age 6 were in the labor force and the rate more than tripled to 62.3 percent by 1996. In the last two decades, the continued increase in labor force participation rates of women with children under age 6, in particular the rise among women children under age 3, has stimulated the interest in and need for an expanded ECEC system. In 1975, about one-third of mothers with children under age three were employed compared to nearly 60 percent of these mothers in 1996. The trends are even more dramatic for mothers of infants under age 1. An increase in dual-earner families has contributed significantly to the demand for early care and education. In 1996, both parents were employed in almost 60 percent of families with children under 6 (58.6) in comparison with 52.6 percent just a decade earlier (USHR, 1998).

The rise in the number of single-mother households has added to the demand, especially for full-day programs, since lone mothers are more likely than married mothers to work full time and female-headed families have been a rapidly growing family type. From 1970 to 1996, the number of two-parent families with children increased by 20 percent while the number of female-headed families with children rose by 127 percent, to 12.5 million (USHR, 1998).

The age of the youngest child and mothers' marital status affect the labor force participation rates of mothers, and are more important factors than the numbers of children in the family. Divorced mothers have the highest participation rates across all age categories, followed by married, separated and

widowed mothers, respectively. In each of these marital status categories, the labor force participation rate increases as the children grow older.

**Table 2.0: Labor Force Participation of Women, by presence and age of children under 6**  
*Under age 6*

| Year | Total | Under 2 | Under 3 |
|------|-------|---------|---------|
| 1960 | 20.2  | NA      | NA      |
| 1970 | 32.2  | NA      | NA      |
| 1975 | 38.8  | 31.5    | 34.1    |
| 1985 | 53.5  | 48.0    | 49.5    |
| 1995 | 62.3  | 57.9    | 58.7    |
| 1996 | 62.3  | 57.9    | 59.0    |

Source: U.S. Department of Labor, Bureau of Labor Statistics.

**Table 3.0: Labor Force Participation Rates of Women with Children Under age 6, by Marital Status and Age of Youngest Child, March 1996**

| Marital Status          | Age of youngest child |           |         |
|-------------------------|-----------------------|-----------|---------|
|                         | Under 3               | 3-5 years | Under 6 |
| Married, spouse present | 60.5                  | 66        | 62.7    |
| Divorced                | 67.1                  | 81.4      | 76.5    |
| Separated               | 62.1                  | 64        | 63.1    |
| Widowed                 | 33.1                  | 55.8      | 48.3    |
| Never Married           | 50.3                  | 64.1      | 55.1    |

Source: U.S. Department of Labor, Bureau of Labor Statistics and *The Green Book*, 1998. Appendix G

Whether or not mothers work full-time or part-time, also has consequences for the demand for ECEC. Although nearly 60 percent of mothers with children under age 6 worked in 1996, about one-third of those (20 percent) did not work full-time.<sup>2</sup> Mothers are more likely to work full-time once their youngest child enters school. Divorced mothers are the most likely to work full time while never married are the least likely, regardless of the age of their children.

Another major factor shaping ECEC policies at present is the so-called "welfare reform" legislation of the late 1990s, and the provisions of the new public assistance legislation for poor lone mothers and children. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), the major welfare reform initiative of the 1990s, requires that poor women with children aged 3 months and older "engage" in work within two years of claiming assistance and limits life-time receipt of assistance to a maximum of five years. These requirements mean that by far most poor lone mothers are now expected to work even when they have infants. One result has been increased Congressional recognition of the need for child care services, even if quality attributes and early education curricula have not received comparable attention. PRWORA made dramatic changes in child care policy. It consolidated four separate child care funding streams into a single Child Care and Development Block Grant (CCDBG) and increased the amount of federal money to states for child care both by increasing funding for the child care block grant and by allowing states to transfer funds

2. Full-time workers work 35 hours or more per week.



from PRWORA's Temporary Assistance for Needy Families (TANF) block grant into child care.<sup>3</sup> PRWORA also gave states the responsibility for providing child care but ended the earlier entitlement to time-limited ECEC subsidies for assistance-related services. Several states have also increased their subsidies for ECEC in this context.

Growing interest in primary "school readiness" is still another factor that has generated interest in ECEC in recent years. Research demonstrating the links that early learning experiences have with later school achievement, emotional and social well-being, fewer grade retentions, and reduced incidences of juvenile delinquency, are all factors associated with later adult productivity, and suggest the value of increased "investment" in ECEC (Barnett, 1995; Berrueta, 1984; Lazar, 1983; Yoshikawa, 1995). From this perspective, ECEC is increasingly viewed as a cost efficient and cost effective strategy whose benefits are reaped both during the school careers of each child and in the future economy. As the demand for competent and highly skilled workers increases while the numbers of younger workers is projected to decrease, it is critical that the potential of each member of society be realized. ECEC is appreciated as helping to provide future workers with a solid foundation of skills, competencies, and attitudes that enhances their opportunities to develop the skills needed to successfully compete in the increasingly competitive economy.

Important in shaping current ECEC policies is the historical division of responsibility between federal and state/local government and the strong emphasis and preference in the society for minimalist government, in particular the rejection of a strong national (federal) role in social -or child and family -- policy, and the preference for voluntary (non-profit) and market (for-profit) sector service provision.

The federal government through the Congress, plays an important role in formulating ECEC policies and goals and facilitates the states' and localities' major roles in the actual implementation of programs to suit the particular needs and preferences of their regions. The federal government's policymaking efforts have primarily focused on making services available to children who are at risk, due to economic, biological, social or psychological circumstances or combinations of these; or providing child care services as an incentive for mothers receiving social assistance to gain entry to the labor force. In addition, the federal government creates opportunities and options for parents through the federal child and dependant care tax credit. At the state level, policy decisions are made with regard to eligibility, extent of the supply and availability of services, allocation of services and benefits, scope and quality of services, including health and safety standards. The states use legislation, supplemental funding and regulation to implement policy decisions. In the last decade, states have also taken the leadership role in developing and implementing prekindergarten services and early intervention services for young children at risk. The allocation of resources and policies vary greatly across and within the states. Some states encourage local government and community participation in the development of early childhood policies through the formation of localized planning groups, funding matches and the development of local plans as a criteria for state funding. Other states assume near complete fiscal, regulatory and policymaking responsibilities for early childhood education and care.

As with regard to most social services in the U.S., the private sectors (both non-profit and for-profit) play a major role in ECEC. For example, of all five year olds enrolled in kindergarten in 1996, 84.8 percent attended public kindergarten programs and 15.2 percent attended private programs. About half the children in nursery schools are in private schools. More important, among child care centers in 1990, private providers dominated the delivery system: About 10 percent were public providers and of

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3. A block grant is a sum of money provided by the federal government to the states to be used at the states' discretion within a broad and flexible framework.

the others, about two-thirds were nonprofit agencies and one-third profit-making businesses. Among the nonprofit centers, 25 percent were independent nonprofits, 15 percent were sponsored by a religious organization, 8 percent were by larger nonprofits; 8 percent by public schools; and 9 percent were Head Start providers. Six percent of all for-profit centers were part of child care chains and 29 percent were independent for-profits (Willer, Hofferth & Kisker, 1991). Family day care is almost all private.

Some employers, usually large firms, have become involved in ECEC typically by providing links with ECEC information and referral services, and to a lesser extent by becoming a provider of services to their employees. Such firms may offer employee subsidies or other benefits for child care, providing financial support to early childhood centers in the community, and participating in local or state collaborations to plan for future early childhood needs. Government's efforts are often monitored by not-for-profit entities that act on behalf of children and family. Some entities are sophisticated institutions that may engage in research or advocacy activities or both on a national, state, local or community level. Other not-for-profit entities may be providers of service who sometimes become active advocates of early childhood policies in their regions, while others may be more generalized community-based organizations interested in enriching the quality of life in their communities. Charitable foundations are important players in the policymaking arena through their funding of research and innovative programming.

Research and new knowledge play a role as well. Recent research demonstrates the importance of ECEC from birth to school-entry in determining the cognitive, social, emotional well-being of individuals and the earliest years are believed "to offer perhaps singular opportunities for intervention and prevention efforts" (Brooks-Gunn, 1997). A comprehensive study carried out by the Carnegie Corporation of New York reviewed current research on early childhood needs and programs, and concluded, "How individuals function from preschool years all the way through adolescence and even adulthood hinges, to a significant extent, on their experiences before the age of three (Carnegie Corporation, 1994).

In short, in discussing the policy and program context in which ECEC has developed, multiple factors have contributed to the development of a highly fragmented delivery system that is clearly not yet fully responsive to the dramatic social and demographic changes that have occurred in the society. Moreover, the US is world renowned for its extensive and rigorous child development research. In this context it is even more surprising how extensive a gap there is between the state of knowledge regarding child development and child well-being on the one hand, and the public policy response as reflected in national ECEC policies, on the other.

American society has long been conflicted in its attitude towards women and their proper roles and in its attitude towards government and the family and their appropriate roles. This tension emerges repeatedly in discussions regarding ECEC policies. Poor single mothers are expected to work outside the home and, despite a very different reality, there are many who still believe that middle class mothers should remain at home. The conflict between a family's goal to be self-sufficient and women's responsibility to nurture her children and family remains unresolved and penetrates public policy discussions regularly. Government's involvement in the rearing of children is still viewed by some as trespassing into the private lives of its citizens. Child care and early education developed separately, historically, and are still not well integrated. Despite research demonstrating that high quality early childhood care and education can be beneficial to children, research has also demonstrated that the majority of children in the United States are placed in low quality care, some of which may be detrimental to the long-term development of children (NICHD, 1998).

## **Overview of Current Provision**

### ***The Current Objectives***

Now, as in the past, ECEC plays an important role in responding to the complexities and challenges of an advanced industrialized country. ECEC has been a key ingredient for the achievement of social and economic integration across income, ethnic and racial groups. It assists in the assimilation of immigrants, responds to the changing work roles and composition of families, helps to equalize life opportunities for children of low income families, and aids in enhancing child development and child well-being generally. Early on, publicly-provided early childhood education was designed to accommodate the social needs of vulnerable children, the educational needs of all young children, and the needs of working parents. Through the years, the two major functions of care and education have remained separate, and often viewed as conflicting. One result has been the development of a wide range of programs.

Several different types of programs are available, each with its own objectives, purposes and intended beneficiaries. There are a variety of programs focused on the development of children that are known as ECEC programs. Their aim, typically, is to help young children to take advantage of learning experiences, often with the goal of compensating those children who have experienced early deprivation and may have special needs, and aid in their becoming "ready to learn." Many programs focus on children who come from poor families and have parents who have had little education. Some of these programs, such as Head Start, provide health and development screenings, stress parent participation, and offer social service assistance. Publicly-funded preschool programs typically serve children from disadvantaged families, while private preschool programs supported by parent fees are more likely to serve children from all backgrounds and the focus is more on the child than on providing support to the family. Most often, programs serving three to five year olds under the auspices of early childhood education are part-day and part-year programs in centers or schools (Gomby et al., 1995).

### ***Program Types and Coverage***

In 1995, 12.9 million infants, toddlers and preschool children, or roughly 60 percent of all children under age six yet to enter kindergarten, were receiving some type of care other than from their parents on a regular basis (National Center for Education Statistics, 1996). The type of care a family decides to place their child in is dependent on a family's income, family structure and ethnicity, age of child, maternal education, maternal employment and attitudes toward early care (NICHD, 1998; Hofferth et al., 1991). Where poor single mothers are concerned, or employed parents, the need for care may begin when the child is three months old or even younger, because the U.S. has only a brief (three months) and unpaid parental leave at childbirth.<sup>4</sup>

Child care programs, typically funded and delivered under social welfare auspices, offer full day care around the year for children from birth through school age. The objective of these programs is to provide care to children while their parents work. Depending on the type of care used by parents, child care may include early education programming. The more formal and skilled the care used, the stronger the emphasis on cognitive, social, and emotional development of children. Programs that

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4. The Family and Medical Leave Act (FMLA) was enacted in 1993 and provided for a 12 week job-protected but unpaid leave for employees in firms with 50 or more workers, at the time of pregnancy, childbirth, or their own illness or that of a family member. Employers can require that employees use their vacation and sick leave before claiming the family leave.

fuse the needs of parents with high quality early childhood education are sometimes explicitly referred to as early childhood care and education.

Kindergartens are preschool programs that cover the year before entering primary school, are universal, cover almost all five year olds (those not enrolled are in other preschool programs), and are overwhelmingly delivered under public education auspices. Prekindergarten programs are the form of ECEC that now appear to be increasing most dramatically, largely for four-year olds (Blank, et al., Forthcoming). Forty-two states now provide such programs at least in some jurisdictions. Only one state however, Georgia, has a state-wide program of universal preschool for all four year olds. States vary in their provision of full- and part-day kindergarten programs. Part-day programs run for 3½ hours or less, and full day programs operate from four to six hours. About half of all kindergartners attend full-day programs. Two-thirds of full day kindergarten classes were in high poverty areas compared to 29 percent in areas with low poverty rates.

Programs serving children under the age of three, generally focus on supporting the work efforts of parents. In addition to child care programs, family support programs, sometimes also included with other ECEC programs, offer drop-in child care, information and referral services, weekly or monthly home visits and parenting classes aimed at strengthening parenting skills, and so forth. They commonly serve families with children under the age of three (though they may include older children) and some strive to link programs for children with parental supports, such as job training and education. These programs target low-income groups primarily and involve a caseworker to link services that are provided by other community agencies. Typically, they rely on public funds and private foundation support and provide services at no charge to their client families. Also typically, these programs target families in or at risk of poverty, teen parenthood, welfare dependency or are in immigrant groups struggling with acculturation issues (Gomby, 1995).

Forty-five percent of infants under the age of one received non-parental care on a regular basis in 1995 (National Center for Education Statistics, 1996). Most parents of infants choose informal or in-home care. For children under the age of one year, more than half were cared for by a relative, 22 percent in family day care homes, and 9 percent in center-based care settings (NICHD, 1999). Most infants received more than one type of care during their first year and were placed in care at three months of age, when short term disability leaves ended or when the unpaid family leave provided under the Family and Medical Leave Act (1993) is no longer available (NICHD, 1999).

The age at which families place their children in care depends on the work status of the mother, household income and maternal education. Families more dependent on a mother's income are more likely to place infants in care at an earlier age and use more hours of care than families less dependent on maternal income. Poor mothers might place their infants in care even earlier than three months. Poor children who are enrolled in center-based programs receive care of the quality equal to affluent children. Poor children who do not enter care by their first birthday are more likely to come from large families, experience persistent poverty, and have mothers with the least education. In contrast, mothers who earn the highest incomes were most likely to place their children between 3 to 5 months and to use in-home non-relative care for the first 15 months (NICHD, 1999).

The preference of parents to have their child cared for by a relative when they first enter care as an infant shifts toward family day care homes and child care centers after the first year of life (NICHD, 1999; National Center for Education Statistics, 1996). Two-year olds are about equally likely to receive care and education in home-based settings from relatives (19 percent) and non-relatives (20 percent), and in center-based programs (19 percent) (National Center for Education Statistics, 1996).

By the time a child reaches age three, the parental preference for center-based settings is more striking. The National Center for Education Statistics reports that 40.7 percent of three year olds were enrolled in center-based care in 1995. These rates do vary by family income and mother's education, with higher income families and college-educated mothers more likely, by far, to enroll their 3 year olds in a preschool program.

**Table 4.0: Percentage of children under 6 years old in type of ECEC, by age 1**

Type of Non-Parental Arrangement

|                  | Children       | Total                          | In-Relative Care | In Non-Relative Care | In Center-Based Program | No Non-Parental Arrangement |
|------------------|----------------|--------------------------------|------------------|----------------------|-------------------------|-----------------------------|
| Characteristic   | (In thousands) | (Percent in non-parental care) | Percent          | Percent              | Percent                 | Percent                     |
| TOTAL            | 21,421         | 60                             | 21               | 18                   | 31                      | 40                          |
| Age/3            |                |                                |                  |                      |                         |                             |
| Less than 1 year | 4,158          | 45                             | 24               | 17                   | 7                       | 55                          |
| 1 years old      | 4,027          | 50                             | 24               | 19                   | 11                      | 50                          |
| 2 years old      | 4,007          | 54                             | 19               | 20                   | 19                      | 46                          |
| 3 years old      | 4,126          | 68                             | 21               | 19                   | 41                      | 32                          |
| 4 years old      | 4,065          | 78                             | 18               | 15                   | 65                      | 22                          |
| 5 years old      | 1,038          | 84                             | 15               | 17                   | 75                      | 16                          |

- a Estimates are based on children under 6 years old who have yet to enter kindergarten in the 1995 NHES.
- b Columns do not add up to total because some children participated in more than one type of arrangement.
- c Age is calculated as of 12/31/94.

Source: National Center for Education Statistics (October 1996). *Child Care and Early Education Program Participation of Infants, Toddlers, and Preschoolers*, NCES 95-824. U.S. Department of Education.

At four years of age, the proportion of children enrolled in center-based care grows to 64.7 percent, and to 74.5 percent by the time children are age five (National Center for Education Statistics, 1997). Including kindergarten and primary school, 95 percent of 5 year olds are in some form of school or preschool) and of these, more than 75 percent are in kindergarten. Of some interest, there is no difference in enrollment among whites, blacks, and Asians, but rates are somewhat lower for Hispanic children (National Center for Education Statistics, 1996; USCPS, 1999).

Children whose mothers are in the labor force, regardless of whether they work full-time or part-time, are more likely to participate in a center-based program than children whose mothers are not in the workforce (39 percent and 35 percent v. 22 percent) (National Center for Education Statistics, Digest of Education, 1997). Working parents seeking full-day care often combine kindergarten programs with other forms of child care, from informal to center-based care.

Of the three-year olds in preschool programs, most are in private preschool programs but by age five, the overwhelming majority are in public.

**Table 5.0: 1996 Enrollment of 3 to 5 year olds in preprimary programs by type of program (in thousands)**

| Age                        | (in thousands) | Total population, 3 to 5 year olds (in thousands) | Total Enrollment |         | Enrollment in Program by Length of Day |         | Full-day | Part-day |
|----------------------------|----------------|---|------------------|---------|--|---------|----------|----------|
|                            |                |   | Public           | Private | Public                                 | Private |          |          |
| 3 years old                | 4,045          | 1,506   | 511              | 947     | 22                                     | 26      | 657      | 848      |
| 4 years old                | 4,148          | 2,454   | 1,029            | 1,168   | 180                                    | 77      | 1,034    | 1,420    |
| 5 years old                | 4,185          | 3,621   | 290              | 202     | 2,652                                  | 477     | 1,870    | 1,750    |
| <b>Total 3-5 year olds</b> | 12,378         | 7,580   | 1,830            | 2,317   | 2,853                                  | 580     | 3,562    | 4,019    |

Source: Digest of Education Statistics 1997, U.S. Department of Education, National Center for Education Statistics

### **1.3.3 ECEC Financing**

The different histories, sources and levels of public investment perpetuate a false dichotomy in policies for ECEC programs. The chart below (Table 6.0) summarizes the major federal programs that fund early education and care.

**Table 6.0: Government Funding for ECEC in 1998**

| Level of Government | Estimated funding in 1998 (in billions) | Fiscal Role  | Policy Making Responsibilities   | Regulatory Responsibilities   |
|---------------------|---|--|--|---|
| Federal             | \$11.14 <sup>5</sup>                    | Head Start, Child Care and Development Block Grant, Child and Dependent Care Tax Credit, Child and Adult Food Program, Social Services Block Grant, Even Start, IDEA Infants and Toddlers, IDEA Preschool Grants, 21 <sup>st</sup> Century Community Learning Centers, Title I Education Monies for preschool programs for children at risk, child and dependent care tax credits, corporate subsidies and tax expenditures, | Comprehensive compensatory education for disadvantaged 3-5 year olds and more recently for 0-3 year olds; national work requirements of welfare recipients, availability of child care subsidies for poor and welfare dependent families, family leave policies, extending children's health coverage for low-income children, expand quality or quality of child care, women's family responsibilities and support, | Minimal health and safety requirements for programs funded with federal dollars;  |
| State               | \$ 2.01 <sup>6</sup>                    | Varies according to state priorities. Head Start supplements, state prekindergarten initiatives, supplements to federal low income child care dollars; grants and loans for child care expansion, subsidies for moderate income families, tax expenditures for early childhood centers. Some states have child care tax credits that apply to state taxes and tax credits for employer subsidized care.                      | State eligibility criteria and availability of federal child care subsidies for low-income families; balance between expanding availability and expansion of early childhood care, provider rates, grants for capital expansion or improvement, education funds for early education centers, school-age program design, eligibility and subsidies,   | Licensing and/or registration of child care centers, nursery schools, family care providers and prekindergarten programs. Pre-K and nursery schools are typically licensed by State Boards of Education, while centers and caregivers providing extended hours sanctioned through state departments of health and welfare. Health and safety standards and reinforcement. |
| Local               | Not Available                           | Tremendous variation with regard to fiscal responsibilities of localities in each state. It is left to the state to determine local fiscal contributions to federal and state funds in many cases. Some states contribute of the cost of child care subsidies and quality outreach   | Depending on the state, some localities may have programmatic discretion once minimal standards are met, a growing number of communities have formed interagency collaborations to plan for and coordinate early childhood resources among   | Local regulatory responsibilities vary greatly according to state. In some state, health and safety standards are shared. Some states give local government units and school districts the responsibility for   |

5. Congressional Research Service (1999). Child Care Issues in the 106th congress, FY00 Budget of the United States Government.5

6. Anne Mitchell, Ripple, C. & Chanana, N. (1998). Prekindergarten programs funded by the states: Essential elements for policy makers. NY: Families and Work Institute.

efforts. Some localities may use local tax dollars to support early education or at their discretion use federal dollars from other sources, such as CDA grants, to fund capital improvement and expansion efforts. schools, not-for-profit groups, health centers, special needs providers and public agencies. programmatic monitoring. development and



The Child Care and Development Block Grant (CCDBG) provides funding to the states to subsidize the child care expenses of working parents whose family income is less than 85 percent of the state median income, as well as for activities related to the improvement of the overall quality and supply of child care in general. Federally it is administered by the Administration for Children and Families (ACF) in the Department of Health and Human Services (DHHS). At the state level, it is administered by the agency responsible for social service/welfare administration or employment related activities. In 1998, over \$3 billion was appropriated for this block grant.

The Child and Dependent Care Tax Credit in the Internal Revenue Code is a nonrefundable tax credit for expenses related to the care of a dependent child less than 13 years old, or a mentally or physically incapacitated spouse or dependent. The maximum credit for one dependent is \$2,400 and \$4,800 for more than one. In 1998, the tax credit was valued at \$2.5 billion. The tax credit is administered by the U.S. Department of Treasury, Internal Revenue Service.

Head Start, which began in 1965 under the general authority of the Economic Opportunity Act, funds direct grants to local programs providing comprehensive early childhood development, educational, health, nutritional, social and other services to primarily low-income preschool-aged children and their families. Most Head Start programs are part-day through the school year, though some local grantees coordinate with other programs to provide full-day care. Head Start is federally administered by the Administration on Children and Families (ACF) at DHHS. It was re-authorized in 1998, funded at \$4.3 billion, and serves about 800,000 children, largely three and four year olds. A small number of children under age three are now enrolled in an Early Head Start program.

The Social Services Block Grant (SSBG, Title XX of the Social Security Act) provides grants to states for social services, which most states draw on for at least a portion of their ECEC services. The grants are federally administered by ACF at DHHS. According to a 1995 survey, states spent almost 14 percent of their SSBG funds on child care, about \$345 billion in FY 1998 (USHR, 1998).

The Child and Adult Care Food Program provides federal subsidies for breakfasts, lunches, suppers, and snacks meeting federal nutrition requirements that are served in licensed child care centers, schools, and group and family day care homes to children age 12 or under. It is administered by the U.S. Department of Agriculture's Food and Nutrition Service and was funded at \$1.5 billion in 1998. At the state level, a variety of agencies administered the program. State agencies made payments to some 13,000 child care centers in over 30,000 sites, and to 1,200 family or group day care home sponsors with more than 190,000 homes.

Several other federal programs fund ECEC services. The Individuals with Disability Education Act (IDEA). IDEA established an entitlement to special education services for children ages three through 21 with disabilities. Two of the grant programs under IDEA fund preprimary services. Preschool Grants are targeted to children ages 3 through 5 and Grants for Infants and Toddlers may be used to implement statewide early intervention services for children under age three and their families.

School districts may also use other categorical federal funds to support preschool education and school age child care in districts serving a high percentage of low-income children. Once such program, Even Start, provides grants to schools for family-centered education to help parents of educationally disadvantaged students ages one through seven become full partners in their children's education. Funding is also available from the 21st Century Community Learning Centers program for grants to rural and inner city public schools to address educational and community needs during after school hours, weekends, and summers.

**Table 7.0: Trends in Federal Funding for Early Childhood Education and Care (in millions)**

| <b>Program/Source</b>                  | <b>1980</b>     | <b>1986</b>     | <b>1992</b>     | <b>1998</b>     |
|--|-----------------|-----------------|-----------------|-----------------|
| Child Care and Development Block Grant | -0-             | -0-             | \$ 825          | \$ 3,067        |
| Head Start                             | \$ 766          | \$ 1,040        | \$ 2,200        | \$ 4,355        |
| Child Care and Dependent Tax Credit    | \$ 956          | \$ 3,410        | \$ 4,000        | \$ 2,485        |
| Child and Adult Food Program           | \$ 239          | \$ 501          | \$ 1,200        | \$ 1,530        |
| Social Services Block Grant            | \$ 600          | \$ 387          | \$ 428          | \$ 345          |
| Other Programs                         | \$ 246          | \$ 146          | \$ 877          | \$ 888          |
| <b>TOTAL</b>                           | <b>\$ 2,807</b> | <b>\$ 5,484</b> | <b>\$ 9,530</b> | <b>\$12,670</b> |

Sources: USHR, Committee on Ways and Means (1998). *The Green Book*. Washington, D.C.: Government Printing Office.  
Congressional Research Service (1999). *Child Care Issues in the 106<sup>th</sup> Congress*, FY00 Budget of the United States Government.

States complement and sometimes supplement the federal investments in ECEC and have taken a leadership role recently in developing prekindergarten programs (Blank, et al., forthcoming). There is wide variation in the amount, scope, funding and programming of state prekindergarten programs across the United States. Most programs serve four-year olds who have not yet entered kindergarten, are part-day for the 10 month school year, and use education dollars to fund these initiatives. Thirteen states appropriate other state funds to supplement federal Head Start programs. Some states set high quality standards and monitor programs closely, while others place quality control at the local level. The scope and depth of programming varies greatly both across and within states, from comprehensive programs promoting health, social and cognitive development to others providing limited opportunities for social interaction and developmental stimulation. In some states, prekindergarten programs are administered by the state's department of education and in others governance is deferred to local school districts, thus adding further to the variation. Some programs have responded to the needs of working families by extending hours, coordinating with other programs for a full-day of programming, or parents have made arrangements for children to be transported to other private programs. Transferring young children from one program to another creates further complexities and is less preferred (Mitchell, Ripple & Chanana, 1998; Blank, et al, Forthcoming).

Most states that offer prekindergarten do so in order to help prepare young children for school. Some programs target disadvantaged students while others have opted for a more universal approach. All states use child's age as one of their eligibility criteria and many refer to family income as one of many possible criteria, only 10 restrict eligibility to children from low-income families (Mitchell, Ripple & Chanana, 1998).

Since 1991-92 state spending on prekindergarten has expanded by nearly \$1 billion, from about \$700 million to nearly \$1.7 billion in 1998-99, more than doubling in less than one decade (Blank, et al, forthcoming). Including state supplements to Head Start would raise the total even higher. Individual state investments in prekindergarten programs range from \$250,000 to over \$200 million annually (Mitchell, Ripple & Chanana, 1998). Only seven of the 42 states running prekindergarten programs limit funding to public schools only. Other entities such as Head Start and child care providers and other community based organizations receive prekindergarten funds in 30 states either directly from the states or through a contract with the local public school district. The number of children participating in state-funded prekindergarten programs increased from about 290,000 in 1991-92 to almost 725,000 now (Blank, et al, forthcoming).

In addition to prekindergarten initiatives, states are involved in ECEC in several ways including tax subsidies for child care and work-related expenses. The total value of the state subsidies in 1994 was estimated to be between \$175 to \$350 billion (Stoney and Greenberg, 1996). In 14 states, employer tax credits allowing employers to claim a corporate tax credit of up to 50 percent of an employee's

child care benefits are available but have not been effective in stimulating employer involvement. States also support initiatives to increase the quality and supply of child care programs, including start-up and expansion grants, training, licensing and monitoring, and accreditation initiatives.

Local support for early education and care is believed to be significant in some communities but comprehensive information on funds expended and services provided is not available. In some states, local governments are required to contribute to the cost of child care subsidies, capital improvements and expansions to child care facilities, and prekindergarten costs. Local governments in 26 states contribute to special education and early intervention programs (Stoney and Greenberg, 1996).

States have always carried major responsibility for educational initiatives both with regard to funding and policymaking. It now seems that with the enactment of PRWORA in 1996, states are carrying increased responsibility for the child care needs of low-income families as well. Since the implementation of PRWORA, the responsibility for designing and implementing ECEC policies under this funding stream has devolved even more to the states. States make the decisions regarding which families will be eligible for and receive subsidy assistance, determine the rates at which providers get paid, determine the extent of parental co-payments in return for receiving child care assistance, and set health and safety standards beyond the minimal federal requirements. There is a minimum level of CCDBG funding that states must spend on quality initiatives, but states are free to spend more, and states have very broad discretion in deciding how to spend their quality dollars.

While federal funding for ECEC has risen substantially in the 1990s, the responsibility for designing and implementing these policies is increasingly falling to the states. It is assumed that states in turn have increased their funding levels and some states have -- but others have not. There are continuing arguments about who is getting assisted and whether it is enough, but there is, in fact, more money in the system than there was a few years ago. A study by the U.S. General Accounting Office (GAO) looked at seven states, and found that over the first year after the welfare legislation was enacted, there had been, on average, a 24 percent increase in state spending in those states, but with significant variation between the states. In one state, spending for child care for low-income families went up by 62 percent while in another, spending went up by 2 percent (Greenberg, 1999).

### ***Planning, Coordination, Advocacy, Administrative Responsibilities***

The Administration for Children and Families (ACF), within the federal Department of Health and Human Services (HHS) is responsible for federal programs which promote the economic and social well-being of families, children, individuals, and communities. Several of the agencies reporting to ACF administer many of the programs that fund social-welfare sponsored ECEC and provide financial assistance to States, community-based organizations, and academic institutions to provide services, carry out research and demonstration activities and undertake training, technical assistance, and information dissemination. The consolidation of child care funding into the Child Care and Development Care Block Grant in 1990 and its reauthorization and expansion in 1998 under PRWORA was an important step in coordinating the multiple and overlapping child care funding streams.

One agency in ACF is the Child Care Bureau which was established in January 1995 to administer federal child care programs to states, territories and tribes for low-income children and families. The Bureau has initiated a variety of activities to improve the quality, availability and affordability of child care across the country. The Child Care Bureau recently created a National Child Care Information Center (NCCIC) to complement, enhance and promote child care linkages and to serve as a mechanism for supporting quality, comprehensive services for children and families. Information is disseminated to States, Territories and Tribes, other policymakers, child care organizations, providers,

business communities, parents and the general public on child care research, funding and resources through electronic networks, forums, newsletters and other publications.

Education dollars flowing into early education programs in schools are administered by the U.S. Department of Education. Among its priorities are to supplement and complement the efforts of states, the local school systems, the private sector, public and private nonprofit educational research institutions, community-based organizations, parents, and students to improve the quality of education.

