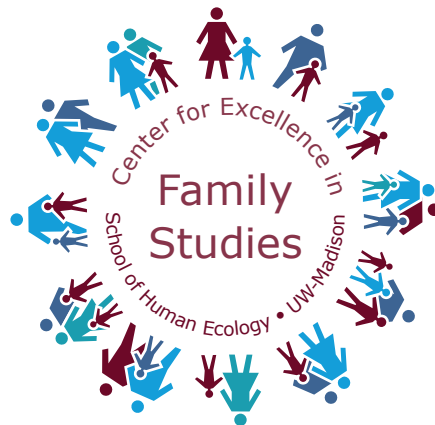

**Wisconsin Family Impact Seminars,
the National Conference of State Legislatures, and
the National Governors Association**

Early Childhood Care and Education: What Are States Doing?



**University of Wisconsin-Extension
Center for Excellence in Family Studies
School of Human Ecology
University of Wisconsin-Madison**

Early Childhood Care and Education: What Are States Doing?

First Edition

**Wisconsin Family Impact Seminars,
the National Conference of State Legislatures, and
the National Governors Association
Briefing Report**

Edited by

Karen Bogenschneider, Ph.D.

Director,
Wisconsin Family Impact Seminars
Prof., Human Development & Family Studies
Family Policy Specialist
University of Wisconsin-Madison/Extension

Bettina Friese, Ph.D.

Associate Director,
Policy Institute for Family Impact Seminars
University of Wisconsin-Madison

Karla Balling

Research Assistant,
Wisconsin Family Impact Seminars
University of Wisconsin-Madison

Jessica Mills

Associate Director,
Policy Institute for Family Impact Seminars
University of Wisconsin-Madison

Lisa Pugh

Content editing

Meg Wall-Wild

Layout, production, and copy editing

January 2002

**University of Wisconsin-Extension
Center for Excellence in Family Studies
School of Human Ecology
University of Wisconsin-Madison**

We gratefully acknowledge the financial support of
The Lynde and Harry Bradley Foundation,
The A. L. Mailman Family Foundation,
The National Conference of State Legislatures,
The National Governors Association,
& Elizabeth C. Davies

Purpose and Presenters

In 1993, Wisconsin became one of the first states to sponsor Family Impact Seminars modeled after the seminar series for federal policymakers.

Because of the success of the Wisconsin Family Impact Seminars, Wisconsin is now helping other states establish their own seminars through the Policy Institute for Family Impact Seminars established at the University of Wisconsin-Madison.

Family Impact Seminars are a series of seminars, briefing reports, newsletters, and discussion sessions that provide up-to-date, solution-oriented research on current issues for state policymakers, legislators, legislative staff, Governor's Office staff, legislative support bureau personnel, and state agency representatives. Family Impact Seminars analyze the consequences an issue, policy, or program may have for families.

The seminars provide objective nonpartisan research on current issues and do not lobby for particular policies. Seminar participants discuss policy options and identify common ground where it exists.

"Early Childhood Care and Education: What Are States Doing?" is the 17th seminar in a series designed to bring a family focus to policymaking. This seminar featured the following speakers:

Dave Riley

Professor, Human Development and Family Studies
Extension Child Development Specialist
University of Wisconsin-Madison
1430 Linden Drive
Madison, WI 53706
(608) 262-3314
dariley@facstaff.wisc.edu
<http://wiscinfo.doit.wisc.edu/hdfs/faculty/riley.html>

Helene Stebbins

Program Director
National Governors Association
Hall of States
444 N. Capitol St.
Washington, DC 20001-1512
(202) 624-5300
hstebbins@nga.org
<http://www.nga.org>

Bina Patel

Policy Associate
National Conference of State Legislatures
1560 Broadway, Suite 700
Denver, CO 80202
(303) 830-2200
bina.patel@ncsl.org
<http://www.ncsl.org>

Karen Ponder

Executive Director
North Carolina Partnership for Children, Smart Start
1100 Wake Forest Road
Raleigh, NC 27604
(919) 821-7999
kponder@smartstart-nc.org
<http://www.smartstart-nc.org>

For further information on the Wisconsin Family Impact Seminar series, contact:

Karen Bogenschneider

Director, Wisconsin Family Impact Seminars
Executive Director, Policy Institute for Family Impact Seminars
Professor, UW-Madison/Extension
130 Human Ecology
1300 Linden Drive
Madison, WI 53706
(608) 262-4070
kpbogens@facstaff.wisc.edu

State Coordinator

Karla Balling

Wisconsin Family Impact Seminars
130 Human Ecology
1300 Linden Drive
Madison, WI 53706
(608) 262-5779
kballing@students.wisc.edu

Wisconsin Family Impact Seminar Briefing Reports

Each seminar is accompanied by an in-depth briefing report that summarizes the latest research on a topic and identifies policy options from across the political spectrum. Copies are available at:

Extension Publications
45 N. Charter St., Madison, WI 53715
Toll-free: (877) 947-7827 (877-WIS-PUBS); Madison: 262-3346
<http://learningstore.uwex.edu>

Building Policies That Put Families First: A Wisconsin Perspective	March 1993
Single Parenthood and Children's Well-Being	October 1993
Can Government Promote Competent Parenting?	January 1994
Promising Approaches for Addressing Juvenile Crime	May 1994
Welfare Reform: Can Government Promote Parental Self- Sufficiency While Ensuring the Well-Being of Children?	January 1995
Child Support: The Effects of the Current System on Families	November 1995
Teenage Pregnancy Prevention: Programs That Work	March 1996
Programs and Policies to Prevent Youth Crime, Smoking, and Substance Use: What Works?	February 1997
Moving Families Out of Poverty: Employment, Tax, and Investment Strategies	April 1997
Building Resiliency and Reducing Risk: What Youth Need from Families and Communities to Succeed	January 1998
Enhancing Educational Performance: Three Policy Alternatives	March 1998
Long-Term Care: State Policy Perspectives	February 1999
Raising the Next Generation: Public and Private Parenting Initiatives	October 1999
Helping Poor Kids Succeed: Welfare, Tax, and Early Intervention Policies	January 2000
Rising Prescription Drug Costs: Reasons, Needs, and Policy Responses	January 2001
Designing a State Prescription Drug Benefit: Strategies to Control Costs	March 2001
Early Childhood Care and Education: What Are States Doing?	January 2002

Or, visit the Policy Institute for Family Impact Seminars website at:
<http://www.familyimpactseminars.org> (enter a portal and click on State Seminars).

Table of Contents

Executive Summary	vii
A Checklist for Assessing the Impact of Policies on Families	xi
Acknowledgments	xv
Child Care Quality: Does It Matter and Does It Need to Be Improved?	
<i>by Deborah Vandell & Barbara Wolfe</i>	1
Is Nonparental Care Needed in Wisconsin?	1
Does the Quality of Care Matter to Children?	2
How Does the Quality of Child Care Affect a Parent’s Employment and Education?	4
What Is the Quality of Child Care in the United States?	4
Why Doesn’t the Private Market Work as Well for Child Care as it Does for Other Industries?	6
Is Child Care a Proper Issue for Public Policy? Or Should the Private Market Handle It?	7
How Can Government Improve Child Care?	8
How Much Does Improving Child Care Quality Cost?	9
Summary	9
State Efforts to Improve Early Care and Education	
<i>by Helene Stebbins</i>	13
State Efforts to Coordinate Early Care and Education:	
A Statutory Overview	
<i>by Scott Groginsky & Bina Patel</i>	17
NCSL State Legislative Report:	
Analysis of State Actions on Infant and Toddler Care	
<i>by Joan Lombardi & Julie Poppe</i>	19
Ensuring Safe and Healthy Care	19
Improving Quality and Supply	20

North Carolina’s Smart Start: Implications for Public Policy	
<i>by Karen Ponder</i>	23
What Is Smart Start?	23
Is Smart Start Effective?	24
How Is North Carolina Addressing Three Major Needs:	
Affordability, Accessibility, and Quality?	25
Why Is Smart Start Needed in North Carolina?	27
How Has Smart Start Involved Families?	28
How Is Smart Start Different from Head Start?	28
How Is Smart Start Funded and Where Do Its Funds Go?	28
How Has the North Carolina Legislature Shaped Smart Start?	29
Summary	30
What’s Happening in Wisconsin in Early Childhood Education and Care?	
Child Care Programs	31
Head Start	35
Public School Early Education Programs	36
Programs Serving Children with Disabilities	37
Other Early Childhood Care and Education Programs	38
Selected Resources	41

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.



A Checklist for Assessing the Impact of Policies on Families

The first step in developing family-friendly policies is to ask the right questions:

- What can government and community institutions do to enhance the family's capacity to help itself and others?
- What effect does (or will) this policy (or proposed program) have for families? Will it help or hurt, strengthen or weaken family life?

These questions sound simple, but they can be difficult to answer.

The Family Criteria (Ad Hoc) Task Force of the Consortium of Family Organizations (COFO) developed a checklist to assess the intended and unintended consequences of policies and programs on family stability, family relationships, and family responsibilities. The checklist includes six basic principles that serve as the criteria of how sensitive to and supportive of families policies and programs are. Each principle is accompanied by a series of family impact questions.

The principles are not rank ordered and sometimes they conflict with each other, requiring trade-offs. Cost effectiveness also must be considered. Some questions are value-neutral and others incorporate specific values. People may not always agree on these values, so sometimes the questions will require rephrasing. This tool, however, reflects a broad nonpartisan consensus, and it can be useful to people across the political spectrum.

This checklist can be used to conduct a family impact analysis of policies and programs.



Check the questions that apply to your policy or program, and record the impact on family well-being.

1

Principle 1. Family support and responsibilities.

Policies and programs should aim to support and supplement family functioning and provide substitute services only as a last resort.

Does the proposal or program:

- support and supplement parents' and other family members' ability to carry out their responsibilities?
- provide incentives for other persons to take over family functioning when doing so may not be necessary?
- set unrealistic expectations for families to assume financial and/or caregiving responsibilities for dependent, seriously ill, or disabled family members?
- enforce absent parents' obligations to provide financial support for their children?

2

Principle 2. Family membership and stability.

Whenever possible, policies and programs should encourage and reinforce marital, parental, and family commitment and stability, especially when children are involved. Intervention in family membership and living arrangements is usually justified only to protect family members from serious harm or at the request of the family itself.

Does the policy or program:

- provide incentives or disincentives to marry, separate, or divorce?
- provide incentives or disincentives to give birth to, foster, or adopt children?
- strengthen marital commitment or parental obligations?
- use appropriate criteria to justify removal of a child or adult from the family?
- allocate resources to help keep the marriage or family together when this is the appropriate goal?
- recognize that major changes in family relationships such as divorce or adoption are processes that extend over time and require continuing support and attention?

3

Principle 3. Family involvement and interdependence.

Policies and programs must recognize the interdependence of family relationships, the strength and persistence of family ties and obligations, and the wealth of resources that families can mobilize to help their members.

