

# Executive Summary

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Children learn all day every day from the experiences that surround them. It is our responsibility as adults to assure that what they learn educates them for success.

Today, many infants and young children in Michigan—as in other parts of the United States—spend much of their early lives in child care arrangements that vary widely in type, setting, and quality. Is Michigan using what researchers know about child care to optimize children's education and to spend taxpayer dollars wisely? Research findings suggest that funds invested in quality child care are well spent. For example, for at-risk families, the positive outcomes of high quality child care have been estimated to result in a return-on-investment for each dollar spent of at least two dollars, and perhaps as much as seven dollars.

This issue of the *Michigan Family Impact Seminar Briefing Report* addresses the issue of child care and education. First, we provide an overview focused on Michigan facts and figures. Next, we provide summaries of cutting-edge research findings, presented by nationally renowned experts, on three topics: (1) early intervention child care for at-risk families, (2) the nature of child care in the United States, and (3) after-school care.

## Overview

Quality of child care is vitally important. A growing body of research evidence indicates that quality of child care is strongly related to the course of children's development. High quality care is associated with higher cognitive development, better communication skills, greater school readiness, more positive emotions, fewer behavior problems, and decreased need for special education. Quality care also is related to long-term positive effects such as higher graduation rates, higher employment rates and income levels, and lower arrest rates. According to research, child care centers in states with more stringent quality standards provide better quality care.

Factors associated with quality care include the ratio of children to adults, the size of the groups that children are in, and the education of the child care providers. For example, the American Public Health Association and the American Academy of Pediatrics recommend that one adult care for no more than 3 infants, or no more than 7 three-year-olds. Research indicates that child care staff with more education and higher pay provide better care. Michigan currently has no educational standards in place for child care teachers, and the median hourly wage for child care workers in the state is \$6.85. Only 3% of child care centers in Michigan meet the accreditation standards recommended by the National Association for the Education of Young Children (NAEYC) and only 2% of Family Independence Agency child care monies are spent on improving the quality of care.

Michigan has approximately 4,800 licensed child care centers and 15,800 licensed/registered family child care providers. Together, these programs are able to provide care for 80% of the more than 430,000 children who need it. Shortages of care are particularly pronounced in the areas of infant care, care for children with special needs, and care in the evening or at odd hours. The average cost of full time child care in Michigan is \$5,005 per year, a cost that exceeds the budgets of many families; yet, more than 40% of the 163,000 Michigan families eligible for child care subsidies are not using them.

Children, families, communities and taxpayers all can benefit when the knowledge gleaned from high quality research studies is used to ensure

that child care in Michigan is educational and of high quality. Such programming supports children's social and emotional development, facilitates children's learning through appropriate play experiences, encourages cognitive development and language enrichment, reduces problem behaviors, supports families, and constitutes wise investment of public funds.

The overview chapter concludes with a set of sample policy options.

## Research on Child Care

**Intervention Beginning in Infancy.** Dr. Craig Ramey, principal investigator of the "Abecedarian Project," describes an early intervention child care program that compared infants from low-income, high-risk families who were randomly assigned to a high-quality child care setting with infants in a non-treated control group. By following the children's progress through age 21, the study found that high-quality, multi-faceted early intervention significantly improves the course of intellectual development in young children. Positive effects included higher IQ and cognitive performance; improved language; fewer instances of grade retention; decreased need for special education; higher reading and math achievement scores; higher levels of formal education; delayed parenthood; and, for teen mothers, higher rates of post-high school education. In replications of the Abecedarian Project, researchers found that children who were at the highest risk benefited the most from early intervention. Dr. Ramey concludes this chapter with a discussion of policy implications of the Abecedarian Project findings.

**National Study of Child Care.** Dr. Kathleen McCartney, one of the principal investigators of the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care, describes the most comprehensive child care study ever conducted in the United States. The NICHD Study was designed to assess the effects of various child care arrangements on child development. More than 1,300 children in 10 states were enrolled in the study in 1991 and their progress documented for a seven-year period. Dr. McCartney and her colleagues found that (1) most child care programs for children at 24 and 36 months do *not* meet the recommended guidelines for aspects of care that can be regulated; (2) the number of hours children spend in child care varies by ethnicity, with white non-Hispanics averaging the fewest hours of care and black non-Hispanics the most; (3) higher quality child care is associated with more positive outcomes whereas lower quality child care is associated with more negative outcomes; (4) children from families at the lowest and highest income levels received higher quality of care than those in the middle income and near-poor ranges; (5) families more dependent on a mother's income placed their infants in child care at an earlier age and used more hours of care than families less dependent on a mother's income; and (6) family and home characteristics are stronger predictors of many outcomes than are children's experiences in child care.

**After-School Care.** Dr. Mary Larner, policy analyst and editor for the David and Lucile Packard Foundation, discusses the problem of out-of-school care for children beyond the infancy and preschool years. She summarizes current research indicating that, while all children need safe out-of-school care, the need is especially great for children ages 5 to 9 and children living in low-income neighborhoods. Children, families, and communities all benefit when children are in supervised programs after school. Benefits include higher grades in school and improved work habits and social skills, as well as reduced rates of crime and risky activities such as drug or alcohol use and sexual contact. Currently, however, four major barriers hamper delivery of after-school services to children: (1) inadequate funding, (2) under-qualified and high-turnover staff, (3) inadequate and/or inappropriate space, and (4) lack of long-term evaluations of program impact. Recent polls show that most voters believe that organized activities for children and teens should be provided after school, and that most voters are willing to pay more in taxes to increase the availability of such programs.