There are other government sponsored agencies which conduct research and administer programs which affect policymaking and program development. For example, National Institute of Child Health and Human Development is part of the National Institutes of Health, U.S. Department of Health and Human Services. The NICHD conducts research on the reproductive, neurobiological, developmental, and behavioral processes that determine and maintain the health of children, adults, families and populations. Beginning in 1991, it undertook an ambitious child care study to determine how variations in child care related to child development that has followed over 1,300 children since birth. Another example, is local community discretion to use Community Development Block Grant (CDBG) funds to support local child care centers. The CDBG program is administered by the Department of Housing and Urban Development (HUD) and channels federal funds to local governments to provide decent housing, provide a suitable living environment, and to expand economic opportunities. There are also capital grants available to help finance child care centers that help restore economic viability in designated Empowerment Zones and Enterprise Communities, Child care tax credits are administered by the Internal Revenue Service.

Most programs that channel federal funds to state governments are administered by their state counterparts to the federal agencies. Some states have established interagency collaborations similar to that on the federal level to enhance the coordination of early childhood education and policy.

Outside of government there are hundreds, perhaps even thousands, of private advocacy, think-tanks, research, outreach, university, foundation, and public policy institutions in the United States interested in early childhood education and care policies. Periodically, experts will be convened at a national forum to debate issues related to early childhood education and care. Experts at these institutions interact with government officials on a formal and informal basis at privately and publicly sponsored conferences, public hearings, and throughout the legislative and budgetary process. In 1997, the White House convened a multidisciplinary, multi-day conference on early education and child care. Thousands of publications are made available annually on topics related to early childhood education and care.

The efforts at the federal level are mirrored in the individual states and in metropolitan areas. As more responsibility has shifted to the states, states have devolved more policymaking responsibilities to localities. Numerous public-voluntary-business-labor-religious community collaborations have formed at the local level to coordinate social, health, ECEC services, to advocate, mobilize and plan. Some collaborations are focused on social needs and others primarily focus on economic development and in doing so, include the early care and education needs of families.

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## II - POLICY CONCERNS

### **Quality - Debby Cryer, Ph.D<sup>7</sup>**

This section will focus on the main concerns related to Early Childhood Education and Care (ECEC) policy in the United States of America. Six central questions concerning quality are answered to provide an introduction to definitions of quality of ECEC services, and to indicate how policy has been directed at meeting the needs of children and families with regard to ECEC. It should be noted that since the questions are somewhat overlapping, some information provided in response to one question may also apply to other questions as well.

***1. How is quality conceptualized by different stakeholders (e.g., government, parents, children, researchers, early childhood workers)? How do these conceptions of quality relate to overall goals of society for ECEC?***

What is high quality child care? There are certainly lots of opinions within the United States. We know from research that most parents would tell us that their own child is in high quality child care. And child care providers would agree, most saying that they provide high quality care. However, child advocates, especially those who study the development of children, would disagree saying that child care in the USA is not usually of high quality, because it does not sufficiently meet children's developmental needs, nor does it sufficiently protect their health and safety.

In an attempt to define the quality of almost any service, it is obvious that subjective values will come into play. Just what ECE quality is can be controversial, depending on what aspect of the service is being considered and who is doing the defining. This is certainly true when attempts are made to define quality of early care and education (ECE) environments, for both center based classrooms and family child care environments (care provided in the caregiver's own home). Quality of early care and education settings can be defined from many perspectives, and can include a variety of indicators. Any definition is likely to be challenged by those with differing priorities or perspectives.

When considering the various definitions of quality of ECEC in the USA, it helps to understand the roots of our early childhood programs. As in many countries, two primary types of ECEC evolved over many years. The original purpose of child care was to provide full-day care for children whose parents, often of lower income groups, worked as part of the labor force. Thus, child care quality was defined in terms of meeting custodial (health and safety) needs of children. The purpose of nursery schools or preschools was to provide part-day socialization and educational experiences for young children whose mothers generally were not part of the labor force, so the emphasis in these programs

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was educational rather than custodial. With the more recent recognition of the importance of the early years for learning, the goals of providing both care and education are being merged.

Within the two types of ECEC now found within the USA (custodial and educational) as well as the many programs that now represent some combination of these two types, there are vastly different quality levels represented. For example, care aspects of programs might provide minimal provisions to maintain children's health and safety, or meet very demanding standards. The same is true with regard to the educational opportunities provided to the children. The levels of quality that stakeholders are willing to accept as high quality depend on the vision that stakeholders have for children, their understandings of how to prepare children to be successful in the society, and the resources available to meet the standards that are set. At present there is constant pressure from the early childhood profession and many other stakeholders to encourage higher standards in both care and education.

Despite differences between the various stakeholders, however, there do appear to be some basic elements that almost all stakeholders agree upon. These are the core elements of the professional definition of quality that is widely held in the USA, and few would disagree that these are not important requirements for quality ECEC programs. These core elements include:

- *Safe care*, with sufficient diligent adult supervision that is appropriate for children's ages and abilities; safe toys, equipment, and furnishings;
- *Healthful care*, in a clean environment where sanitary measures to prevent the spread of illness are taken, and where children have opportunities for activity, rest, developing self-help skills in cleanliness, and having their nutritional needs met;
- *Developmentally appropriate stimulation* where children have wide choices of opportunities for learning through play in a variety of areas such as language, creativity through art, music, dramatic play, fine and gross motor, number and nature/science;
- *Positive interactions with adults* where children can trust, learn from and enjoy the adults that care for and educate them;
- *Encouragement of individual emotional growth*, allowing children to operate independently, cooperatively, securely and competently; and
- *Promotion of positive relationships with other children*, allowing children to interact with their peers with the environmental supports and adult guidance required to help interactions go smoothly.

Whatever the setting, family child care or care in a center, the same components of quality are thought to be required. This is because it is believed that children need the same basics for positive development, whether they are at home, in family child care, or in center-based programs, even though they may be carried out in different ways. For example, the National Association for the Education of Young Children (NAEYC) has developed quality criteria for center-based early childhood programs (National Association for the Education of Young Children, 1991, 1998) and there are also quality criteria for family child care (Family Child Care Quality Criteria Project, 1995; Modigliani & Bromer, 1997). These documents were developed with input from many constituents in the respective professions. Although the family child care home and center-based ECE settings might appear to be very different, when the two quality definitions are closely examined, there is significant overlap, and the themes of these core elements are found, with only some of the details differing. Whatever the setting, it is believed that children require the same kinds of basic inputs for developmental success, although there is room for some flexibility in the details.

Interestingly, these quality elements listed above appear to cross international borders. The points represented in NAEYC's accreditation criteria (1991, 1998) overlap substantially with the view of quality presented in the European Union's ECE quality definition (Belageur, Mestres & Penn, 1992)



as well as with the view of quality presented in the World Health Organization's Child Care Facility Schedule (Division of Mental Health, World Health Organization, 1990). In addition, parents of children in US ECEC programs value similar aspects of quality. Mitchell, Cooperstein and Lerner (1992) report that parents' views of quality are centered around ensuring their children's health and safety and positive interactions with the teacher. Browne Miller (1990) reported that parents see staff warmth, a good educational program, social activities, and physical activities as being important aspects of quality. Cryer (1997) reported that parents of infants, toddlers and preschoolers indicate that issues related to health, safety and adult-child interactions were the most important in terms of quality for their children, and that curriculum aspects of care were also very important. However, when considering ECEC quality, parents can not ignore the high importance of accessibility and affordability, which represents their very realistic concerns. But this does not detract from parents' desire for positive experiences for their children while in an ECEC program.

Criticism of the mainstream quality definition is abundant. They range from arguments about the inappropriateness of one small detail in the definition to much broader complaints. A good example of the range of criticism found is seen in the responses to NAEYC's version of the widely accepted definition of quality early childhood programs. A major component of NAEYC's definition of quality, known as "developmentally appropriate practice" (Bredekamp, 1987), has been attacked on many fronts. It has been viewed as being far less relevant for programs serving minority cultures than for the white middle class. Powell (1994) notes that its emphasis on a child centered teaching approach is in contrast to the more didactic teaching that is preferred by many lower-income, ethnic minority parents. Williams (1994) explains that the child-centered approach, where the child is encouraged to develop as an individual, would also not apply well for many Native American children, where the development of the individual is not as important as the relationship of the individual to the group, and where knowledge is not seen to be individually constructed, but rather socially constructed. Others judge the definition as inadequate in terms of meeting the needs of children with disabilities, who often require more exacting teaching strategies than do typically developing children (Atwater, Carta, Schwartz & McConnell, 1994).

Despite such criticisms, when the arguments are carefully examined they are usually found to be focused on relatively small components of the larger construct, not on the core elements. Thus, the definition can sometimes be adapted to incorporate changes, but the core, as a whole, does not really change radically. In fact, the concept of developmentally appropriate practice has recently been revised (Bredekamp, 1997) to incorporate input from various segments of the profession. The definition, however, still maintains its basic identity. It is likely that disagreements about the content of the definition will continue and ongoing efforts will be required to update the definition in response to input from various critics.

In some cases, the mainstream quality definition is rejected, with no sign of a possible compromise in viewpoint. Moss (1994) argues that early childhood program quality is a relative concept, not an objective reality, and that definitions change over time, according to values, beliefs, needs and other requirements of the various stakeholders involved. Thus, quality must be continually redefined and only through a process of definition, will any result be accepted by the constituents for whom it was created. This relativistic approach questions the validity of the mainstream process quality definition, and at the extreme, whether there can ever be agreement on any one definition. Perhaps this perspective can be best understood in terms of how the "religious right" in the USA seems to view the mainstream definition of ECE quality child care. Here we see values that appear to be in substantial conflict with those of the early childhood profession. The religious right emphasizes "spare the rod, spoil the child" and ensuring that young children learn religious information rather than the more authoritative, developmental approach that is represented in the mainstream definition. An adaptation to the US mainstream definition to incorporate these values would be much less possible, although it is

still likely that in the end, a definition of quality developed by the “religious right” might still overlap with the mainstream definition in some areas, such as health or safety.

Children have not often been included as stakeholders who help define the quality of their programs. However, if a measure of children’s happiness counts in this regard, it is useful to know that children in higher quality programs (as determined by a professional definition), are more positive in their feelings about child care than their peers who are in lower quality programs (Peisner-Feinburg & Burchinal, 1995).

**2. *How is quality assessed? What inputs, outputs, or processes do evaluations of quality measure? Who is involved in the assessments? For what purposes are they conducted?***

*Types of Quality.* When thinking about assessing quality of ECEC programs in the US, it helps to understand the two different types of quality that are often referred to in quality discussions (Phillips & Howes, 1987). *Process* quality consists of those aspects of an ECEC setting that children actually experience in their programs, such as teacher-child and child-child interactions, the types of space, activities and materials available to children, and how everyday personal care routines, such as meals, toileting or rest, are handled. Children directly experience these processes which are thought to have an influence on their well-being and developmental outcomes (Peisner-Feinberg & Burchinal, 1997; Whitebook, Howes & Phillips, 1989).

Structural quality consists of the framework that allows process quality to occur—factors that influence the processes children actually experience. These characteristics are part of the setting used by children, and also the environment that surrounds that setting, such as a center or community. Examples of structural quality characteristics include measures of group size, adult-child ratios, and education and experience of the teachers or director of a program. Originally, structural quality variables represented only aspects of ECEC that were considered amenable to regulation (Phillips & Howes, 1987). However, the definition has expanded to include variables, such as staff wages, teacher turnover or parent fees, which are not considered amenable to regulation in the system of child care that presently exists in the USA (Phillipsen, Burchinal, Howes & Cryer, 1997).

*Regulation as a Definition of Quality.* Child care licensing regulation consists primarily of specified objectives for structural quality in ECEC programs. There is no federal child care regulation in the USA, although an attempt was made to create a national standard for child care in the 1970’s. At present, licensing of child care programs is set and enforced by each of the states in the US. These regulations usually include requirements such as numbers of children allowed per teacher, space, general sanitation, nutrition, and building inspection requirements, teacher training and qualifications, prevention of child neglect or abuse, emergency procedures, and health requirements for children and staff. In some cases they might also include requirements for classroom materials or practices, but this is less usual. Regulation is established as part of a political process, with input from many stakeholders representing different interests. Generally, an attempt is made to balance the needs of children with the costs of meeting the regulation, and the ability of the families, ECEC programs and the greater society to bear those costs.

Although licensing regulation is thought to represent only the basics required for quality, just what is considered to be “basic” varies substantially by state. In some states, usually in the less economically advantaged regions of the country, regulation is less stringent than in more economically advantaged states. For example, the number of infants (0-12 or 18 months of age) allowed per adult is a good gauge of how stringent a state’s child care licensing regulation is. In Alabama and New Mexico, one adult is allowed to care for as up to 6 infants at a time, while in California, one adult can only care for

3 infants. Alabama and New Mexico tend to have very lax regulation for child care while regulation in California is much more demanding.

The stringency of licensing regulation changes according to political and economic climate in the various states. During liberal administrations, standards are more likely to become more stringent, while during conservative administrations the opposite tends to be true. Standards have become somewhat more stringent during the past ten years in many states, but changes are generally not extreme. North Carolina, a state with large numbers of children in child care and many mothers with children under the age of five in the work force, provides a reasonable picture of how standards have become more stringent. About thirty years ago, there was no child care regulation in North Carolina. Twenty years ago, regulation had been enacted, but it was extremely lax (e.g., allowing 1 adult for every 9 infants). More recently requirements for teacher qualifications and playground safety have become more demanding, and the child:adult ratios have continued to improve, moving to 6 infants allowed per caregiver, and currently at 5 infants.

It should be noted that regulation, although present in all states at some level, is not always applied to all ECEC programs. For example, in many states, no regulation applies to part-day programs or to church affiliated child care programs, while in some states some programs are exempt from some of the standards. When one considers that the state standards are supposed to represent basic protections for children, it is evident that many children do not receive any protection from the state at all. This is due to decisions encouraged by the various stakeholders. Most states indicate that although they provide the basic protections for children in child care, through regulation, it is up to children's parents to guarantee that their children receive the quality of care and education that parents believe to be necessary for their children. However, parents with young children are often at the point of their lowest income earning potential, and can not afford to spend more than they already do on child care, which is most often not highly subsidized by the government, as are the public schools or public institutions of higher education. Thus, parents, who are actually the consumers of child care (although it is their child re who experience the care), are not likely to lobby for higher standards when they will have to pay additional costs.

Definitions of quality that include process quality. Definitions of quality that include processes—what children actually experience, have largely been avoided in terms of regulation, but have been developed within the US early childhood profession for several purposes, such as measuring quality for program improvement, voluntary accreditation, or for research on the effects of quality on children's development. Various measures used to specify and evaluate the mainstream definition of ECE process quality have been developed in the past twenty years. Well-known examples include the Early Childhood Environment Rating Scale-Revised (Harms, Clifford & Cryer, 1998), Infant/Toddler Environment Rating Scale (Harms, Cryer & Clifford, 1990), Family Day Care Rating Scale (Harms & Clifford, 1989) the NAEYC Accreditation Instruments (National Association for the Education of Young Children, 1985, 1991, 1998), and the Observational Record of the Caregiving Environment, (NICHD Early Child Care Research Network, 1996). Each represents a version of process quality that is assumed to produce specific child outcomes. Some have been used in research, while many were designed to evaluate and improve program quality. All procedures require direct observation of children and adults in ECE settings during times of child activity. In addition, a staff interview or review of documents to collect information on unobserved requirements is often used to supplement observations. Global process quality assessments are used to document the overall physical and learning quality of an ECE environment, as opposed to more specific assessments of quality.

In the development of these instruments the primary stakeholders involved were members of the early childhood profession. Certainly, the instrument that received the most input from the greatest number of stakeholders is the instrument developed by the National Association for the Education of Young

Children (NAEYC) for its accreditation program. In developing this instrument, members of the organization, including practitioners, policy makers, parents, educators, and researchers, all had opportunity to provide input. The instrument has been revised based on continued and changing input from the field, as has the Early Childhood Environment Rating Scale-Revised, which is an updated version of an earlier version published in 1980.

**3. *Is quality of ECEC a concern for particular groups or ages of children? Is quality variable across regions or states?***

Research has shown that access to higher ECEC quality obviously makes a significant contribution to the positive development of children, specifically with regard to outcomes associated with later school success. But the same studies also show that this access is rarely available to most children in US child care. In attempting to determine the status of US child care in terms of process quality, findings have shown that “good” care is rarely found. In addition, there is great variation in the quality found, with some few programs providing very good ECE while many others provide much lower quality.

The Cost, Quality, and Child Outcomes Study (Helburn, 1995), for example, used combined scores from several process quality assessments and concluded that care provided in most centers in the United States is of poor to mediocre quality, with infant and toddler care being of the poorest quality. Mediocre care is the condition that most older preschoolers in child care experience and is defined as care in which children’s basic needs for health and safety were met, some warmth and support was provided by adults, and some learning experiences were provided. Poor quality care, which characterized almost half of the infant and toddler rooms, represented problems in basic sanitary conditions related to diapering and feeding, safety related problems, lack of warm, supportive relationships with adults, and lack of materials required for physical and intellectual growth. These findings are similar to those found in other studies using these instruments in other states, where average quality levels were also rarely seen in the good range (Scarr, et al., 1994, Whitebook, et al., 1989).

Family child care study results tend to be similar to those found for center-based care. The most recent major study to be completed in the context of family child care (Galinsky et al., 1994) used several process quality assessments. In this study, it was found that few homes ( only about 9%) had high scores, the majority (56%) fell into the adequate/custodial range, and a substantial number were scored as being of low quality (35%).

As structural quality varies across states, so does process quality. Studies have shown that states with the least stringent regulation, as mentioned above, tend to have more ECEC programs that are determined to have low process quality.

From a more international perspective, quality of US ECEC programs has been compared with programs serving children of similar ages in Austria, Germany, Portugal and Spain (Tietze, Cryer, Bairrão, Palacios & Wetzel, 1997). On average, all of these countries were found to provide care that was less than “good,” in terms of the process quality measure that was used in all countries. However, the range of quality found in the US, from very poor to very good, was far greater than the range found in other countries, where ECEC resources appeared to be distributed across the population more equitably.

**4. *What specified objectives for quality exist? Do quality objectives vary in content or specificity at different levels of government? Have they changed over time? If so, how?***

At the federal level. Specified policy objectives for quality in terms of ECEC programs have evolved over the past 40 years. Progress towards higher quality has been influenced by the political climate (quality tends to be emphasized during liberal administrations), and so movement towards quality has been sporadic. Initial and continuing policy interest has been placed on meeting the ECEC needs of children and families with low incomes. Head Start, initiated in the 1960's, is a program designed to provide remedial education experiences for children from families with low incomes to encourage later success in school and in the society. This program has grown over the years, and receives continued funding through both conservative and more liberal administrations. However, Head Start expansion, such as the more recent addition of programs for infants and toddlers (Early Head Start) has taken place during more liberal political periods.

The Child and Adult Food Program is also a relatively early federal program. It is targeted at ensuring that children from families with low incomes receive adequate nutrition in child care centers or family child care homes. Besides helping to defray the costs of providing appropriate meals and snacks to children, there is a training component that is directed at helping ECEC staff learn to handle nutrition-related issues with children properly. In many ways the influence of this program has affected participating child care programs beyond the simple provision of adequate meals to children from poor families. In programs that receive subsidies for food for some children, the likelihood to receive adequate nutrition is increased for all children in the program, including those from more economically advantaged families. In addition, training on developmentally appropriate nutrition includes training on related areas, such as nutrition education or handling children's behaviors during meals and snacks. So training provided by this program encourages a wider increase in quality than one would expect.

Providing assistance to help working parents afford the cost of child care has been implemented in two major federal programs. The first that was initiated is a program of child care subsidies for families of low incomes. This program has evolved over the years. Initially, as Title XX, subsidies were provided for children's attendance in programs that met higher standards than those usually found in community child care, and parents had to select from approved programs. Many children who were not supported from subsidies also attended these programs and so there was a spillover effect, with more children having the opportunity to attend higher quality programs. However, during a more conservative administration, the rules for subsidies changed to support parental choice in the selection of child care programs. Federal subsidy funds were shifted to the states, through Child Care Block Grant. States were given more control over how these funds were to be allocated. Subsidies are now generally paid for attendance at any program that a parent selects, with few quality restrictions. For some, this allowed more subsidies to be paid for less expensive, lower quality child care, and so more families are served under this system. A small part of the Block Grants includes funds that can be used for quality enhancement programs. States determine the ways in which these funds can be used, and there is substantial variation across the states.

The federal child care tax credit is meant to provide universal assistance to help families pay the costs of child care. The tax credit allows a percentage of the expenses for child care to be considered when taxes are calculated. The actual amount of credit is generally very small compared to the actual costs of care. However, tax credits are popular with voters. Within the early childhood profession, tax credits are not thought of as being particularly helpful to ECEC programs. It is possible that programs can increase their fees slightly, based on the idea that the tax credit will allow families to pay slightly more for care. However, it is unlikely that the tax credit has had much effect on child care quality. It may affect access to care for families to some extent, by easing the tax burden. It should be noted that

many states also provide a tax credit for child care, which is generally smaller than that allowed by the federal government.

**5. *How are quality objectives identified and prioritized? Who is included in the process of defining quality? What is the extent of actual involvement of these various stakeholders?***

Because child care in the USA is a complex system, influenced by political climate and varied cultural groups, represented by strong professional organizations, and consisting of many different types of programs, including profit, non-profit, public, private, and church sponsored programs, as well as family child care, there are many stakeholders who have opinions that are considered when identifying quality objectives. In the USA, there is much input from those representing differing opinions when quality objectives are identified and prioritized, in terms of policy. These issues are discussed in public forums, during campaign speeches, in meetings with lobbyists representing special groups.

**6. *What policy approaches have been directed explicitly toward quality improvement? What does research show about the impact of these policy approaches?***

Belief in the mainstream early childhood profession's definition for process quality has increased with results of research in the past 20 years (e.g., Cost, Quality, and Child Outcomes Study Team; 1995; Galinsky et al., 1994; Roupp, Travers, Glantz & Coelen, 1979; Whitebook et al., 1989). This research has examined variations in child care quality, according to the mainstream ECE quality definition. The focus on the research has been to determine the status of ECE program quality in the US, to examine the relations between structural quality variables and process quality, and to present the implications of varying quality in terms of children's well-being. Most of the research has defined children's positive outcomes in terms of the developmental areas that are associated with future school success, with the assumption that school success will lead to greater chances for adult success in the majority society. Most recently, the Cost, Quality, and Child Outcomes Study Team (1999) found that the quality of child care experienced during the preschool years continued to have an effect on children's outcomes, even at the end of second grade.

Because of these results, and a greater understanding of the importance of early experiences in terms of brain development, there is a move to incorporate process quality requirements into regulation of child care programs. The US Army and Navy were early participants in this movement, requiring first, that their centers and family child care homes met certain standards on the ECERS, ITERS and FDCRS, and later that programs met standards for accreditation by the appropriate national professional organizations. In addition, some states began to provide higher subsidy payments to programs that met higher process quality standards, especially those of accreditation by NAEYC. Most recently, the state of North Carolina has passed regulations that require all licensed child care programs to be rated, according to a 5-star system to clearly indicate levels of quality for consumers. The lower quality levels of the system represent existing baseline regulations. However, the higher levels, which are voluntary, require that higher standards of staff qualifications be met as well as standards for process quality, measured by the ECERS, ITERS, and FDCRS. Other states are showing interest in this type of system that incorporates a measure of process quality into licensing regulation as well.

Because of the relatively weak involvement by the federal government regarding the movement towards higher quality in ECEC programs, attention by child advocates has been directed towards the states. Recently, several states have led the way in moving towards higher quality child care for all children. North Carolina, with its Smart Start programs may be the best example of a state where substantial efforts, as well as the funding to support them, are being made to upgrade the quality of

care that young children receive. The Smart Start program provides funds to local associations, usually within counties, who have had a proposal accepted for use of funds in the region. Members of these associations, called Smart Start Partnerships, include stakeholders with various interests, but all sharing a concern for the well-being of young children. The funds can be used for a variety of purposes to upgrade the situations of young children, but much attention has been given to upgrading child care programs. Decisions about how funds are to be used are made at the local level with input from various stakeholders. An evaluation of Smart Start indicates that the Smart Start program is most effective in increasing the quality of child care, when more funds are targeted for this purpose.

Other states, especially those with lax regulations, are also moving towards improving the quality of child care in various ways. For example, Arkansas has a program where parents receive higher tax credits when their children are enrolled in ECEC centers that voluntarily meet higher standards. Centers that voluntarily meet higher standards can receive some financial help and consultation from the state to upgrade the services they provide. A few of the other states involved in innovative attempts to upgrade quality include Colorado, Oklahoma and Georgia.

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## Access to ECEC Programs - Edna Ranck, Ed.D.<sup>8</sup>

### *Introduction*

Quality, affordability and accessibility, three major variables comprising early childhood education and care (ECEC), are interwoven to such an extent that Gwen Morgan, Wheelock College, Boston, has referred to them as the "trilemma of child care." Addressing any one or even two of the three issues without referring to the third only emphasizes the limited and often inadequate delivery of ECEC services in the United States. (Morgan, G.G., 1998; Helburn, 1999). Rather, all three must be addressed simultaneously whether in determining program operations, professional development practices, family involvement opportunities and public policy. In this paper, affordability is an element of accessibility.

Having access to ECEC should mean that the needs of both parents and children are addressed. All parents will have a choice among a variety of programs that meet their needs for location, hours of care, friendly and knowledgeable staff, curriculum content and stability and reliability of care at a cost that is within the family budget. At the same time, the program must also meet the needs of all children for an appropriate, caring and stimulating environment that emphasizes both education and nurture, and addresses any special needs. In light of the amalgam of market and managed ECEC programs available in the United States, meeting the access criteria can be a daunting task for parents at all socioeconomic levels. It can be, and often is particularly difficult for low-income working families and especially for parents in the process of leaving the welfare rolls (Helburn, 1999; Cahan, 1989).

It should be noted that in most communities, parents are not left entirely alone to figure out the nature of the local child care structure. Parents speak with family members and friends, check the job wanted advertisements and yellow pages, talk with human resource staff in their workplace, and visit ECEC programs in their area. Many throughout the country receive counseling from trained personnel in the local child care resource and referral (CCR&R) agency. However, even assistance from any or all of these sources does not guarantee finding the kind of care that parents and children need and want.

The characteristics ECEC, including access, are linked to the basic economic, social and political nature of the country in which the children and families live. The United States as a pluralistic society with a democratic form of government and overlapping roles for one federal, 50 state and thousands of local government structures is also subject to a continuum of attitudes directed toward child rearing. Attitudes based on the belief systems of persons, families, communities, states and the nation ultimately determine both the degree and kind of systems that develop as well as the style of consensus-building that creates policymaking and in turn, enhance or diminish any given programs.

To understand the nature of ECEC access issues, it is necessary to recognize the range of perceptions that color the determinants of ECEC programs. In particular, the roles and responsibilities of parents and families in contrast with those of governments are critical:

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*"Most voters conclude that access to care is not a very big problem. Rather, they assume the real problem is being able to afford the care [actually an access issue] and as such think there are alternative options that do not rely solely on government which should be explored: companies, churches, elderly, flex time, and schools." (Lake Research, Inc., 1996, p. 6).*

In contrast, Barbara R. Bergmann, professor emeritus of economics, American University and the University of Maryland, writes that "acceptable quality 'affordable' [child care] for millions of American families" would cost tens of billions of dollars. "Costs of these magnitudes preclude financing of any significant part by employers or philanthropies" (Bergman, 1999, p. 208).

### ***Background***

The U.S. history of ECEC access to programs has been based on sets of dichotomies:

- **Day care vs. early childhood education:** Who receives services of what type and curriculum design? What are the goals and objectives of individual ECEC programs?
- **Women, especially mothers, at home with children vs. in the paid workforce:** Who provides services, who gets paid for services, who pays for the services?
- **Governments vs. private sector** (families, employers, religious institutions, and philanthropists): What are the sources for the fiscal and in-kind resources to design, build, house and operate ECEC programs?
- **Federal vs. state government support:** How much of the total public resources come from which level of government? How equitable is state support?
- **Crisis conditions of federal government support for ECEC vs. universal support for all:** When is it acceptable for the government to support ECEC? When is it not acceptable?

### ***Questions and Responses***

The responses to the questions provided by the U.S. DOE/OERI for the Early Childhood Education and Care (ECEC) project follow:

***1. Is access to ECEC a statutory entitlement, and if so, from what age and for whom? Has this entitlement been achieved? If not, why not? Is there a timetable for when the entitlement will be achieved and/or enforceable?***

*Answer - Access to ECEC is a statutory entitlement only under highly specific, limited and largely temporary conditions based on a range of politically-determined factors, some at the federal and most at the state or local levels.*

**Welfare.** When a parent on welfare leaves to enter the labor market, states have guaranteed child care, if needed, for children under the age of 13 years and for handicapped dependents for additional years for a designated period of time set currently at one or two years. Payment for child care is made through contracts with independent, community-based child care programs or through vouchers paid to the provider or to the parent. A parental co-payment, usually based on a sliding fee scale that is either a percentage of the federal poverty level (FPL) or the state's median income (SMI), may be required on the parent's earned income. Funding comes from a combination of federal Child Care and Development Block Grant (CCDBG) funds and state funds, plus the parent co-payment.

**Child Protective Services.** There is no federal requirement that children under the care of the state for reasons of abuse and neglect have access to child care. However, states may make that determination if they choose to do so.

**Special Needs.** Children who have been diagnosed with a handicapping condition or disability are eligible for limited services through a public school, also called the local education agency (LEA). Funding comes from a combination of federal and state education and may include CCDBG funds.

**Prekindergarten.** States have the option to establish prekindergartens based on legislation, but the final decision usually rests with the school district. Most school districts in the United States offer half- or full-day kindergarten to five-year-olds who are one year below the compulsory school age. Public schools who offer prekindergarten to children who are usually four-year-olds, but may include three-year-olds, and who reside in their districts, are usually required to provide services to all children in the age category, regardless of income. Schools may establish special programs or contract with ECEC programs in the community to provide prekindergarten. Attendance is not mandatory (Marx & Seligson, 1988). Funding comes from school district funds and may include federal and state funds sent to the district and to the child care government agency appointed by the governor.

**Head Start.** Though a discretionary grant program and not an entitlement, Head Start provided full- or part-day comprehensive services to over 700,000 young children in FY1998. Gradually, many Head Starts are now working with other ECEC programs and public schools to expand both the level of service and the range of service types.

**Achievement.** Decisions for ECEC services in the schools rest with the local school district with some input from the State Department of Education. ECEC services funded through the state's Department of Human Services (also called Social Services, etc.) will use a combination of Federal CCDBG, Child and Adult Care Food Program (U.S. Agriculture) and state funds. Head Start funds are largely supplied by the federal contract, but some states provide funding to expand services to Head Start-eligible children.

**Timeline.** There is no national timeline directed toward ECEC entitlements. States and individual school districts may have a timeline.

**Summary.** In a pluralistic society with a democratic form of government, policymaking is by design distributed among a variety of power sources. Consensus and implementation occur as a result of a complex series of decisions, including allocating and appropriating funds.

## ***2. What are the common eligibility criteria for accessing publicly-funded options (e.g., universal, poor, special needs, working parents?)***

Common eligibility criteria for accessing publicly-funded options include:

- Workforce status of parent, usually the mother for welfare-related services.
- Income level of parent or parents for services that are welfare-related or for low-income working families.
- Age of child, usually below the age of 13 years, with a higher age cut-off for children with handicapping conditions. Some ECEC programs may not enroll infants and toddlers, based on philosophy or building code requirements.
- Handicapping conditions that have been identified by medical or psychological professionals.

- Geographical location that is determined by the school district or program.

Official eligibility criteria may be established at many levels: federal, state, local, and program. Children may also become ineligible because of a lack of transportation, incompatible work schedule, inability to pay required co-payment fee, disruptive behavior of the child, and building code requirements.