To what extent does the policy or program:

- recognize the reciprocal influence of family needs on individual needs, and the influence of individual needs on family needs?
- recognize the complexity and responsibilities involved in caring for family members with special needs (e.g., physically or mentally disabled, or chronically ill)?
- involve immediate and extended family members in working toward a solution?
- acknowledge the power and persistence of family ties, even when they are problematic or destructive?
- build on informal social support networks (such as community/neighborhood organizations, religious communities) that are essential to families' lives?
- respect family decisions about the division of labor?
- address issues of power inequity in families?
- ensure perspectives of all family members are represented?
- assess and balance the competing needs, rights, and interests of various family members?
- protect the rights and safety of families while respecting parents' rights and family integrity?

4

Principle 4. Family partnership and empowerment.

Policies and programs must encourage individuals and their close family members to collaborate as partners with program professionals in delivery of services to an individual. In addition, parent and family representatives are an essential resource in policy development, program planning, and evaluation.

In what specific ways does the policy or program:

- provide full information and a range of choices to families?
- respect family autonomy and allow families to make their own decisions? On what principles are family autonomy breached and program staff allowed to intervene and make decisions?
- encourage professionals to work in collaboration with the families of their clients, patients, or students?
- take into account the family's need to coordinate the multiple services they may require and integrate well with other programs and services that the families use?
- make services easily accessible to families in terms of location, operating hours, and easy-to-use application and intake forms?
- prevent participating families from being devalued, stigmatized, or subjected to humiliating circumstances?
- involve parents and family representatives in policy and program development, implementation, and evaluation?

5

Principle 5. Family diversity.

Families come in many forms and configurations, and policies and programs must take into account their varying effects on different types of families. Policies and programs must acknowledge and value the diversity of family life and not discriminate against or penalize families solely for reasons of structure, roles, cultural values, or life stage.

How does the policy or program:

- affect various types of families?
- acknowledge intergenerational relationships and responsibilities among family members?
- provide good justification for targeting only certain family types, for example, only employed parents or single parents? Does it discriminate against or penalize other types of families for insufficient reason?
- identify and respect the different values, attitudes, and behavior of families from various racial, ethnic, religious, cultural, and geographic backgrounds that are relevant to program effectiveness?

6

Principle 6. Support of vulnerable families.

Families in greatest economic and social need, as well as those determined to be most vulnerable to breakdown, should be included in government policies and programs.

Does the policy or program:

- identify and publicly support services for families in the most extreme economic or social need?
- give support to families who are most vulnerable to breakdown and have the fewest resources?
- target efforts and resources toward preventing family problems before they become serious crises or chronic situations?

The Policy Institute for Family Impact Seminars aims to connect research and policymaking and to promote a family perspective in research, policy, and practice. The institute has resources for researchers, policymakers, practitioners, and those who conduct Family Impact Seminars.

- To assist researchers and policy scholars, the institute is building a network to facilitate cross-state dialogue and resource exchange on strategies for bringing research to bear on policymaking.
- To assist policymakers, the institute disseminates research and policy reports that provide a family impact perspective on a wide variety of topics.
- To assist those who implement policies and programs, the institute has available a number of family impact assessment tools for examining how responsive policies, programs, and institutions are to family well-being.
- To assist states who wish to create better dialogue between researchers and policymakers, the institute provides technical assistance on how to establish your own state's Family Impact Seminars.

The checklist and the papers are available from Director Karen Bogenschneider and Associate Directors Bettina Friese and Jessica Mills of the Policy Institute for Family Impact Seminars at the University of Wisconsin-Madison/Extension, 130 Human Ecology, 1300 Linden Drive, Madison, WI, 53706; phone (608)263-2353; FAX (608)262-5335; <http://www.familyimpactseminars.org>.

The checklist was adapted by the institute from Ooms, T. (1995). Taking families seriously as an essential policy tool. Paper prepared for an expert meeting on Family Impact in Leuven, Belgium. The first version of this checklist was published by Ooms, T., & Preister, S. (Eds., 1988). A strategy for strengthening families: Using family criteria in policymaking and program evaluation. Washington DC: Family Impact Seminar.

Acknowledgments

For their generosity in providing financial support for the Wisconsin Family Impact Seminar, *Early Childhood Care and Education: What Are States Doing?*, we extend sincere appreciation to:

The Lynde and Harry Bradley Foundation
The A. L. Mailman Family Foundation
The National Conference of State Legislatures
The National Governors Association
Elizabeth C. Davies

We are also grateful to the following individuals for their contributions:

Mark Lederer for his advice and many contributions since the seminars began in 1993;

Theodora Ooms for developing the Family Impact Seminar model and for her continuing technical assistance;

Bethany Brewster, Brandon Covalt, and Mari Hansen for their assistance in organizing this seminar.

The 17th Wisconsin Family Impact Seminar Planning Committee:

Dorothy Conniff	City of Madison
Anne Carmody	State of Wisconsin Department of Health and Family Services
Dave Edie	State of Wisconsin Department of Workforce Development
Patty Brill Hammes	State of Wisconsin Department of Health and Family Services
Jill Haglund	State of Wisconsin Department of Public Instruction
Dave Riley	University of Wisconsin-Madison, Dept. of Human Development and Family Studies
Anne Sappenfield	Wisconsin Legislative Council
Julia Strong	State of Wisconsin Department of Health and Family Services

The Wisconsin Family Impact Seminars Legislative and Gubernatorial Advisory Committee:

Representative Peter Bock	Representative Mark Miller
Annette Cruz, Governor's Office	Senator Gwendolynne Moore
Senator Alberta Darling	Representative Luther Olsen
Senator Joanne Huelsman	Senator Judy Robson
Representative Jean Hundertmark	Representative Daniel Vrakas
Representative Julie Lassa	

The Wisconsin Family Impact Seminars Advisory Committee:

Dick Barrows	Associate Dean, Agricultural and Life Sciences, University of Wisconsin-Madison
Inge Bretherton	Human Development & Family Studies, University of Wisconsin-Madison
Tom Corbett	Institute for Research on Poverty, University of Wisconsin-Madison
Jim Gingles	Health Promotion & Human Development, University of Wisconsin-Stevens Point
Jane Grinde	Wisconsin Department of Public Instruction
Tom Kaplan	Institute for Research on Poverty, University of Wisconsin-Madison
Mark Lederer	Family Impact Seminar Consultant
Carol Lobes	Human Issues, Edgewood College
Sally Lundeen	School of Nursing, University of Wisconsin-Milwaukee
Margo Melli	Law School, University of Wisconsin-Madison
Theodora Ooms	Center for Law and Social Policy, Washington, DC
Enis Ragland	Mayor's Office, City of Madison
Dave Riley	Human Development & Family Studies, University of Wisconsin-Madison
Rae Schilling	Department of Family Medicine, Eau Claire Residency, University of Wisconsin-Madison
Terry Shelton	LaFollette Institute, University of Wisconsin-Madison
Denise Skinner	Human Development, University of Wisconsin-Stout
Sue Springman	Wisconsin Department of Administration
Sue Vergeront	Former Wisconsin State Legislator
Rebecca Young	Former Wisconsin State Legislator

Child Care Quality: Does It Matter and Does It Need to Be Improved?

By *Deborah Lowe Vandell*
&
Barbara Wolfe

The quality of child care in the United States leaves room for improvement. Caregiver qualifications declined nationally, salaries did not improve during the 1990s, and teacher turnover is high. Research shows that quality matters. For example, substituting a poor quality caregiver with an excellent one improves a child's school readiness by 50%. Over time, kids with better preschool care are more likely to complete high school and college, earn higher wages, and commit fewer crimes. Higher quality care also increases the odds that parents will continue their education, keep their jobs, and work longer hours. The authors also discuss government's role in child care and why the private marketplace does not work as well for child care as for other industries.

This chapter reviews extensive research that finds over 6 in 10 children are being placed in "poor" or simply "fair" child care settings, having a potentially damaging impact on their development.

The chapter analyzes the need for non-parental child care in Wisconsin as well as the immediate, long-term, and extended roles that child care can play in a child's future. In addition, we will look at the child care connections to a parent's employment and education, and summarize the quality of child care in the United States.

Finally, in light of the statistics, what are the possible solutions and costs? Ultimately, the report aims to provide an answer to an important policy question: Is there an economic justification for public intervention to improve the quality of non-parental child care, especially for children from low-income families? The bulk of the evidence argues the answer is yes.

Is Non-parental Child Care Needed in Wisconsin?

Child care provided by someone other than a parent is now the norm rather than the exception for young children in Wisconsin. Among children with employed mothers in Wisconsin, 76% under age five are in child care compared with only 57% nationwide.

And many children spend a great deal of time in that child care setting. Of all children under age 5, 39% spend more than 35 hours per week in child care. This number is only slightly lower (36%) for children under age three (Snyder & Adams, 2001).

With the implementation of welfare-to-work programs in nearly all states, the need for non-parental child care is growing—especially among low-income families.

Among children with employed mothers in Wisconsin, 76% under age five are in child care compared with only 57% nationwide.

Does the Quality of Care Matter to Children?

The answer to this question may seem obvious, but research shows the impact of quality is more far-reaching than one might guess.

The quality of child care is measured in two main ways—*process quality* and *structural characteristics*. *Process quality* is rated by observing what occurs in child care settings—from children’s interactions with caregivers and peers to activities, and health and safety measures.

Structural characteristics are graded by noting the child-to-adult ratio, the size of each group of children, and the level of caregiver education and training.

These two quality indicators are often related. When child-to-adult ratios are lower (i.e., more adults per child), children generally appear less apathetic and distressed; caregivers also spend less time managing the classroom and offer more stimulating, supportive care. When staff is more highly trained and paid, children’s activities are of higher quality, and caregivers are more responsive and less restrictive.

The age of the child is important in determining overall quality. For instance, the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care showed that group size and child-to-adult ratios were more critical than other factors in rating *process quality* for infants. However, caregiver education and training were stronger predictors of quality for preschoolers (NICHD Study of Early Child Care, 2000a).

Short-Term Effects of Child Care Quality

Quality, in process and structural terms, is important to children of all ages—even in the short term. When *process quality* (rating of interactions, activities, health and safety) is higher, children appear happier, have closer relationships with caregivers, and perform better on thinking and language tests (Burchinal et al., 1996). In contrast, poor process quality appears to predict greater behavior problems (Peisner-Feinberg & Burchinal, 1997; Hausfather et al., 1997).

Child performance is also tied to *structural quality* (child–adult ratio, group size, and caregiver background). For example, when compared to caregiver settings, which provided fewer adults, children in classrooms with lower ratios

- ❖ were better able to understand, initiate, and participate in conversations,
- ❖ had better general knowledge,
- ❖ were more cooperative, and
- ❖ showed much less hostility and conflict in interactions.

Preschoolers perform better on standardized tests when their caregivers are better educated and trained.

In addition, preschoolers perform better on standardized tests when their caregivers are better educated and trained—for example, if they have at least an associate arts degree in a child-related field. When teachers are better trained, the children also have better language skills, are more persistent in completing tasks, and in general are better prepared for school (Vernon-Feagans et al., 1997; Clarke-Stewart et al., 2000).

