
Executive Summary

Odds are the toddler next door is not taken care of during the day by a parent. In fact, in Wisconsin, more than 70% of preschoolers whose mothers work are in child care with someone other than mom or dad, compared to 56% of preschoolers nationwide. So what is the quality of their care? And just how important is quality? How can Wisconsin help families have reasonable access to the range of early childhood education and care programs available? Can the resources be arranged to better meet the needs of children and families?

The first chapter, by Deborah Lowe Vandell and Barbara Wolfe, examines these questions. In the United States, the quality of care is neither outstanding nor terrible, but there is plenty of room for improvement. In a recent study of 600 child care settings, about 6 out of 10 were estimated to be fair (53%) or poor (8%); only 30% were rated good and 9% excellent. Only three states have child-adult ratios that meet the recommended 3 infants to 1 adult; Wisconsin's standard for infants is 4 to 1. Caregiver qualifications are reportedly on a decline nationally and salaries did not improve during the 1990s. Child care workers earned only 41% to 85% as much as their counterparts in other professions. Consequently, turnover has been high with 51% of teachers and 59% of assistants leaving their job over a 20-month period.

The quality of a child care setting—from poor to excellent—can affect a child today and throughout adulthood. High quality care translates into measurable improvements in language, math, and social skills through second grade. One estimate shows substituting a poor quality caregiver with an excellent one would improve a child's school readiness by 50%. Looking even further down the road, studies which follow children into adulthood demonstrate that kids with higher quality preschool care are more likely to complete high school and college, earn better wages, and commit fewer crimes. Higher quality child care also increases the odds that parents will continue their education, keep their jobs, and work longer hours.

From an economic standpoint, economists who study child care agree that the private marketplace does not work as well for child care as for other industries. For example, parents find it hard to compare the quality and cost of care. Parents often face a seriously limited set of child care options, especially low-income parents with odd work schedules. Moreover, parents of young children are at the low end of their earning potential and may not be able to afford high-quality care. Also, the benefits of quality care extend beyond the family to society as measured by lower costs for education, reduced crime, increased productivity, and less need for social services.

What government should do and how much it should invest are not easy questions. However, some research exists. If a center with an annual per child cost of \$6,500 reduces the child-staff ratio from 11:1 to 10:1, the cost per child increases by about \$306. Improving a center's quality rating from mediocre to good (25%) increases annual costs by 10% or \$246 per child. No cost estimates exist for the least expensive alternative—improving the quality of caregiver training.

However, the question of whether early childhood care and education is a proper issue for public policy is a matter of values and judgment, not research findings. Most Americans agree that caring for children is primarily the responsibility of parents. Yet in recent polls, over 8 in 10 parents report that government could be doing something or a great deal to help them.

Helene Stebbins of the National Governors Association reviews how more than a dozen states are finding solutions to child care dilemmas. Stebbins lists examples of state programs, detailing their history, scope, target audience, and funding.

In a recent 50-state study, Scott Groginsky and Bina Patel of the National Conference of State Legislatures (NCSL) report that 36 states have statutory language encouraging or requiring coordination of early education and child care programs. In a separate chapter, NCSL authors also review several strategies that states are using to ensure safe and healthy care for infants and toddlers, improve the supply of quality infant and toddler care, and support families with young children. For example, several states have improved the ratio of children to adults in child care settings, supplemented Early Head Start funding, and launched innovative provider training and compensation. States have also taken steps to include children with special needs.

One of the best examples of how a state has improved child care quality, while still recognizing the primary role of parents is North Carolina's Smart Start. Smart Start was established in 1993 as a state-local early childhood initiative serving all North Carolina children under the age of 6 and their families. According to Executive Director Karen Ponder, a total of 81 local partnerships covering all 100 North Carolina counties have focused their attention on three major areas: child care and education, family support programs, and health services. State funding has grown from \$30 million in 1993-94 to \$216 million in 1999-2000. Private contributions total \$70 million and more than 1 million volunteer hours.

Smart Start has been credited, in part, with creating nearly 50,000 new child care spaces, increasing the quality of child care, improving the credentials of child care providers, and reducing the turnover rates of child care teachers. Research shows that Smart Start participants are better prepared for kindergarten—entering school with better language skills and fewer behavior problems. North Carolina's unique approach has received the 1998 Innovations in American Government Award and the 1999 Innovation in Government Award.

The next chapter summarizes what Wisconsin is doing in early childhood care and education. For seven years in a row in the 1990s, Working Mother magazine ranked Wisconsin in the top 10 states for child care. The number of regulated child care providers in Wisconsin more than doubled in the 1990s from 4,413 to 10,500 licensed and certified providers. Of the 200,000 children in regulated child care, 21% were receiving a child care subsidy from Wisconsin Shares in October 2001. In 1856, Watertown, Wisconsin became the first community in the country to establish a kindergarten, and in 1927 Wisconsin began public funding

for 4-year-old kindergarten. Currently, about one third of the state's school districts offer a 4-year-old kindergarten. Wisconsin also supplements federal dollars to allow an additional 1,388 children and families to be served by Head Start. In 2000, the Birth to 3 Program served 8,371 children and their families over the course of the year. This chapter overviews the Wisconsin legislature's investment in programs like Wisconsin Shares, supplemental Head Start, and SAGE as well as the number of children enrolled in 4-year-old kindergarten, childhood special education, and Birth to 3 Programs.