***3. To what extent is access to ECEC a concern for (a) children of certain ages; (b) families living in certain geographic areas; (c) children with special educational needs; (d) other particular groups of children and families? What are the main barriers to equitable access to ECEC for these children and families?***

In the United States, ECEC is provided by a combination of market and managed systems: private non-profit and for-profit center-based programs for all ages, school-age child care services, family child care, informal (unregulated) care are components of a wide-ranging **market system** whose public requirements are the regulatory system set by the individual states. Accreditation for these programs which indicates services above the minimum set by state regulations is entirely voluntary. The ECEC programs in public and private or independent schools and the Head Start program are separate **managed systems** whose requirements are based on the state education laws (public and private schools) or the Head Start Performance Standards (Head Start). Head Starts may also be licensed by the state.

Eligibility requirements based on age, location, health needs, special needs, and economic conditions will affect all these categories of children in one or both of two ways: if the programs are not entitlements and funding runs out, or if programs are able to set their own enrollment criteria.

The main barriers to equitable access to ECEC are the restrictions that limit services universally to all children, such as the artificial categorical boundaries of age, residency, family income, parental workforce participation, presence or absence of special needs, hours of program operation, etc., and the funding limits on existing programs. Another barrier is the wide range of staff professional preparation and continuing education opportunities that affects program quality presents another barrier. While some ECEC professionals claim that regulations limiting group size and child:adult ratios are barriers to enrollment, others believe that the health, safety and developmental needs of young children demand small group size and an age-appropriate child:adult ratio.

Perhaps the most significant barriers are dictated by the nature of a political system in which the private individual retains certain rights and in which the 50 states are expected and required to make decisions affecting families. Local or "home" rule for schools, certain municipal and county taxes and zoning requirements are paramount in the United States. Fifty states can easily develop 50 sets of ECEC regulations, policies and operating procedures, as in anything else. The trust level tends to be low between proponents of federal control and supporters of states rights (Adams & Poersch, 1994; U.S. Government Accounting Office, 1998).

In addition, attitudes and underlying assumptions about ECEC prevail and are by definition barriers to easy decision making: Who is responsible for rearing children? How are they to be socialized and educated, for what purposes, and who socializes and educates? How do children learn, what do they need to know and what curriculum is the most efficient and economical? What are the roles of women, especially mothers, in the family, the workforce and society? What are the roles and responsibilities of employers, religious institutions, and governments in conjunction with the family?

Answers to each of these questions fall along a liberal-to-conservative continuum and are articulated strongly.

***4. What information is available on the supply of and demand for different forms of ECEC provision? Please include available information in table form. Is there a mismatch between supply and demand for certain types of ECEC options? Does policy encourage parental choice or is one model of ECEC arrangements favored?***

Data on supply and demand are presently being collected by several major research organizations, notably the Government Accounting Office, the research arm of the U.S. Congress, and the Urban Institute, a well-respected national organization. Most recently, the National Association of Child Care Resource and Referral Agencies (NACCRRA) collected data on supply of child care programs (Adams, Foote & Vinci, 1996) and provides technical assistance to the more than 600 member child care resource and referral agencies nationwide that help parents and other locate specific child care programs in their geographical areas. NACCRRA is working closely with the two GAO and The Urban Institute surveys. In many locales, employers fund enhanced CCR&R services that enable the agencies to track the current demand.

By and large, the greatest overall need is for infant and toddler care, with appropriate school-age child care programs a close second. In addition, care during non-traditional working hours and for mildly-ill children are a growing concern. Both historical and current: reasons have caused these needs: most preschool programs in the past served children ages three, four and five years of age for brief periods of time and during the academic year. Infants and toddlers simply were not enrolled in out-of-home child care programs of any kind and very few children of any age attended full-time. When the expansion of mothers of very young children in the full- and part time workforce occurred, beginning in the 1980s and continuing into the present decade, the industry was not prepared in terms of program curriculum and facilities requirements. All states require child care centers to be licensed, although the licensing requirements vary widely among the 50 states. (U.S. Government Accounting Office, 1998).

One perceived solution to the shortage of care for very young children was the growth and development of family child care during the 1970s and 1980s. FCC, the care of six or fewer children in the home of a provider, appeared to be a quick, easy and inexpensive way to address the supply issue, especially for the youngest children. However, FCC development requires a pool of appropriate, available and willing individuals, many of whom were or became professional in operating a small business and learned to charge competitive fees for services. FCC providers are now often professionally trained, members of a FCC network and national organization and participate in the federal Child and Adult Care Food Program, a part of the National School Lunch program that is a source of funding for nutrition and nutrition education for child care programs. While states vary in the regulations for family child care providers, most states have some requirements which in turn affect the economics of providing services.

Children attending elementary schools require care before and after-school, and during times of illness, school holidays, vacations and emergencies. The demand for SACC or out-of-school time programs continues and is currently a major focus of public schools in many locations. In addition, both government and the private sector have become involved in developing quality SACC. The part time nature of SACC, the resistance of older elementary children to "child care" and the juvenile crime statistics all suggest the need to address a wide variety of SACC issues.

The presence of a mismatch between supply and demand occurs when the supply is inadequate, inappropriate or unaffordable and when the demand does not synchronize with the existing supply. The mismatch persists when communities as well as the profession do not address systematically both the strengths and the weaknesses in the ECEC delivery system and cannot mesh the market and managed programs. The changes in the quality and quantity of service delivery required to meet the variables of age, work schedule, income, tuition fees and developmental conditions may never meet all the needs of all the families in any given community. However, the planning role of CCR&Rs in conjunction with all types of ECEC programs, local governments, school districts, employers and parents may provide a focus on what exists and what needs to be provided both in the short- and long-term.

***5. In practice, to what extent to parents-including low-income parents-have a choice among a variety of ECEC options? Does policy encourage parental choice or is one model of ECEC arrangement favoured [sic]?***

Choices among child care options for all parents, regardless of income are determined by the following:

- Location, number and variety of center- and home-based programs in relation to child's home and parents' places of employment. Also, urban and rural locations.
- Available space within any of the programs.
- Provision for care for mildly-ill children
- Cost of tuition or co-payment
- Eligibility for subsidy
- Availability of subsidy
- Transportation available if needed - auto (own or car pool), public transportation availability, schedule, degree of difficulty (number of transfers needed), and cost.
- Program comfort level to parent: child-rearing and educational philosophy compatibility
- Program comfort level to child: developmentally appropriate for ages and stages of children

This range of options is indicative of a market system and may or may not be barriers, depending on the perceptions associated with the options. Clearly, income level is critical because of the possibility of needing a subsidy and being able to provide one's own transportation. Another apparent option currently attracting national attention is the role of the public schools in delivering ECEC. Lack of experience among public schools and members of the ECEC community, however the latter is construed, together with philosophical distinctions and fear of loss of control all contribute to the turmoil in serving young children that is appearing in a growing number of communities. (Children's Defense Fund, 1999).

States must abide by the federal regulations that give parents a choice among all types of programs, including care by a relative or friend. CCR&Rs in particular that give out referrals or that administer vouchers must inform parents wisely about all types of available child care and do so without implying by language and tone that one is better or worse than any other.

***6. What strategies have been developed to increase access to and enrolment [sic] in quality options according to family needs and parent preference?***

At the federal level, funding from the Child Care and Development Block Grant (CCDBG) first introduced in 1990, and reauthorized in 1996 with increased decision-making about eligibility and time limits delegated to each of the 50 states, was targeted not only to welfare families, but also to low income families "at-risk" of going on welfare. Funds are allocated to each state based on a formula A percentage of the funds was and is directed to pay for child care through vouchers and a percentage is

directed to quality services which may include professional development, supply-building, loans and grants for improved and increased services. State submit a plan to the feds that demonstrate how they will spend the funds allocated to them.

States are able to spend state funds on child care as well, some of which must be used to match or draw down the federal funds. Innovative states have assigned funds to create new services for families and to encourage cooperative ventures among the various agencies that provide ECEC (Stebbins, 1998).

Federal funds are also allocated to states which may be used to establish or expand child care resource and referral (CCR&R) services for designated geographical areas. CCR&Rs can play a role in communities to address supply, offer training and technical assistance, work with planning entities, facilitate collaboration among deliverers of ECEC, and collect and disseminate data about supply, demand and related services. CCR&Rs also inform and counsel parents in various ways about the process of selecting child care and how to monitor the program that is selected.

Public school involvement in prekindergarten for four- and three-year-olds has existed in the past, but today, it is growing rapidly for various reasons: available funding, space utilization and teachers (Marx & Seligson, 1988).

***7. Are there particular strategies to increase ECEC access to children with special educational needs? Is there a particular effort to include these children in mainstream ECEC provision or does provision tend to be separate? What steps (e.g., staff/child ratios, staff training, curriculum, on-going assessment, etc.) have been taken to make the chosen approach a success?***

Communities are urged by government funders and many ECEC professionals to keep lines of communication open among all the deliverers of ECEC, including programs targeted for children with special physical, emotional and mental needs. Children are evaluated by local school child study teams and mental health professionals in order to be refer to the most appropriate, natural or "least restrictive environment." Program staff and family child care providers are encouraged to enroll children with special needs and most find it beneficial not only to the child but to all the children in the program. Professional support for working with children with special needs is often supplied and should be made available to programs unable to hire a specialist in such needs.

Recently, the U.S. DHHS established the Map to Inclusive Child Care program which will eventually provide support to all 50 states and the District of Columbia as they prepare a statewide plan for including children with special needs in a variety of ECEC programs (Map to Inclusive Child Care Institute, 1999).

Head Start in particular offers health and mental health services to their children and families. Staff training enables on-the-job supervision in working with children with special needs (Final Rule-Head Start Program Performance Standards, 45 CFR Part 1304). Eligible public schools through Title I funding provide a range of services to children who meet program and residency requirements.



## ***8. What has been the impact of existing policies on facilitating or constraining access?***

Mixed results characterize the federal and state efforts to fund and otherwise support ECEC services for children who need them, keeping in mind the need to meet the needs of those who most require support. The allocations appear never to be enough, even for categories that are served. Estimates for establishing enough ECEC programs for all children are in the tens of billions. Federal requirements requiring Head Start and other ECEC programs collaborate have moved slowly toward the goal of meeting the needs of all eligible children. Resistance to change characterizes human growth and development, even in the field that can be of such positive help to children and families.

Historically, the two streams from which today's ECEC programs have developed -- day nurseries and the field of social work and welfare and nursery schools and kindergartens and the field of education -- have struggled within the American propensity to dichotomize, to resist federal government interference in family life, and to emphasize the role of the states and local governments in the lives of children. Children get caught in the mixed standards (NICHD Early Child Care Research Network, 1999).

Existing policies may be viewed in two ways: symbolic and tangible (Hy, 1978). Too often **tangible policies** contained in the laws and regulations of a nation and its local entities are the main focus, overlooking the wealth of **symbolic policy** that occurs regularly in the nooks and crannies of public action: speeches, correspondence, bills, appointments, etc. If, however, symbolic policy is tracked for potential impact, leaders may build toward tangible action. The National Education Goals are an excellent example of symbolic policy, especially Goal 1: *All children in America will start school ready to learn by the year 2000*. While it is unlikely that the goal will be reached in the next three months, it is known that the goal statement has had an impact on early education just by stating the ideal. In the final analysis, tangible policies are made by the thoroughly democratic, frequently convoluted process of government that characterizes our American pluralistic society and political history. Change in such a political environment, including ECEC, continues to be slow, gradual, incremental and marginal (Braybrooke & Lindblom, 1970).

### ***Conclusion***

In a democracy, advocates must work constantly to bring about positive change for the well-being of children and families. More dollars for more and improved services are sought with every legislative session. Beyond the promise of program expansion lies the reality born of collaboration, trade-offs and reaching consensus. Although overtly focused on low-income or poor families, public ECEC policies can eventually benefit all families by setting a tone for quality that shapes programs and services in the ECEC field.

Even with erratic ECEC policies, programs for children have begun, continue and are added daily. The number of children in ECEC also continues to grow. The combination of working mothers, single-parent families and effective brain development has struck a strong national nerve, while at the same time more policymakers are from a generation that expects women, even mothers, to be in the workforce and men, especially fathers, to care about home life and child-rearing.

Change, though slow, gradual incremental and seemingly marginal, has occurred and should be acknowledged. ECEC leaders must record and report on the changes and improvements as well as the barriers. For example, federal and state policies often require community-level collaboration among ECEC programs and the related family services of health, employment, housing and transportation. In many states and localities, enterprising governors, innovative state legislators and corporate leaders join with ECEC professionals, health providers and parents from all socioeconomic levels to

acknowledge and support the importance of early education, the value of nurturing the future by small numbers of educated persons, and the abilities of young children to grow, develop and become part of the larger society.

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## Regulatory Policy - Gwen G. Morgan<sup>9</sup>

### *Introduction*

Governments can operate services, or they can leave such programs to be operated in the private market. Regulatory policy offers a third alternative: governments can regulate programs that are operated in the private market. Regulatory policy enables a government to protect the public and to set a floor of quality for programs in the private sector. With regulation, it is not necessary or desirable to rely only on supply/demand to have a long term effect on quality. Nor is government operation the only way to avert harm to children. Since the latter part of the nineteenth century, regulation, a peculiarly U.S. policy invention, has been a major factor, offering a middle alternative between big business and big government.

The first real licensing law for early care and education in the United States was passed in Pennsylvania in the 1880s, a precursor of the period of strong regulatory reforms. By 1962, most states were licensing child care centers, and many were licensing family child care homes.

Although there has been anti-regulatory rhetoric, the general public supports some forms of regulation as a solution to public policy issues. Most of the public takes its regulatory environment for granted, voicing strong objection only when there is undue red tape or unreasonable rules. However, there have been several waves of anti-regulatory views. Following studies of large federal regulatory agencies in the seventies and eighties, many policy-makers believed that regulatory agencies were captives of the industries they regulate, having lost their regulatory zeal in the process of identifying with the industry. This view still causes a reaction against the use of regulatory power to protect powerful interests, including powerful professions, but more recently it is usually directed against regulation of prices, or entry into a field. Environmental protection and consumer protection are forms of regulation, which have not lost their vitality, and which retain their popularity in the political arena.

A more recent assault on regulation has been launched by policy-makers who have fastened on to the idea of privatization and have suggested applying it to licensing. Actually, it is licensing and regulatory power that has made possible the success of privatizing certain services. For early care and education, for example, the largest amount of service for more than 100 years has been provided in the private sector and licensed by government.

Although there has been some delegation of licensing by state licensing agencies to local public agencies, there has been little privatization of licensing. New Jersey experimented with privatizing the voluntary regulation of family child care, but after study, concluded that the effort had not been successful. At present, there is no serious effort at privatizing licensing of early care and education.

### *To what extent are ECEC arrangements regulated?*

Each state has its own definition of what services it will license. In general, and with some major exceptions, the states license market programs, i.e. programs that parents must seek outside the resources of the family. Some programs that are funded by the federal or state government may be

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regulated by funding requirements, even when they are not covered by licensing. Government run programs are not covered by licensing because the public agency that runs them is responsible for their quality.

Market forms of care include:

**Full-day centers**, (under various names: day nurseries, child development centers, early learning centers, child care). Use of full-day programs has grown steadily for the past twenty years. This growth may be due in part to the fact that many part-day programs began offering extended hour options to accommodate the needs of working parents during this period, as more and more mothers joined the work force. Twelve states exempt faith-based centers from licensing. A handful of states exempt Montessori schools.

**Part-day nursery schools and preschools** are also market forms of care. However, they are not licensed or regulated in 20 of the states.

**Large and small family child care homes.** Care in the home of the provider of the care is called family child care. Large homes, or group child care homes, are permitted to enroll a larger number of children, usually up to 12, with 2 caregivers. Many states have a threshold number of enrolled children that require licensing, so that a home with fewer than that number of children would not need to be licensed. Threshold numbers vary from 2 (NY) to 7 (GA.) As a result, many small family child care homes are not licensed.

**School-age programs.** School-age children may be enrolled in licensed centers, or in licensed family child care homes. Another form of center, however, is the program exclusively for this age group, operating before and after school and during school vacations.

**In-home care** is the smallest segment of the child care field, provided in the child's home by nannies, au-pairs, housekeepers, or baby-sitters. Less than 6% of working parents use in-home care for children under 5. In-home care is market care, that parents must find and employ, but it is not licensed. The assumption is that the caregiver is the employee of the parent, rather than a service holding itself out to the public.

*Non-market care* is not usually licensed. It includes: care by a parent at home or at work, care by a sibling, care by grandparents, care by other relatives, all of which is kin. Kith refers to very close friends of the family, caring for a specific child because of these close ties. States try to avoid regulating kith or kin, but have found it difficult to find a simple legal definition of kith.

**Levels of Standards:** It is useful to think of standards in the United States as defining different levels of quality. Licensing is the base line of necessary quality that all programs must meet, set and enforce in each state. Programs can exceed this base line, but they may not consistently fall below it. It is the minimum (meaning "at least" rather than "low") that is required as essential to prevent harm.

If public funds are spent on the service, a higher level of quality can be expected, through funding standards. Still higher standards are those that private associations have developed for voluntary accreditation: the National Child Care Association, and the National Association for the Education of Young Children for centers; the National Association for Family Child Care, for family child care; and the National School-Age Care Alliance for school-age programs.

Some states are offering to pay more for higher quality programs, often combining accreditation with funding specifications. Oklahoma has a one star, two, and three star rating with

differential reimbursement in a program called Reach for the Stars. North Carolina law requires that all licenses be rated between one star and five stars, using a rating scale, and state raters rather than accreditation. Programs with five stars are paid a higher rate.

Many states, however, do not set higher standards than licensing for funded programs for eligible children because they wish to avoid a segregating effect. Recently some states have begun to require accreditation as necessary for receiving public funds; for example, when a state funds early care and education programs in public schools, and wants some assurance of quality. This kind of mass accreditation requirement could strain the capability of the accrediting body.

### **Levels Of Standards, From Lowest To Highest**

| TYPE OF STANDARD   | TO WHOM APPLIED                              | LEGAL POWERS USED      | QUALITY LEVEL               |
|--|--|------------------------|-----------------------------|
| Licensing requirements   | All market programs defined in law           | Police powers          | “At least”                  |
| Funding standards  | All programs receiving certain public funds  | Contractual agreement  | Specifications for purchase |
| Accreditation standards  | All who apply to be accredited               | Voluntary agreement    | High quality                |
| Goal standards such as those set by the American Academy of Pediatrics | All who aspire to best practice, voluntarily | Used only as reference | Expert advice               |

In general, except in cases of child abuse or neglect, the states do not regulate parents, other relatives (kin), and very close family friends (kith), all of which are forms of care within the resources of the family, and therefore are non-market forms.

In most states public schools are not regulated by licensing, because they are the responsibility of a public agency, the state’s education agency.

### ***Are there trends toward loosening or tightening the regulations?***

Even though there is an anti-regulatory climate in many states, the changes that states make to their licensing regulations tend to tighten the rules rather than loosen them. The most striking thing about U.S. licensing policy is the fact of 50 separate sets of regulations, and the striking differences that may exist between them. Some trends are evident in the most recent changes in rules, including:

- More states are regulating group size in centers. In 1986, 31 states did not regulate group size for preschool children; however, in 1997, only 22 states did not regulate group size.
- Ratios for infants, preschool children, and school-age children have improved, but not those for two-year-olds. In 1986, 11 states set a ratio of 15:1 or higher for preschool children; but in 1997, only four states had that high a number of children. Infant:staff ratios have become more stringent, where the predominant ratio is 3:1 or 4:1.
- States have added substantial numbers of hours of ongoing training required for all staff, although pre-service qualifications have not greatly improved.

### ***Who is responsible for ECEC regulatory policy?***

Regulatory policy is different for each of three major delivery systems: Head Start, the schools, and the purchase of service system. Head Start is licensed by the states if full-day, and in addition must meet the Head Start Performance Standards, a higher set of standards required by the Head Start Bureau. The schools have very little regulation, other than a building code which is not designed with young children in mind. Licensing does not apply to them in most states. The state education agency may require schools to become privately accredited when they receive state and federal dollars. The child care centers and family child care homes in the purchase of service system are licensed by the licensing agency designated in the state's licensing law. The term "regulation" includes licensing and any other public mandatory system of applying standards.

As the U.S. entered the sixties, very few citizens expected that the government would not only regulate child care, but would also begin to pay for it for large numbers of children. Many U.S. citizens see child care as a family responsibility, but not a public responsibility, with support from government taking the form of regulation.

There is no federal licensing. In general, the 50 states are separately responsible for licensing, both for setting the rules and for assuring that programs meet the rules. Agencies that deliver or fund services are responsible for fiscal monitoring. Licensing functions are defined in laws passed by the state Legislatures.

Some states call their method of regulating "licensing," and others call theirs "registration." However, neither term relates to whether or how often the state visits. Since the federal government now has another definition for "registration" which means that no standards have been applied, the use of this term is going to lead to great confusion. In general most states that say they register are really using a form that meets a definition of licensing, i.e. (1) standards are applied, (2) programs that meet the standards are permitted to operate, and (3) a license can be removed, or other sanctions applied, if a program does not meet the standards.

Most licensing laws include:

1. A finding that child care is potentially hazardous;
2. A ban on providing child care;
3. Permission given to operate a child care program, but only to care providers who are licensed by the state;
4. Right of the state licensing staff to enter and inspect;
5. Advisory structures;
6. Enforcement methods (removal or suspension of license; fines etc.);
7. Delegation to the state licensing agency the task of writing licensing rules;
8. Advisory structures; and
9. List of topics for which rules may be written (such as qualifications of staff; safety of facilities and equipment; health procedures and equipment; discipline; program of activities, staff ratios and group size; parent relations. If a topic is not mentioned on the statutory list, then the licensing agency cannot write rules to cover it.

### ***Other mechanisms for basic approval***

The states usually require separate inspections from the public health system and from the building and fire safety systems, as well as the inspection by the licensors. These are all base line approvals, instituted in separate laws, in response to catastrophic fires, building collapse, or epidemic



disease. States often have uniform sanitation codes, enforced by local public health officials, that apply to child care physical facilities and other buildings. They usually have either a local building code, or a uniform state building code, enforced by a local building inspector, to protect against fire and building collapse. Some localities have additional fire safety codes applied locally, through their fire departments. All these local powers exerted by health and social service agencies, and by planning boards, are powers derived from state law. Local governments are created by the states.

In some states, the state law delegates licensing to local agencies that are permitted to write their own rules, so long as their rules are no less stringent than those set by the state. There is only one city in which the local government could write rules less stringent than those of its state, New York City. However the city does not have this authority for newer forms of regulated care, such as family child care, school-age programs, or group child care homes. The power to write its own rules has eroded to the point that the City can only write more stringent rules for centers.

Zoning is another form of regulation, not for the purpose of protecting children and families but to protect property values. Local communities in most states are permitted to regulate land use through their state zoning laws, adding a separate barrier to a complexity of regulators. A few states (CA) prohibit local communities from using zoning powers to inhibit the growth of needed services.

The problems identified in the U.S. licensing system are not that rules are too stringent. Instead, licensees complain about the number of inspectors, the lack of system among them, contradictory rules. In some geographical areas, particularly those with large cities, the number of inspectors, and the separateness of their legal authority, creates a cumbersome situation in which it can take an entire year to get licensed. Licensees complain that inspections are not done in a timely manner, and the rules of one agency are inconsistent with those of another, so that to conform to one code is to be out of compliance to another code. Some localities have created a coordinating mechanism for inspections, so that the program does not face conflicting rules, or costly time delays.

### ***The Standards Development Process***

The development of standards within a state follows legal principles of representation of different interests affected by the standards, and in keeping with due process under the 14<sup>th</sup> Amendment to the U.S. Constitution (Jambor). Typically, the licensing agency assembles a task force or advisory group to write a particular set of standards. The different kinds of auspices for that service are represented, some experts, some parents. Their role is to fully discuss and try to reach consensus on a new set of standards.

States change their rules when:

1. Their statute requires periodic review and change;
2. Changes in other states have resulted in their moving from a middle position in the states to a bottom position;
3. Outmoded standards that cause trouble for providers but do not have positive benefit to children have been identified for change;
4. New research findings no longer justify an existing rule, or do justify a changed rule; or
5. Changes in the field of practice have improved the level of quality to the point where providers support a change.

States need to justify their changes, and the most common rationales are: common practice in other states; and research findings.

After a process of close to a year, the standards-development groups usually do reach consensus, and the proposed new standards are brought before public hearings for comments. The lengthy process now proves to have been valuable, because the advisory group or task force members can defend the proposed new standards.

To be enforced, the standards need the support of the centers and homes that are asked to meet them. If there is not a significant strong group of providers of care, able and willing to meet the new standard, it cannot be enforced. However, the rules are changed about every 3-5 years, influenced by training, conferences, professional reading, accreditation, goals standards, and other influences. Since the time they were last changed, the field of practice will have improved. Regulatory politics require some skill in uniting very different forms of auspices in a common commitment, but that is the only process that can bring about a higher level of quality through licensing.

***Are standards provider-focused, facility focused, or a combination?***

They are both these things and more. Licensing standards are set where the citizens of a state draw the line, defining the least acceptable level of care. Child care licensing is, and should be, child-focused, a set of rights that children have in that state to a level of quality defined as necessary. Licensing is a consumer protection program, assuring parents of safe choices.

The standards are facility-focused in the legal sense. The license is granted to an individual responsible for a facility. A facility means a building, its surrounding land, its rooms, equipment and supplies, its activities, its groupings, its staff, its board of directors. Some have confused that legal sense with the narrower term “physical facilities,” which means only the place, building, and equipment. The standards are not facility-focused in that narrower sense, because they must include the qualifications of staff, the relationships and interactions, and the things that they and the children do. The attention to the physical facility does not take the spotlight away from the staff, what they do, and what training they need to have.

Some states remain focused on the narrower definition of facilities because they associate licensing with the basic necessities, defined only as “health and safety” while they consider the program of activities, and the relationships, have to do with “child development” which is not a necessity, but a luxury. Recent brain research makes that a badly outmoded idea. We now know that children need relationships in order to stay alive, as well as to learn and grow, and that serious harm can come to a child from a lack of relationships, just as from a nutritional lack, or fire, or disease.

***Are regulations demand-driven?***

The process of regulating the private sector mediates between supply and demand. Not all supply is acceptable. Some is determined to be potentially harmful, sub-standard, and unacceptable. The licensor’s task is primarily to persuade, or secondarily to threaten, providers so they will reach and maintain this acceptable level. If we wanted to make all the supply inaccessible to parents unless it was of high quality, or if we wanted to allow any level of quality to exist if a parent might choose it, those would be two extremes. Licensing falls between the two.

The rationale for licensing is that it is essential to prevent harm to children. For any profession, a primary rule must be: First, do no harm. However, if the state or federal government is paying for a program, there is an additional rationale: to assure effective use of public dollars. The funding agency wants to do more than prevent harm; it wants to get results for its public dollar. The rationale for accreditation has been to recognize a higher level of quality. If we believe that higher

quality is necessary in order to get results, then we will use accreditation in combination with funding levels.

***Enforcement:***

States vary in their enforcement of the rules. Some states have more enforcement powers. Licensing status enforcement strategies include:

- Extending the time of provisional/probational license;
- Restricting the terms of the license;
- Change of license status from regular to provisional or probational;
- Limiting expansion of the legal corporation;
- Denial of a license;
- Refusal to renew (only for cause);
- Suspension of license pending court hearing;
- Court injunction or suspension of license;
- Revocation of license for cause;
- Notice of violation;
- Letter of warning; and
- Fines imposed by the agency or ordered by a court.

In addition, to these negative enforcement tools, some licensors can also:

- Require licensees to take course work;
- Make extra visits to monitor;
- Post findings of licensing visit;
- Make public levels of compliance;
- Make ratings public;
- Expand the licensing period for good compliance;
- Use indicator checklists;
- Monitor based on compliance records;
- Streamline renewal or issue permanent licenses;
- Use laptop computers for inspections; and
- Survey parents using licensees.

More sophisticated study is needed to identify differences among the states in the way they implement the enforcement tools they have. States have difficulty in answering a survey question, about numbers of visits or staff available, because the question is much more complex than is realized.

Data are missing on important indicators of effective enforcement:

1. The number of sanctions permitted to the licensing agency and how often each is used.
2. The lapsed time between a visit that finds high non-compliance and next follow-up visit.
3. Number of centers closed down per every 100 licensees per year. This data should be the readiest measure.
4. Number of licensors compared to number of licensable units. This data is easy to gather in state-operated licensing systems, but not in states that use county staff.

Poor enforcement can be the result of a weak law that does not empower the licensing office to visit and make unannounced visits; that does not empower the licensing office to apply a variety of sanctions; and that inadequately delegates to the licensing office the capability to write and change licensing requirements. Poor enforcement could also be the result of inadequate training for licensing staff, so that they do not know how to enforce the law. Poor enforcement can also be the result of an anti-regulatory political climate, or a naïve search for a one-size-fits-all method of enforcement.

Licensors need to fit their methods to three very different types of providers of care. The first group is the “newcomers.” For them the requirements are an education in how to run their center. They need help in finding ways to meet the requirements. The second group are the “forgetful licensees.” They intend to meet the rules, but on any given day some other pressing issues cause them to forget the licensing rules for a time. That can happen so often that they drift far from compliance with the rules. This is the largest group, by far. Confronted by serious emergencies, they need a reminder from the state that maintaining basic quality is a top priority. The third group, is much smaller than the newcomers and the forgetful licensees. These few providers have no intention of meeting the rules. They will try to keep their license without paying the cost of meeting the state’s minimum standards. No amount of teaching or persuasion will change them. Only the potential loss of their license, or a substantial fine, will shape them up.

It is a very naïve climate of opinion that assumes licensors should use the same tactics for each of these three types of provider. For all providers, licensors must abide by due process rights of citizens to be protected against inappropriate use of governmental power, but they must also protect children’s rights to a state-defined level of quality. These rights of children will clash with the providers’ rights, but providers do not have the right to operate without meeting the level of quality required by the state.

### ***The Licensing Staff***

Once the local approvals are gained for health and building safety, staff must be assigned from the licensing office, to investigate new licensing applications, follow up on complaints, relicense, and educate the public. States create, organize, and reorganize their own regulatory agencies.

In some states, licensing is done by state staff, organized into regional offices. With this arrangement, the state has maximum control, and has the greatest chance of achieving a uniform statewide level of quality. Family child care is most often regulated by social service agency staff at the county level, who are also responsible for recruiting needed services, and who answer to the local Commissioners, not the licensing office. These states have difficulty estimating case loads, since it is not clear what staff are assigned to licensing. The state of Kansas has a unique arrangement with Visiting Nurses, who do the inspecting for family child care.

Most of the above staffing patterns involve delegation of state licensing to public local agencies. Some state laws delegate licensing powers or permit such delegation to local public agencies. For example, in Massachusetts, an old law permitted the state to delegate licensing to local boards of health, provided that they used the same standards, and assigned adequate staff to the task. This state has found that the local cities are returning licensing to the state, not wishing to take on liability locally.

There is very little delegation of licensing to private organizations. New York State has made several attempts to support a non-governmental form of licensing, particularly for family child care and school-age child care. In New Jersey, where licensing is voluntary for family child care home providers, the state made a concerted effort to delegate family child care regulation to private resource and referral agencies at the local level, but the experiment was not judged a success. The cost was

high, state ability to control quality was limited, and the local agencies found that the licensing function inhibited their ability to deliver resource and referral services.

Until recently, most states reported that they were not adequately staffed for licensing an expanding set of child care services. Well staffed licensing offices facilitate the growth of new supply, but understaffing creates bottlenecks and barriers. In part, understaffing has been a problem dogging child care licensing in many states from its beginnings. Very little data has been available from the states on their case loads, primarily because states have inadequate information on local county licensing for family child care. We know how many centers and family child care homes they have licensed, but we have weak data on their staffing. However, lately, more states have expanded their licensing staffs for child care, particularly those with a regionally based state staff. Oklahoma and Illinois, for example, have added substantial new staff in 1998-99.