Long-Term Effects of Child Care Quality

The long-term effects of child care have been measured in a variety of ways. Research shows that children enrolled in higher-quality classrooms as preschoolers display better math skills through second grade. This impact is greater for children of less-educated mothers. According to kindergarten teachers, children whose child care providers were more involved and invested in them during the preschool years have fewer behavior problems (Howes, 1990).

Are these connections strong enough to be meaningful? To address this issue, NICHD researchers studied the relationship between the quality of the home environment and children's developmental outcomes. Their results showed home quality has roughly twice the impact of child care quality. However, the effects of child care quality for three-year-olds were both significant and meaningful (NICHD Early Child Care Research Network, 1999; NICHD Early Child Care Research Network, 2000b).

In estimating the impact of child care quality in the long term, researchers made a significant discovery. If the quality of a caregiver was raised from the lowest quality rating to the highest (among the settings observed), a child's school readiness would be expected to improve by 50%.

If caregiver quality was raised from the lowest to the highest, a child's school readiness improved by 50%.

Extended Impact of Child Care Quality

Even though only a few studies have followed children into adulthood, it is notable that all find some evidence of long-term gains—particularly with low-income, high-risk preschoolers.

The Carolina Abecedarian Project (Campbell & Ramey, 1995; Ramey et al., 2000), the Perry Preschool Project (Schweinhart et al., 1993), and the Chicago Child-Parent Center—directed by UW-Madison researcher Arthur Reynolds (Reynolds et al., 2000), are our best type of studies—randomly assigning families to treatment and control groups and tracking their progress over time.

Children in the Carolina project showed long-term gains in IQ scores, reading, and math. Follow-up at age 21 showed these individuals were on average older before having children and were more likely to have attended a four-year college than their peers.

By age 27, children in the Perry Project were less likely to have been arrested, and they had monthly earnings almost double their peers—\$1,219 versus \$766. Also, they were much less likely to be receiving public assistance—15% versus 32%.

Children in the Chicago study had significantly higher math and reading scores, and by age 20 were more likely to have completed high school and had lower rates of juvenile crime.

How Does the Quality of Child Care Affect a Parent's Employment and Education?

Evidence of a connection between quality of child care and a parent's employment is limited. However, research suggests when low-income families receive higher quality child care, mothers are more likely to keep their jobs, work more hours (Meyers, 1993), and increase their later educational attainment (Benasich et al., 1992; Ross & Paulsell, 1998).

When center-based care was provided for low birth-weight infants in the Infant Health and Development Program, mothers were more likely than their control group peers to be working. This effect was greater for less-educated women (Brooks-Gunn et al., 1994). An employee whose children are well-cared-for may also have higher productivity than those employees with children in lower quality settings (Blau & Philip, 1989).

By contrast, poor quality child care can cause a mother to quit a job. Nearly a third of teenage mothers participating in one experiment reported that unsatisfactory quality of child care led them to quit work or change hours or activities. When mothers reported that the ratio of children to adults in their children's child care was worse than recommended standards, they were twice as likely to drop out of the JOBS program and the labor force, than mothers who reported that their child care met the standard (Meyers, 1993).

What is the Quality of Child Care in the United States?

In the United States, care is mostly fair, rarely excellent. The most reliable estimate on national quality is provided by the NICHD Study of Early Child Care in which 600 non-parental child care settings were studied in nine states (NICHD Early Child Care Research Network, 2000a). In this study, care was most often graded as fair. Only 11 percent of the settings were considered excellent. Poor-quality care was more likely in centers serving infants and toddlers (10 percent) than in centers serving older children (4 percent).

Extending these results to all American families, we estimate that for children under age three

- ❖ 8 percent of child care settings are poor,
- ❖ 53 percent are fair,
- ❖ 30 percent are good, and
- ❖ 9 percent are excellent.

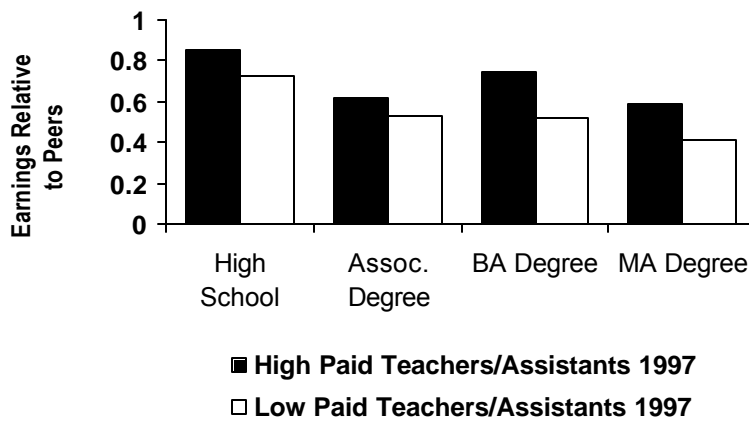
Researchers concluded that national child care is neither outstanding nor terrible, and plenty of room for improvement exists.

In terms of structural quality (child–adult ratio, group size, and caregiver background), only three states have child–adult ratios that meet the 3:1 standard recommended for infants by the American Academy of Pediatrics and the American Public Health Association (American Public Health Association, 1992). Some states permit ratios as great as six infants to every caregiver. Wisconsin has a 4:1 requirement.

The quality of child care in the United States is mostly fair, rarely excellent.

Qualifications of caregivers are also reportedly on a decline nationally. This decline may be related to low wages (see Figure 1). In the 1990s, teachers averaged between \$13,125 and \$18,988 annually for full-time employment and assistant teachers earned just \$6–\$7 per hour. Salaries of child care workers ranged from 41% to 85% of their peers (over 25 years of age) in other professions. These salaries did not improve throughout the decade.

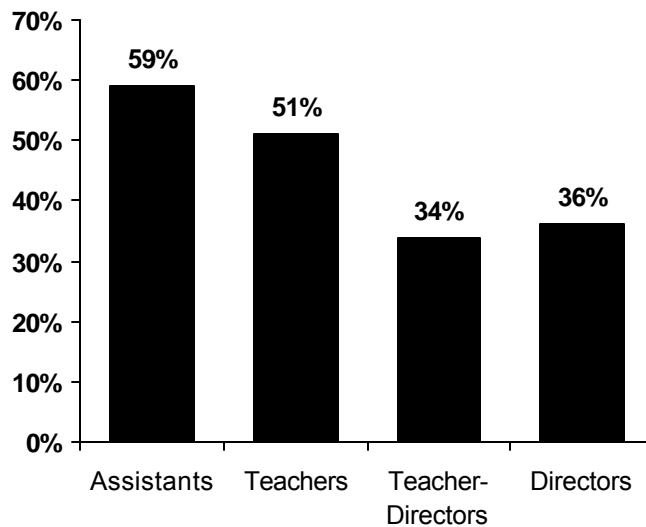
Figure 1:
1997 Salary Comparisons:
Median Child Care Teacher or Assistant Earnings vs. Peers in Other Professions



Source: U.S. Bureau of Census, 1999, and Whitebook, Sakai, and Howes, 1997.

Consequently, turnover has been high. (See Figure 2). A study that made two visits to child care centers 20 months apart found that during that period 51% of teachers and 59% of assistants had left their jobs (Whitebook, Sakai, & Howes, 1997).

Figure 2:
Child Care Worker Turnover Rates



Note: Figures include all staff at all centers; rates derived from 2 visits, 20 months apart to centers.

Source: Whitebook, Sakai, and Howes, 1997

Why Doesn't the Private Market Work as Well for Child Care as for Other Industries?

Economists who have studied child care agree that the private market does not work as well for child care as for other industries like shoes for three reasons. First is the lack of information. Parents find it difficult to compare the quality, cost, and availability of care, and they are unsure how to evaluate the information they do receive. Often, considerations of convenience, time, and location cause parents to limit their search. These problems are especially acute for low-income families and for those who need child care for odd work hours (Vandell, 1998).

Second, the market may fail for child care due to what economists call “externalities”—effects beyond the primary consumers. Parents may not consider overall benefits to society when choosing child care. These benefits may include

- ❖ lower costs for later education,
- ❖ reductions in crime,
- ❖ increased productivity, and
- ❖ lower need for social services.

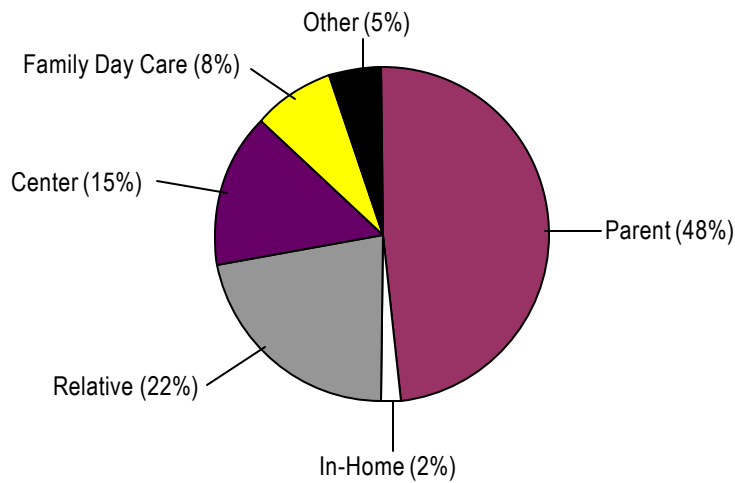
Conceivably, unsafe and unhealthy child care may increase direct costs to both the family and society.

Parents of young children often have low incomes and simply cannot afford high quality child care.

Third, child care market failure may result from an “imperfect capital market.” Parents of young children tend to have low incomes relative to their permanent incomes, and may face borrowing constraints. These parents simply cannot afford to purchase high-quality child care.

Yet, cost is not the only obstacle for low-income families—odd work schedules also play a role. One third of working-poor mothers (incomes below poverty) and more than a quarter of working-class mothers (incomes below \$25,000) work weekends (Hofferth, 1995). Half of working-poor parents work a rotating schedule, yet only 10 percent of centers and 6 percent of family day care homes provide weekend care. When selecting child care, low-income families must choose from a seriously limited set of options (see Figure 3); almost three-fourths of children of working-poor parents are cared for by a parent or other relative.

**Figure 3:
Child Care Arrangements for Low-Income Children under Age 5**



Source: Phillips, 1995.

Unfortunately, economists say all these factors work together to prolong market failure—demand for high-quality care is too low, compensation is too low, and the more highly-trained seek employment elsewhere. As a result, quality declines, unless intervention occurs.

Is Child Care a Proper Issue for Public Policy? Or Should the Private Market Handle It?

The question of whether child care is a proper issue for public policy is a matter of values and judgment, not research findings (Riley & Bogenschneider, 1999). Most Americans would agree that caring for children is primarily the responsibility of parents (Sylvester, 2001). Yet in recent polls, over 8 in 10 parents report that government could be doing something or a great deal to help them (Hewlett & West, 1998). Interest in government involvement in child care was triggered, in part, by welfare reform.

If welfare reform is to succeed, high-quality child care is a necessity. The recent change in welfare policy—establishing work requirements—means more low-income parents must now find child care. In recent polls, Americans support more government spending for child care for low-income families (Sylvester, 2001). With this increase in demand, the issue of child care quality becomes even more important.

Many of the benefits of child care are like those of primary schooling—preparing children for the next level. Ultimately, society benefits from the mental, language, and behavioral competencies associated with higher-quality care.

***In recent polls,
Americans support
more government
spending for
child care for low-
income families.***

How Can Government Improve Child Care?

A variety of public-sector interventions may be used to improve child care. They include

- ❖ information and referral,
- ❖ licensing requirements,
- ❖ placement activities,
- ❖ financial incentives,
- ❖ training for child care workers,
- ❖ tax credits for parents,
- ❖ incentives for employer-provided care,
- ❖ direct provision of care, and
- ❖ tuition subsidies.

Subsidies for families can help level the playing field for low-income parents.

Subsidies for families can help level the playing field for low-income parents. A study of six community programs by the Urban Institute (Phillips, 1995) suggests that subsidy programs enabled parents to access care that was as high in quality as that chosen by better-off, unsubsidized parents. Still, problems remain. Although many incentive and subsidy programs exist, they are not widespread and states have been slow to make funds available.

At a minimum, some states have chosen to:

- ❖ provide information on available child care slots, hours of operation, structural quality, costs, and staff training,
- ❖ establish training programs,
- ❖ mandate minimum requirements—for example, reducing child–adult ratios and group sizes, and
- ❖ establish and enforce safety regulations and certification requirements.

More ambitiously, other states consider ways to recruit and retain highly qualified individuals in the early education field. Examples include providing

- ❖ tuition subsidies,
- ❖ incentives (i.e., those used for nurses, physicians, teachers during shortages), and
- ❖ salary increases.

How Much Does Improving Child Care Quality Cost?

Defining the child care situation in terms of dollars is not an easy task. However, some research does exist. Studies using data from the General Accounting Office show that decreasing the average child-to-adult ratio by one increases costs by roughly 4.5%. Thus, if an average center with 50 children and an annual per child cost of \$6,500 reduces the child-to-staff ratio from 11:1 to 10:1, the cost per child increases by about \$306. A one-year increase in the average educational level of the staff demonstrates a 3.4% increase in total costs, including a 5.8% increase in wages.

There are significant relationships between cost and quality. In another study, improving center quality by 25% (from mediocre to good) increases total costs by 10%, or \$346 per child per year.

None of these studies include the investment that is likely to be the least expensive approach to improving quality: caregiver training, including in-service training. The evidence is clear that better-trained caregivers provide higher-quality care.

The investment likely to be the least expensive way to improve quality is caregiver training.

Summary

When it comes to child care in the United States and Wisconsin, there is room for improvement. Quality, on average, is only “poor” to “fair.” The average group sizes and child-to-adult ratios often exceed recommended standards and the education background of child care workers is declining.

Market failure in the child care sector indicates a need for government intervention. Not only the child, but the family and society as a whole benefit from high-quality care. Specifically, beneficiaries may include

- ❖ children attending schools with others whose behavior may be influenced by their child care setting,
- ❖ taxpayers who will save money through reductions in education costs,
- ❖ employers who benefit from more productive workers, and
- ❖ potentially citizens who gain through reduced crime and public assistance needs.

Finally, subsidizing child care for low-income families is consistent with the goals of the 1996 welfare reform and an ideology that seeks to encourage and reward work.

References

American Public Health Association (1992). *Caring for our children: National health and safety performance standards: Standards for Out-of-Home child care programs*. Ann Arbor, MI: Author.

Benasich et, A., Brooks-Gunn, J., & Clewell, B. (1992). How do mothers benefit from early intervention programs? *Journal of Applied Developmental Psychology*, 13, 311-326.

Blau, D. M., & Philip, R. (1989). Fertility, employment, and child care costs. *Demography*, 26, 287-299.

Brooks-Gunn, J. McCormick, M. C., Shapiro, S., Benasich, A. A., & Black, G. W. (1994). The effects of early education intervention on maternal employment, public assistance and health insurance: The Infant Health and Development Program. *American Journal of Public Health, 84*, 924-931.

Burchinal, M. R., Roberts, J. E., Nabors, L. A., & Bryant, D. M. (1996). Quality of center child care and infant cognitive and language development. *Child Development, 67*, 606-620.

Campbell, F. A., & Ramey, C. T. (1995). Cognitive and school outcomes for high risk African American students at middle adolescence: Positive effects of early intervention. *American Education Research Journal, 32*, 743-772.

Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2000). *Do features of child care homes affect children's development?* Unpublished paper, University of California-Irvine.

Hausfather, A., Toharia, A., LaRoche, C., & Engelsmann, F. (1997). Effects of age of entry, day-care quality, and family characteristics on preschool behavior. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 38*, 441-448.

Hewlett, S. A., & West, C. (1998). *The war against parents: What we can do for America's beleaguered moms and dads*. New York: Houghton Mifflin.

Howes, C. (1990). Can the age of entry into child care and the quality of child care predict adjustment in kindergarten? *Developmental Psychology, 26*, 292-303.

Meyers, M. K. (1993) Child care in jobs employment and training programs: What difference does quality make? *Journal of Marriage and the Family, 55*, 767-783.

NICHD Early Child Care Research Network (1999). *Effect sizes from the NICHD study of early child care*. Paper presented at the biennial meeting of the Society for Research in Child Development, Albuquerque, NM. April.

NICHD Early Child Care Research Network (2000a). Characteristics and quality of child care for toddlers and preschoolers. *Applied Developmental Science, 4*, 116-135.

NICHD Early Child Care Research Network (2000b). The relation of child care to cognitive and language development. *Child Development, 71*, 960-980.

Peisner-Feinberg, E. S., & Burchinal, M. R. (1997). Relations between preschool children's child-care experiences and concurrent development: The cost, quality, and outcomes study. *Merrill-Palmer Quarterly, 43*, 451-477.

Phillips, D. A. (Ed.) (1995). *Child care for low income families: Summary of two workshops*. Washington, DC: National Academy Press. Report available at: http://nccic.org/research/nrc_care/c_care.html.

Ramey, C. T., Campbell, F. A., Burchinal, M., Skinner, M. L., Gardner, D. M., & Ramey, S. L. (2000). Persistent effects of early childhood education on high-risk children and their mothers. *Applied Developmental Science, 4*, 2-14.

Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2000). *Long-term benefits of participation in Title I Chicago child-parent centers*. Paper presented at the biennial meeting of the Society for Research on Child Development.

Riley, D., & Bogenschneider, K. (1999). Do we know what good parenting is? And can public policy promote it? In K. Bogenschneider & J. Mills (Eds.) *Raising the next generation: Public and private parenting initiatives*. (Wisconsin Family Impact Seminar Briefing Report No. 13, 32 pages). Madison, WI: University of Wisconsin Center for Excellence in Family Studies.

Ross, C., & Paulsell, D. (1998). *Sustaining employment among low-income parents: The role of quality in child care: A research review. Final report*. Princeton, NJ: Mathematica Policy Research.

Schweinhart, L. J., Barnes, H. V., Weikart, D. P. et al. (1993). *Significant benefits: The High/Scope Perry Preschool Study through age 27*. Ypsilanti, MI: High/Scope Press.

Snyder, K., & Adams, G. (2001). *State Child Care Profile for Children with Employed Mothers: Wisconsin*. Washington, DC: Urban Institute (http://newfederalism.urban.org/pdf/Childcare_profile_WI.pdf).

Sylvester, K. (2001). Caring for our youngest: Public attitudes in the United States. *The Future of Children Journal: Caring for Infants and Toddlers*, 11(1), p. 53-61.

Vernon-Feagans, L., Emanuel, D. C., & Blood, I. (1997). The effect of Otitis Media and quality daycare on children's language development. *Journal of Applied Developmental Psychology*, 18, 395-409.

Whitebook, M., Howes, C., & Phillips, D. (1998). *Worthy work, unlivable wages: The National Child Care Staffing Study, 1988-1997*.

Whitebook, M., Sakai, L., & Howes, C. (1997). *NAEYC accreditation as a strategy for improving child care quality: An assessment*. Final report, National Center for the Early Childhood Work Force. Washington, DC.

State Efforts to Improve Early Care and Education

Helene Stebbins

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

State	Focus	Target Audience	Admin. Oversight	Funding	History/ Scope
Georgia Universal Pre-K www.osr.state.ga.us	Pre-kindergarten	All 4-year-old children	Office of School Readiness (Reports directly to the governor.)	\$224 million from state lottery.	1992 pilot served 750 children; statewide in 1996; serving 62,000 children.
New Jersey Early Childhood Program Aid	Full-day kindergarten and half-day pre-kindergarten	3-, 4-, and 5-year-old children living in low-income school districts.	New Jersey Department of Education	\$310 million in state funds (1999-2000).	Initiated in 1996 in response to school finance lawsuit; serving more than 54,000 children in 135 districts in 2001.
New York Universal Pre-K	Pre-kindergarten	All 4-year-old children by 2002.	New York Department of Education	\$225 million (2001-02); expected to be \$500 million when universal.	Legislation in 1997; serving 66 percent of eligible 4-year olds; expected to serve 275,000 when fully funded.
Connecticut School Readiness Act	Child care, Head Start, and pre-kindergarten	3- and 4-year-old children living in "priority" low-income school districts.	Joint oversight by state departments of Education and Human Services.	\$59 million in state funds for FY 2000-01; (Originally funded in 1997 at \$32.6 million).	School Readiness legislation in 1997; created 6,500 new spaces for early education by 2001.

State	Focus	Target Audience	Admin. Oversight	Funding	History/ Scope
Massachusetts Community Partnerships for Children	Child care, Head Start, and pre-kindergarten	3- and 4-year-old children at or below 100 percent of state median income	Massachusetts Department of Education	\$104 million (2001) from state general fund.	Created in 1985 and modified in 1992; serving 21,780 children in 2001.
Indiana Community Child Care Initiative	Child care	All children cared for outside of their homes	Indiana Family and Social Services Administration	\$2.8 million from quality set-aside of Federal CCDF.	Created in 1995; local teams in all counties by 2001.
Minnesota Early Childhood Family Education www.educ.state.mn.us/ecfi/ecfe.htm	Parent education	All parents of newborn children	Minnesota Department of Children, Families, and Learning	\$20.8 million from state general funds and \$21million from local tax levy for FY 2002; parents pay sliding scale fee.	Created in 1992; serving 311,000 in 2000.
California Children and Families First Initiative (Prop 10) www.ccfca.ca.gov	Comprehensive care	All children through age 5	Newly created county boards with designated representatives from public and private sectors.	Estimated \$750 million from 50-cent tax on cigarettes.	1999 ballot initiative; statewide; in implementation phase.
Iowa Empowerment	Comprehensive care	All children through age 5	Iowa Department of Management staffs state & local empowerment boards.	\$21.8 million (\$15.6 million from the state, \$6.2 million from TANF) in FY 2001.	Established by the Legislature in 1998; 58 community empowerment areas represent all 99 counties.
North Carolina Smart Start www.smartstart-nc.org	Comprehensive care (70 percent of funds must go toward child care)	All children through age 5	North Carolina Partnership for Children (501(c)3 nonprofit); county partnerships for children.	\$220 million from state general fund; must raise 10 percent match from the private sector.	\$20 million pilot in 1993; statewide in 1998; local councils distribute funds.
South Carolina First Steps to School Readiness www.scfirststeps.org	Comprehensive care	All children through age 5	First Steps Board of Trustees (Chaired by the governor.)	\$39 million from state general fund in FY 2002.	Ten-county pilot began in 1999; all 46 counties have received planning & implementation grants.