Licensing staff are covered by civil service preferential provisions, which means that in many states a less qualified person can be given the job ahead of a qualified one, if the person getting the job is a veteran. Leaving that problem aside, it does not appear that the states have established the appropriate Civil Service qualifications for licensing in the first place. For example, in Massachusetts, the Civil Service test is about child psychology, which is not at all a good fit for what a licensor needs to know.

A more fitting Civil Service test would require knowledge of child development, of best practices in centers and family child care homes, of parents and culture, the basics of law enforcement, and some strong experience in operating children's programs, particularly of the type the licensor is going to inspect. The National Association of Regulatory Agencies has developed a training program for licensors. Another group has been working on a recommended Civil Service Test for licensors. Only Michigan requires its licensing staff to have a masters degree in early childhood education, social work, or child development with two years of professional experience.

### ***Mechanisms for Consumer Information***

In the period of the sixties to the eighties, the licensing offices in the states were the primary source of either consumer information or provider information. At that time, child care services expanded significantly, in response to new legislation providing federal funding (Head Start, Title 4-A of the Social Security Act, Title XX). There were few colleges teaching early care and education, and only a handful of Resource and Referral agencies nationwide. The licensing offices were the best source of information for both consumers and providers at that time. Licensing is a consumer protection form of regulation, and its standards represent legal rights that children have. However, most states added child care licensing to their child welfare services, such as foster care, where children were likely to be without parents to speak for them. Parents could and did use the licensing office to help them find child care, and to report harm, but the role of parents was not designed to be a strong one.

Child Care Resource and Referral agencies (CCR&Rs) began in 1972, in Cambridge, San Francisco, Oakland, and Rochester, Minnesota. Since that time, they have grown to become a nationwide network, and a stronger voice for parents than the licensing offices alone. However, both the licensing offices and the CCR&Rs have been timid about giving parents specific information about programs. The licensing offices have concentrated on improving the programs, and the CCR&RS have concentrated on helping parents make expert choices.

Parents calling a CCR&R or a licensor, typically ask for a list and want to know what programs are trustworthy. They ask "Would you put your child in that program?" The licensing office's response was usually a list, while the R&Rs response was usually a handbook or extensive telephone coaching

on how to choose. Both groups have been avoiding potential liability, rather than designing information systems that are reasonable and helpful to consumers. Liability is not incurred when correct factual information is shared. Both groups have overestimated parents' ability on their own, without specific consumer information, to make wise choices and to see potentially harmful conditions. The Cost, Quality and Outcomes Study (1995) found that parents have very similar wishes for it to those of experts, but that they are less able to recognize at a glance whether a program has those qualities or not. In general most consumers of any product need concrete information or even ratings, to help them.

One legal problem has caused much withholding of information from parents. When a program is being investigated in response to a complaint about a licensing violation or an instance of abuse or neglect in child care, and the results of that investigation are not yet known, the licensing agency usually withholds the fact of the investigation both from parents, and from CCR&Rs. It is obvious that the agency cannot release the results of the investigation until it is completed, but when much time elapses between the complaint and the finding, both the CCR&R and the licensing agency are at risk of harming children through withholding information. It is hard to imagine that the public and the courts would consider it reasonable to have withheld this information, if another child is seriously harmed in the interim.

The trend in the United States toward the end of the nineties has been to make more information available to parents. The licensing record, except for unsubstantiated complaints, is now accessible to parents and to CCR&Rs. Parents will need help in from licensing offices and from CCR&Rs in interpreting these records and distinguishing complaints from non-compliances. The list of licensed programs will soon be readily available on the Internet, in most geographic areas. More emphasis on specific information about the available programs is only beginning as the century comes to an end.

A few new examples of consumer information are the following:

- The CCR&R in Madison, Wisconsin has rated every center in its county on its licensing record, and it makes the rating available to parents.
- The State of North Carolina has passed a law requiring the licensing office to rate each license with between one and five stars. Ratings are to be based on a rating scale for child care (the Early Childhood Environmental Rating Scale, and the Infant/Toddler Environmental Rating Scale, by Thelma Harms and Dick Clifford).
- Sixteen states are paying a higher per child rate to accredited programs, and parents in those states can get information from their Resource and Referral agencies about whether a program is operating at the minimum level established for licensing, whether it is accredited, or in some states, whether it is at another level between these two.

***Non-governmental innovations.***

*Licensing therefore, is one of many tools that states and advocates can use to bring about quality. Innovations have been introduced recently: a credential for directors, is under development in many states. Most likely it will be tied to funding standards, or to licensing. Tiered reimbursement rates, i.e., paying more for higher quality care; has spread to 16 states since 1992. A practitioner registry, public or private, to track the qualifications of staff, is written into law in Wisconsin, and developed in other states (e.g., MA, CT, DE).*

In many states there is strong interest in assuring that licensing is consistent with the "career development" approach to staffing, salaries, and job mobility. Some of the factors that might be built into licensing that will help career development are:

- Listing director credential as one of the ways of meeting director qualifications;
- Levels of roles (e.g., teacher and lead teacher)
- Multiple alternatives in qualifications
- Specifying content and requiring distribution of topics
- Incorporating agreed-on competencies for practitioners into content requirements
- Licensure of individuals
- Registry for practitioners
- Involvement of licensing staff in career development planning.

It is important to remember that there are different forms of regulation, and there are other non-regulatory ways of raising quality. Licensing, with its system of local approvals, is the regulatory cornerstone on which to build quality in the U.S., but it is not the only tool the states can use to achieve quality. Non-regulatory tools for improving quality are: professional training; consumer information and ratings, newsletters and other publications, accreditation, credentialing of staff, and resource and referral functions.

Regulatory tools for improving quality are: required professional training and credentials; licensing of individuals; funding standards; differential reimbursement rates based on quality; and mandated credentials.

***How does regulatory policy for ECEC relate to regulatory policy for other social services?***

*Social services and educational services are regulated by the states in the United States. With other services, the state may have other powers, in addition to the police powers on which licensing is based, with which to encourage compliance with its standards. In the United States, early care and education is probably the only service for which licensing is the only governmental power used to establish policy for the level of acceptable quality.*

For other services, whether or not licensed, government has other, more powerful policy tools, such as the power to place children, the power of contract law to implement a funding agreement, or the power or mandatory standards for insurance, to set a floor of quality below nursing homes. Most health services are paid for through insurance. By setting standards for insurance reimbursement, government can bring about compliance from an industry that needs the insurance money to pay for the service. None of these other mechanisms reach all children, but the states have enough power to set their standards at a higher level.

Another example of additional power available to the states is that of child welfare services. Here the state often has placement powers; control over the child. They can use their placement powers to demand quality much more easily than they could use their licensing power, even though the services are also licensed. The placement power enables the state to set their licensing rules at a higher level, since the providers do not have the strong due process rights that licensees have under the law. None of these other mechanisms reach all the population.

For early care and education, large numbers of children are not eligible for any governmental funding. When the service or the child is subsidized, the government has the additional power of funding along with licensing, and can use its contract powers to get programs to agree to a higher level of quality. For early care and education, large numbers of children are not eligible for any governmental funding. These other policy tools are available for some eligible children, but for many other children, it is the basic licensing rules alone that protect all children. There is a large “gap group” of two-parent working

families, whose combined earnings are too high for them to receive help with their child care, but too low to pay the cost of quality. It is this group which has kept U.S. early care and education quality poor to mediocre, and its salaries low.



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## Staffing - Gwen G. Morgan

### *Introduction*

In the United States, there is no single system for setting qualifications for early childhood workers, because there is not a single system for delivering early care and education to children. Instead, there are three major systems and a few smaller ones. The three major systems are:

1. Head Start, serving very poor preschool children and infants/toddlers, of whom 10% have special needs.
2. The purchase of service system, serving preschool children, infant/toddlers, and school-age children in out-of-school time; part-time and full-time in private centers and homes.
3. The public school system, offering education for children of mandatory school-age, and sometimes preschool programs and out-of-school time programs.

Each of these systems has its own supportive infrastructure—its own standards, its own history, its own training, its own research, its own concepts and myths, its own leaders and constituencies. Each has its own roles and its own names for its roles.

### *What are the different staff roles found in existing forms of ECEC? What are the initial training requirements and professional qualifications?*

The Big Picture Chart on the next page identifies roles roughly correlated with qualifications across the three different systems. There is not a single coherent system of staff qualifications. Each state develops its own teacher credential, and each state writes its own licensing qualifications. The federal government administers Head Start.

The chart that follows maps a few of the major roles in the three systems, a few others in early intervention, and some significant roles in the infrastructure. It is intended as a conceptual overview, not as a complete picture of the rich array of roles that exist in the field of early care and education. It is also possible to use this type of chart as a guide to thinking about roles that might be missing or underdeveloped. For example, while the teacher role is emphasized in public education, there are seldom requirements or training offered to assistant teachers or aides. There is therefore a lot of white in the public school column in the roles prior to the teacher role.

On the other hand, in family child care, there are no identified high-level roles requiring rigorous preparation for anyone. This field has more white at the top of the column, and needs to develop some higher-level roles and pathways to these roles (such as training specialist, home visitors, etc.).

Licensing, as described above, does not usually apply to the public schools, and often not to Head Start. While there are many examples of successful partnerships and efforts to collaborate to bring about a single system with greater coherence, these three systems remain largely unconnected at both the program and the policy levels.

**The Big Picture:  
Qualifications For Roles In Early Care And Education In One State**

| Academic Levels<br>(or the equivalent)                            | Child Care Centers<br>Infant/Toddler<br>Programs              | Head<br>Programs                 | Start | Family<br>Child<br>Care<br>Homes | School-Age<br>Programs   | Hospitals                        | Early<br>Intervention  | Resource<br>and<br>Referral | Public Schools   |
|---|---|----------------------------------|-------|----------------------------------|--|----------------------------------|--|-----------------------------|--|
| Ph.D.   |   |                                  |       |                                  |  |                                  |  |                             |  |
| National<br>Childhood<br>Certification                            |   |                                  |       |                                  |  |                                  |  |                             |  |
| Master's degree   | Lead<br>Alternative 6<br>Teacher                              |                                  |       |                                  |  |                                  |  |                             | Principal  |
| DOE Early<br>Childhood Certification                              | Lead<br>Alternative 5<br>Teacher                              |                                  |       |                                  |  | Specialists                      | Specialists  |                             | Program<br>Director<br>Teacher                                 |
| Bachelor's degree<br>Child Life Credential                        | Lead<br>Alternative 4<br>Teacher                              |                                  |       |                                  |  | Child Life<br>Play<br>Specialist |  | R&R Director                | Provisional<br>Teacher<br>Even Start<br>(Assistant<br>Teacher) |
| Associates degree   | Director II<br>Lead<br>Alternative 3<br>Director 1<br>Teacher | Director II<br>Director I        |       |                                  |  |                                  | Director   |                             |  |
| Dept. of<br>Labor<br>Credential                                   | Lead<br>Alternative 2<br>Teacher                              | Parent<br>Coordinator<br>Teacher |       |                                  | Director   |                                  |  |                             |  |
| C.D.A.  | Lead<br>Alternative 1<br>Teacher                              |                                  |       |                                  |  |                                  |  |                             |  |
| Four Courses<br>DPH Certification of<br>Infant/Toddler Specialist |   |                                  |       |                                  | School-Age<br>Site<br>Coordinator<br>School-Age<br>Kindergarten<br>Coordinator |                                  | Infant/Toddler<br>Caregiver<br>Early<br>Intervention<br>Home Visitor |                             |  |
| One course  | Teacher   | Home Visitor                     |       | (Compete<br>nt<br>Provider)      | School-Age<br>Group Leader   |                                  |  | R & R Parent<br>Counselor   |  |
| Orientation   | Assistant Teacher   | Assistant Teacher                |       | Family<br>Child Care             | Assistant<br>Teacher   |                                  |  |                             |  |

| Academic Levels<br>(or the equivalent) | Child Care Centers<br>Infant/Toddler<br>Programs | Head<br>Programs | Start | Family<br>Child<br>Care<br>Homes | School-Age<br>Programs | Hospitals | Early<br>Intervention | Resource<br>and<br>Referral | Public Schools |
|--|--|------------------|-------|----------------------------------|------------------------|-----------|-----------------------|-----------------------------|----------------|
|  | Aide   | Aide             |       | Provider                         | Aide                   |           |                       |                             |                |

*Head Start* relies heavily on funding standards called the Head Start Performance Standards for achieving quality. It did not initially stress college credit in its credentialing as the schools have done. Head Start employs teachers, parent specialists, health coordinators, and a variety of roles. When it began in 1965, it did not require degrees in education or social work. Consistent with its philosophy of empowering parents and members of a child's community, it initially avoided rigorous academic expectations, while maintaining high expectations for comprehensive service, through its standards.

The Child Development Associate (CDA), a national competency-based credential, was developed in 1971 for Head Start workers as an alternative to the rigidity that Head Start found in the world of higher education. It is administered by the Council for Early Childhood Professional Recognition, which has granted roughly 100,000 credentials for Head Start employees, as well as center staff and family child care providers. It established a pragmatic goal of having at least a CDA in every classroom, and recently has been nearing national success in this goal. Little by little, the CDA has become known and accessible to licensed centers and family child care. It is now written into 48 states' licensing requirements as one alternative way of qualifying for a role. States value the CDA in various ways, from Hawaii which established it as qualifying staff to become teacher aides, to 18 states where the CDA qualifies a person to direct a center.

The CDA has also become more closely tied to college training. Recently, the Congress enacted into law a requirement that 50% of Head Start classroom staff have A.S. or B.S. degrees by 2003. This new mandate makes it important for the CDA credential to easily lead to a college degree.

*The public school system* does not have Head Start's faith in performance standards as the route to quality. In fact, a major problem in public education, interfering with quality, has been the rigidity of its procedural rules, removing autonomy from the teaching staff and principals. People involved in public education do not automatically have the positive attitude toward standards that Head Start people do. Most schools must meet few if any programmatic standards, other than a mandate to offer school on 180 days every year. However, a push toward school reform has brought with it a strong belief in measuring results. If the child is viewed as the product of the schools, then how well children perform on tests is a measure of teacher competence. Testing is an assumption that accompanies the schools' Goals 2000, that children arrive at school "ready to learn."

School-operated preschool programs must meet a state building code for schools, but it is one which was not developed with young children in mind. Schools may be encouraged by the state's Department of Education to become accredited when they receive state dollars. In a few states, the state educational agency even applies standards of its own to private part-day preschools, a form of accreditation, but such policies are rare. A few states, such as Maine, have made their schools subject to licensing, again rare.

In general, there are few facility standards applied to schools that operate programs for young children, or for school-age children in out-of-school time, except for the requirement that schoolteachers be certified by the state. The public school system, its unions, and the state agencies responsible for education have over the years built a teacher license in each state (usually called a teaching certificate) that is based on at least a bachelor's degree, and often a master's degree, specialized for education.

The emphasis of the entire system is on the role of teacher. There are seldom any qualifications for teacher aides, who are not usually expected to become teachers. In general, college degrees and teacher certification is not necessary to qualify a teacher to work in private schools, Head Start, or the purchase-of-service system. In some states, teacher certification is not required to qualify

a teacher to teach young children in a public school. However, in those states, the schools may hire early childhood teachers at a lower rate of pay when they are not certified.

In many states, there is strong interest among some educators and advocates in delivering early care and education to three-year-olds and four-year-olds in part-day programs run by schools. Some states, like Texas, have begun to support programs for low-income children or in low-income areas, using state money and Title I of the Elementary and Secondary School Act. More recently, some states (CT, GA, NJ) have made a start on universal pre-kindergarten education, sometimes purchasing from private early care and education programs in addition to operating programs directly. However, very few states' teacher certifications require teachers to have a practicum with children younger than kindergarten age when they are certified to work with this younger age group.

*The purchase-of-service system*, the third major early childhood delivery system, is a stream of federal and state dollars that permits the state to buy in, for eligible children, to licensed private centers and large and small homes that serve the general population. Some states contract for services for a specified number of spaces, while others contract for a single child through a voucher. Many do both. Much of the federal money appropriated for child care is spent by social service agencies either in purchase-of-service contracts for a specified number of spaces, or vouchers for specific children. Licensing sets standards for facilities, a term which means the building and grounds, all the indoor and outdoor equipment and supplies, all the staff, the program, all the activities and the governance. For this system, staff qualifications are therefore set in facility standards. The licensing rules establish the required qualifications for identified roles. Only 12 states establish a lead teacher role, but in those states, it motivates teachers to take more college courses in order to qualify to teach in this more responsible and better-paying role.

Three different kinds of training might be required in the licensing rules: (1) pre-service training, (2) annual hours of ongoing training, or (3) basic orientation. When pre-service training is required, a staff person must complete the training before being employed in the role. Annual ongoing training is a continuing requirement every year, that a staff person must complete a certain number of hours of new training. This training is not required to be credit-bearing. Orientation training is usually brief, and required after being hired but before assuming full responsibility of the role.

Most recently, in several states the licensing agency centralizes the monitoring of staff qualifications by establishing a Registry of staff (MA, DE, CT, WI). At least one of the states (MA) issues a license to the qualified individual, which signifies that they have had a certain level of training that qualifies them for a particular role. These states are using their facility licensing rules to issue licenses to individuals as well as to facilities.

In some states, the pre-service requirements for staff in centers and homes are very low or even non-existent. They vary from two pre-service college courses, in Illinois, to 35 clock hours of training every year in Minnesota, to no training at all in Michigan.

It has proved politically difficult for the states to raise the pre-service qualifications in the past several decades. In part, the anti-regulatory climate has made policy-makers unwilling to empower a profession to keep others out. A portion of the difficulty stems from the potential effect on costs to the general public, since licensed programs are not subsidized for all the families who cannot afford them.

Even though standards for pre-service qualifications have not changed much in the past two decades, there has been a very strong trend to add annual ongoing training requirements. Most states now have a requirement that there be a certain number of hours of training each year for all staff. Sometimes this ongoing training requirement is substantial enough that it could be used over time to

meet the pre-service requirements for the next role, if such training is available for credit and affordable.

***What are the aims and expectations of early childhood work and the ECEC worker? Are staff viewed as school teachers, early childhood specialists, social service network experts, etc.? Do these aims and expectations vary for staff working with children or different ages? How do these understandings impact the way training systems prepare ECEC workers?***

The Bureau of Labor Statistics OES Report describes the job of a child care worker as those who dress, bathe, feed, and supervise play, a description that would fit the role of Assistant Teacher. A second role identified in the OES Report is that of preschool teacher. This role is classified among professional occupations, and defined as one who instructs children in a preschool program or child care center. It appears that if a staff person is responsible for the educational program, she is a preschool teacher, not a worker.

As an occupational group, child care workers are relatively well educated. In the Cost, Quality and Outcomes study, center teachers (which includes lead teachers) had an average of two years of college. Assistant teachers averaged almost one year of post secondary education. 31 percent of center staff had college degrees, a little more than the percentage of all service workers with college degrees (Cost, Quality, & Child Outcome Study Team, 1995).

In the field of practice, those working in the purchase-of-service system for young children in licensed centers have a wide mix of credentials. A few have master's degrees. More of them have bachelor's degrees. Still more have community college degrees or CDAs. A large number have no degrees.

***Are workers trained specifically for early childhood work or for a broader professional role? How is this approach to education/training reflected in course structure and content? To what extent does training/education prepare staff to work with children with special educational needs and to respect and value diversity?***

These roles are conceptualized differently in the three different systems. The schools are most likely to view the role as school teacher. Head Start and the purchase of service system vary widely, but would be more likely to view the role as specialized for young children and also more likely to view parent relations as central to the work.

To some degree, these differing attitudes are reinforced by the colleges. We know that accessible college training for early care and education workers with a focus on children 0-5 is most likely to be found in the community college system and a few private colleges (Morgan, Azer, Costley, Genser, Goodman, Lombardi, & McGimsey, 1993). Most of the four-year institutions offering early care and education are public colleges that offer training geared to the public school teacher certification requirements. Out of necessity, these college programs emphasize teaching skills for K – 3<sup>rd</sup> grade rather than emphasizing the younger age groups or the needs of school-age children in out-of-school time.

***State licensing rules and their rationale have also influenced individuals' attitudes to their work. In many states, a child development program is clearly described in the rules. In those states, a "custodial" program would be illegal.***

Training was seldom required in family child care until relatively recently. During the 1980's and 1990's, a large number of states added a requirement of ongoing hours of annual training for family child care, both large homes and small homes. During the 1990s, more family child care providers have had access to CDA training and a CDA credential. In addition, a new accreditation has been developed by the National Association for Family Child Care (NAFCC), and is now emerging from its pilot phase. Because family child care quality is so closely related to the caregiver's knowledge and skills the accreditation is often thought of as a credential. Even though accreditation sets standards for facilities as a whole, it also serves to train caregivers in the competencies they need. Caregivers with the CDA may be given credit for meeting some of the NAFCC accreditation criteria.

In some states, the educational agency has emphasized children with special needs in the teacher credential, either by creating a specialized credential for teaching children with special needs, or by building in requirements that all teachers must have skill in teaching special needs children. Further, the children of tomorrow in the United States will not be predominantly white. In the near future, the majority of Americans will be a mosaic of ethnic and racial minorities (Washington & Andrews, 1998).

As U.S. children become more diverse, the workforce for children's programs must match this diversity, so that children can have hope for their own futures. (Washington & Andrews, 1998). Data (Boston EQUIP, 1997) indicate that family child care providers do match the children they serve in ethnic and linguistic background. School-age care programs are more diversely staffed than centers, and centers are more diverse than public schools. By far the least diversity is found among public school teachers.

There is less emphasis on diversity in the preparation of school teachers. Diversity is a part of accreditation standards, and in the licensing rules in a few states. In one state, Minnesota, every teacher in a licensed program must have a course in cultural dynamics. The entire area of training that prepares staff to work with increasingly diverse populations has not been studied. Our anecdotal evidence, from career development and training work in most states suggests that those states with greatest diversity (e.g. CA, FL, TX, NY) are out in front in their training, while most others lag far behind.

***To what extent does the structuring of the early childhood workforce, and its education/training, reflect the structure of ECEC provision. If ECEC is or was split between two systems, are there efforts to promote greater coherency in staff education/training? Does the current approach encourage preparation for a variety of different types of worker, including workers with different levels of training?***

The first few pages that introduce this paper provide some material about the three major delivery systems, important to any answers to these questions.



### ***The Content of Professional Training***

Much more study is needed of the content of training offered in this field. A base-line study *Making A Career Of It: The State of the States Report on Career Development in Early Care and Education (Making A Career Of It)* identified some initial gaps, but was not able to collect the detail that is needed. At the time of that study, there was little advanced training offered to family child care providers. One state actually required providers to repeat their entry-level training at the end of three years. There was almost no infant/toddler training, or training to work with school-age children in out-of-school time. There was not enough training in how to integrate children with special needs, and how to overcome biases among other parents and teachers against their inclusion. There was limited training on diversity issues.

We know that there has been an emphasis on the role of teacher, without much effort to identify the rich array of other roles that exist at different levels for vertical and lateral job mobility, or for mobility from one system to the next. We don't have enough detail. It will be important to develop measures to retain staff. Good teachers are a key to quality. However, we can't retain them in dead-end, low-paying jobs. Job mobility is not always turnover.

The CDA has developed a certificate for home visitors, a role neglected in licensing. Head Start uses home visitors for parenting education and family support. A few Health Departments, responsible for 0 –3 year old children with special needs, have developed their own credential for the classroom role. The roles in child care resource and referral are not covered by licensing in any state except Kansas, and training is largely non-existent for CCR&R directors, phone counselors, provider trainers and recruiters, and family child care home visitors.

The CDA credential developed over the past thirty years has identified six competency practice areas for teachers. In general, these are the basic areas that are taught at different levels as competencies develop and are deepened by further education. Many community colleges have based their associate's degree on the CDA competencies, often giving credit for CDA training and for the CDA in a certificate program that counts toward the associate's degree.

In some states (NY, CT) advocates for professional development have identified and reached statewide consensus on core knowledge or core competencies. Those that did this found it useful for articulating programs from one college level to the next, and to achieve articulation agreements so that individuals' prior educational experiences can count toward degrees.

### ***Is there a clear role for paraprofessionals in the current scheme?***

The answer to this question is different from one state to another, and it is different from one funding system to another. Recently, many school systems employ teacher aides, to help out in the classroom, and to give extra attention to children with special needs. These aides are not usually subject to any pre-service requirements, nor are they offered any training that might qualify them to become teachers, except in a few innovative programs.

In many Head Start programs, parents are used as volunteers, and may be given training opportunities so that they can become teachers. Unlike the public schools, Head Start and the purchase-of-service system are full of leaders who entered the field as aides and received their training after employment. Some view the CDA itself as a para-professional qualification, but the members of National Association for the Education of Young Children (NAEYC) have generally considered it professional. It is an achievement on a career pathway that later could also include college degrees.

***How much or what kind of in-service or continuous training do early childhood workers receive? What are the purposes of in-service or continuous training? What are the career prospects in ECEC work? What are the opportunities for vertical/horizontal mobility?***

Again, the three systems differ in their use of continuing education. A major difference is the fact that in public education, as in traditional professions, the professional already has an advanced degree. For many roles in early care and education, the person on the professional path does not yet have a degree, and is viewing the continuing education not only as a way of deepening their knowledge for the roles they are in, but also a way of qualifying themselves for later roles.

Head Start and some child care programs are using the CDA national credential, which requires substantial hours of continuing education units or one course as part of its renewal process. Here the CDA qualified individual usually does not yet have a four-year degree, or even, in some cases, a two-year degree. Setting stringent national guidelines for its continuing education units, Head Start is making this renewal process an incentive to pursue a degree, especially now that Head Start has a new mandate to employ degreed staff in its classrooms. The national standards adopted require 10 clock hours of training for each continuing education unit of credit, a qualified trainer, and evidence of learning in the form of a product from the participant.

The CDA usually represents about half of a two-year degree. Some community colleges have begun to design a two-year degree that “counts” the CDA as 9 – 12 credits toward an associate’s degree. The CDA is not treated as a terminal degree; indeed there is no terminal degree in a lifelong learning process. This concept of “professional development” or “career development” is one that fits the ideals of the field better than the paraprofessional concept, because the teaching staff are all on a professional path, with no required stopping places, and no class distinctions.

This emerging pathway concept is by no means accepted by all factions in the field. There are strong believers that the CDA should be the professional role that defines the field; while there are equally strong believers in the associate’s degree, and equally strong believers in the bachelor’s and master’s degrees, as defining the field. Many professionals in the field are caught between nineteenth century credentialist views of professionalism, and a more modern and more mobile approach. There are two important initiatives in the field that are new enough so that the new approaches to professionalism can be seen as integrating what might have been paraprofessional training with professionalism.

The Department of Labor’s apprenticeship program in early care and education results in a Child Development Specialist. In West Virginia, for example, this person is employed (usually as an aide or assistant) while an apprentice, working extensively under supervision, as well as taking two semesters of courses in child development. At the end of this apprenticeship, the participant receives college credit for the work, and becomes a Child Development Specialist, no longer an apprentice. The training is approved as meeting standards for CDA training. When the individual attains the status of Child Development Associate, the program where the apprentice has worked employs the person and increases her wages. By pre-arrangement, the college credit earned can be applied to a degree program when the individual wishes to increase her qualifications. Currently, the Labor Department is seeking to expand this program nationally. Conceived in the Labor Department, the Child Development Specialist is not stuck at a paraprofessional level. Her apprentice training is accepted in degree-granting colleges, and there are no limits on what roles she may pursue. DOL has adopted a more modern, more dynamic concept of professional training.

The T.E.A.C.H Early Childhood® program has many similar goals to the DOL apprenticeship. T.E.A.C.H. began in North Carolina and has spread to six other states with the help of employer

dollars (FL, GA, IL, PA, CO, WI). It is a scholarship program, geared to individuals already working in early care and education centers or homes. Funds come from federal sources, states, and private sources. The director of the program agrees to release time so that participants can attend college courses, sometimes paying for the books or other expenses. The participant agrees to stay at the same program for a year after completing her T.E.A.C.H. educational goals. The director agrees to pay the participant a higher salary, or a bonus, when the goal is completed. The T.E.A.C.H. program pays for the college courses. The courses may also be subsidized by the state, as in the case of community college courses. The academic goals are set by the participant, who may later set higher goals and enter the program again. This scholarship program can be used for entry-level training for assistants, or for graduate degrees for teachers or directors. Like the apprenticeship program, it has a concept of continued further education, and lateral or vertical job mobility tied to college courses and degrees.

### ***Who pays for training?***

There are various sources of training dollars. Often, training is not subsidized at all, and small centers pay for training their own staff, out of their child care income from parent fees. Once trained, this staff often leaves for higher paying jobs in schools, employer centers, or upscale chains. These small centers cannot afford to bear the training burden for the entire system.

A significant amount of public dollars have been spent in training. Many of the states fund their child care resource and referral (CCR&R) agencies to provide training for family child care and center staff. Much of the non-credit training is offered by the CCR&R network. T.E.A.C.H. Early Childhood ® and the DOL Apprenticeship program have been funded by a variety of sources, including employers, foundations, and the public sector. The CDA has scholarship money available to Head Start, centers, and homes, under federal CDA legislation. Federal financial aid is not yet geared to the needed expansion of the workforce. The early care and education staff, earning poverty wages, qualify for federal aid, but the Pell grants are not available a course at a time, the way most low income employed individuals need them. Participants must be at least half-time matriculated students in higher education.

### ***How are personnel prepared to take on support, management and other positions that involve working with early childhood workers in center-based and home-based arrangements?***

A large unmet training need for directors of centers was found in the study *Making A Career Of It*. Little preparation existed for management roles in 1992. Since that base line study, a number of communities/states have embarked on developing a credential for directors, typically requiring training in child development, family development, budget and fiscal reporting, personnel management and human relations, internal and external policy. Several of these locally initiated projects have already graduated more than 100 credentialed directors: in Mississippi, where the credential is offered in non-credit training; and in Wisconsin, where six college courses are required. A national Project called *Taking the Lead: Investing in Early Childhood Leadership for the 21<sup>st</sup> Century* is stimulating director credentialing and leadership development.

### ***Are there efforts to seek a more gender-mixed workforce? What is the role of training institutions in maintaining or challenging ECEC as a gender occupation?***

The ECEC workforce in the United States is 97% female. Most would prefer a more gender mixed workforce, and center directors were having some success in attracting more men to the field about

fifteen years ago. However, the effort was derailed by a public hysteria about alleged sexual abuse of children in child care centers. The effect of that period is still with us. Caregivers, even women, are not trusted to touch children or give them love. It takes an unusually self-confident man to enjoy the work when surrounded with such distrust. The higher education system might be able to help with this through strategic placement and supervision of male students in programs, offering support to both the male student and the center.

***What is the professional and public status of ECEC workers? Are ECEC job profiles, training requirements, minimum qualifications, and salaries recognized in statute? To what extent are family child care providers seen as professionals? Are family child care providers organized as publicly funded employees or do they operate as independent, self-employed service providers?***

Status of ECEC workers appears to correlate with college credit, so that policies that offer more training, require more competence, may in the end command higher salaries. There are several innovative approaches to compensation. Some of these approaches may be enacted into statute, but most are implemented administratively or through licensing. Licensing rules, however, have the force of law. Labor unions have played a small part, because nationally, most ECEC is not organized. However, the staying ability of the union has made union leaders in ECEC remarkably effective. Massachusetts, for example, has had two wage initiatives led by its union.

Family child care providers are organized as private membership associations at the local level, loosely connected with a national organization. Family child care providers in general are considered self-employed. However, when they are part of an agency that recruits homes and places children, the agency may call them independent contractors. However, the states may consider them to be employees of the agency, regardless of what the agency calls them. If the agency sets their hours or their fees, tells them how to do the work, how many children they can accept, and collects the money from parents, then the agency is likely to be found to be the employer.

In an earlier era, providers were often recruited by the state and considered to be state employees. Family child care was not widely used, except for child welfare problems. A few states may still retain that earlier concept of the relationship. If they are state employees, they can be covered by state benefits, a decided advantage to them. To be state employees, the state would have to set their fees, define their work, set their hours, tell them how many and which children to enroll, and collect the money.