State	Focus	Target Audience	Admin. Oversight	Funding	History/ Scope
Florida School Readiness Act www.fcforum.org (legislative summary)	Comprehensive care	All children through age 5	Florida Partnership for School Readiness (in Agency for Workforce Innovation)	Consolidates \$686 million in public funds for early care and education. \$187 million are state general revenue funds.	1999 legislation gives newly created local bodies control over public spending; full implementation expected in 2002.
Smart Start Kansas www.kschildrenscabinet.org/smartstart.htm	Comprehensive care	All children through age 5	Children's Cabinet & Trust Fund grants to community-based partnerships.	\$2.75 million (from tobacco settlement).	1999 legislation established Children's Cabinet and dedicated 95% of tobacco money.

State Efforts to Coordinate Early Care and Education: A Statutory Overview

Scott Groginsky & Bina Patel
National Conference of State Legislatures

In a recent 50-state study, the National Conference of State Legislatures (NCSL) reports that 36 states have statutory language encouraging or requiring programs to coordinate early education and child care programs. This chapter explains why states are interested in coordination, and specifies the differences between child care and early education programs. The authors describe different ways that state statutes have encouraged or required programs to coordinate these two systems.

The National Conference of State Legislatures (NCSL) conducted a 50-state survey of state laws focusing on coordination of child care systems and early education systems, including preschool and Head Start. As policymakers expand programs to serve more children and improve services for successful outcomes, they are also recognizing that the two systems provide similar services for young children.

Policymakers are coordinating early education and child care for three primary reasons:

- ❖ to maximize resources,
- ❖ to support working families, and
- ❖ to provide quality, early childhood services.

Generally, child care services tend to focus on a younger population, are full-day, and are administered by state human services departments. Early education programs like Head Start or preschool are geared towards the 3-5 year-old population, are typically half-day, and are usually administered by departments of education. There are three main reasons why states coordinate these services.

- 1) Coordination encourages government efficiency by streamlining state and federal early childhood systems. Preschool, Head Start, and child care programs can complement each other, reduce duplication of services, and maximize public resources including administration, staff, and service costs.
- 2) Supporting working families is a priority for policymakers. Coordination eases logistical and financial burdens on families by developing a single point of entry for early childhood programs, as well as job skills training, literacy, and other social services for parents.

NCSL found that 36 states have statutory language requiring coordination of early care and education programs.

- 3) State coordination action improves child development and long-term academic and behavioral outcomes through quality enhancement of early childhood services.

The forthcoming NCSL survey found that 36 states have statutory language encouraging or requiring programs to coordinate these two systems. For example, in the area of program requirements:

- ❖ 19 states have statutory language requiring coordination before programs are eligible to receive funding;
- ❖ 21 states require government facilitation of coordination efforts among programs, agencies, policies, or funding;
- ❖ 12 states require a structural examination of state coordination policy, such as an evaluation, and usually require a report to the legislature with recommendations;
- ❖ 9 states have statutory language expressing legislative intent to integrate child care and early education programs;
- ❖ 6 states define preschool under the term child care, or vice versa; and
- ❖ At least 5 states specify the coordination of funds.

States have handled the coordination of funds in several different ways. In Colorado, consolidated child care pilot programs are required to coordinate funding to develop a seamless system of early childhood and family support services. School readiness legislation in Florida states that programs can integrate funding from local, state, federal, and lottery sources. In Massachusetts, the law encourages community councils to blend funding sources, including low-income and Head Start funds.

For further information please contact:

Scott Groginsky or Bina Patel
Children and Families Program
National Conference of State Legislatures
(303) 830-2200

www.ncsl.org

NCSL State Legislative Report: Analysis of State Actions on Infant and Toddler Care

*By Joan Lombardi, Director of the Children's Project
Julie Poppe, Policy Associate, National Conference of State Legislatures*

Based on a new publication of the National Conference of State Legislatures, this chapter reviews several strategies that states are using to (a) ensure safe and healthy care for infants and toddlers, (b) improve the supply of quality infant and toddler care, and (c) support families with young children. For example, several states have lowered the ratio of children to adults in child care, supplemented Early Head Start funding, and launched innovative provider training and compensation. States have also taken steps to include children with special needs.

The growing number of women in the labor force with children under age 3 has been one of the most significant social changes of the past few decades. Increasingly, very young children are spending part of their day in settings outside of their own home. In 2000, 61% of mothers with children under age 3 were in the workforce (Committee on Ways and Means, 2000). State policymakers are recognizing the importance of a good start for very young children and the long-term value of focusing on programs early in a child's life.

Some states are focusing on children under age 3 when funding school readiness or early learning initiatives. As reflected by a variety of recent state enactments and policy initiatives, a growing state legislative awareness of the early years is emerging. Since infants and toddlers need comprehensive supports, the following discussion focuses on

- ❖ ensuring safe and healthy care for infants and toddlers,
- ❖ improving the supply of quality infant and toddler care, and
- ❖ supporting families with very young children.

Ensuring Safe and Healthy Care

Regulatory Improvements

A national study of center-based infant and toddler care found that more than half of infants and toddlers were in poor quality centers and some 40% of the care provided was of such poor quality that it jeopardized children's health, safety, and development (Cost, Quality and Outcomes Study Team, 1995). To assist states in improving child care licensing standards, the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services funded the development of two guides that states can use to review and improve their licensing standards in several critical areas, including infant and toddler care.

Recognizing the need for higher infant and toddler care quality, some states, such as Florida, Tennessee, Utah, and New York, have strengthened their regulations to require lower child-to-adult ratios. A study of the impact of the Florida law showed benefits, including better child intellectual and emotional development and more teacher sensitivity toward the children in their care (Howes, Smith & Galinsky, 1995). Several other states in recent years have increased the number of licensors in order to improve enforcement and monitoring.

Health Consultation

Some states are recognizing that health consultants from public health or child care resource and referral agencies can provide a range of services including on-site training and technical assistance to promote health and safety in child care. In addition, some states have set up health hotlines for providers and parents. To help train health consultants, the U.S. Maternal and Child Health Bureau funded the National Training Institute for Child Care Health Consultants. As of March 2001, 39 states had participated in the training (National Training Institute for Child Care Health Consultants, 2001). North Carolina combines child care and maternal and child health funds to provide grants for hiring health consultants for infant and toddler child care.

Inclusion of Children with Special Needs

Several states have taken important steps to include children with special needs, including increasing reimbursement rates, providing disability coordinators in resource and referral agencies, and providing special funding for equipment to meet licensing standards. Examples include legislative action in Illinois, inclusive services in Hawaii, and provider training funds in Washington, DC. Yet there continues to be a need for additional supports, such as training and consultation for child care providers to be able to help screen very young children and provide both prevention and intervention services.

Improving Quality and Supply

Early Head Start

Created in 1995, the federal Early Head Start Program, currently funded at \$558 million, provides comprehensive services including health, education, and family support services through home-based and center-based programs to poor families with infants and toddlers.

Early Head Start, consisting of more than 600 community-based programs serving 45,000 children, has yielded positive benefits for children.

As with the Head Start preschool program, states have begun to invest in Early Head Start expansion. According to the National Center for Children in Poverty, six states use either state dollars or federal welfare funds to supplement Early Head Start, including Kansas, Missouri, North Dakota, North Carolina, Minnesota and Oklahoma. The Kansas Legislature and the Missouri General Assembly each invested \$5 million in Early Head Start (Kansas Department of Social and Rehabilitative Services, 1999). Nevada and New Mexico have also expanded the program.

Six states use either state or federal welfare dollars to supplement Early Head Start.

Provider Training and Support

Because the relationship between infants and toddlers and their providers is one of the most important ingredients of quality child care, state leaders are looking to increase support for training and appropriate compensation. Using the federal Child Care and Development Block Grant and other funds, states have established innovative training and compensation initiatives for center and family child care, friends, and relative providers.

States such as Georgia and Rhode Island have funded specialized training for infant and toddler providers, Montana links such training to higher compensation, and Oregon requires training about healthy brain development in the first three years of a child's life. Other states, such as Delaware and New Hampshire, have integrated specialized college course credits for training in infant and toddler care. Some states, such as Wisconsin and Wyoming, have established credentials for infant and toddler care staff.

Excerpted from:

Lombardi, J., & Poppe, J. (2001). Investing in Better Care for Infants and Toddlers: The Next Frontier for School Readiness. *State Legislative Reports*, 26(10). Denver: National Conference of State Legislatures.

References

- Cauthen, N. K., Knitzer, J., & Ripple, C. H. (1999) *Map and Track: State Initiatives for Young Children and Families, 2000 Edition* (p. 15). New York: National Center for Children in Poverty.
- Committee on Ways and Means, U.S. House of Representatives (2000) *2000 Green Book Background Material and Data on Programs within the Jurisdiction of the U.S. Committee on Ways and Means*, Section 9: Child Care, <http://aspe.hhs.gov/2000gb/sec9.txt>, 4.
- Cost, Quality and Outcomes Study Team (1995). *Cost, Quality and Child Outcomes in Child Care Centers, Public Report* (p. 1, 26). Denver, CO: University of Colorado at Denver, 1995.
- Howes, C., Smith, E., and Galinsky, E. (1995). *The Florida Child Care Quality Improvement Study*. New York: Families and Work Institute.
- National Training Institute for Child Care Health Consultants (2001). *Web site*, www.sph.unc.edu/courses/childcare/ (June 30, 2001).
- Kansas Department of Social and Rehabilitative Services (1999). *Kansas Early Head Start*. Topeka: Kansas Department of Social and Rehabilitative Services, Employment and Economic Support Childhood Services.

Because the provider is one of the most important ingredients in quality child care, states are supporting training and compensation initiatives.

North Carolina's Smart Start: Implications for Public Policy

Karen Ponder

Smart Start, a state-local early childhood initiative, serves all North Carolina children under the age of 6 and their families. Local partnerships provide child care and education, family support, and health services. State funding has grown from \$30 million in 1993-94 to \$216 million in 1999-2000. 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 teacher turnover. Research shows that Smart Start participants enter school with better language skills and fewer behavior problems. North Carolina's unique approach has earned several national awards.

What Is Smart Start?

Smart Start is a state-local early childhood initiative serving North Carolina children under the age of six and their families. Established by the governor and state legislature in 1993, Smart Start has the goal of ensuring that all children enter school healthy and ready to succeed.