There is now a new reason for putting effort into working out these relationships so that family child care providers could be classified as state employees, and that is the initiative in Rhode Island, spreading to other states, and possibly to center staff, of covering family child care providers with the state employees' benefit program.

Other innovations are:

- Provider Merit Pay Awards in Montana.
- Wisconsin Quality Improvement Grants Program.
- R. I Legislature considering legislation to cover center staff with state insurance.
- Wayne County Health Choice program in Michigan offers HMO-like health care coverage to low-wage employees of child care centers, restaurants, beauty salons and other establishments that do not offer medical benefits. This policy was designed to help hospital costs by reducing the number of uninsured individuals who are treated but cannot pay their bills. There is now a

national credential for teachers, but it is too early to predict what impact it will have on state certification of teachers to work with young children.

- Child Care W.A.G.E.S. Project in Orange County, North Carolina, to provide salary supplements to preschool teachers and family child care providers who earn less than \$10.94 per hour and directors earning less than \$11.68 per hour, tied to their individual levels of education.

***What are the average wages of ECEC staff (a) just starting work and (b) with several years of experience? What are the rates of staff turnover? Are there efforts to improve status/compensation and working conditions? What are the roles of trade unions or other professional associations for the early childhood workforce?***

The Bureau of Labor Statistics reports on 764 occupations in its Occupational Employment Statistics (OES), an effort to simplify occupational titles consistently across agencies and auspices. Only 15 jobs have lower median wages than child care workers.

There are actually two different job roles defined in the OES Report. The first, called “child care workers” earned \$6.12 per hour in 1996. The other occupation, “preschool teacher,” is classified among professional occupations. This group earned a median income of \$7.80 (US Bureau of Labor Statistics, 1996). These figures are very close to the mean wages earned in 1993 by teachers and assistants in the CQO Study, \$7.22 and \$5.70 (Cost, Quality, and Child Care Outcomes Study Team, 1995).

Recent studies (Whitebook, Howes, & Phillips, 1998) tell us that assistants earn low salaries (\$6 to \$7 an hour), and that teachers are paid \$7.36 to \$12.27 per hour, across all auspices. We do not have studies that tell us whether those teachers with higher degrees earn more money than those without such degrees, or whether the current labor shortage is resulting in higher pay for those with higher qualifications.

Less than half of center teaching staff in the purchase-of-service system have fully covered health insurance for themselves and only 16 percent of those with full coverage received fully paid coverage for their dependents.

Teachers who work in the public school system teaching children in grades K-12 must meet teacher certification requirements, which vary from state to state. They receive better pay than teachers in Head Start or the purchase-of-service system, and are qualified by college degrees. In many localities they earn roughly twice what a teacher in early care and education earns.

Head Start and licensed centers have their staff qualifications established by state and local licensing. Some states do not license part-day programs. Head Start must also meet national Head Start Performance Standards, and a new Congressional mandate requiring college degrees for 50% of all classroom staff by 2003.

It is possible to use a Big Picture chart (page 2) to develop a fair and rational salary schedule where salaries are equitable across the different systems. The one on the next page (deProsse, 1999) is limited to Head Start and the purchase of service system, but uses salaries in public schools to index equitable salaries in Head Start and child care centers.

***How does early childhood work relate to work with school-age children in schools and in care and recreation services, with regard to training, job description, compensation, strategy?***

Like everything else presented in this paper about ECEC in the United States, it relates well in some places, not at all in other places. However, the United States has another system, separate from the state or federal government, that has worked out how all these different pieces could relate to one another if we had the resources.

**The Military Child Care Act (1989)** provided federal dollars for the different branches of the Armed Services to develop a system of child care options, with its own regulatory system, training and improved wages, and accreditation. In ten years, this program has become a model for success. Civilian programs can now observe a large-scale program that is adequately funded, that addresses quality, that has reasonable personnel policies, and serves all children. This is one of the largest employer-sponsored programs in the world, serving 200,000 children every day.

Some of the features of this program are:

- Common regulatory infrastructure for accountability, integrated service delivery in centers, family child care, school-age programs, resource and referral.
- Each inspection has a “fix, waive, or close” policy.
- 75% of programs are accredited from outside the military, national standards.
- Professionalized workforce, with competency based training modules follow the CDA functional areas and ongoing training 24 hours per year.
- Wages and wage advancement tied to staff education and performance.
- Dramatic reduction in turnover, following training and wage improvements.
- Service to all military children, no “gap group.”

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## Program Content and Implementation - Lillian Katz<sup>10</sup>

### **Introduction**

To a large extent preschool and kindergarten settings in the US are under the supervision of the separate fifty states and various governmental agencies within them. As a matter of tradition as well as policy, the supervision of these agencies does not include specification of program content and implementation, although some of them offer general guidelines and recommendations. Thus there is no national curriculum for preschool or kindergarten programs in the United States.

Precise data concerning program content and implementation in the many thousands of preschool and kindergarten settings across the country can only be inferred from the large descriptive literature on early childhood education and care practices. Current trends based on this literature are noted below.

### **1. What are the main philosophies or goals guiding the different forms of ECE programs?**

At least three major influences on early childhood content and practice should be noted. The first is the strong and increasing pressure to adopt program practices that are thought to best prepare preschoolers and kindergartners for the academic demands of the next level of education. This trend is usually referred to as *school readiness*. A second parallel trend in the field is the so-called *push down* of the curriculum and its associated methods from the primary school to preschool and kindergarten. Thus children under six are increasingly expected to master basic literacy and numeracy skills previously introduced to children at or after reaching six years of age. Alongside these two trends a third has been the growing and deepening awareness and appreciation of the cultural diversity of the nation's children and families, and the urgency of addressing its implications in both program content and teaching methods.

The first two trends have exacerbated the long tradition of dissention concerning philosophies, goals, and methods that has marked the field of early education and care in the US from its beginning. Indeed, it has been observed that in the US early childhood education is a "profession teeming with controversy, impassioned with deeply held convictions, and inspired by rival value systems" (Roopnarine and Johnson, p. iii). These persistent disagreements concerning curriculum and methods in early childhood programs are related to many factors. Among them are ideological positions, competing theories of development and learning, and conflicting pressures from various stakeholders concerning the desired outcomes and effects of the programs.

The controversies have been stated in various ways. Some positions are stated in terms of the aims and goals of the programs, e.g. academic learning versus personal-social development (See Stipek, 1993). Some contenders define the issues in terms of the respective roles of the teachers and the children, e.g. teacher-directed versus child initiated (Marcon, 1999). Others express the issues in terms of the content or nature of the activities offered, e.g. "core knowledge" versus play (Hirsch, 1996; Goffin, 1994). Growing interest in a *constructivist* approach to program and methods suggests that the traditional controversies can be summarized as shown in Table 1 below.

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**Table 1. A summary of the common terms used to describe contrasting emphases to curriculum and teaching methods in early childhood education in the US**

| <u><b>Constructivist</b></u>   | <u><b>Instructivist</b></u>   |
|--|-------------------------------|
| Child initiated  | Teacher initiated or directed |
| Child-centered   | Teacher-centered              |
| Play-based, progressive  | Didactic or Traditional       |
| Personal-social development  | Basic academic skills         |
| Developmentally appropriate  | Developmentally inappropriate |
| Process oriented   | Product oriented              |
| Informal/Emergent  | Formal/Structured             |
| Progressive/ Child centered --<br>children 'constructing' their own<br>knowledge | Core Knowledge                |

**2. Are there particular people (e.g. pedagogical theorists, practitioners), disciplines, experiences, or events, which have strongly influenced ECEC practice?**

*Developmentally appropriate practice*

A major effort to resolve the persistent controversies and to resist the pushing down of the primary curriculum into the early years was made in 1987 by the National Association for the Education of Young Children (NAEYC), representing the consensus of its more than 100,000 members. While NAEYC's position statement, titled *Developmentally Appropriate Practice*, was revised in response to various criticisms in 1997 (Bredekamp & Copple, 1997). This very influential and widely adopted position statement and accompanying document does not claim to be a curriculum *per se*; rather it is intended to provide criteria upon which to judge the appropriateness of any of the numerous curriculum approaches employed in the US today. As many as fifteen major varieties of curriculum approaches to early childhood education and care have been identified (Roopnarine & Johnson, 1993, Goffin, 1994).

*Head Start and the ill effects of poverty*

One of the major influences on the field of early childhood education of the last thirty-five years has been the acknowledgement that poverty frequently jeopardizes important aspects of development in various ways. The Head Start Program currently serves just over 800,000 three- and four-year-old children of low-income families nationwide. Funded by the Federal government's Department of Health and Human Services, its goals are set out in the form of "performance measures" that all programs are expected to satisfy (U.S. Department of Health and Human Services, 1998). The two main goals on which the performance measures are based are the development of *social competence* and of *school readiness* (p. 2). A recent addition by the federal authorities to the performance measures is that children are required to master ten letters of the alphabet as a criterion of successful completion of the Head Start program (U.S Government, 1998). Recent legislation has also extended Head Start to a program called Early Head Start, a community-based program for low-income families with infants and toddlers that is designed to support their early development and promote healthy family functioning.

### *Other influences on early childhood practice.*

The literature on early childhood curriculum models suggests that there are at least fifteen recognizable curriculum models or approaches to early childhood education and care (Roopnarine & Johnson, 1993; Goffin, 1994). The North American Montessori Teacher's Association reports that there are about 4000 Montessori schools in the US. The Waldorf Schools of North America report that there are 127 of Waldorf schools in the US; both of these types of schools serving older children as well as preschool and kindergarten children.

In the last twenty-five years several theorists are thought to have influenced the content and teaching practices in the field. For example, the High/Scope Foundation has trained more than 26,000 teachers to use its curriculum model based largely on Piagetian theory (Epstein, A. S., Schweinhart, L. J., & McAdoo, L. (1996, p. 85). References to the theories of Piaget and Vygotsky continue to be common in the literature on early childhood curriculum and teaching methods.

In addition, during the last few years many early childhood practitioners have been influenced by Howard Gardner's theory of "multiple intelligences," (Armstrong, 1994). A growing trend in the US is widespread interest in the impressive practices observed and documented in the infant-toddler and pre-primary schools of the Northern Italian city of Reggio Emilia (Edwards, Gandini, & Forman, 1998). Thousands of American early childhood educators have viewed the "Hundred Languages of Children" exhibit of Reggio Emilia children's work, and have visited their schools in Reggio Emilia.

### ***3. What are the most common curricular/pedagogical approaches found in ECEC provision? How do these related to the main purposes and goals of ECEC?***

On the basis of information available in the national ERIC database and other sources, and taking into account the large number of early childhood settings across the country, it seems reasonable to assume that in spite of the sizable variety of well developed curriculum models available, the majority of program practices are eclectic. That is to say that rather than follow a particular curriculum model, their common practices include regular opportunity for spontaneous play, some introduction to basic academic skills, and some group experiences with physical activities, music, art, and literature, rather than following a particular model.

### ***4. What are some innovative strategies to improve programme quality?***

#### *NAEYC Accreditation*

One of the most significant national efforts to improve the quality of early childhood education and care has been the development of a system of accreditation by the National Association for the Education of Young Children (NAEYC). Implemented by its subdivision called the National Academy of Early Childhood Programs, its first program was accredited in 1986. To date approximately 7% of early care and education settings have been successfully accredited, and another 13,000 programs are currently engaged in self-study in preparation for the process of accreditation.

The two major goals of the accreditation procedure are (1) to help program personnel become involved in a process of self-study and evaluation that is expected to engender substantial and lasting improvements in program quality, and (2) to assess the quality of the program on high standards of the criteria of quality (Bredenkamp, 1996). Among the most innovative aspects of this approach to improving quality is the large self-study component of the process of accreditation, as staff and other

stakeholders including parents must be engaged in preparing the application for accreditation. The accreditation must be renewed after three years.

#### *Child Development Associate Credential*

Research has presented compelling evidence that the quality of early care and education programs is strongly related to the training of its personnel. A major effort to address this aspect program quality is the development of the Child Development Associate (CDA) program of training and qualifications for preschool personnel, especially those working in Head Start programs. Introduced in 1971, administered by the Council for Early Childhood Professional Recognition and funded by the federal government, the program is designed to assess and credential early care and education professionals based on performance. Increasingly candidates for the CDA are trained in community colleges that are tertiary institutions offering the equivalent of the first two years of university education. The number of caregivers who have successfully completed their CDA credentials to date is now more than 100,000. Furthermore, the majority of states now incorporate the CDA credential into the licensing regulations for child care programs.

#### *Accommodating children with special educational needs.*

IDEA. The federal government's role in the education of young children with special educational needs began in the 1960s with support for training teachers of children with speech difficulties. In 1975 services for special needs children were expanded with the Education for All Handicapped Children Act (Public Law 94-142), further revised in 1997 under the title Individual with Disabilities Education Act (IDEA). According to this law, states receive funds from the federal government to assist in the education of those with special needs from age 3 to 21. Therefore all states provide services to preschoolers with identified special needs.

Least restrictive environment. As a result of federal and state regulations many programs integrate or include children with special needs into early education and care programs for typical children. In addition, the law introduced the concept of 'least restrictive environment' that refers to making every possible effort to place children with special needs alongside typical children as much as possible.

Inclusion arrangements. Odom et al (1999) describe ten types of approaches to the inclusion of children with special needs into programs serving typical children. They classified ten types of approaches into organizational and individualized strategies. Organizational contexts include community-based child care, Head Start, public school classes and some children being enrolled in two programs simultaneously: one in which they are included with typical children for part of the day, and another program designed to meet special needs for the rest of the day. Individualized service models included mainly an *itinerant* specialist engaged in either periodic direct service, collaborative and consultation services, team teaching, or other arrangement that maximize the inclusion of special needs children into program serving their typical peers.

#### *Respecting and valuing all kinds of diversity?*

The trend toward greater attention to cultural and linguistic diversity across the country is being addressed by a variety of organizations, educators and scholars too numerous to list here. This trend is also strongly supported by relevant governmental agencies and is a strong component of the Head Start program described briefly above (See for example, Derman-Sparks, (1992), Carlson, 1997; Lynch & Hanson, 1998).

With particular attention to cultural and linguistic diversity among children with special needs, the Early Childhood Research Institute on Culturally and Linguistically Appropriate Services at the University of Illinois (CLAS) identifies, evaluates and promotes effective and appropriate early intervention and preschool practices that are sensitive and respectful to children and families of diverse backgrounds. Serving the entire country, the goals of CLAS are to develop a resource bank of validated, culturally and linguistically appropriate materials and documents concerning effective strategies for aiding special needs preschool children. Information gained by collecting, reviewing and cataloguing the materials collected is then disseminated to practitioners who work with children and families concerned with special needs of all cultures and languages across the country.

***5. What are some of the policies and practices in place to ease transitions that occur within the family, as well as transitions from home to ECEC, from one form of ECEC to another, and from ECEC to public schooling.***

The Follow Through Program was the first major attempt to minimize the discontinuities and transition difficulties between preschool and school experiences by supporting the elementary schools in adopting the curriculum practices employed in Head Start. However, because evidence accumulated that many of the developmental gains observed in Head Start children seemed to subside after a few years in elementary school, Head Start began a new comprehensive approach to supporting young children's transitions to school. This approach includes connections between the home, school and community with an effort to strengthen the continuity of experiences of the children. Kagan (1992) points out that there are at least two types of continuity: horizontal and vertical. The horizontal dimension addresses the issues in transition from one setting to another, e.g. home, school, neighborhood, etc., that the child experiences simultaneously.

Vertical continuity refers to transitions of school experiences, services, and personnel with whom children interact that occur in succession or sequences over time. One example of an innovative approach to addressing transition problems is that developed by the Regional Educational Laboratories' Early Childhood Collaboration Network (1995). They identified eight elements that must be addressed in order to improve transitions for young children. These are (1) families as partners, (2) shared leadership, (3) comprehensive and responsive services, (4) home culture and language, (5) communication, (6) knowledge and skills development, (7) appropriate care and education, and (8) evaluation of partnership effectiveness. The framework includes detailed guidelines for participants in the transition processes to evaluate their progress and share their perceptions of the effectiveness of the tools it offers.

Another approach to the problems of horizontal continuity is the creation of a model for The School of the 21st Century Network. These schools are designed to provide the whole range of services to children and their families within the walls of the school itself, including adult education and prenatal care for the parents (Zigler, Finn-Stevensen & Maarsland, 1995).

Many preschools and primary schools are attempting to increase the continuity of children's educational experiences by introducing the practice of "looping" of teachers - a recent development in the US. Looping refers to the practice of teachers moving with their pupils to the next class in two or more consecutive years. Burke (1997) states that schools report positive effects on both student achievement and parental involvement as a result of the "extended family" aspect of looping (Burke, 1997). Along similar lines the practice of mixed-age grouping has been re-introduced in support of a wide variety of potential benefits including improved continuity of experience and subsequent easing of transitions (Katz, Evangelou and Hartman, 1990).

### *Summary*

In a country of more than 22 million children under the age of five years, most of whom participate in some kind of educational or child care setting, it is difficult to capture the diversity of approaches to program content and implementation. US early childhood specialists constantly propose and undertake experiments by which to improve the quality of early childhood provisions. The brief outline above cannot possibly do justice to the energetic activity of practitioners, scholars, research and policy organizations in this rapidly expanding field.

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## Family Engagement And Support - Barbara T. Bowman<sup>11</sup>

### *1. What is the role of parents and families in early education and care?*

In the United States the traditional belief is that parents are responsible for their own children and within broad limits, they should be free to act in what they consider the child's best interests. This belief has altered over the past century with a gradual recognition of the need for the state to assist parents and protect children. Nevertheless, remnants of the belief in parental duty still color attitudes about public vs. private responsibility for providing and/or regulating early care and education.<sup>12</sup> The primacy of parental responsibility is matched by an equally prevalent belief that parents should use scientific research to inform their childrearing<sup>13</sup>. From the beginning of the 20<sup>th</sup> century, parent education has been considered an essential component of early childhood programs and a barrage of information about child development and child rearing has been directed at parents.

Out-of-home education for young children is not new in the United States. Half-day nursery schools—paid for by urban, middle class parents to provide socialization and education for their children—were available early in this century. These programs were organized under the auspices of churches and other not-for-profit groups, and opportunities for mother to be involved were numerous, including the role of teacher. Government programs to care for young children also are not new. However, until the 1960s these programs were temporary and designed to meet the national emergencies of war and depression. Public support for greater involvement of government in early childhood education began in the 1960s and 70's as research spelled out societal benefits of redressing early in childhood the developmental and learning difficulties of low income and special needs children. Just as in nursery schools, parent education and decision making was highly valued in these programs

Throughout most of the century, charitable organizations provided child care programs for children whose low-income families were distressed and/or dysfunctional. Some of these programs provided parent education and support as a part of their service, but custodial care of children was the primary focus. As increasing numbers of women joined the workforce in the 1980s, the shift from mother to "other" care and education accelerated but the emphasis on custodial care has lingered. A voluntary program of the National Association for the Education of Young Children to set standards and accredit childcare facilities has stimulated parent interest in program quality and today more families are demanding higher quality from their childcare. There is also a rising interest in and acceptance of public support for childcare through direct subsidies and tax benefits<sup>14</sup>. However, the support available from government sources does not cover the full cost of care, even for low-income families, and parents still bear the major financial burden for the care and education of their young children. Public opinion still

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11. Erikson Institute.

12. A recent study noted that half of working parents believe families should bear primary responsibility for childcare while 15% thought employers and 16% thought government should. Report on Preschool Programs, July 7, 1999, 111.

13. In 1928, William John Cooper, then U.S. Commissioner of Education commented, "No longer may we assume that it (parenting) is an inborn capacity. So to mother's heart must now be added mother's head" (Powell, D. (1991) Strengthening parental contributions to school readiness. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, p.93.)

14. In a recent study, the majority of parents favored tax credits for both working parents and those who remain at home with their young children. Report on Preschool Programs, July 7, 1999, 111.

rates parental choice as a major consideration in setting government policy though high costs, and/or unavailable and inaccessible caregivers restrict many families' choices.

The American public's concern with government's role also is reflected in the reluctance to mandate high standards for children's care and education through state licensing programs. Despite the weight of evidence regarding the relationship of program quality to children's development<sup>15</sup>, there is a general disinclination to usurp the right of parents to decide on the types of arrangements they wish to make for their children. Therefore, the primary legislated restrictions on family choice are minimum standards, which vary from state to state and are usually limited to health and safety measures.

*How and to what extent are parents engaged in their children's early care and education?* Parent involvement is traditional in both preschools (nursery schools) and day care centers and has been buttressed by research showing that children whose parents are involved in their care and education are more successful in school<sup>16</sup>. There are four primary ways in which families are involved in early childhood settings. They are as 1) recipients of *education* to improve child rearing, 2) seekers of *support* to stabilize or improve family functioning, 3) *community activists* to improve institutions serving their children. and 4) *advocates* for their children with special needs.

*Education.* Beginning early in the century, government pamphlets, popular magazines, and pediatric books and pronouncements persuaded mothers to prepare for their childrearing roles by informing themselves about child development. In early childhood centers parent educational activities included observation and participation in the classroom under the guidance of a teacher, lectures on child development and family life, and exhortations by professionals in medicine, psychology, and child development about how to raise healthy children. Over the century the content of parent education programs moved from attention to physical health (primarily sanitation and inoculations), to mental health at mid-century (relationships and emotional well being), to cognitive and social development (school success and social tractability) as the century ends. Although much has changed over the years, improving child rearing through the dissemination of child development information and child rearing recommendations continues to be a major focus.

*Family Support.* A more recent approach to parent involvement has stressed the family rather than the child as the unit for service. This approach views children as a part of a family system that is primarily responsible for their health and well being; therefore, the families need to be strengthened so that children can prosper. Parents need not only have information about child development and optimal child rearing but must also find rewarding work, a supportive social life, and respect for family choice and decision making--components of a healthy self-image<sup>17</sup>. Activities in family support centers are diverse and may

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15. Howes, C., Phillips, D., & Whitebook, M., . (1992). Thresholds of Quality: Implications for the Social Development of Children in center-based child care. *Child Development*, 63, 449-460.  
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  16. Seefeldt. C. Denton. L.. Galper. A. and Younoszai. T.(1999) The relation between Head Start parents' participation in a transition demonstration, education, efficacy and their children's academic ability., *Early Childhood Research Quarterly*, 14.,99-109; Bos, H, Huston, A., Granger, R., Duncan, G., Brock, T., McLoyd, V. (1999) Can anti-poverty programs improve family functioning and enhance children's well-being? *Evaluation of New Hope Project Inc.*
  17. Salisbury & Dunst, C. (1997). Home, school, and community partnerships: building inclusive teams. In B. Rainforth & York-Barr, J. (Eds.) *Collaborative Teams for Students with Severe Disabilities*. Baltimore: Paul H. Brookes, pp 57-87; Weissbourd, B. (1990) *Family Resource and Support Programs: Challenges in Human Service*. *The Schools and Family-Oriented Prevention*. In D. Unger & D. Powell (Eds.), *Families as Nurturing Systems*. New York: Haworth Press, 157 174.

include providing information, social support, consultation, relief from child rearing, and encouraging decision-making in all aspects of their lives. All parents rich and poor and without regard to ethnicity, are seen as needing support; only the type varies for different parents.

*Empowerment.* Family empowerment as a focus for parent programs in early childhood settings evolved during the 1960s in Head Start, a component of the War on Poverty, which encouraged low-income families to mobilize to solve problems affecting their children. It was assumed those families and communities that exercised political will would gain an enhanced sense of efficacy, improve community services, and become better role models for children. The encouragement of parents as empowered activists on behalf of their children remains a powerful objective for many programs for low-income families.

*Advocacy.* The role of the family in programs for children with disabilities draws on the rationale from education, family support, and empowerment approaches. Children with special needs generally are more of a challenge to families than are more typically developing children and, therefore, their families are in greater need of a range of support. Programs serving families of children with special needs usually offer an array of services to help them cope with the stress occasioned by their child's condition and provide opportunities to learn methods to forward their child's development. Further, since historically children with special needs, like low-income children, have been discriminated against in procuring educational services, their families must be effective advocates for their children. With the passage of special education legislation in the 1970s and 80's, the right of parents to be active participants in decision-making regarding educational services for their children was clearly established.

*Extent of family involvement.* The extent of involvement is as diverse as the settings in which children are cared for and educated. Variations depend upon the program focus, (e.g. childcare, intervention, or education), the social status of program participants, and the legal or operational requirements of the service provider. The majority of young children are cared for in unregulated homes<sup>18</sup> where the involvement of parents is not easily assessed. Home-based childcare is by its nature informal, particularly when other family members provide the care. While it would seem likely that this form of care would offer maximum opportunity for parental input, the dynamics of interpersonal relationships may limit parental influence, especially when parents feel they have few real choices because of cost and/or availability.

An increasing number of young children attend centers where formal parent involvement opportunities are likely to exist. Although most centers offer some form of parent involvement, programs may be so poorly implemented that they discourage participation. For instance, parents with a handicapped child in an early intervention program have the right to take part in educational decisions for their child, yet they may be made to feel uncomfortable in the school/center and refuse to participate. In other cases, though opportunities are offered, parents are unable to take advantage of them. For instance, a day care center may encourage parents to volunteer in classrooms or attend lectures on child development, but working parents may not have the time or energy to attend. Family support programs also usually offer a variety of formal opportunities for education and support for both at-home and working parents.

*Is family involvement a policy priority?* As noted above, while family involvement is considered a high priority in the American ethos, public policies are often viewed as an infringement on parental choice.

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18. 61% of children are in home care and 39% are in center care. (Capizzano, J., Schmidt, S., Sonnenstein, F. (1999). Preschoolers in non-parental child care: a preview of NSAF's child care data. Washington, D. C.: The Urban Institute

The policies that exist are inconsistent across levels of government and types of programs. For example, federal legislation for Head Start and Special Education mandate the right of parents to participate in program decisions, whereas other federally funded programs for child care have no such requirements. States also have weak and inconsistent requirements. Illinois for instance requires that the state-funded preschools for at-risk children provide an opportunity for parent involvement yet has no parent involvement policy for childcare programs subsidized by the state.

## **2. What are the barriers to parent involvement in organized provision?**

The primary barriers to parent involvement are 1) poorly executed programs, 2) parental reluctance to participate and 3) insufficient public support.

*1. Poorly executed programs:* There are two ways in which program execution forms a barrier to parent involvement. First, while research on child development shows a high correlation between family characteristics and children's development, engaging parents in a way to promote positive outcomes has not proven to be easy<sup>19</sup>. The models of involvement noted above—education, support, empowerment, and advocacy—while often viewed positively by participants, have demonstrated only modest benefits for children or families. Thus, there is little empirical evidence that points the way toward effective parent involvement programs. Secondly, practitioners often do not implement policies and practices the way they were intended. Class, caste, and linguistic bias, inadequately trained staff, and poor matches of program resources with participant needs limit the capacity of programs to mount effective parent involvement programs.

*2. Parent reluctance to participate:* The reverse side of program and staff ineffectiveness is the disinclination of parents to participate. Time, cultural and linguistic differences, mental and physical health problems, and life style conflicts may restrict parents' involvement even though they recognize a benefit of the service for their children.

*3. Policies.* Few government policies or employer practices actively encourage and facilitate parents' involvement in the care and education of young children, and in some instances, may discourage it. Employers, for instance, may pressure workers into overtime work and diminish the time available for parenting. Community organizations and systems may also be unsupportive. For example, children in foster care often do not receive special education because they no longer reside in the provider's service area. New initiatives to promote service integration, collaboration, and cooperation are described in #9.

*Strategies to overcome barriers.* A number of strategies have been developed to increase parent involvement. In some localities governmental officials have mounted campaigns to encourage employers to free working parents to attend their child's school 2 or 3 times a year for teacher reports and many companies do so. Some companies and governmental units have on-site day care programs and encourage parents to visit their children at lunchtime or other free time during the day. Programs with mandated parent programs, such as Head Start and Special Education, provide technical assistance so that parents can exercise their decision-making roles. Child development centers use a variety of social activities to engage families, such as sponsoring suppers and providing sitters so parents can attend parent meetings, including unmarried fathers in parent programs, and organizing support groups for custodial grandparents. Home visiting programs are also being used as a way of reaching families in need of extra support. One such program, The Nurse Home Visitation Program, seeks to promote positive parenting and prevent child abuse and neglect by mobilizing a community-wide system of support for newborns

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19. St. Pierre, R., Layzer, J., Goodson, B. & Bernstein, L. (1997). The effectiveness of comprehensive care management interventions: Findings for the national evaluation of the comprehensive child development program. Cambridge, MA: Abt Associates; Behrman, R. (Ed) (1999). *The Future of Children*, v.9, (1). Los Altos, Ca: David and Lucille Packard Foundation.

through a home visiting and referral system<sup>20</sup>. Other community institutions, such as churches, the media, and advocacy organizations are also becoming more involved in child care and education issues by endorsing parent involvement in schools.

***3. What information is available to parents and families on cost, quality, and availability of ECED options?***

There are both formal and informal systems to inform parents about early childhood options. Each state has a resource and referral service (R. and R.), funded in part by federal funds, and with agencies located in different areas of each state. All parents can get information from R. & R.S. about cost, quality, and availability of different forms of childcare. Low-income parents, eligible for tax supported subsidies, also can obtain information and in some states, vouchers for service. In addition, there are many informal avenues for information including advertisements in newspapers, posters on bulletin boards in grocery stores and Laundromats, flyers from community centers and public schools, and person to person communications among families, friends, and neighbors.

***4. What do parents expect from their children's ECED? What do they expect from ECEC workers? To what extent are their expectations met?***

Parents' expectations for early care and education are enormously diverse. For their children, some parents expect no more than that they are safe, while others want an educational program in an emotionally and socially supportive environment. Social class and ethnic communities tend to prefer particular arrangements or types of programs. Various groups prefer center-based to home-based care and vice versa; some prefer part day educational programs while others want full day care. For themselves, parent expectations are also diverse. Some parents expect teachers to "know" how to care for and educate their children and do not expect to participate unless there is a problem. Others want to be involved in decisions about all areas of the child's care and education while he or she is in the care of others. Many parents use alternative caregivers as sources of information and reassurance and teachers are often consulted about child development and child rearing issues and, along with families, pediatricians and ministers, are among the resources most often used by parents.

***5. How do public and private employers support parents in reconciling work and family responsibilities? Do these policies result from enacted legislation?***

The most far-reaching public policy reconciling work and family responsibilities is the Family Medical Leave Act, which requires all employers to grant workers up to 12 weeks unpaid leave during any 12 month period to care for family members, including newborn and adopted children. Employers are required to maintain employee eligibility for health benefits during the leave and return the worker to similar work and pay. Government tax policies help parents with the cost of child care through tax deductions, withdrawals from tax free accounts, and flexible spending accounts, although these benefits do not cover the full cost of care. Another governmental requirement, establishing paternity at birth to support child support orders, has increased the collection of awarded child support payments from non-custodial fathers, providing more options for custodial mothers. Although few in number, in general, government policies have moved in the direction of providing parents with both more time and more money to devote to childcare.

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20. Focused visits by professionals have been more successful in achieving their goals than have other programs with less intense effort using less well trained visitors. Behrman, R. (Ed) (1999). *The Future of Children*, v.9, (1). Los Altos, Ca: David and Lucille Packard Foundation.

Private employers' support for parents is extremely variable. Some employers offer as much as six months maternity leave with full pay and allow flexible work schedules for multiple years, while others are reluctant to reinstate employees who have taken unpaid leave to the same jobs. Family friendly policies include the use of employee sick days to care for a sick child, provision of special child care arrangements for employees who must travel or work late, flexible work schedules, and paid paternity leave for fathers. Employer decisions regarding support for parents are often based on the value of the worker (particularly women) to the company, the scarcity of workers in a particular field, and the likelihood of legal action. Despite improvements, many American families are experiencing considerable stress balancing work and family<sup>21</sup>.