A total of 81 local partnerships covering all 100 North Carolina counties have focused their attention and funds on three major areas: child care and education, family support programs, and health services. Several specific needs are addressed within each of the three categories.

- ❖ **Child Care and Education** includes child care subsidies; higher quality and availability of child care; service to children with special needs; and teacher education, compensation, and support.
- ❖ **Family Support Programs** include child care resource and referral; family resource centers; literacy programs; transportation; parent education; and support for teen parents.
- ❖ **Health Services** include health care access; health screenings; parent education; immunizations; and dental care.

Collaboration and local planning are basic principles of Smart Start. Each local partnership board—comprised of community leaders, child care providers, parents, teachers, human service professionals, religious leaders, and business people—works together to plan and fund programs that best meet the needs of their local community. State allocations for Smart Start have increased from \$20 million in 1993-94 to \$216 million in 1999-2000. Each year, Smart Start has raised an additional 10% from cash or in-kind contributions.

Is Smart Start Effective?

Since Smart Start began in 1993

- ❖ nearly 50,000 new child care spaces have been created,
- ❖ more than 130,000 children have received child care subsidies,
- ❖ nearly 160,000 parents have received education through a variety of Smart Start activities, and
- ❖ nearly 300,000 children have received early intervention and preventive health screenings.

The following outcomes have been documented:

Child care quality has improved. The number of AA-licensed centers (the highest possible rating from the state) in North Carolina has increased from 619 in 1993 to 1,128 in 1999. The number of centers accredited by the National Association for the Education of Young Children, the largest national early childhood organization, has also risen from 28 in 1992 to 150 in 2000 (see Figure 1).

Observational studies conducted in child care classrooms support the finding that the quality of child care has improved. Data collected in 1994, 1996, and 1999 show significant improvement in quality over time. Partnerships that used a larger proportion of their funds for child care had greater increases in quality than partnerships that spent less. Likewise, centers that participated in more Smart Start quality improvement activities showed greater increases in quality than those participating in fewer Smart Start activities.

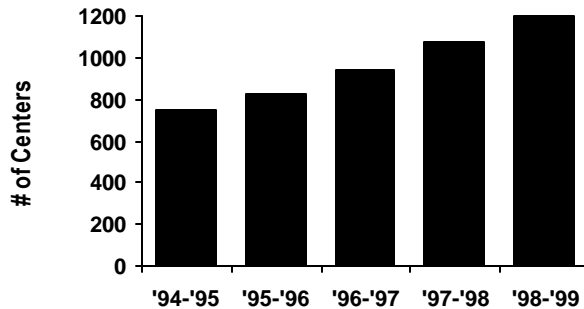
Child care provider education has improved and turnover rates have been reduced. More child care providers have earned their credentials. For example, before Smart Start was established in Ashe County, only 5% of child care teachers and providers had earned their child care credentials. Today 100% of teachers and providers in the county have earned their credentials. In addition, the turnover rate of child care teachers dropped from 42% in 1993 to 31% in 1998. This decrease may be due, in part, to funding from Smart Start and improvements in wage supplement programs.

Children are better prepared for kindergarten. Research shows Smart Start participants entered school with significantly better language skills and fewer behavior problems than their non-Smart Start peers (see Figure 2).

This unique approach to improving child care quality and early childhood education has been recognized nationally. Smart Start received the 1998 Innovations in American Government Award from the Ford Foundation and Harvard's John F. Kennedy School of Government. Smart Start was also the recipient of the 1999 Innovation in Government Award from the Council of State Governments.

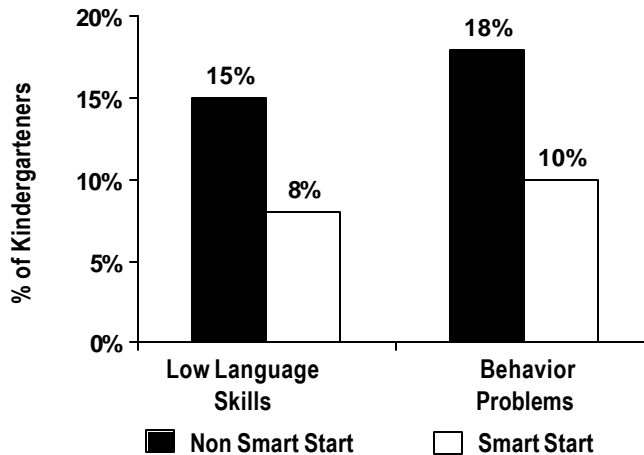
Research shows Smart Start participants enter school better prepared than their non-Smart Start peers.

Figure 1.
More Child Care Centers Receive North Carolina’s Highest Quality Rating



Source: FPG/UNC Evaluation Team (2000). Smart Start: Services and successes. Raleigh, NC: North Carolina Partnership for Children.

Figure 2.
Smart Start Children Are Better Prepared for School



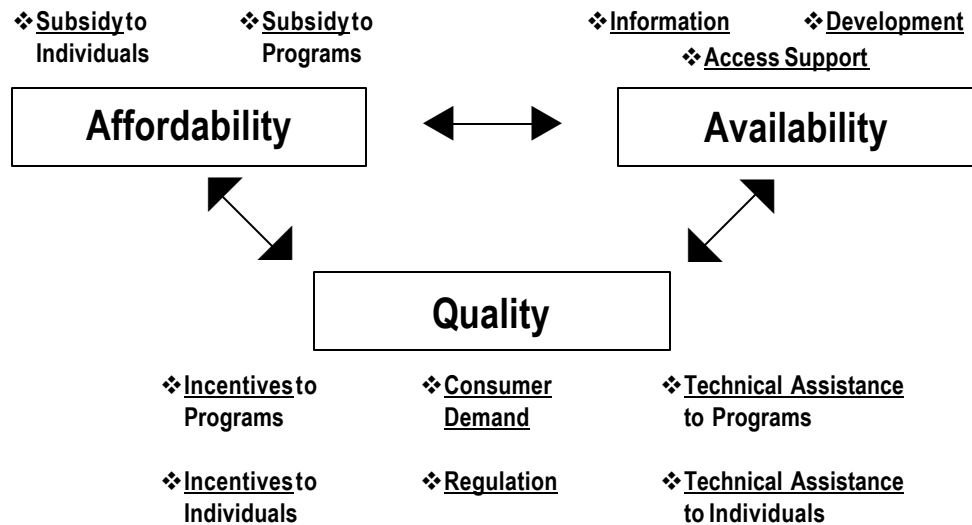
Source: FPG/UNC Evaluation Team (2000). Smart Start: Services and successes. Raleigh, NC: North Carolina Partnership for Children.

How Is North Carolina Addressing Three Major Needs: Affordability, Accessibility, and Quality?

North Carolina’s Child Care Triad

North Carolina’s Smart Start approach takes into account recent research highlighting three main child care issues—or a triad—including affordability, accessibility and quality (see Figure 3). Smart Start was designed to address all these issues through the priorities of local communities. Organizers learned early on that designing programs that addressed just one part of the triad often had unexpected and unintended consequences.

Figure 3.
How Smart Start Addresses Three Main Child Care Issues



Source: North Carolina Partnership for Children. (2000) Smart Start Tool Kit. Raleigh, NC: Author.

Child Care Affordability. Subsidies—either directly to individuals or to programs—are the main way North Carolina planners address child care affordability. State and federal funds are used to subsidize child care costs for families. Eligible individuals must

- ❖ be working or attempting to find work, or
- ❖ in school or a job-training program.

Subsidies are also available if

- ❖ a child receives child protective services,
- ❖ a child needs care to support child welfare services,
- ❖ the family is experiencing a crisis, or
- ❖ a child has developmental delays.

Income eligibility limits require a family to earn less than 75% of the state’s median income. Most families are required to pay a percentage of child care costs based on monthly income—ranging from 7% to 9%. A family of four can earn up to \$38,844 and still be eligible for child care assistance. However, as the subsidy system’s income requirements have become more generous, the pressure increases for more adequate funding. In the meantime, overall demand for child care grows.

Program subsidies typically occur in corporate-sponsored child care programs, although they benefit only corporate employees. Companies provide direct subsidies by offering a sliding fee scale or by paying a percentage of child care costs. Companies also support indirect subsidies by providing free space, security, janitorial, and maintenance services.

Child Care Accessibility. The legislature has also adopted new rules through which a five-star rating will eventually replace the permits currently issued to child care centers and homes. Providers with higher star ratings on their license will be eligible for higher subsidy rates which, in turn, will make high quality care more accessible for parents. (Religious-sponsored child care programs, however, will continue to operate with a notice of compliance and will not receive a star rating.)

Providers with higher star ratings on their license will be eligible for higher subsidies.

The North Carolina state legislature's new rated license system also makes child care information more accessible. Parents can now make more informed choices taking into account teachers' education levels and a program's compliance with the law.

Child Care Quality. Child care quality refers to services that provide a responsive, developmentally-appropriate environment for young children. Initiatives to improve quality include:

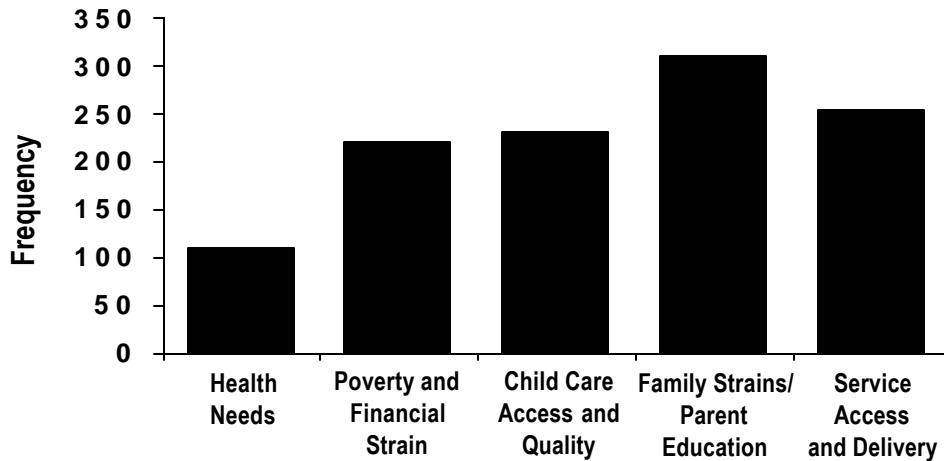
- ❖ raising regulatory standards;
- ❖ providing incentives to teachers to participate in training and education;
- ❖ providing program incentives to raise child-to-staff ratios; and
- ❖ providing program incentives to enroll teachers in professional development.

Why is Smart Start Needed in North Carolina?

As in other states, children and families in North Carolina face a variety of complex problems related to child care. Agencies have identified the main problems as poverty, work-family strain, parent education, and access to services like transportation and health care (see Figure 4).

Survey respondents stressed the connection between these problems. This validates Smart Start's emphasis on comprehensive planning and program development. It also underscores the connection between Smart Start and public/private sector policies, particularly policies affecting labor markets, economic development, family stress, and social services.