**6. Are there specific policies to encourage parents to spend more than six months out of the labor force at home with their children?**

Until recently the only public assistance for parents who chose to stay at home with their young children for more than 6 months was for unemployed parents through Aid to Families with Dependent Children. New welfare regulations now limit the length of time parents may receive these benefits and it is expected that parents will remain employed or become reemployed following the birth of a child. Even when available, public assistance payments and other benefits, such as food stamps and medical care, are so low that the family must live in poverty to remain eligible, and thus there is little incentive to stay at home. Maternity leave arrangements (time, payments, retirement and insurance provisions) may be included in government<sup>22</sup> or private company leave policies or in contracts with unions. However, these rarely last as long as six months. Some interest groups encourage one parent to remain at home with young children but most parents, particularly those at the low end of the wage scale, do not have the financial ability to do so.

**7. What types of parent education, personal development, adult or occupational education, or family support services exist to serve the needs of parents and other family members? How are these services linked to ECEC provision?**

*Center based programs.* As noted above, there is an array of services offered families by different early childhood centers. Occasionally, participation in a parent program is a condition for a child's enrollment; however, for the vast majority it is voluntary. At minimum, most centers offer parents' conferences about the progress of their own children and opportunities to discuss particular problems and get referrals if necessary. Parent education also is quite common in all types of centers, as are the chances to volunteer in the classroom and go on field trips. Recent concern about American educational competitiveness has provoked interest in adult and child literacy and math and science, which are often part of the parent education program in preschool settings. Centers also may use a range of opportunities for personal development to engage parents and bring them into the center. These may include instruction in handicrafts, personal grooming, cooking, and dressmaking, as well as self-help programs.

*Programs for low income families.* The most extensive parent involvement programs are found in low-income communities. Head Start, the largest program exclusively for low-income families, is

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21. President Clinton's Council of Economic Advisers recently noted that American workers, particularly single parents and low income families, do not have sufficient time to spend with their children. The Council recommended that government and private employers do more to help families in their child care responsibility
  22. For instance, the National Institutes of Health offer administrative grants to talented researchers who are reentering their field after taking up to three years to care for family members. National Report on Work & Family, 12 (12), 97-105.

comprehensive and includes social, health, and psychological family services, parental involvement and decision-making, and parent education. Research has established a strong tie between caregivers' (mothers' and teacher/caregivers') formal education and child achievement, which has led programs for low income/low education parents to emphasize staying in school or reenrolling in formal education. For instance, some urban high schools in neighborhoods with high teen pregnancy rates offer childcare as a way of encouraging girls to stay in school. Vocational training and high school equivalency preparation are also prevalent in programs in low-income communities. Parents who are also childcare workers may be compensated for taking college courses in child development and early education.

Traditionally, mothers were the primary participants in parent programs but recently; they have been trying to reach new audiences. Unmarried fathers have become a focus of attention, particularly in programs serving teen mothers. Custodial grandparents and other relatives have increased sharply in the last ten years due to increases in drug addiction, incarceration, and abuse and neglect judgements. As a consequence, many programs have extended their programs to include family members who are primary caregivers but not natural parents. Also, some agencies provide parent education and support services in prisons and drug rehabilitation facilities as a preventive measure.

*Family support programs.* A family support program may be a part of an early childhood center that offers a program to children or it may be independent and simply offer a drop-in playroom for children. Family support activities may include informal socialization, lectures, crafts, used clothes and toy sales, field trips, and social and psychological referrals for both parent and children. While many support programs cater primarily to mothers during the day, others include evening activities for fathers and working mothers. Home-based childcare programs do not usually have formal parent programs unless they are attached to a network, in which case parents may be offered programs through the central agency. Increasingly, all types of centers are offering services to family members other than mothers.

*Home visiting.* Recent concern with the development of children before preschool age has spawned the development of home visiting programs to support parents of infants and toddlers. An example is Parents as Teachers (PAT) provided by the Missouri Department of Elementary and Secondary Education in collaboration with four school districts. This program has four components: 1) A home visit by a credentialed parent educator who provides information, suggests activities, and responds to parents' questions and concerns. 2. Group meetings in which parents share observations and provide mutual support. 3. A monitoring system to check children's progress by both parents and home visitors. 4. Referrals, when necessary, to other community services. A number of different models of home visiting programs are now being evaluated. Preliminary evidence shows that a few programs are able to demonstrate modest but meaningful effects on children. The most successful ones are those with interventions of substantial length and intensity and with well-educated and trained visitors<sup>23</sup>.

#### ***8. Are there specific program or policy approaches to support parents and families with children with special needs?***

The term children with special needs usually refers to children with disabilities; however, in early childhood when some disabilities are still not fully evident, the definition of special needs is often extended to include children who may be considered at-risk for the development difficulties. Programs for special needs children are funded by national, state, and local governments and are subject to national and state case law regarding eligibility and inclusiveness, by federal and state mandates regarding the program structure, and by local school board implementations. As a consequence, there is considerable variability

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23. Baker, A. Piotrkowski, C. & Brooks-Gunn, J. (1998) Strengthening parental contributions to school readiness. *Early childhood Research Quarterly*, V. pp 571-588.

in programs from state to state and from one locality to another. For example, in Illinois there are two different programs administered by the State Board of Education for somewhat overlapping populations. One is the special education program (for children with diagnosed disabilities from birth to 21) and the other, an at-risk preschool program (for children with a variety of different conditions, including slow or atypical development, poverty, and non-English speaking). In addition, local Boards of Education, religious groups, and not-for-profit agencies sponsor Head Start for children from low-income families, which also includes many children with special needs who might otherwise be enrolled in either special education or at-risk programs. All of these programs have somewhat different guidelines and program practices but common to all of them is the requirement for parent education and decision-making.

***9. Role of community members in supporting families and early childhood education and care? To what extent does the government support and/or fund the development of community-organized approaches to providing early childhood education and care.***

The most widespread method by which early childhood programs engage community members is through their volunteer programs. Volunteerism has a long history in the United States and many early childhood services, including Head Start, hospitals, settlement houses, and churches, regularly recruit community volunteers to assist early childhood programs. Another widely used approach is community collaboration in which human service organizations work together to streamline delivery and avoid duplicating resources. For instance, schools in some communities have become full-service centers for the delivery of health, welfare, and social services, promoting one-stop support for families. These community collaborations are often encouraged by state and local governments, which either require or encourage cooperative efforts. Another model of community involvement is Community Action Program. It organizes and monitors social and community service programs, and distributes government funds. Community participation in support of children and families has been revitalized recently by a new generation of neighborhood level programs, Comprehensive Community Initiatives, designed to build human capital by strengthening all sectors of the social, educational, economic, physical, and cultural community. In these programs, community residents come together to define problems and find solutions, receive and distribute funding, and evaluate programs<sup>24</sup>. Although it has been difficult to judge the effectiveness of community based initiatives, evaluation efforts have offered opportunities to explicate theories of change and to understand and evaluate complex and diverse family support programs<sup>25</sup>.

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24. Chapin Hall Center for Children. (1997). *The Partnership for Neighborhood Initiatives: Report of the Chapin Hall Center for Children at the University of Chicago*. Chicago: Chapin Hall Center for Children.
  25. Kagan, S. (1998). Using a theory of change approach in a national evaluation of family support programs. In Fulbright-Anderson, K., Kubisch, A., & Connell, J. (Eds),. *New Approaches to Evaluating Community Initiatives*, V.2. Aspen, Co: The Aspen Institute.



## **Funding Issues - Steve Barnett & Len Masse<sup>26</sup>**

Early childhood care and education policies in the United States are fragmented, inconsistent, and inadequately funded (Barnett, 1993). The same can be said of statistical information about early childhood care and education, which makes it very difficult to produce definitive and up-to-date descriptions of funding and policy. One important step toward coherent policy would be the development of a better statistical base to assist in decision-making about early childhood care and education policies and programs in this field. In recent years, some steps have been taken in that direction. The National Household Education Survey is a prominent example. However, data are not collected on a regular basis for a representative national sample of early childhood programs with respect to their structure, operation, and finances. Parents are not a reliable source of information on many of these matters and even detailed parent report on early childhood participation is not obtained annually. This paper seeks to present the best data available, but its limitations make the case for an improved early childhood care and education statistics system.

### ***Background***

Early childhood care and education is an area of public policy where education and child rearing intersect. A lack of understanding about the importance of formal education for young children (even early childhood educators tend to be hostile towards the phrase “formal education”) has led policy-making to be dominated by views about child rearing. Political ideology in the United States emphasizes the primary responsibility of the family for child rearing to an even greater extent than it does for education. The role of government is limited to: (a) assisting all families in meeting their responsibilities by reducing their tax burden (tax exemptions and tax credits for children that are not tied to use of child care); (b) assisting families who cannot fulfill their responsibilities due to the extraordinary circumstances of poverty or a child’s disability; and (c) regulating providers (typically only commercial providers) of child care services. Regulation is primarily a state government responsibility. There is a strong tendency for regulated industries to “capture” their regulatory agencies, and regulatory agencies tend to represent the interests of the providers (owners and operators, who are politically active and organized) rather than the consumers. Child care is typical of other regulated industries in these respects.

Despite the rhetoric of early childhood care and education and the genuine overlap in the services provided in child care and education, differences between the two “domains” create problems for analysis. Child care policy and programs are administered by one set of agencies, education by another, and Head Start (a “child development” program) by another. These agencies have different reporting requirements, different constituencies, different views of what are the most important goals of these programs and what constitutes a quality program, and even different views about what is the appropriate role of government. This presents problems for producing a consistent set of information about these programs. Moreover, it highlights the issue of the substantial heterogeneity among programs. Recent studies clearly show that Head Start programs provide substantially higher quality education on average than do child care and other preschool programs that operate as licensed child care centers (Barnett, Tarr, & Frede, 1999; Head Start FACES study, 1999). The primary reasons for

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this are the higher level of funding and more stringent program standards imposed by Head Start. Similar data are not available on programs that operate under the auspices of the public schools, but the higher level of funding and higher standards suggest that they also are of higher quality (though not uniformly so).

Child care is not an early childhood service per se, but a service for children up to the age of 13 and data often are not available only for preschool-age children. Head Start and preschool education programs serve children who have not yet entered school. There is no clear age limit here, however, as some children enter kindergarten at age 4 and other children remain in preschool programs at age 5. Kindergarten entrance age is determined by whether the child turns 5 on or before a specific date. This date can be any time from September through December of the school year and can vary from school district to school district even within the same state. Some parents choose to hold out their children until they are 6 before entering kindergarten. Thus, even when one focuses on preschool-age children it is unclear exactly how to define the population and the preschool population does not correspond neatly to a specific set of age cohorts.

### ***Funding for Early Childhood Care and Education in the United States***

Spending on child care and education for children from birth through age 4 in the United States amounted to about \$37 billion in 1995. As can be seen from Table 1, this reflects a considerable increase from 1992, the other year for which complete estimates could be obtained. It should be noted that these figures differ from estimates that have combined spending on child care for children of all ages with spending on the education of children under 5. In this report we focus on resources devoted to the care and education of children under 5. The amount spent on *preschool* children is somewhat higher than our estimate because that would include perhaps a quarter of 5-year-old children and a small number of 6-year-olds. Spending is not always reported by age, and a substantial amount of care is in the underground economy. The precision of our estimates is limited by these and other problems with the available data

We find a large increase in private spending from 1992 to 1995, though some of the difference may be due to differences in the method of estimation. In FY 1999, government provided perhaps \$20 billion with \$12 billion from the federal government and as much as \$8 billion from state and local governments. If past trends continued, parents could have paid as much as \$30 billion dollars in 1999, after subtracting the tax credits from their payment amounts. This would yield a total expenditure of \$50 billion for 1999. Based on our estimates, families pay just under 60%, the federal government pays about 25%, and state and local governments pay about 15% of the costs. As will be shown below, funding is not evenly distributed but is focused on particular populations (lower income families and children with disabilities). Contributions from philanthropy could account for perhaps 1 to 5% of spending, but is difficult to estimate (e.g., based on reports from centers).

Our estimates understate the true costs of early childhood care and education for several reasons. First, they do not include the opportunity costs to parents who take time out of the labor force and other activities to care for and educate young children. Second, they do not include the opportunity costs to relatives and others who provide these services in lieu of parents without charge. Third, they do not include the opportunity costs of teachers who (out of charitable interests) work in child care at wages below what they could earn in other occupations. Finally, they do not include the value of cash and in-kind donations to programs that come primarily from local charities and individuals.

### ***Private Funding***

Using data from the 1995 NHES, we estimate that parents in the United States paid about \$22 billion for the care and education of children under 5 in 1995, after adjusting for tax credits. This compares with an estimate of \$16 billion (adjusted from Stoney & Greenberg, 1996). It might be argued that the tax credit should not be deducted from parent expenditures because they do not view it that way, but then the tax credit would not properly be considered a government contribution to funding child care. Surveys indicate that child care centers serving young children receive about 70% of their revenue from private fees, about 15% from government, and about 15% from other sources. Sliding fee scales are widely used by programs that serve children from low-income families. Federal law requires that programs funded under CCDF take income and the number of children in the household into account in setting parent fees.

### ***Federal Funding***

Although there are dozens of federal programs involved in child care and early childhood education, 10 account for the vast majority of the funds. Table 2 presents estimates of the funds that each of these programs spent in 1999 on children birth through age 4, together with the historical funding for these programs and other major programs that were funded in earlier years. As many of these programs are not limited to children under 5, Table 3 presents total funding for each program across all age groups with an indication of the age group to which it applies.

Federal funding for the care and education of children under 5 has grown steadily over the last 25 years. However, the programs that have contributed to this growth have varied over time. In the 1980s, funding increased largely as a consequence of growth in the amount spent on the child care tax credit. This source of funding fell dramatically after 1988 when taxpayers were first required to report the social security number of the child care provider. The number of taxpayers applying for the credit in 1989 dropped by 1/3 from the prior year. How much of the drop was due to a reduction in false reports of child care and how much to tax avoidance by child care providers can not be determined. In later years, Head Start and welfare reform were responsible for much of the growth.

Except for the tax credit and DCAP, federal spending is heavily targeted on lower-income families. Despite this it seems likely that lower income families still pay a relatively high percentage of their income for child care. Increased government support may have reduced the burden from levels in the late 1990s, but how much is unclear. In the early 1990s, families *paying for care* (some families paid nothing) of preschool children and earning less than \$1,200 per month paid 25% of their incomes for child care (Casper, 1995). In comparison, families paying for care and earning over \$4,500 per month paid only 6% of their incomes for child care (Casper, 1995). However, the structure of current programs is such that some children attend early childhood programs care at little or no cost while others pay nearly the entire cost. Moreover, Head Start and child care programs lack sufficient funding to serve many eligible families so that it is even just a matter of inequities between those who qualify and those who do not qualify but may not have substantially higher incomes.

Each of the major federal programs is described briefly below:

**Head Start** targets primarily at 3 and 4 year-old children in families below the poverty line. Most of the children served are 4-year-olds. The program is subject to a 20% local match. The match may be in-kind or waived. Compared to child care programs, the quality of educational services provided by Head Start is relatively high. Head Start is also successful in seeing that children receive health, dental, and other services.

- federal funds for 1998 were \$4.346 billion
  - federal funds for 1999 are estimated at \$4.660 billion
  - funding increases have been used to raise quality as well as numbers served
- **Child Care & Development Fund.** In an attempt to streamline childcare funding, various grants were consolidated into the CCDF in 1996. These include the Child Care and Development Block Grant and the At-Risk Child Care Program. The CCDBG had been the primary childcare subsidy program operated by the Federal Government. In 1996 Congress repealed the AFDC law (authorized under Title IV-A of the SSA) and expanded CCDBG to include AFDC-Jobs and Transitional Child Care (TCC). This 1996 welfare reform law replaced the AFDC program with a new block grant to states for Temporary Assistance to the Needy, still under Title IV-A of the SSA. The law directs the states to transfer these funds to the agency responsible for administering the CCDBG and also states that these funds must be spent subject to the requirements of the CCDBG. The CCDF provides federal funds to states for child care subsidies for families with incomes less than or equal to 85% of the state's median income. Recipients must either be working or "preparing to work". States are provided mandatory, matching, and discretionary funds. States must devote no less than 70% of mandatory and matching funds to child care assistance to families who are receiving public assistance (AFDC), attempting to transition off public assistance (TCC) or at risk of becoming dependent on public assistance (At-Risk).
- federal funds for 1999 are estimated at \$3.3 billion
  - estimate comes from Budget for fiscal year 2000
  - states may contribute and request matching funds
- **Social Services Block Grant** was authorized under Title XX of the SSA. The law provides grants to states for providing social services that are determined to be appropriate by the state. Various sources have estimated that 15% of funds are spent on childcare (1998 Federal Green Book; GAO,1998).
- federal funds for 1999 were \$1.909 billion
  - estimate from budget 2000 – Aid to families
  - no state matching funds are required
- **Child and Dependent Care Tax Credit.** The tax credit provides a reduction in tax liability (tax credit) for child care expenses. The credit may be claimed by married couples when either both spouses work or at least one spouse is attending school. It may also be claimed by divorced, separated, or single parents with child custody.
- estimated credit for 1999 is \$2.455 billion
  - estimate comes from Budget for fiscal year 2000
  - some states have similar credits, but they generate far less funding
- **Dependent Care Assistance Plan.** Allows taxpayers to exclude from taxable income contributions for child care expenses.
- estimate for 1999 is \$1.385 billion
  - estimate comes from 2000 Budget

- **Even Start.** Family Literacy Program
  - 1998 actual expenditures equal \$121 million
  - 1999 estimated expenditures equal \$138 million
  - estimates come from the 2000 Budget
- **IDEA – PART B.** Preschool special education grants program for children ages 3 to 5.
  - estimate for 1997 is \$360 million
  - estimate for 1999 is \$374 million
  - source is 2000 budget
- **IDEA – PART C.** Preschool special education grants for children up to age 3.
  - estimate for 1997 is \$315 million
  - source is website for OSEP, IDEA 97
  - estimate for 1999 is \$370 million
  - source is 2000 Budget
- **Child and Adult Care Food Program.** Provides food and reimbursements for food served to low-income children in child care (and a few adults in care).
  - estimate for 1999 is \$1.610 billion
  - source is USDA – Food and Nutrition Service - Website
  - Green Book 1998 estimate for childcare is 98% of total
- **Title I (Chapter I).** Education for the Disadvantaged, funding to schools based on percentage of economically disadvantaged students.
  - 1998 appropriation was \$7.375 billion
  - Source USDOE – 1999 Budget Summary – ESEA
  - 1999 estimate is \$8.331 billion
  - Source USDOE – 1999 Budget Summary – ESEA
  - Estimates of percentage for preschool children ranges from 2-14%.
  - Assuming 8% for preschool of \$8.3 for 1999 is \$666 million
  - Assuming 8% for preschool of \$6.7 for 1995 is \$536 million (1995 \$s)

### ***State and Local Funding***

State and local government (school districts and municipalities) spending on early childhood care and education is less than federal spending. We estimate that it is \$7.5 to \$8 billion in 1999. Our estimate is larger than most previous estimates, but funding has been increasing and past estimates did not include preschool special education. The relative roles of the various levels of government in funding early childhood education differ from the situation in education finance for public education generally. In elementary and secondary education, the federal role in education funding is quite small, and state and local governments bear most of the burden. As much state and local spending on early childhood programs is not centrally reported, it is difficult to estimate the state and, especially, the

local share of funding. Thus, we have produced estimates for state and local funding that include most state spending plus local school spending on special education for children birth to age 4. This omits some local school and municipal funding for early childhood care and education. However, the omitted funding is not likely to be a substantial percentage of the total.

The primary areas of state (and local) funding are: child care, preschool education programs, and preschool special education programs. State funding for child care is primarily associated with the federal CCDF program which seeks to leverage state spending by requiring a state match and evidence of maintenance of state effort. Programs. State child care spending tends to be for low-income families and to take the form of vouchers or direct payments to child care providers. State child care program funding is estimated to have risen to about \$2 billion by 1997 (Kaplan, 1998). Thirty-seven states support preschool education programs of some sort, either as independent programs or as a supplement to Head Start funding (Mitchell, et al., 1998). These programs mostly target low-income children or children otherwise designated as at high-risk of school failure. In the early 1990's about \$0.75 billion was spent on these programs. At present the amount exceeds \$1.5 billion and may near \$2 billion, but the amount spent varies widely across the states (Mitchell, et al., 1998; Mitchell, et al., 1997). In addition to regular preschool education programs, all states provide preschool special education programs for young children with disabilities and developmental delays. State (and local) funding for preschool special education is estimated to be about \$4 billion (see Table 4). This estimate was calculated by estimating the total cost of serving children enrolled in these programs and subtracting the federal funding provided for these programs. Finally, state tax credits and deductions for child care add perhaps \$250 million extrapolating from the early 1990s and subtracting amounts applying to older children (Stoney & Greenberg, 1996).

A number of states have made commitments to expand toward universal programs, at least for 4-year-olds. The states with relatively large preschool programs include Georgia (the only one rapidly moving toward universal preschool education), California, Texas, Florida, North Carolina, Ohio, Michigan, Massachusetts, and New Jersey. Some states are moving toward blending funding for child care and preschool education, as is the case in New Jersey.

### ***Responsiveness of Labor Force Participation and Child Care to Child Care Subsidies***

Although a number of researchers have taken up the issue over the years, it is difficult to produce convincing estimates of the effects of subsidies for early childhood care and education on parental employment. To date, there is no experimental evidence to bring to bear. Thus, we must rely on econometric estimates of how much any given policy change will influence employment, and these estimates are highly sensitive to assumptions about measures and the specification equations as well as the sources of the data (Kimmel, 1998). Moreover, researchers differ in how they portray their results with similar estimates viewed as implying substantial responsiveness to price or policy changes by some and small or negligible responsiveness by others.

There is general agreement that employment is responsive to the cost of child care and that employment of low-income women is more responsive than the average. Estimated elasticities of maternal employment with respect to price of child care range from .2 to .7, meaning that a 10% decrease in the cost of child care would produce a 2% to 7% increase in employment. Blau and Hagy (1998) estimate that full subsidization of child care would lead to a 10% increase in labor force participation for all women. Kimmel (1998) finds that the effects of child care prices are different for single and married mothers: she estimates that a 10% decrease in price would increase labor force participation by 2% for single mothers and 9% for married mothers. Cackley (1994) estimates that making child care free would increase labor force participation of all poor mothers from 29% to 44%.

This is a large change for these women, a 50% increase in the number of women in this group participating in the labor force.

There is general agreement that the effects of changes in the price of child care on the type of care used are larger than the effects on employment (Hofferth, 1999). For example, Blau and Hagy (1998) estimate that full subsidization of child care would lead to a 20% increase in the use of paid care. Subsidies also seem likely to produce changes in the types of care used, with families moving towards center and family home care and away from other forms (Hofferth, 1999).

In our view, one should not put too much trust in these econometric estimates. For policy purposes one must extrapolate far beyond existing circumstances with respect to the availability of high-quality programs and the level of subsidy. One must also manage to take into account learning and attitude changes are likely to occur. For example, the take-up rate for Georgia's program for 4-year-olds has risen steadily. In New Jersey one urban public school offering a full-day, extended-year program beginning at age 4 has thousands of applicants for a few hundred places. Apparently, the perception is that close substitutes are not available elsewhere. Enrollment rates are nearly universal for preschool programs in some European countries. We think that this provides evidence of the potential for a large response to increased quality offerings, particularly if these meet both educational needs and the needs of working parents with a sponsor (such as the public schools) that parents trust. As such programs are now rarely available, it is unlikely that this response could be estimated from existing data sets. Of course increased child participation, does not guarantee parent participation in the labor force.

In addition, existing estimates tell us primarily about participation rates. Total hours may be more relevant, especially in the form of movement towards long part-time and full-time work that can lift families out of poverty. However, the available estimates indicate small responses in terms of hours worked for those already employed. Other aspects of employment that might be affected are absenteeism, employment continuity, and immediate and long-term productivity (Hofferth, 1999). Whether changes in all of these would be large enough to warrant a particular policy decision depends on the private and public benefits from increased earnings and productivity. Moreover, there is a potential for policy shifts in the United States to increase both maternal employment and maternal investment in children, partly through increased time with children, partly through increased child-bearing by older, more educated women (Gustaffson & Stafford, 1998). To our knowledge, no one has estimated these benefits so that, together with benefits for child development, they could be compared to the costs of subsidizing high-quality early childhood care and education for either lower-income women or the general population.

### ***Costs of Subsidizing High-Quality Programs***

There is a lack of general agreement about the level of quality that it is desirable for early childhood care and education in the United States. Yet, quality must be specified to estimate cost. Many existing statements about quality represent political calculations about what is currently acceptable and concerns about the impact of raising standards on existing providers of services, as well as evidence regarding the effects of programs on child development and well-being. One contender for a consensus about quality is provided by NAEYC accreditation standards. Our view is that NAEYC accreditation standards set a floor below which quality should not be allowed to fall rather than a goal to which programs should aspire.

Information on the implications of accepting NAEYC accreditation as a standard can be obtained from a GAO (1990) survey of NAEYC accredited full-day year-round centers serving 4-year-olds (and children of other ages as well) in 1988. The average cost of these programs was \$4200 per child,

including only purchased resources. About \$600 in additional resources was donated, bringing the total estimated cost to \$4,800. It is noteworthy that there is substantial regional variation in cost from \$5610 in the North East to \$4500 in the West. In 1999 dollars, the cost would be about \$6300 per year.

Yet, these accredited programs did fare well with respect to characteristics that are known to be associated with the quality of services provided to children. Teacher salaries in these programs were about half of public elementary school teacher salaries. Only half of the teachers had a 4-year college degree of any type. This is better than in most child care programs. Helburn and Howes (1996) found that only 28% of teachers had college degrees. In urban programs in New Jersey, Barnett and colleagues found that about one-third had college degrees and about half of those were degrees in early childhood education or a related field. Thus, accredited programs are better than others, but do they measure up to what we want for our children? Certainly, these programs would not be acceptable for children in kindergarten. Why is would they be acceptable for younger children?

Barnett (1998) and Frede (1998) have shown that there is large gap between the quality of programs that research has shown to provide substantial gains for young children in poverty and the quality of typical Head Start and public school programs. This gap seems likely to be responsible for their lower effectiveness. The quality of the typical child care center attended by children in low income families is much lower even than the typical Head Start program (Barnett, et al., 1999). Of course the quality of child care generally is quite low. While it may not harm most young children, the current level of quality is not necessarily desirable because it does not optimally use the opportunity for education and because children may have better lives in higher quality programs even if this does not contribute to measurably better long-term development. Unfortunately, given the current research base, many questions remain for making an objective determination of the quality of programs “needed” by young children in general (much of the research has been conducted with children in poverty) .

In order to provide a basis for estimating the costs of alternative public subsidies for early childhood care and education, we have estimated the costs using three different estimates of program cost: \$12,000 per child, \$8,000 per child, and \$6,000 per child. The \$12,000 figure is in the ballpark of the costs of programs that research has shown to have large benefits for children in poverty and is the figure that we consider a reasonable goal for public policy. The \$6,000 figure is about the cost of NAEYC accredited centers and is a lower-bound estimate of the cost of providing a mix of part-day and full-day programs. These figures must be taken as averages. In New Jersey, a relatively high-cost state, \$6,000 would not be sufficient to provide a quality program. It would not even cover the cost of kindergarten or Head Start. In other states with lower costs, \$6,000 per child might be enough to provide quality programs. Obviously, the \$8,000 figure provides something in between in terms of quality, hours of service, and comprehensiveness of services.

Estimates of the costs of public subsidies using the three cost estimates and three alternative assumptions about the subsidy level are presented in Table 5. The three alternatives are: a full subsidy, a full subsidy for families below the median income with a sliding scale above the median that cuts the subsidy in half by the 75<sup>th</sup> percentile, and a sliding fee scale across the entire income range that cuts the fee to half at the median income. These estimates assume 50% participation rates for children under 1, 75% for children ages 1 and 2, and 100% participation rates for children ages 3 to 5. It is assumed that about one-quarter of 5-year-olds are preschool children. These assumptions can be varied to produce alternate estimates. These estimates are based on the population in 1995. Projected decreases in the population of young children in future years would reduce the total cost estimates by at most 5%.



The public costs of universal subsidies range from over \$200 billion annually to about \$100 billion annually at full subsidy, down to about \$50 billion for the lowest subsidy. At the very least this implies more than doubling the existing level of public spending on early childhood care and education. At most, it implies increasing it by an order of magnitude. It also suggests that the level of under-investment in early childhood care and education in the United States could be quite large. Clearly, the public costs fall if the subsidies are limited to particular age ranges or subpopulations. Thus, if full subsidies are limited to the 25% of children in poverty, and there are no partial subsidies, the full-subsidy figures can be divided by four to estimate the cost. If only children 3 to 5 are subsidized, then the cost ranges from about \$110 billion to under \$60 billion for a full subsidy. Limiting subsidies to poor children 3 to 5 would require a full subsidy of less than \$30 billion for a high-quality intensive program, less than \$15 billion for a minimal quality program. It follows that even tripling the Head Start budget would fall short of achieving the goal of providing all poor children 3 to 5 with high-quality intensive programs. Clearly, even highly targeted programs would require substantial increases to accomplish their stated goals for all eligible children. Aside from Head Start, programs for low-income families are not all limited to families in poverty and serve children outside this age range. Taking this into account, current federal and state spending on programs for poor 3- to 5-year-old children probably amounts to one-half to two-thirds of the \$15 billion figure.

### ***Alternative Approaches to Funding and Finance***

The choice of funding and financing mechanisms is largely a political issue, not a technical one. To our knowledge there is no magic bullet, no untapped revenue source or means of funding that would make large public subsidies for early childhood care and education significantly more attractive. The political will to provide such subsidies must be generated based on the expected benefits. Financing and funding mechanisms have relatively little impact on program benefits, though they can impact the distribution of benefits. Most early childhood programs are financed through general revenues. There are distributional issues with respect to the incidence of various taxes, but they are not straightforward. One can not simply assume that income taxes are progressive and sales taxes regressive, for example. One state, Georgia, has designated the lottery as the source of revenue for its universal program for 4-year-olds. However, it is unclear that there is a lesson here for other states. The politics of finance at the state level are likely to be highly idiosyncratic.

There are a number of major alternative approaches that have been suggested for improving the early childhood care and education system in the United States (e.g., Barnett & Boocock, 1998; Gomby et al., 1996; Bergmann, 1999). One is paid parental leave. This could be funded directly by the government, through tax-sheltered savings, or through employer mandates (likely to produce undesirable employer and employee side-effects, Barnett & Musgrave, 1991). Parental leave is particularly attractive for infants given the high cost of their care and the belief that professional caregivers do not provide much added value (Barnett, 1993).

Another alternative is a voucher program that simply transfers money to parents and allows them to choose programs (Barnett, 1993; Bergmann, 1999). Parents could be given vouchers through a social welfare or educational system much as they are now for subsidized child care or educational choice programs. A voucher-type system also could be set up through an account like that used under the DCAP that would allow parents to save funds in a tax-free account. Government contributions to the account could be made using a sliding scale where government payments decrease with income and/or offering matching funds to family contributions. Also, provisions could be made to link the voucher or matching funds to use of higher quality programs as the public interest in increasing the quality of education young children receive might otherwise not be protected.

Finally, there is the existing programmatic model that involves a mix of vouchers, direct payments to programs, and direct provision of services (for example through the public schools). Looking at the existing programs, it is striking that small federal contributions to preschool special education have elicited relatively large state and local government expenditures. This suggests that the federal government might establish an entitlement to early childhood services for other children that takes force when states agree accept federal funds for the program. One difficulty here, is that Head Start has always by-passed the states for political reasons. It may be difficult to accommodate its constituency in a program that does go through state government.