Figure 4.
Main Problems Facing North Carolina Children and Families



Source: Ehrlich, P. R., Orthner, D., & Cole, G. (2001). Collaboration: A Smart Start success. Raleigh, NC: North Carolina Partnership for Children.

How Has Smart Start Involved Families?

Smart Start views parents as partners in developing family support services.

Smart Start views parents as partners in developing family support services. Prior to Smart Start, family support services were largely provided by public social services and mental health agencies, yet often lacked a specific focus on young children and families. To bridge this gap, local partnerships turned to parents for help in developing new services. Through focus groups, surveys, and even door-to-door outreach, parents were asked directly what services families needed to better care for and support their children. This approach—finding parents through outreach strategies and serving them where they are—has become the hallmark of local partnership efforts.

How Is Smart Start Different from Head Start?

Both programs share similar goals, but the main differences involve funding sources and types of children served. Head Start is a federally-funded program that targets at-risk children who are three to four years old. Smart Start receives state and private funds. Although Smart Start targets children with need, the program improves services for ALL children under kindergarten age.

Many projects that are funded by Smart Start are directed toward children who do not have access to high quality services such as child care. When services are improved for these children, they are improved for all children in care.

How Is Smart Start Funded and Where Do Its Funds Go?

Smart Start is a nonprofit organization funded by the North Carolina General Assembly. The program is required annually to raise \$1 in cash and in-kind contributions for every \$10 in state funds. Smart Start has continually exceeded this 10% requirement. Corporate supporters include all of the state’s major banks.

Specifically, Smart Start private contributions include \$70 million and more than 1 million volunteer hours. Volunteer time has no monetary value under state regulations, but federal grant terms value the contribution as approximately \$14.30 per hour for a total of more than \$14 million.

In terms of expenditures, at least 70% of Smart Start's direct service funds are spent on child care and child care-related activities. However, local partnerships can choose to even spend more on child care and related activities. Child care-related services include child care subsidies (minimum of 30%); child care and education; and teacher education and support.

How Has the North Carolina Legislature Shaped Smart Start?

- ❖ Local decisionmaking is one of the hallmarks of the Smart Start initiative. To build local community leadership and buy-in, membership on local boards is drawn from all segments of the community including business, city and county government, education, and religious. Political leadership by the governor and others galvanized support for this innovative approach which resulted in funds being approved by the state legislature in 1993.
- ❖ Realizing that it would take the combined resources of both public and private sectors to have any real impact on this issue, the legislature in 1996 put a cash match requirement into the Smart Start legislation. The legislation mandated that 20% of half the total tax dollars allocated statewide to Smart Start had to be met by private dollars. In that fiscal year, this translated into a \$5.8 million match by private contributions.
- ❖ State leaders believed that new nonprofit agencies would mobilize the community to focus on the mission of helping children arrive at school healthy and ready to succeed. Initial legislation allowed existing nonprofit agencies to implement Smart Start if they retooled to meet the state requirements. By the second year, however, only new nonprofits were considered appropriate.
- ❖ Legislators were concerned about the effectiveness of having each local partnership assume responsibility for administration, particularly the accounting and contracting functions. In 1996, the state legislature required the North Carolina Partnership for Children to take on the accounting and contracting responsibilities, so that the local partnership could concentrate on building an effective organization.
- ❖ In response to legislators' concerns about excessive administrative costs, the North Carolina Partnership for Children has actively promoted voluntary regional approaches among the partnerships.

Summary

Smart Start has transformed communities by bringing agencies and citizens together to solve problems and share their resources.

Smart Start has transformed communities throughout North Carolina by bringing agencies and citizens together to solve problems and share their resources. Local partnerships have been formed to provide leadership and build a caring community for young children and their families. Collaborative efforts exist today among agencies that have historically operated only along turf lines. Private resources have been blended with state and federal dollars to extend services to many more children and families than Smart Start could serve alone. Due to these efforts, in seven short years, early childhood education has become an integral part of the human services landscape of North Carolina.

This article is based on the following publications:

Ehrlich, P.R., Orthner, D. & Cole, G. (2001). Collaboration: A Smart Start Success. Raleigh, NC: North Carolina Partnership for Children.

FPG/UNC Evaluation Team (2000). Smart Start: Services & Successes. Raleigh, NC: North Carolina Partnership for Children.

Kroll, C.K. & Rivest, M. (2000). Sharing the Stories: Lessons Learned from 5 Years of Smart Start. Raleigh, NC: North Carolina Partnership for Children.

Smart Start: Toolkit (2000). Raleigh, NC: North Carolina Partnership for Children.

For More Information

North Carolina Partnership for Children web site: www.smartstart-nc.org

What's Happening In Wisconsin In Early Childhood Education and Care?

This chapter is a concise, handy reference of what Wisconsin is doing in child care, Head Start, public school early education, programs focused on children with disabilities, and other efforts to improve early education and care. The number of regulated 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% received a child care subsidy from Wisconsin Shares in October 1991. The 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.

This chapter on Wisconsin's publicly funded program for early childhood education and care focuses on five major program areas:

- ❖ **Child care programs:** including regulation, child care subsidies for low-income parents, and efforts to improve the quality and supply of services
- ❖ **Head Start:** a comprehensive program to serve children in poverty
- ❖ **Public school early education programs:** including 4-year-old kindergarten and SAGE programs for grades K–3
- ❖ **Programs focused on children with disabilities:** including special education programs in public schools for children 3–5 years old and the Birth to 3 program
- ❖ **Other early childhood care and education programs:** including an agreement between the technical college and the University system for early childhood training, the Wisconsin Early Childhood Collaborating Partners, and the National Governors Association's team to build public and political will for early child care and education.

These five areas are the primary focus of this chapter. Many other state and federally funded programs geared to young children are not included in this chapter including the Child Care Food Program, Even Start, Family Literacy, Healthy Start, programs for children with special health care needs, family resource centers, etc.

Child Care Programs

Wisconsin is regularly ranked among the top states for child care and child care regulation. For seven years in a row in the 1990's, Working Mother magazine ranked Wisconsin in the top 10 states for child care. In 1998, Good Housekeeping ranked Wisconsin among the top 6 states for infant care.

Child Care Regulation

Wisconsin has two primary types of child care regulation:

- ❖ Licensing, administered by the Department of Health and Family Services, and
- ❖ Certification, administered by the Department of Workforce Development.

Of those children in regulated child care, 21% were receiving a child care subsidy from the Wisconsin Shares Program in October 1991.

The number of regulated providers in Wisconsin more than doubled in the 1990s from 4,413 to 10,500 licensed and certified providers (over 5,300 licensed and 5,200 certified). Over 200,000 children can be served in regulated care (182,000 in licensed centers; 20,000 in certified care). Of the 200,000 estimated in regulated child care, 42,822 children, or 21% of those in regulated care, were receiving a child care subsidy from the Wisconsin Shares program in October 2001.

Licensing. Wisconsin laws require licensing of any program providing compensated care and supervision of 4 or more children under age 7 who are unrelated to the provider. A license is a permit to do business in the state. The Department of Health and Family Services (DHFS) administers child care regulation and licensing through its regulatory bureau which has licensing staff in five regional and three district offices throughout the state. Wisconsin statutes require DHFS to establish rules which must be met in order to qualify for a license, and which protect and promote the health, safety, and welfare of children in a child care center. The department licenses and regulates child care facilities defined in Chapter 48 of state law and specific administrative rules. There are three categories of child care licenses:

- ❖ Group Day Care Centers serving 9 or more children (HFS 46)
- ❖ Family Day Care Centers serving 4-8 children (HFS 45)
- ❖ Day Camps (HFS 55)

Child care licensing rules address qualifications of staff (including training and background checks), child-staff ratios, supervision, group size, health and sanitation, indoor and outdoor space, health and sanitation, nutrition, building and fire safety, and the program of activities provided. Licensed programs are regularly inspected by regional licensing staff.

Child care licensing staff inspect, evaluate, and issue licenses to qualified new applicants, conduct ongoing monitoring visits, provide technical assistance, conduct license continuation reviews, investigate complaints of licensed and allegedly illegally operating providers, take enforcement actions against non-compliant facilities, and provide technical assistance, consultation, and information to providers and the public about child care regulations, best practices, and facilities.

- ❖ The number of child care centers licensed by the state has more than doubled in the past 13 years to a current level of 5,341 providers (2,342 group centers; 2,926 family day care programs; and 73 day camps).

- ❖ Wisconsin has seen a substantial increase in licensed child care capacity statewide. The estimated number of children who can be served in licensed child care centers has more than tripled from an estimated capacity of 62,307 children in 1988 to over 188,000 in 2001.

Certification. Wisconsin laws also require that child care services which are not required to be licensed, but which receive public reimbursement, must be certified for basic health and safety. Certification is intended to provide basic protections when public funds are involved in child care services. Certification is administered by county departments of human/social services.

Wisconsin Shares, the Child Care Subsidy Program

In the 2001–2003 biennial budget, legislators gave high priority to funding Wisconsin Shares, increasing the funding by \$218 million over the two years, a 60% increase over the base funding in the original 1999–2001 budget.

Purpose. The Child Care Subsidy Program, Wisconsin Shares, assists low-income families in paying for child care services. The program is administered by local Wisconsin Works (W-2) agencies and county or tribal human services agencies, which are supervised by the Wisconsin Department of Workforce Development.

Population served. Low-income families with working parents are generally eligible for child care help as are families participating in W-2. Teen parents in school from low-income families are generally eligible for assistance. Low-income parents who are working and enrolled in courses to maintain employment may also be eligible for assistance. Families must have incomes below 185% of poverty to be initially eligible, and can continue to be eligible until income exceeds 200% of poverty. Waiting lists for child care subsidies were eliminated in March 1997.

Parent Copayment. Most parents are required to share the cost of child care through a copayment. The copay amount is on a sliding scale based on family size and income and the type of child care setting selected. Typically parents pay about 10% of the cost of care, while the subsidy program covers about 90% of the cost. Copay levels are set so they do not exceed 12% of a family's income, but most parents have copay requirements well below that 12% level.

Child Care Provider Regulation. The subsidy program requires that child care providers must meet health and safety standards and undergo criminal background checks in order to receive reimbursement payments. Child care providers must be licensed by the state, certified by county or tribal government, or operated by a public school in order to be eligible for reimbursement. In 2000, over 7,700 child care providers received child care subsidy payments.

Reimbursement Rates. Reimbursement rates are set based on child care prices in local child care markets. Each county and tribe sets maximum reimbursement rates, based on annual surveys of licensed child care providers. Reimbursement rates are set so that 75% of the child care slots can be purchased at or below the maximum rate.

Licensed child care capacity in Wisconsin has more than tripled from an estimated 62,307 children in 1988 to over 188,000 children in 2001.

The number of children receiving child care subsidy help has nearly tripled since 1996, due primarily to W-2 funding.

Children and Families Served. In October 2001, 24,947 families and 42,822 children were receiving child care subsidy help. The number of children served has nearly tripled since 1996, due primarily to funding connected to Wisconsin's welfare reform initiative, Wisconsin Works (W-2). Of the families using the program, 92% are single-parent families.