There are a number of state early childhood initiatives that might help inform public policy more generally through closer study. The program for 4-year-olds in Georgia is the most obvious because it is closest to achieving universality for an age group. New Jersey's urban preschool program (the Early Childhood Program Aid or ECPA, program) also deserves study. The program was developed as a result of a Court order to implement high-quality, intensive programs for one-quarter of the state's 3- and 4-year-olds. Its goal is to level the playing field at school entry between urban poor and suburban wealthy. It is particularly interesting that New Jersey seeks to implement this program by bringing together child care, Head Start, and public school funding and programs in its most disadvantaged cities. Similar developments are taking place in Connecticut and New York, though on a smaller scale (as evidenced by funding levels). In all three of these Northeastern states there are already "exemplary" local efforts that can be examined to see how such an approach works. California is of interest because it has a history of supporting early childhood programs going back to the Great Depression and WWII and a commitment to achieving universal provision. Ohio is noteworthy for trying to expand programs based on Head Start. North Carolina provides an interesting example, because of a series of well-informed policy initiatives focused on improving quality as well as expanding access that recognizes the importance of professional development and compensation. Finally, in Massachusetts, the state Department of Education has been aggressively pursuing an agenda of raising quality and increasing collaboration by providing additional resources to communities contingent on the development of cooperative agreements linking the public schools, Head Start and community child care programs.

**Table 1. Major Sources of Expenditures on Early Care and Education  
(Data are in Billions of 1999 Dollars)**

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| <u>Source</u> | 1992        |            | 1995        |            |
|---------------|-------------|------------|-------------|------------|
|               | <u>Amt.</u> | <u>%</u>   | <u>Amt.</u> | <u>%</u>   |
| Households    | 16          | 57         | 22          | 59         |
| Federal Govt. | 8           | 29         | 10          | 27         |
| State Govt.   | 4           | 14         | 5           | 14         |
| <b>Totals</b> | <b>28</b>   | <b>100</b> | <b>37</b>   | <b>100</b> |

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*Sources:* Household expenditures for 1992 are estimated based on expenditures presented in Stoney (1996) for 1991. Household expenditures for 1995 are based on data from the National Household Education Survey (1995). Household expenditures are reduced by the amount of federal tax credits for each year. Federal government expenditures are from CEER Fact Sheet No. 1 (1999). State government expenditures represent spending on federal matching programs, state prekindergarten initiatives, and state spending for children with disabilities. State expenditures on federal matching programs for 1992 are from Finance Project (1995) and the expenditures for 1995 are estimated from data presented in Stoney (1996) and HHS (1998).

**Table 2. Federal Expenditures on Early Care and Education: Selected Programs and Years**  
(Data are in Millions of 1999 Constant Dollars)

| Program                  | 1973 | 1977 | 1988 | 1992 | 1995  | 1999  |
|--------------------------|------|------|------|------|-------|-------|
| Head Start <sup>27</sup> | 1315 | 1192 | 1479 | 2522 | 3709  | 4660  |
| CCDF <sup>28</sup>       | -    | -    | -    | 1116 | 1523  | 2200  |
| SSBG <sup>29</sup>       | 871  | 1434 | 600  | 513  | 296   | 191   |
| CDCTC                    | 570  | 864  | 3109 | 2041 | 1979  | 1637  |
| CCFP                     | -    | 213  | 532  | 908  | 1108  | 1052  |
| Even Start               | -    | -    | -    | 80   | 108   | 138   |
| DCAP                     | -    | -    | -    | -    | 477   | 923   |
| Title I <sup>30</sup>    | 124  | -    | -    | 614  | 568   | 666   |
| IDEA – B                 | -    | -    | -    | 202  | 210   | 206   |
| IDEA – C                 | -    | -    | -    | 200  | 334   | 370   |
| Totals                   | 2880 | 3703 | 5720 | 8196 | 10312 | 12043 |

*Sources:* With the exception of IDEA expenditures, data for 1973-1992 are from Barnett (1993) and Children’s Defense Fund (1992) . IDEA data for 1992 were directly obtained from the Office of Special Education in the United States Department of Education. With the exception of Title I, data for 1995 are based on those presented in Stoney & Greenberg (1996). Expenditures for Title I for 1995 are based on data available at the USDOE website. Expenditures for 1999 for Head Start, CCDF, SSBG, CDCTC, DCAP, IDEA B&C and Even Start were found in the Budget of the United States for Fiscal Year 2000 (OMB 1999). Expenditures for 1999 for Title I are from the Budget Summary of the United States Department of Education for Fiscal Year 1999. Expenditures for 1999 for the CCFP were obtained from the website of the Food and Nutrition Service of the United States Department of Agriculture.

**Abbreviations:**

- AFDC Aid to Families with Dependent Children
- ARCC At-Risk Child Care
- CCDBG Child Care and Development Block Grant
- CCDF Child Care Development Fund
- CCFP Child Care Food Program
- CDCTC Child and Dependent Care Tax Credit
- DCAP Dependent Care Assistance Plan
- IDEA-B Individuals with Disabilities in Education Act - Preschool Grants Program
- IDEA-C Individuals with Disabilities in Education Act - Infants and Toddlers
- SSBG Social Services Block Grant
- TCC Transitional Child Care

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- 27. Expenditures for Early Head Start are included in the totals for Head Start. Early Head Start expenditures rose from \$47.2 million in 1995 to \$279 million in 1998.
  - 28. CCDF for 1992 and 1995 is the sum of AFDC Jobs, TCC, ARCC, and CCDBG.
  - 29. SSBG expenditures devoted to childcare are estimated at 15% of total resources (GAO 1998).
  - 30. Title I estimates for 1995 and 1999 are based on an average of 8% of total Title I resources. An unweighted average of 2% was utilized in a report issued by the GAO and was based on the ratio of children receiving childcare services to the total number of children served by Title I (GAO 1998). We estimated a weighted average based on an average cost of childcare services equal to \$5000 and calculated that the percentage of resources devoted to childcare was equal to 14%. The former method assumes that childcare expenditures are uniform across all age groups. The latter method assumes that all children between the ages of 3 and 4 receive full-day preschool. Since neither assumption is perfectly accurate, we chose to employ the arithmetic mean of the two estimates.

**Table 3. Federal Expenditures on Child Care and Early Education: Selected Programs and Years**

(Data are in Millions of 1999 Constant Dollars)

| Program                  | Ages Served | 1973 | 1977 | 1988 | 1992  | 1995  | 1999  |
|--------------------------|-------------|------|------|------|-------|-------|-------|
| Head Start <sup>31</sup> | 0-5         | 1315 | 1192 | 1479 | 2522  | 3709  | 4660  |
| CCDF <sup>32</sup>       | 0-14        | -    | -    | -    | 1674  | 2285  | 3300  |
| SSBG <sup>33</sup>       | 0-14        | 1307 | 2151 | 900  | 770   | 444   | 286   |
| CDCTC                    | 0-14        | 855  | 1296 | 4664 | 3061  | 2968  | 2455  |
| CCFP                     | 0-14        | -    | 320  | 798  | 1362  | 1662  | 1578  |
| Even Start               | 3-5         | -    | -    | -    | 80    | 108   | 138   |
| DCAP                     | 0-14        | -    | -    | -    | -     | 715   | 1385  |
| Title I <sup>34</sup>    | 3-4         | 124  | -    | -    | 614   | 568   | 666   |
| IDEA – B                 | 3-5         | -    | -    | -    | 367   | 381   | 374   |
| IDEA – C                 | 0-3         | -    | -    | -    | 200   | 334   | 370   |
| Totals                   |             | 3601 | 4959 | 7841 | 10650 | 13174 | 15212 |

*Sources:* With the exception of IDEA expenditures, data for 1973-1992 are from Barnett (1993) and Children’s Defense Fund (1992). IDEA data for 1992 were directly obtained from the Office of Special Education in the United States Department of Education. With the exception of Title I, data for 1995 are based on those presented in Stoney & Greenberg (1996). Expenditures for Title I for 1995 are based on data available at the USDOE website. Expenditures for 1999 for Head Start, CCDF, SSBG, CDCTC, DCAP, IDEA B&C and Even Start were found in the Budget of the United States for Fiscal Year 2000 (OMB 1999). Expenditures for 1999 for Title I are from the Budget Summary of the United States Department of Education for Fiscal Year 1999. Expenditures for 1999 for the CCFP were obtained from the website of the Food and Nutrition Service of the United States Department of Agriculture.

**Abbreviations:**

- AFDC Aid to Families with Dependent Children
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- DCAP Dependent Care Assistance Plan
- IDEA-B Individuals with Disabilities in Education Act - Preschool Grants Program
- IDEA-C Individuals with Disabilities in Education Act - Infants and Toddlers
- SSBG Social Services Block Grant
- TCC Transitional Child Care

- 
- 31. Expenditures for Early Head Start are included in the totals for Head Start. Early Head Start expenditures rose from \$47.2 million in 1995 to \$279 million in 1998.
  - 32. CCDF for 1992 and 1995 is the sum of AFDC Jobs, TCC, ARCC, and CCDBG.
  - 33. SSBG expenditures devoted to childcare are estimated at 15% of total resources (GAO 1998).
  - 34. Title I estimates for 1995 and 1999 are based on an average of 8% of total Title I resources. An unweighted average of 2% was utilized in a report issued by the GAO and was based on the ratio of children receiving childcare services to the total number of children served by Title I (GAO 1998). We estimated a weighted average based on an average cost of childcare services equal to \$5000 and calculated that the percentage of resources devoted to childcare was equal to 14%. The former method assumes that childcare expenditures are uniform across all age groups. The latter method assumes that all children between the ages of 3 and 4 receive full-day preschool. Since neither assumption is perfectly accurate, we chose to employ the arithmetic mean of the two estimates.

**Table 4. Funding For Special Education Ages 0-4.  
State & Local Funding of Preschool Programs for Children Ages 3 to 4 with Disabilities**  
(Millions of 1999 Constant Dollars)

| <u>Year</u> | <u>Amount</u> |
|-------------|---------------|
| 1992        | \$1895        |
| 1995        | \$2347        |
| 1997        | \$2425        |
| 1999        | \$2746        |

*Sources:* Data are based on the number of 3 & 4 year olds that are served under the IDEA-Part B Preschool Grants Program ( USDOE, 1997). The number of children for 1999 is linearly estimated based on prior years. The state share of preschool expenditures is estimated by subtracting the federal share from an estimate of the total cost of preschool. The total cost is estimated by multiplying the number of three and four-year olds served under IDEA by an average for the per child cost of preschool. The federal expenditures for preschool come from IDEA annual reports (USDOE, selected years).

**Federal Funding of Preschool Programs for Students Ages 3 to 4 With Disabilities**  
(Millions of 1999 Constant Dollars)

| Year | Amount |
|------|--------|
| 1992 | \$202  |
| 1995 | \$210  |
| 1997 | \$200  |
| 1999 | \$206  |

*Note:* Data are based on amount of expenditures for the IDEA-Part B Preschool Grants Program and are prorated based on the percentage of three and four year-olds that that served by the program. Data sources are IDEA reports, and the Budget of the United States (1999).

**State & Local Funding of Preschool Programs for Children Ages Birth to 2 with Disabilities**  
(Millions of 1999 Constant Dollars)

| <u>Year</u> | <u>Amount</u> |
|-------------|---------------|
| 1992        | \$ 892        |
| 1995        | \$1003        |
| 1999        | \$1282        |

*Sources:* Data are based on the number of children that are served under the IDEA-Part C Infants and Toddlers Program ( USDOE, 1997). The number of children for 1999 is linearly estimated

based on prior years. The state share of preschool expenditures is estimated by subtracting the federal share from an estimate of the total cost of preschool. The total cost is estimated by multiplying the number of children served under IDEA-Part C by an average for the per child cost of preschool. The federal expenditures for preschool come from IDEA annual reports (USDOE, selected years).

**Table 5. Estimates of Universal Preschool Program Subsidies' Annual Costs (1999 dollars).**

S1= Full-subsidy across all household income levels.  
 S2= Full-subsidy for families with household income below the median level and fifty percent subsidy for families with household income at or above the median level.  
 S3= Fifty percent subsidy across all household income levels.

Program One: Full-day, intensive program of high-quality. Estimated per child cost of \$12,000.

| Age of Child (years) | Number of Children (1000s) | Participation Rate (%) | Total Cost (billions) | Total Cost S1 (billions) | Total Cost S2 (billions) | Total Cost S3 (billions) |
|----------------------|----------------------------|------------------------|-----------------------|--------------------------|--------------------------|--------------------------|
| less than 1          | 4158                       | 50                     | 25                    | 19                       | 13                       |                          |
| 1                    | 4027                       | 75                     | 36                    | 27                       | 18                       |                          |
| 2                    | 4007                       | 75                     | 36                    | 27                       | 18                       |                          |
| 3                    | 4123                       | 100                    | 49                    | 37                       | 25                       |                          |
| 4                    | 4061                       | 100                    | 49                    | 37                       | 25                       |                          |
| 5                    | 1038                       | 100                    | 12                    | 9                        | 6                        |                          |
| <b>Total</b>         |                            |                        | <b>207</b>            | <b>156</b>               | <b>105</b>               |                          |

Program Two: Programs of average to high quality. Estimated per child cost of \$8000.

| Age of Child (years) | Number of Children (1000s) | Participation Rate (%) | Total Cost (billions) | Total Cost S1 (billions) | Total Cost S2 (billions) | Total Cost S3 (billions) |
|----------------------|----------------------------|------------------------|-----------------------|--------------------------|--------------------------|--------------------------|
| less than 1          | 4158                       | 50                     | 17                    | 13                       | 9                        |                          |
| 1                    | 4027                       | 75                     | 24                    | 18                       | 12                       |                          |
| 2                    | 4007                       | 75                     | 24                    | 18                       | 12                       |                          |
| 3                    | 4123                       | 100                    | 33                    | 25                       | 17                       |                          |
| 4                    | 4061                       | 100                    | 32                    | 24                       | 16                       |                          |
| 5                    | 1038                       | 100                    | 8                     | 6                        | 4                        |                          |
| <b>Total</b>         |                            |                        | <b>138</b>            | <b>104</b>               | <b>70</b>                |                          |

Program Three: Programs of average quality. Estimated per child cost of \$6000.

| Age of Child<br>(years) | Number of<br>Children (1000s) | Participation<br>Rate (%) | Total Cost S1<br>(billions) | Total Cost S2<br>(billions) | Total Cost S3<br>(billions) |
|-------------------------|-------------------------------|---------------------------|-----------------------------|-----------------------------|-----------------------------|
| less than 1             | 4158                          | 50                        | 12                          | 9                           | 6                           |
| 1                       | 4027                          | 75                        | 18                          | 14                          | 9                           |
| 2                       | 4007                          | 75                        | 18                          | 14                          | 9                           |
| 3                       | 4123                          | 100                       | 25                          | 19                          | 13                          |
| 4                       | 4061                          | 100                       | 24                          | 18                          | 12                          |
| 5                       | 1038                          | 100                       | 6                           | 5                           | 3                           |
| <b>Total</b>            |                               |                           | <b>103</b>                  | <b>79</b>                   | <b>52</b>                   |

*Sources:* Population estimates for number of children are from Hofferth, et al. (1998).



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*What mechanisms for policy and program evaluation are in place? What bodies promote data collection and evaluation in ECEC? What public funds are allocated for this purpose?*

The mechanisms for policy and program evaluation and the bodies that promote data collection and evaluation can be conceptualized together. The mechanisms refer to the nature of the data collection effort (evaluative, descriptive etc.) and the bodies refer to the agency supporting the data collection effort. Currently, several studies funded by government agencies are collecting information on early childhood education and care.

On one end of the spectrum are program evaluations, which are primarily sponsored by the U.S. Department of Health and Human Services Administration for Children Youth and Families (ACYF) and the U.S. Department of Education. Evaluations of programs such as Head Start and Early Head Start are sponsored by ACYF, whereas the evaluation of the Even Start program is sponsored by the U.S. Department of Education. ACF and ASPE are conducting a number of evaluations of welfare reform, including the National Evaluation of Welfare to Work Strategies (NEWWS) and the Child Outcomes at the State Level project.

On the other end of the spectrum are surveys that are nationally representative and descriptive in nature. These can be categorized into repeat cross-sectional and longitudinal studies. The National Center for Education Statistics (NCES) sponsors surveys such as the National Household Education Survey (1991; 1993; 1995; 1996; 1999) and the Survey of Early Care and Education Programs (SECEP). These surveys provide information on a regular basis for tracking participation in early care and education and the supply of early care and education programs.

Longitudinal studies such as the Survey of Income & Program Participation (SIPP), the National Study of Children and Adolescent Well-being, the Early Childhood Longitudinal Study, Kindergarten Class of 1998-1999 (ECLS-K), and the Early Childhood Longitudinal Study Birth Cohort 2000 (ECLS-B) provide information not only on participation in programs, but also have the potential to inform us on the effects of program participation and experience on children's development and developmental outcomes. The U.S. Department of Labor, Bureau of Labor Statistics sponsors the National Longitudinal Survey of Youth surveys (NLSY79, NLSY79 Children and NLSY97). The NLSY studies also provide information on early childhood education and care, though it is retrospective data, except in the case of the NLSY79 Child Supplement, which tracks all of the children born to female respondents in biennial interviews.

Other surveys, such as the National Institutes of Child Health and Development Early Child Care Study and the Cost, Quality and Child Outcomes Study examine the impact of childcare and early education on children's growth and development. Data are collected in multiple sites, but the findings cannot be generalized to the nation.

The amount of public funds dedicated to research and program evaluation for early childhood education and care is a complex estimate to produce. For example, funds dedicated to research and

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35. Kristin Moore is from Child Trends and Jerry West is from the National Center for Education Statistics, U.S. Department of Education.

Note: The information presented in response to these questions is intended to be illustrative, not necessarily exhaustive.

program evaluation for early childhood education and care have been estimated to be about three percent of the total federal research investment of \$70 billion (or six percent of non-defense R&D of \$31 billion). The National Center for Education Statistics, the statistical research division housed within the U.S. Department of Education, spent 14 percent of its general statistics budget in fiscal year 1999 on early childhood studies. To our knowledge, the proportion of these monies expended on policy and program evaluation has not been estimated.

***What “indicators” are available related to ECEC, and to child well-being? To what extent are these indicators used in policy development and monitoring related to ECEC? How could existing indicators be improved for this purpose?***

Indicators are measures of children’s behavior, development, and attitudes, assessed for all children or subgroups of children, at a point in time or, especially, over time. Indicators cross multiple domains of development, including health and safety, cognitive attainment and educational achievement, and socioemotional development. Measures of family’s circumstances are also tracked in most indicator reports.

The measurement of development during the preschool and elementary years is complex and demanding. For young children, straightforward indicator measures, such as whether a teen has had a baby or a teen has dropped out of high school, are few and far between. The kinds of measures that are appropriate and necessary for young children are difficult and costly to assess for large, nationally-representative populations. The ECLS-K and the ECLS-B will provide cognitive, health and safety and socioemotional measures. The ECLS-K will provide information on a nationally-representative sample of children who entered kindergarten in the fall of 1998, and will follow them through their fifth grade year. The ECLS-B will provide information on a nationally-representative sample of children born in the year 2000, and will follow them through their first grade year. NHES provides additional data collected from parents about children’s development and family circumstances in a periodic telephone survey. Other measures come from a variety of data systems, including the vital statistics system and surveys maintained by the National Center for Health Statistics (NCHS).

The indicators currently tabulated include:

- Infant mortality and child mortality, by cause of death;
- Birth weight, percent of births defined as healthy;
- General health status of the child, obesity, activity limitations, blood lead levels, dental caries, chronic health conditions;
- Child abuse and neglect, and
- Reading, mathematics and science proficiency at age nine; difficulty speaking in English; whether retained in kindergarten or first grade.
- Other measures which are not strictly speaking indicators of child well-being but which capture aspects of the child’s background and environment that are strongly linked with children’s development are more abundant. Among the measure that are collected and reported are:
  - Income, poverty, receipt of public benefits;
  - Parental labor force participation, maternal employment, and child care;
  - Race, ethnicity and immigration status;
  - Residential mobility, housing problems, low income neighborhoods;
  - Family structure, non-marital births, the number of children in foster care;
  - Prenatal care, insurance coverage, vaccination status;

- Seat belt use;
- Reading to child, literacy activities with parents, parental involvement at grades 3 – 5; and
- Enrollment in early childhood programs, including participation in home-based and center-based care arrangements.

There is no way to assess the extent to which available indicators are used for policy development and monitoring. Reports such as *America's Children: Key National Indicators of Well-Being*, published by the Federal Interagency Forum on Child and Family Statistics; *Kids Count*, published by the Annie E. Casey Foundation; *The Condition of Education*, an annual report released by NCES; and *The National Education Goals Report*, released by the National Education Goals Panel, receive widespread media attention when they are published. This publicity presumably leads the public and policy makers to focus more or less on these issues; but there is no empirical evidence documenting this. Trends in child poverty and non-marital childbearing are being monitored to provide evidence regarding the success of the 1996 welfare reform legislation. Also, goals are set for health and for education; but there are no incentives attached to meeting the goals, so they serve more as benchmarks for assessing progress.

Existing indicators of early child care and education could be improved in several ways. First, measures that are available at the national level could be made available for states and for sub-state units, such as cities and counties or school districts. In the United States, many policies for children and families are set by states and local governments, and these agencies need better indicators to inform their work. Reflecting the dearth of state-level data, a foundation-funded survey, the National Survey of America's Families, is being fielded in 13 states. Considerable family information and some indicators for young children are being collected for these 13 states and for the nation.

Second, at all levels, broader arrays of measures are needed for young children. The domains of child well-being, as noted above, include cognitive attainment and educational achievement, health and safety, and socioemotional development. Even at the national level, these domains are not fully assessed. At the state and local level, there are very substantial gaps, larger in some states than in others; but the gaps are substantial in all states. To collect data that would provide reliable state-level estimates would be very costly. One example where this is being done is the collection of immunization information for preschool children; the Centers for Disease Control and Prevention is fielding a very large telephone survey to assess levels of immunization as reported by parents or guardians.

Third, measures are needed that are seamless across the stages of childhood. Substantial development occurs across the developmental periods of infancy, the toddler years, the preschooler years and the early elementary school years. Assessments, scales, or observations that score children at all or most of these stages would be helpful to identify when group differences emerge or intensity.

Fourth, we need information across the domains of development (e.g., cognitive, health and safety, socioemotional) on the *same* child. We need the ability to capture information on multiple risks and family resources in the same surveys that assess the children. For example, presently we have difficulty fully understanding the multiple factors that lead to scholastic success or failure.

Fifth, national indicators of early childhood education and care are based on self-reports of parents and/or program providers. We have only the most basic indicators of program quality.

***What information is routinely collected on the early childhood participants, services, workforce, and systems? How and how often is this information collected? What has been learned? For what purpose is this information used? How could this process be improved? What are the major information gaps?***

What information is routinely collected, how the process can be improved, and identification of the major information gaps can be addressed simultaneously. The majority of existing national statistics regarding early care and education focuses on participation rates in various setting (e.g., home-based, nonrelative care, Head Start). The surveys that routinely collect information on participation; number of arrangements; and type, frequency and cost of care are the NHES and the SIPP. These surveys examine care and education from the user's perspective, presenting a picture of the demand for early care and education programs, but they are limited in describing the supply of these programs.

The major information gaps pertain to the ability (or inability) to provide estimates of the number of programs available nationwide, the types of programs, the characteristics of these programs and the distribution of characteristics by types of programs (e.g., indicators of quality). Furthermore, from a measure perspective, basic provider characteristic data collected from parents (which is what is currently available) differ from those collected directly from providers\*.

How and how often this information is collected varies across studies. Generally, research on early childhood education and care collected information in various ways. Many of the larger, nationally representative studies gather information through surveys, administered generally over the phone. Several studies, especially those linking child care characteristics to child development, employ observation of the care/education setting and direct assessment of children (e.g. self-control tasks). Surveys are conducted periodically, about every two years. Studies of child development are longitudinal, following the same group of children for the first seven years of their lives (see NICHD or CQCQ), with follow-ups occurring every 6 to 12 months. Other surveys have been conducted on time (e.g., the National Child Care Study, 1990).

From surveys such as the NHES, it has been learned that most children today will receive out-of-home care and/or education before they enter the public school system for kindergarten and that the characteristics of children and families tend to differ by type of early care and education program (e.g., relative, non-relative, center-based).

The data obtained from this research are used to inform policy and research on the supply and demand of early care and education and on the impact this care and education has on children's development. Additionally, participant surveys allow estimation of the number of children in care and the type of care they are in, whereas provider surveys support estimates of the number of programs available nationwide, the types of programs, and characteristics of programs. Furthermore, staffing studies have informed policies on compensation and reducing turnover (e.g., the military's overhaul of its system). Research is also used to look at the impact of quality of child development to establish a minimum threshold of safety and to describe characteristics that serve to enrich young children's lives; however, there appears to be no fixed threshold because of the mediating child and family characteristics.

In sum, there is considerable information available at the national level, but it is scattered. There is no systematic program designed to provide consistent, comparable, and timely information on ECEC.

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\* NCES is presently developing a survey which will collect information from the provider perspective – the Survey of Early Care and Education Program (SECEP). The SECEP is planned to be a nationally representative repeat cross-sectional survey occurring approximately every five years.

***To what extent are regular databases available and used in policy making and monitoring?***

Nationally representative studies such as NHES, ECLS-K and ECLS-B release the data on researcher-friendly CD-ROM's. Typically the data are released for public use within one year of the close of the data collection. Other survey data are made available as well, but the schedule for data release and the form in which data are released varies substantially by survey and by agency. Some databases are three to five years old before they are released for secondary analysis.

The extent to which these databases are used in policy making and monitoring is difficult to address. We can only note that the data from these databases are presented in widely disseminated rather high profile publications (e.g., America's Children: Key National Indicators of Well-Being, Kids Count, The Condition of Education, The National Education Goals Report) that hopefully enable policy makers to focus on the issues pertaining to early childhood care and education.

***What longitudinal studies are under way to study the impact of ECEC? What does research to date show to be the relationship between costs and benefits of ECEC in your country?***

Examples of nationally representative longitudinal studies that address early childhood education and care are:

- Early Childhood Longitudinal Study, Kindergarten Class of 1998-1999 (ECLS-K)
- Early Childhood Longitudinal Study, Birth Cohort 2000 (ECLS-B)
- National Institute for Child Health and Development Early Childcare Study
- Early Head Start
- Family and Child Experiences Study (FACES)
- Cost, Quality and Child Outcomes Study (CQCO)

The relationship of costs and benefits of ECEC in the United States is not a simple question to address. Costs can refer to the total dollar cost, the public dollar cost, or the private dollar cost of ECEC. Benefits also vary. The benefits could accrue to the children, to their parents, to the taxpayer, or to society more generally, now and/or in the future. Some of these benefits can be measured in dollars, while others are less tangible. For parents, the benefits of ECEC include being able to work and raise children at the same time. For taxpayers, benefits include increased work effort on the part of parents and more taxes paid, if ECEC programs are high in quality and produce children who are ready for school and who succeed in school. For employers, a good supply of steady workers who can focus on tasks represents a benefit. For children, quality is key, for both their cognitive attainment, their health and safety, and their social and emotional development.

Unfortunately, almost none of these costs and benefits have been estimated. Moreover, which costs and benefits to include and how to count those that are not monetized, is difficult, political, and value-laden. In the United States, the programs that receive public investment (as in government investment) are typically programs for the economically disadvantaged such as Head Start, Early Head Start and Even Start. Evaluations of these programs tend to yield mixed results and are ongoing. The costs and benefits of ECED for non-disadvantaged children tend to be borne privately in the U.S., and less attention has been paid to this issue.

## **Noteworthy innovations - Victoria Fu**

### **Question 2. What are the most noteworthy examples of innovations in the field? To what extent have they achieved notoriety? What is their national and/or international significance for ECEC?**

Early childhood education and care is embedded in the social, political, and historical context of our nation. Thus, innovations in the field of ECEC are characterized by stronger connections between child development, cultural and economic diversity, family-school-community partnership/collaboration, and major social and political influences. The main theme that flows through all these innovative endeavors is related to facilitate the provision of quality care, education and other services to young children and their families through professional development and collaboration across systems in multiple contexts. Some of the noteworthy examples include:

#### ***Curriculum and Practice***

##### *Developmentally Appropriate Practice*

The NAEYC (1987, 1997) position statement on *Developmentally Appropriate Practice in Early Childhood Programs* (DAP) has been influential in unifying the field of early childhood education and care in articulating the content for teacher education and professional development, nationally and internationally. Many state departments of education have adopted these guidelines in making decisions on policy and program evaluation in the U.S. These interactions have led numerous national organizations to develop their own guidelines and standards that are congruent with these guidelines. More importantly, the developmentally appropriate practice statement has provided a context for dialogue within the field of ECEC and with others outside the field on quality programs for young children and their families. These interactions have influenced the creation of comprehensive, collaborative programs and policies that address the needs of children, youth and families. Some of these programs will be highlighted below.

##### *Developmentally Appropriate Curriculum and Assessment*

The publication and extensive distribution of DAP opened opportunities for early childhood educators to address the issue of appropriate curriculum and assessment. Furthermore, calls for school reform have raised questions regarding curriculum content and accountability. Recognizing a need to link child development knowledge and curriculum theory, NAEYC and the National Association of Early Childhood Specialist in State Departments of Education (NAECS/SDE) published *Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Children Ages 3 Through 8* (1990). In conjunction with DAP these guidelines have contributed significantly to the establishment of high-quality standards of practice in the ECEC.

##### *The Project Approach*

The Project Approach (Katz and Chard, 1989) is an example of an integrated, process oriented curriculum. The focus of this approach is on children taking on a project that affords in-depth study of a particular topic. The learning process is documented, including children's representation of what they have learned through narratives, drawings, and constructions of artifacts using various media. According to Katz and Chard (1989) the project approach to curriculum supports the development of knowledge, skills and disposition toward learning. Children learn through experimentation and solving



problems in cooperation with peers. This approach to teaching and learning has influenced many teachers.

### *The Reggio Emilia Approach*

Many teachers and teacher educators are increasingly inspired by the Reggio Emilia approach, originated in Italy. The uniqueness of this approach lies in that it presents a collaborative model of early childhood education and care that is based on a social constructivist pedagogy. Schooling is framed in a “system of relationships” where children, teachers and parents are the three protagonist in this enterprise; and connected to the community. The aesthetically and intellectually stimulating environment reflects a respect for the interests, needs, rights, and capabilities of the children and others who occupy that space. Pedagogy is characterized by children involved in projects that encourage in-depth exploration. This approach emphasizes symbolic representation of what is learned, using children’s natural languages in their representations. Many early childhood programs are in the process of learning about this approach and adapting it in their respective settings. Some examples are: Jennings Project in Ohio where support is provided to teachers to adapt this approach in the elementary schools; university lab schools inspired by the REA include those at Virginia Polytechnic Institute and State University, University of Vermont, Kent State University; middle school exploration is found in Blacksburg, VA; and many private and public early child care and education centers across the nation (see Teacher Preparation section)

### ***Teacher Preparation***

#### *Baccalaureate and Advance Degrees*

Variability is found across professional preparation, in spite of the availability of approved standards for teacher preparation for four- and five-year institutions by the National Council for Accreditation of Teacher Education (NCATE) and the National Association for the Education of Young Children (NAEYC); an affiliate member of NCATE. This inconsistency is due mainly to the fact that much early childhood teacher preparation continues to be influenced by state certification standards, many of which do not focus on early childhood. However, documents published by the NAEYC, *A Conceptual Framework for Early Childhood Professional Development* (1993) and *Guidelines for Preparation of Early Childhood Professionals* (1996) have encouraged programs to develop a conceptual framework that reflects the knowledge base of the field in order to develop a coherent teacher preparation program. Educational reform movement has provided the impetus for teacher education and subject-discipline organizations to work together to improve professional preparation and training. For example, the National Institute for Early Professional Development, a division of NAEYC, has established a program review system at the baccalaureate and advanced levels at institutions of higher education that seek accreditation from NCATE.

#### *Associate Degree and Articulation of Agreements Between 2- and 4-Year Programs*

The Institute for Early Professional Development is currently developing an early childhood education program approval system for associate degree professional preparation programs (2-year teacher education program). ACCESS, the community college organization for early childhood teacher educators, is working with NAEYC and NAECTE in this effort. This initiative opens up opportunities for partnerships in teacher education that may lead to more effective preparation of qualified teachers to teach in diverse early childhood education and care settings. This effort also can facilitate articulation of agreements between 2-year and 4-year programs to prepare more qualified teachers to meet a shortage in our country. Connecticut, for example, has initiated an Early Childhood

Articulation Plan. Under this plan, colleges and universities in the state have developed an articulation plan so graduates with associate degrees may enter baccalaureate teacher certification programs without losing time and credits.

### *Child Development Associate Credential*

The Council for Early Childhood Professional Recognition, funded by the federal government, administers the Child Development Associate (CDA) program--a performance based program that assesses and credentials early childhood care and education professionals. The trend is for community colleges to offer the equivalent of two years of college education to CDA candidates. In addition to Head Start, increasingly, CDA credential has become a part of regulations for licensing child care programs in many states.

### *Constructivist Teacher Preparation Programs*

There is growing interest in the field of early childhood education on constructivism and its relevance in curriculum, practice, teacher education and school reform. Broadly speaking this integrated, inquiry based approach to teacher education is influenced by the works of Piaget, Vygotsky, Dewey, among others. This framework of teacher preparation is in line with the guidelines and philosophy of developmentally appropriate practice in multiple contexts in which development occurs and reflects the standards and position statements of leading councils and commissions of teacher education organization in science, mathematics, social studies, and art. Learning is both process and product and young children's learning is represented through symbolic representation. Reggio Emilia has much to contribute to this discussion.

### *Reggio Emilia Inspired Teacher Preparation Programs*

A trend towards inquiry based, constructivist approach to early childhood teacher education inspired by the Reggio Emilia approach (see REA above) is growing in the U.S. This has led to a need to reconstruct the Reggio Emilia approach to inform teaching in the context of the U.S. Programs that include elements of the REA, include the University of Vermont, Virginia Polytechnic Institute and State University (Virginia Tech), University of Tennessee, University of New Hampshire, Ohio State University, and Kent State University. An example is the early childhood teacher education program at Virginia Tech. The program is based on inquiry and social onstructivism, inform by the philosophy and theories of Dewey, Piaget, Vygotsky, Gardner and others; and is inspired by the Reggio Emilia approach. The Virginia Tech Child Development Lab School embraces a negotiated curriculum that is child initiated and teacher framed. The notions of teacher as researcher and collaborative inquiry permeate its teacher education courses, field and student teaching experiences. Documentation is an integral part of the teacher education program as it promotes reflection on curriculum, practice, child development, family involvement, diversity issues as well as the personal, professional development of the student teachers.

## ***Quality Enhancement and Accessibility of ECEC***

### *National Education Goals Panel (NEGP)*

The National Education Goals Panel (NEGP), a bipartisan and intergovernmental body, was established and had defined Eight National Goals to “help to provide a national framework for education reform and promote systemic changes needed to ensure equitable educational opportunities and high levels of educational achievement for all students.” Goal 1, “ready to learn,” established an objective that by the year 2000 all children will have access to high-quality, developmentally appropriate programs. This panel also promotes and monitors the progress toward the goals as well as supports systemwide reform, including: the establishment of a system of high academic standards and assessments; identify actions for federal, state and local governments to take; and building a nationwide, bipartisan consensus to achieve the Goals (1998).

### *NAEYC Accreditation*

The National Academy of Early Childhood Programs, the accreditation department of NAEYC, has established standards for accreditation of quality early childhood programs. This accreditation system (NAEYC, 1998) is widely recognized for early childhood programs in centers and schools as well as many other setting that serve children and their families. Criteria of accreditation have served as “benchmarks for other standard-setting bodies, funders, and professional development programs” (p. v) in the U.S. and internationally.

### *Child Care Public-Private Partnerships*

There are many efforts to create and maintain public-private partnerships for childcare across the nation. Partnerships for child care is fast becoming a way to draw together resources and knowledge to improve quality, increase supply and accessibility of child care in communities across the U. S. One project that warrants special attention is the **Child Care Partnership Project** supported by the U. S. Department of Health and Human Services; Administration for Children and Families, the Administration on Children, Youth and Families, and the Child Care Bureau. In addition to the above mentioned goals the programs in the Child Care Partnership Project also provide technical assistance on work-life issues, raise revenue to build and improve state and community child care systems. The Child Care Partnership Project profiles over two dozen public/private partnerships. The following are a few examples of programs that have demonstrated sustainability, a history of broad based support, a strong evaluation component, and achieved national notoriety .

- **Georgia Voluntary Prekindergarten Program.** This is a statewide program of universal preschool for all four-year-olds whose mission is to prepare children for school. This collaborative program is administered by the Office of School Readiness (OSR) which reports directly to the governor. Programs usually operate on the public school calendar. To maintain high quality, the curriculum of the participating programs are approved by OSR and services, such as, reduced-fee meals, subsidy for before- and after-school care, meals, resource coordination and other services are provided for children at-risk. Parent involvement, a high priority of the program, is encouraged through a range of activities that extend children’s learning at home, parent education and life-skills classes. This initiative has been recognized nationally as a model for replication.
- **North Carolina Partnership for Children (Smart Start).** The North Carolina Partnership for Children (NCPC) initiative supports county-level Smart Start partnerships with funding, technical assistance on program development, administration, organizational development, communications,

fiscal management, technology, contracts management, and fundraising. The NCPC also sets statewide goals for early childhood programs and services. All children from birth to age five and their families are eligible for Smart Start services, regardless of income. Smart Start has been widely recognized as a comprehensive model for early childhood initiatives for national, state, local policy discussions and adaptation.

- **T.E.A.C.H. Early Childhood Project® (Teacher Education and Compensation Helps).** The focus of the T.E.A.C. H. project is to improve the training of child care workers and additional training is linked to higher wages. “By compensating child care workers for receiving more training and education, the program works to retain child care providers and improve the quality of the childcare workforce.” It is a multi-state initiative, started in North Carolina by Day Care Services Association It is a non-profit service, research and advocacy group. To replicate this model, states must apply to Day Care Services Association for a license and meet the following requirements: (1) each state use the educational system in place to provide training; (2) the diversity of the workforce, including the providers’ different educational levels, geographic locations (urban and rural), and settings for the care they provide (center-based and home care options), must be respected; and (3) the project must receive payment from public and private partners involved in the program. The project has a build-in evaluation component to track progress toward the goal. . It has been adopted by other states, including New York, Pennsylvania, Georgia, Florida, Colorado and Indiana.

### ***Research, Assessment, Evaluation***

There is an increasing move towards quality enhancement through setting and implementing standards for teacher preparation, program evaluation, and research. Successful programs, such as those mentioned above, in all contexts have purposefully built in research, assessment and evaluation components. The following are some other examples.

**Literacy** – According to researchers at the Center for the Improvement of Early Reading Improvement (CIERA), there is a need for research that attends to the sociocultural and biographical contexts in literacy acquisition. This is because the foundation for children’s literacy begins at home in family literacy practices and depends, in part, on parent’s knowledge, skills, and motivation for reading and, in part, on the ways that parents and teachers provide mutually reinforcing instruction to children. One of the more recent examples of the impact of research on education is in the development of literacy in young children. The International Reading Association (IRA) and the NAEYC have developed a joint position statement on early literacy development, *Learning to Read and Write: Developmentally Appropriate Practices for Young Children*. (1998). This statement is based on research on young children’s literacy development and current issues related to this topic.

One of the programs that holds promise to enhance the acquisition in literacy skills is the Even Start Family Literacy Program. This program helps parents of educationally disadvantaged children, ages one through seven, to become partners in their children’s education through grants to schools for family-centered education. This program takes an integrated, intergenerational approach to serve young children and their parents through cooperative projects with communities.

Recent **research on early brain development** and its implications for child development has indicated some impact on educational policy and practices. For example, the Regional Educational Laboratories and the Education Commission of the States (ECS), among other leadership organizations, have called for the exploration of the implications of neuroscience research for early childhood education, child care, teacher preparation, special education, parental engagement, and prevention programs.

Research and evaluation, both for accountability and quality improvement, play an increasingly significant role in **Head Start and Early Head Start** programs. Four Head Start Quality Research Centers have been established partnerships with institutions of higher education to study the effects of Head Start on children and families over time, collaborating with the National Academy of Sciences and the National Institutes of Health. Another effort to build linkages between research, practice and policy is through the annual Head Start National Research Conference that serves as a forum for sharing information and build partnerships across disciplines.

### *Head Start and Early Head Start*

The 1994 Head Start Reauthorization, in response to the changing needs of children, families and communities, a bipartisan advisory committee was formed to review the Head Start program and make recommendations for both expansion and improvements. In the report, *To Create a 21<sup>st</sup> Century Head Start*, “Key recommendations . . . called for improved staff training and career development, including better salaries for Head Start workers; improving management of local Head Start centers; reengineering federal oversight; and providing better facilities.” Bipartisan legislation was passed to reauthorize and strengthen the Head Start program.

The 1994 Head Start Reauthorization also established **Early Head Start**, a program for low-income pregnant women and families with infants and toddlers. As with the Head Start, Early Head Start focuses on the “four corner stones essential to quality programs: child development, family development, community building and staff development.”

### *National and International Implications*

The following are a few reflections on selected innovations that are presented above and their implications both nationally and internationally:

- Programs and issues in early childhood education and care (ECEC) should be examined and understood contextually. That is, there is a need to take into account the social, cultural, economic, political, historical, and current contexts.
- Development and revision of guidelines for appropriate curriculum and practice as well as teacher education and professional development standards across ECEC, calls for collaboration among professional organizations and across disciplines.
- Education of qualified early childhood teachers are the shared responsibility of 2-year, 4-year and advance degree granting institutions of higher education. There is a need to collaborate across these institutions to articulate teacher education plans that facilitate professional development and movement from beginning to advanced levels of education.
- Collaborative, private and public partnerships with strong leadership and administration--nationally, statewide, and locally--has the potential to make quality, affordable care and education accessible to all children and families; and improve compensation for professionals in child care and education.
- Innovations calls for being open to possibilities that can be learned from diverse programs here and internationally.

- Research in diverse fields can contribute significantly to improving the education and care of children and their families.

Research, assessment and evaluation are essential to program enhancement, accountability and to contribute to knowledge about child development curriculum, best practice, and ECEC policy.

### **III - CONCLUDING ASSESSMENTS** – *Richard M. Clifford, Moncrieff Cochran and Sharon Llynn Kagan*

#### **General shifts in ECEC policy**

Early childhood education and care is defined broadly here to include care and education provided by parents and other relatives as well as by others in settings outside the child's home. Within this overall framework recent changes in ECEC policy have come within three separate but complementary "movements," early intervention, child care, and family support. Early intervention has its roots in the 1960s discovery of childhood poverty and its consequences, leading to establishment of federal Head Start. Modern manifestations are found not only in Head Start but also in a myriad of national, state, and local home visiting programs, aimed primarily at the needs of 0-3 year old children and their families. The modern child care movement was stimulated by the entry of millions of mothers into the work force during the early 1970s, a shift that has continued unabated and been given further impetus by federal and state welfare reform. The family support movement began in local communities as a reaction to the deficit-oriented, individualistic character of prevailing parent education and family assistance programs, and gained prominence in the early 1980s with formation of the Family Resource Coalition of America.. The 1990s have been a time of great vibrancy and growing excitement, involving unprecedented growth within all three of these early care and education "streams" and some indication that the currents are beginning to intermingle and nourish one another. At the same time, this vibrance has brought with it increased complexity, in part because many policy-makers continue to address the three arenas separately. This complexity has led to confusion and frustration in many local communities.

#### ***Nine general shifts in the direction of ECEC policy***

Nine general shifts in the direction of ECEC policy are summarized below, with emphasis given to child care and early childhood education but recognition that many of the changes are also manifested in family support and early intervention policies.

#### ***A more sophisticated understanding of the links between policy and program quality***

This shift can be seen in the research arena, where studies during the past decade have moved from a focus on the general impacts of early care and education programs on child growth and development to an increased emphasis on whether and how programs of differing quality have differential effects on that development. This greater attention to specific quality indicators like the

education and training of ECE teachers/caregivers, staff turn-over rates, staff-child ratios and the closeness of the teacher-child relationship has begun to be translated into national, state, and local policy initiatives aimed specifically at improving those program dimensions. Somewhat analogous shifts in the direction of specifying key dimensions and promising practices have been seen in the family support and early intervention home visiting arenas.

#### *Increased national dialogue over what constitutes quality care*

The publishing of “Developmentally Appropriate Practice” in 1987 by the National Association for the Education of Young Children (NAEYC) and the decade of discussions and debate following its release have led to growing consensus in the ECEC field regarding the nature and dynamics of group care of high quality for young children. Challenges to the values and pedagogy framing “Developmentally Appropriate Practice” have contributed to an understanding of its limitations and allowed culturally appropriate alternatives to take shape. Another milestone was reached with the introduction of “Anti-Bias Curriculum” in 1989, which provided practitioners with ways of understanding the negative effects of racism, sexism, and handicappism on early development and has become the accepted guide to ways of teaching that empower children regardless of ability, gender, or cultural background. More recently the work of California Tomorrow has moved the discussion of how to develop culturally appropriate preschool programs beyond curriculum to include hiring practices, family-center relations, and language differences.

Increased recognition of the central role played by teacher education and training in the provision of quality care has brought acknowledgment of the fact that there has been no system for developing well-trained practitioners in early care and education in the U.S., and is leading to more focused efforts by states to create such systems. These efforts are still in the early stages. There are some signs that community colleges will play a central role in the systems that emerge from these efforts.

#### *Growing recognition of higher center standards on a national scale*

The introduction of a voluntary center-based program accreditation system by NAEYC in 1985 set a quality standard substantially higher than those reflected in the minimal health and safety regulations provided by the states. Fifteen years later this standard has been recognized and adopted by thousands of programs, a growing number of states, and several for-profit child care corporations. State regulations governing center-based care have also become somewhat more stringent during the 1990s, especially regarding staff-child ratios for infant care.

#### *Greater attention to the economics of early childhood education and care*

The 1990s have seen a greatly intensified effort to understand the full cost of providing quality early care and education programs, and renewed efforts to broaden the funding base beyond parents to include the public and private sectors. The federal expenditure of public funds has increased, and increases in tax revenue expenditures have also occurred in a number of states. Most recently a number of states have reinvested some of the savings accrued through welfare reform into child care for low income families. Child care tax credits for parents and tax deductions for employers providing or subsidizing child care services have expanded at both federal and state levels. Lower income families benefit least from these tax-based strategies, and generally pay a far higher percent of family income for child care than do wealthier families.



New strategies had been developed for linking financing to quality, including federal requirements setting aside specific percentages of federal funds for investment in quality improvement through teacher education, improved adult-child ratios, and other such approaches. Teacher compensation is increasingly linked to amount and type of education and training completed by teachers and percent of certified teachers hired by centers. Concerted national efforts are under way within the private non-profit sector to increase the salaries of child care providers and early childhood education teachers.

The past 15 years have also brought continued expansion of for-profit child care sector, especially in states with less stringent child care center regulations regarding staff-child ratio and teacher qualifications.

### *Expanded involvement of the States in ECEC*

The 1990s have brought substantially increased state involvement in early care and education, partly due to pressures for decentralization at the federal level and partly because states are recognizing the value of primary prevention, early education, and family support as “front-end” investments with long-term savings. These investments have been especially evident in prekindergarten programs for 3 and 4 year olds, but are also seen in home-visiting programs for families with infants and toddlers and early screening and programming for children with special needs. In some cases, as with welfare reform, the change does not involve increased expenditure of state tax revenues, but rather reallocation of federal funds allocated to states through block grants. There are growing signs that the role of public schools is expanding to include younger children a more comprehensive array of services to families.

### *Increased emphasis on primary prevention*

The greater appreciation for the value of primary prevention touched on earlier can be seen in changes within the federal Head Start to include substantial investment in programming for 0-3 year olds and their families (Early Head Start). Recognition of the importance of the parent role in infant care is reflected in passage of federal parental leave legislation (1993), although the absence of any salary replacement seriously limits its usefulness to middle and lower income families. Many of the child care initiatives flowing from welfare reform are also aimed at the needs of parents with very young children. The growing interest in primary prevention is also reflected in the health-oriented home visiting and early screening for special needs policies mentioned earlier.

### *Growing recognition of the need for a systemic approach and greater coordination*

A major shortcoming for early care and education in the U.S. has been the absence of comprehensive, coherent infrastructures at the federal, state, or local levels to support ECEC programming. Several important national reports (Not by Chance, etc.) have highlighted the need for systems of early care and education at every level, and for comprehensive planning and long-range thinking. During the past decade the expansion of private, non-profit child care resource and referral (CCR&R) agencies at the local level has brought more coherence and coordination to local ECEC efforts, for planners, providers, and parents. At the national level and in some states associations of CCR&R agencies have become effective advocates for increased public funding and other enhancements to the overall ECEC effort.

### *Resurgence of attention to kith and kin care*

This shift has come in the past four years, stimulated by the requirement in the federal welfare reform law that parents be able to choose among available child care providers, including their own relatives and neighbors. Increased amounts of public funds are going to kith and kin exempt from state regulations because they care for only one or two children or provide care for only a few hours per day. Renewed policy efforts are also under way in some states to find effective ways of supporting and enhancing the efforts of these caregivers through home visiting and other family support strategies.

### *Growing recognition of the need for consumer education*

There is growing recognition that continued expansion of the resources allocated to early care and education in the U.S. will depend on increased demand for such expenditures by the voting public. Increase in this demand will require education of that public about the pay-offs flowing from such increased investment and the costs of not investing more. The first major national effort to provide education information using a variety of media was carried out several years ago, focused on recent findings in brain research and implications of those findings for early care and education.

### *Changes in the context surrounding U.S. Early Care and Education*

The shifts outlined here represent progress in the direction of improved ECEC systems at all levels, and a clear increase in the rate of that progress during the 1990s. But these positive changes must be understood in the context of daunting demographic changes in the U.S. as a whole and especially related to early care and education teachers. Demographic shifts in the U.S. population involve increases in the percent of children from families whose historical origins are not European and whose home language is not English. Laws requiring that only English be spoken in early childhood programs receiving public funds are becoming increasingly common in the states. The salaries of ECE teachers, already very low, have actually declined in purchasing power during the past decade. A shortage of qualified ECE teachers already exists, and is expected to worsen dramatically over the next 10 years. Shortages of infant and toddler caregivers and programs are especially acute, and the quality of existing programs is alarming low. All these realities argue for quickening the pace of ECE policy advancement still more over the next decade.

### *How successfully have ECEC systems and practice adapted to the changes described here?*

The diffusion of innovations in the U.S. is seriously impeded by the decentralized nature of our system. The result is great variation from state to state. In general, federal, state, and local efforts continue to articulate with one another only grudgingly. In a given state much depends on local capacity to plan and coordinate ECE programs, and the level of commitment to early care and education at the state level. Political attitudes in state governments affect the extent to which states are even willing to take advantage of financing allocations and incentives offered by the federal government. Advocacy at federal, state, and local levels has become increasingly sophisticated, and has some impact in influencing systems change.

## **Future trends**

Early childhood education in the United States has experienced a wondrous period of profound change within the last forty years and, more explicitly, within the last decade. The mid-sixties gave rise to sustained formal federal intervention (via Head Start and Title I) for this first time in the nation's history. Since then remarkable, though insufficient, increases in federal and state supports along with a burgeoning number of unconnected programs and services have characterized the epoch. Lacking an infrastructure upon which to build such efforts systematically and given the advent of devolution, both the federal government and the states are experiencing systemic inadequacies which, of necessity, will frame major efforts in the future. Thus, recent explosive growth within the field coupled with significant demographic and technological changes outside the field predict that the coming decades will be a time of both unprecedented opportunity and challenge for the early care and education. Some of the issues and trends to be addressed include:

### ***The Issue of Quality***

As study after study has indicated, American policy efforts of the last several decades have focused on the expansion of the *quantity* of services, rather than their *quality*. This is the single most serious challenge we face, for several reasons. First, tackling quality in a nation as diverse as the US means that there can not be any single regulatory or curricular strategy that can be universally applied. Regulations, if they are to be made more stringent, will need to be handled on a state by state basis. The recruitment and training of professionals is, similarly, a state responsibility. Second, there is no agreed-upon definition of quality or national value set upon which to base a "quality" movement. Ideas about what constitutes quality, though guided by Developmentally Appropriate Practices and the NAEYC Accreditation System are hardly ideologically ubiquitous. Third, the case for the importance of quality and the need to raise it significantly has escaped policy makers who have the power to allocate resources. While they may "hear" the quality and compensation laments, given their accountability as elected officials, policy makers are anxious to make a dent, to gain a big wallop for their investments; funding slots so that more children are served is far more politically appealing than simply enhancing quality.

Therefore, a focus on quality is essential to safeguarding the investments already being made in early childhood education in the US. In particular, changes need to be made in the way standards are promulgated, implemented, and enforced, moving the process from one that is essentially minimalist to one that imposes regulations on this field in a manner commensurate with other human service domains. Quality enhancement is needed in the compensation and training requirements for those working in the field. Movement is underway in this area, with several national organizations and several significant efforts at state levels to establish strategies that could be replicated.

### ***The Issue of Public Understanding and Public Advocacy***

It is said that no nation solves a social problem until there is widespread understanding that the problem exists. To this end, advocates for early childhood education, increasingly becoming more sophisticated, are building in media campaigns in their work. New research studies are often accompanied by foundation support to "disseminate" or publicize the findings. Major media campaigns around brain research and the National Academy of Science Report on Literacy are noteworthy examples. Well recognized by the field and by foundation funders, these efforts will need

to be expanded considerably, with the precise goal of assuring that the American public (along with policymakers) are fully aware of the quality crises in early childhood education. National organizations will need to create systematic strategies to mobilize their members and training institutions will need to train future early childhood educators to become involved in public engagement activities.

### ***The Issue of Governance and Finance***

Despite considerable public and private investment in early care and education in the US, there is no coordinated approach to governance; programs still compete for dollars, planning is done by programs, and financing is handled as reactively, rather than proactively. There is no sense of the whole; fragmentation, competition, and inefficiency hallmark service provision. Given the episodic history of early care and education in the US, that these conditions exist is not surprising. Increasingly, those who see the system rather than individual programs understand and are advocating a need for some governance and funding mechanism that will allow early care and education to be seamed together so that parents and the public are not so confused about the field's intents and mechanisms. To date, and this relates directly to issues of public funding, there is no governance mechanisms or public understanding of the need for one. Several states, however, recognizing the depth of the issues, have taken leadership to create early care and education systems. These will be models for other states that will need to cope with this problem in the next decade or face the collapse of early childhood education.

### ***The Issue of 21<sup>st</sup> Century Pedagogy and Programs***

Appropriately, the United States has been focusing of late on policy issues. However, serious pedagogical issues persist. Given changes in the US population, advances in technology, and increasing demands being placed on young children for increased academic performance, pedagogical attention is warranted. In particular, with more women coming into the work force—as a result of welfare policies and income needs—an unprecedented number of infants and toddlers will be needing early childhood services. Presently, the field is under-capacitated to handle this population, in terms of adequate space, pedagogy, staff, and knowledge. Another social reality, increasing incidents of violence demand that early education programs address the issue from both security and pedagogical perspectives. Moving from societal to technological changes, early childhood education will need to catch up to the effective use of technology for pedagogical, assessment, and management purposes. Assessment will continue to be a major issues, as policymakers press for greater accountability to justify early childhood program expenditures. Determining how to best assess young children, how to manage the information so that it is not used to harm children will be a next-decade issue. Related to this, the field will also need to come to grips with what it wants children to know and be able to do, before any effective assessment system can be mounted.

### ***The Issue of Access***

Though great strides to increase service access have been made, low-income children, those most likely to benefit from high quality programs, are still under-served in comparison to their age counterparts from families who can afford to purchase quality services or services at all. Inappropriate and unjust, increasing access to services for all children will be a policy imperative that will demand attention in the future. Moreover, given equity issues and population trends, there will be an increasing need to create programs and services that address the need of children from families whose

dominant language is not English. Services for children with disabilities have received considered attention in the US; still more needs to be done to address their specific needs.

### ***The Issue of Energy and Invention***

As noted earlier, the past decade has witnessed a renaissance of early childhood education in the nation. The federal government has taken the lead by establishing the Child Care Bureau and by funding an Early Childhood Institute within the US Department of Education. It has also supported many new research efforts. At the national, as opposed to federal level, numerous professional organizations have emerged and are doing exemplary work; those organizations with long histories have expanded their membership and roles considerably. At the state and local levels, scores of examples of innovation exist.

Yet, for this accomplishment, a serious front-line problem persists. For decades, US early educators have worked for modest wages, no benefits, and no job security. They have given their all to young children and to the field; indeed, people from other fields marvel, wondering constantly “how do they do it?” With scores of opportunities for women and with monetary incentives that far far surpass early childhood education, it is increasingly difficult to attract and retain staff. Those who do stay are often demoralized quickly. *The single greatest challenge the field faces is to generate energy and enthusiasm to address the challenges outlined above.* In part, this can be accomplished by creating new and badly-needed incentives (salaries, compensation packages, professional development opportunities) and fellowship opportunities. But, in addition, the field will need some significant new boosts of energy. While the field has been working diligently to create new standards and new programs, policy advances that have been made in the past have come largely from outside the field. Policy elixirs have taken diverse forms—new and well-popularized research, attention by prestigious national organizations (e.g., the National Governors Association, the National Education Goals Panel), investments by foundations who have created an early childhood funders collaborative and supported many innovative efforts, and by the business community. Until such time as there is a full-fledged, coordinated governmental policy, work will need to be done sustain the commitment of those outside the field. They will need to invent, to question the field, and to make investments that are of systemic, rather than programmatic orientation. Investments in research will need to continue, as will the growing federal role in research.

### ***Prognosis: Can and Will This Happen?***

The United States make things happen incrementally, except when there is a threat of crises. Until the American people internalize that young children are in jeopardy, action will remain incremental. The nation will continue to make policy by example, forcing the necessity to prove that programs work. The issue of the rights of children, so prominent in other nations, does exist. America needs to do right by its children, but until such time as the nation acknowledges the rights of children, it will move slowly. That the US has not ratified the UN rights of the child should not escape notice. This nation, great and glorious, needs a policy push. Out hope is that the OECD report will move us in that direction.

## **Issues for further investigation**

Two areas of concern are addressed in this section. As discussed in the previous section, there is a set of policy concerns critical to the advancement of early care and education in the United States. While this statement may repeat some of the issues raised earlier, it will identify the relevant policy issues in particular need of investigation. Additional areas in need of investigation will also be identified. Here we will examine the key domains that offer promise of major benefit to early childhood practice in the future.

The major policy issues facing the US all relate to the establishment of a true system of services for young children and their families. Four general questions will be used to frame the discussion: Who will provide early childhood services in this country? Who will teach and care for our youngest citizens? Who will pay for early childhood services? Who will govern these services?

**Who will provide early childhood services?** The provision of early childhood services in the US has been compared with parallel play in young children. The US has a variety of providers of services each going their own way with little coordination or even communication across the segments of the provider community. As described above, we have a federal government supported and governed set of Head Start programs serving nearly a million young children, mostly 3 and 4 years of age. Our public school systems, mostly under the control of some 17,000 local school boards, serve nearly a million children as well. Our child care network of some 100,000 centers and an even larger number of family child care homes, is composed of private for profit providers (including some large chains of centers, but mostly operated as small businesses), non-profit agencies (mostly controlled by local board of directors), and public agencies (including schools, hospitals and other governmental entities), together serving millions of additional children. Layered on top of these primary providers is a set of services for young children with disabilities and their families. Often these services are provided in one of the settings described above but paid for by public funds. However, in many locations services are also available through specialized early intervention programs in segregated settings.

Each of these groups of service providers operates relatively independently with no overarching mechanism for coordination and control. While they act independently, the actions of one segment often have a profound impact on the others. When the public school system in a community or state makes a decision to radically expand services to 4-year-old children, this may be seen as unfair competition from the private for profit child care providers or by the local Head Start program. Similarly, expansion of Head Start to serve younger children (for example by adding an Early Head Start component serving infants and toddlers), may affect the early intervention services in the community and also take customers from the local child care centers and family child care providers. Research in recent years has provided some limited insight into the quality of services offered by various sectors, but much more needs to be known. How many children are actually served by the various sectors of the service provider community and how are these numbers changing over time? Do the advantages in quality offered by the public sector justify the higher cost of these programs? Are there mechanisms for successfully coordinating the existing set of services? To what degree do existing government policies act to constrain quality in favor of providing services to a larger number of children and families? In general, how has the substantial increase in government funding for early childhood services affected the nature and quality of services over the past decade?

**Who will teach/care for young children?** As described above, there is wide variation within and across states in who serves as the primary caregiver/teacher of young children. There is evidence that more highly educated professionals offer higher quality services, which lead to better outcomes in children. There is also evidence that child:staff ratios are at least as important in providing quality. In other countries, however, there is evidence that high quality services can be achieved by employing well trained teachers with relatively large child:staff ratios. We need studies to help determine the best ways of improving quality of services at reasonable costs. Decisions about who will work with our young children are also political in nature, so studies must look at the impact of a variety of methods of achieving quality. Infant care is a particular case. With no mandated paid parental leave, more than half of all women return to work within one year of having a child. Studies of child care indicate that the quality of services for infants is a major problem in our country. Is it more economical for the government to support some form of parental leave or to support high quality infant care? What are the relative advantages to the families and to the children themselves?

**Who will pay for early childhood services?** Unlike most countries in OECD, the US still relies on parents to pay for the largest part of the cost of early care and education. We have a complex system of both direct and indirect methods for providing government support for families using these services at the state and federal levels. In some cases the costs are fully born by the government, as in Head Start and many public school based programs. Child care subsidies are available for lower income families through federal and state programs usually administered by local social service agencies. These subsidies often require some parent co-payment except for very low income families. Tax reductions are available for most families using child care to permit parents to work. There have been quite substantial increases in government investment in early care and education in the past decade. Little is known about the impact on the quality of services of the various methods used to provide financial assistance to families. It is felt that certain methods of providing support encourage use of lower cost and lower quality settings. More research is needed to understand the cost and quality relationships and to guide public policymaking in this area.

**Who will govern early care and education in the US?** While this issue is not one that will require extensive research, decisions about the roles of the federal, state, and local governments will have a profound impact on the services. The US is in dire need of a consensus about the relative roles of these different parts of our governance structure. Some have called for a national commission to openly discuss and debate these issues.

Three other areas of concern deserve special mention in this discussion.

**What is the role of the broader concept of family support in the current environment?** Research on the efficacy of family support in the US is equivocal. For example, recent studies of home visiting offer only limited support for these programs ability to substantially impact family functioning. Yet many countries in OECD offer some forms of broader family support. The US studies use limited measures of the impact of such supports for families that may not capture the true value of such services. Much work is needed in this area.

**Can we gain insights into improving early care and education practice from basic research on how the brain functions?** Much work has been done and is currently underway concerning the functioning of the brain in humans and other animals. John Bruer, among others, has recently detailed the difficulty of drawing lessons from this research for professional practice. Yet, this basic research offers much hope that we may be able to gain new knowledge to help us learn optimum times for certain types of intervention for development of skills and learning or devise other strategies for improving education for humans. Efforts are needed to bring together brain scientists,



developmentalists, and educators to examine what is known and devise further research to move practice forward.

**How can we make our early care and education system responsive to the needs of the increasingly diverse population in the US?** As detailed in earlier papers for this report, the population of young children is rapidly becoming more diverse. Programs are struggling with making accommodations for families with limited proficiency in the English language as well as understanding and building on the rich diversity of cultures. Open discussion of the issues is needed to take advantage of what is already known about working with diverse groups as well as identification of new avenues of investigation to move our thinking forward.