Programs to Improve the Quality and Supply of Child Care

Wisconsin emphasizes the importance of quality early childhood experiences through the development and implementation of child care licensing rules and standards, provider training and technical assistance, and ongoing monitoring of child care programs. Wisconsin also addresses the quality and availability of child care through a major quality child care initiative, a statewide child care resource and referral network, start-up and expansion grants, and proactive licensing and monitoring. The federal Child Care and Development Fund supports the following activities:

Addressing quality in child care settings.

- ❖ **Early Childhood Excellence Initiative.** This initiative is intended to create state-of-the-art early childhood learning centers for children under age 5 from low-income families. The centers serve as model programs to emphasize innovative, high-quality programs that promote positive, holistic child development with an emphasis on intellectual and social development.
- ❖ **Technical Assistance for Early Childhood Programs.** Resources are available to help programs improve quality, including consultation and information for child care programs and consumer information. These programs include a statewide child care information center, a statewide network of technical assistance and consultation, and public information. State departments contract with the Wisconsin Child Care Improvement Project to provide no-cost technical assistance to help child care programs become licensed and to establish quality services.

Training, mentoring and recognition for early childhood professionals.

- ❖ **Child Care Scholarship and Bonus Program.** Wisconsin's T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood Scholarship Program links training, compensation, and commitment to improving the quality of early childhood care and education experiences for young children and their families.
- ❖ **REWARD (Rewarding Education with Wages and Respect for Dedication).** This compensation initiative rewards workers in the child care and early education field who reach specified educational levels and stay in the field.

Child care grants to local government. Wisconsin provides grants to local government agencies that provide match dollars for child care purposes through this child care grant program. Typically grants have funded community initiatives in over 60 counties to improve the quality and supply of child care services.

Child care resource and referral (CCRR). Child care resource and referral agencies help parents find and select child care, develop new child care services where needed, support and help sustain existing child care services, identify local child care needs and resources, and provide public information about child care. Wisconsin has 17 resource and referral centers designated by the department to provide services throughout the state.

Head Start

Head Start was authorized under the federal Economic Opportunity Act of 1964 to provide services for low-income preschool children and their families. Goals are accomplished through partnership with other organizations and agencies to provide health, educational, nutritional, social, and other services based on family interests. Head Start directly involves parents in their programs because parents are viewed as the primary educators of their children.

Since its inception, Head Start has served more than 19.4 million children. For fiscal year 2000, Head Start was federally funded at more than \$5.2 billion and served more than 857,000 children and their families nationwide. In Wisconsin, during the 1999–2000 program year, state and federal funding has given more than 15,377 children and their families the opportunity to be involved in Head Start. There are currently 54 Head Start agencies in Wisconsin, providing services to children in 70 counties.

Wisconsin provided supplemental state funds to complement federal funding for Head Start in 1991. Currently, the state commitment to supplement federal contributions has resulted in 1,388 additional children and families receiving Head Start services. In fiscal year 2000, Head Start Supplemental funds were 7.4 million dollars. These dollars are 50% TANF and 50% GPR and are administered by the Department of Public Instruction.

Federal funds for the Head Start program flow from the federal government directly to the local Head Start grantees.

Technical Assistance

Head Start programs in Wisconsin are supported by the Head Start Quality Network and the Quality Improvement Center for Disabilities. This training and technical assistance system is funded through a federal cooperative agreement with CESA 5. Staff works with individual agencies in developing plans to enhance and improve the quality of services delivered to participating children and families. There is strong emphasis in Head Start on including children with disabilities in programs.

State funding has allowed an additional 1,388 children and families to receive Head Start services.

Public School Early Education Programs

5-Year-Old Kindergarten

In 1856 Watertown, Wisconsin, became the first community in the country to establish a kindergarten. As more school districts began providing kindergarten, the Wisconsin legislature required school districts to provide 5-year-old kindergarten in 1993. In the late 1990's kindergartens began to expand to offer full-day programs.

School districts are allowed to determine the length of the school day for those kindergarten pupils as long as standards for hours of direct pupil instruction are met. Pupils who attend half-day kindergarten programs are counted as one-half members in the general aid program. Pupils who attend full-school-day kindergarten programs are counted as full members in the general aid program.

During the 2000–2001 school year, 56,507 children attended public school 5-year-old-kindergarten. During this time, 241 school districts offered full-day 5-year-old kindergarten, 70 offered only part-day kindergarten, and 101 school districts offered parents an option of part or full-day kindergarten.

4-Year-Old Kindergarten

Wisconsin is a leading state in the provision of universally available 4-year-old kindergarten programs as public schools funding began for 4-year-old kindergarten programming in 1927. Of 426 school districts in the state, 133 (32%) currently offer a 4-year-old kindergarten program. They serve 12,743 children.

A large number of school districts across the state are exploring the LaCrosse community approach that offers 4-year-old kindergarten to every family in a variety of settings, including school, child care, and contracted child care centers. Parents electing to keep their child at home are afforded resources for in-home activities.

Teachers of 4- and 5-year-old kindergarten need to have an appropriate teaching license from the Department of Public Instruction (DPI).

Student Achievement Guarantee in Education (SAGE)

SAGE aims to improve academic achievement, particularly for poor children. Participating schools/districts identify key academic standards in core subjects for each of the grades served in the program and report annually on the degree to which they have been achieved. A school district must have at least one school with a poverty rate of at least 50% before the district can participate in the program. About 48% of all the children served in 2000–01 are from low-income families. The program is required to

- ❖ reduce class sizes to 15:1 in grades K–3,
- ❖ keep the school building open beyond regular school hours for use by students or the community,
- ❖ implement a rigorous, high-expectations curriculum, and
- ❖ give attention to professional development and staff evaluation practices.

Almost one-third of school districts in Wisconsin offer a 4-year-old kindergarten program.

The program began in 1996–97 with 30 schools in 21 districts. From 1998–2000, 128 new schools in 25 districts were added. The 2000–2001 budget bill allowed 498 new schools to join. There were 12,433 pupils in SAGE grades during 1999–2000, and 61,400 are being served this year (2000–01). The original law provided up to \$2,000 per low income student in the grades covered by the program (K–1 in year 1, K–2 in year 2, K–3 in years 3, 4, and 5). Starting in 2000–01 the law requires that the payments equal \$2,000 of aid per pupil. The 2001–03 budget bill provided \$76 million for 2001–02 and \$95 million for 2002–03.

The DPI has contracted with the School of Education at UW-Milwaukee to conduct the required evaluation. Four years of data indicate that the program is having a positive effect on student achievement. The children in the SAGE schools have outscored the comparison group in all subjects tested. The results have been particularly promising for minority students.

The SAGE program has a positive effect on student achievement, particularly for minority students.

Programs Serving Children with Disabilities

Programs for Children Ages Three to Five Years With Exceptional Educational Needs

State law (Ch. 115, WI Stats.) requires each school board to ensure that appropriate special education programs and related services are available to children with exceptional educational needs who have attained the age of three years. School-district-based special education is in accordance with the Individuals with Disabilities Education Act (IDEA) Part B. School districts are mandated to locate, identify, and evaluate children from birth to age 21 who may be eligible for special education and related services. Each eligible child receives appropriate services in accordance with the Individualized Education Program (IEP).

Federal IDEA funds provided about \$9 million dollars through the preschool grant and about \$81 million through the IDEA 3-21 grant. For purposes of computing state general school aids, a pupil enrolled in the special education program who is three years of age or older is counted as one-half pupil.

In the 2000–2001 school year, 14,383 children ages 3 through 5 were served in early childhood special education programs. The amount of time a 3- or 4-year-old spends in special education programs each day or week is not set by statute, but rather varies according to the needs of the child, as determined by the child's individualized education program.

The eligibility criteria, defined in the Administrative Code, includes the areas of autism; cognitive disabilities; deaf-blindness; significant behavioral disabilities; hearing impairment; specific learning disabilities; orthopedically-impaired; speech/language; traumatic brain injury; visual impairment; significant developmental delay (ages 3-5 only); or other health impairments.

Birth to 3 Program

Birth to 3 is Wisconsin's early intervention program for infants and toddlers, age birth to 36 months, with developmental delays and disabilities and their families. A federal law, the Individuals with Disabilities Education Act (IDEA), provides a framework for a comprehensive program and coordinates developmental, health, and

In 2000, a total of 8,371 Wisconsin children and their families were served by the Birth to 3 Program over the course of the year.

social services within the community. The Department of Health and Family Services oversees the Birth to 3 Program in Wisconsin and has developed rules that specify the program requirements. In 2000, the point-in-time child count was 4,369 children with a total of 8,371 children and their families being served over the course of the year.

Eligibility is based on a diagnosed disability or significant delay in one or more areas of development: cognitive; physical/motor; speech and language; social and emotional development; and adaptive. Services and supports a child and family receive are based on individual needs. Eligibility for this program is not affected by the family's income; however, parents may need to contribute to the costs of services.

The Birth to 3 Program will receive approximately \$6.2 million federal IDEA funding in the next fiscal year.

Other Early Childhood Care and Education Programs

Working to Improve Quality: Financial Incentives for Child Care Workers and the Development of a Comprehensive and Articulated Early Childhood Profession

Financial incentives for child care. Existing scholarship programs and financial incentives encourage child care staff to increase their education and remain in the field. A state/child care center agreement provides 10% of the tuition costs and a raise or a bonus at the time of completion of course work leading to an associate and/or bachelors degree. The Department of Workforce Development, Office of Child Care has received \$6 million annually in the state budget to operate a scholarship and bonus program under the auspices of T.E.A.C.H. Early Childhood ® WISCONSIN. The program is designed to improve the quality of child care providers.

Career Resources: The Wisconsin Early Childhood Care and Education Career Guide. This guide describes careers working with young children, the programs, licensing requirements, pre-service training programs, technical assistance agencies, definitions of terms, state resources, and career planning (see www.collaboratingpartners.com).

Articulation between systems. The signing of an articulation agreement between the technical college and university systems allows technical college associate degree credits to transfer into university early childhood programs. The "2 plus 2" program will start by aligning course competencies for early childhood education. This agreement supports several other early childhood professional development trends:

- ❖ The move to competency-based teacher education programs and the new DPI teacher licensing redesign;
- ❖ The creation of dually-certified early childhood special education and early childhood general education degree programs at the university level;
- ❖ Recognition that technical college child development courses need to include competencies related to inclusive child care.

State Level Collaboration and Planning Efforts Supporting Community Partnerships

Wisconsin Early Childhood Collaborating Partners (WECCP). WECCP is a collaboration of three state agencies; Department of Workforce Development, Department of Public Instruction, and Department of Health and Family Services and approximately 30 state and local agencies and associations related to early childhood care and education. For an illustration of how Wisconsin's early childhood care and education is funded through these collaborative efforts, see Figure 1.

Building Public and Political Will for Early Child Care and Education.

Wisconsin was selected by the National Governors Association (NGA) to receive technical assistance. The NGA team consists of a policy analyst from the Governor's Office and members of major agencies and associations connected through Wisconsin Early Childhood Collaborating Partners. Goals of this collaborative group include:

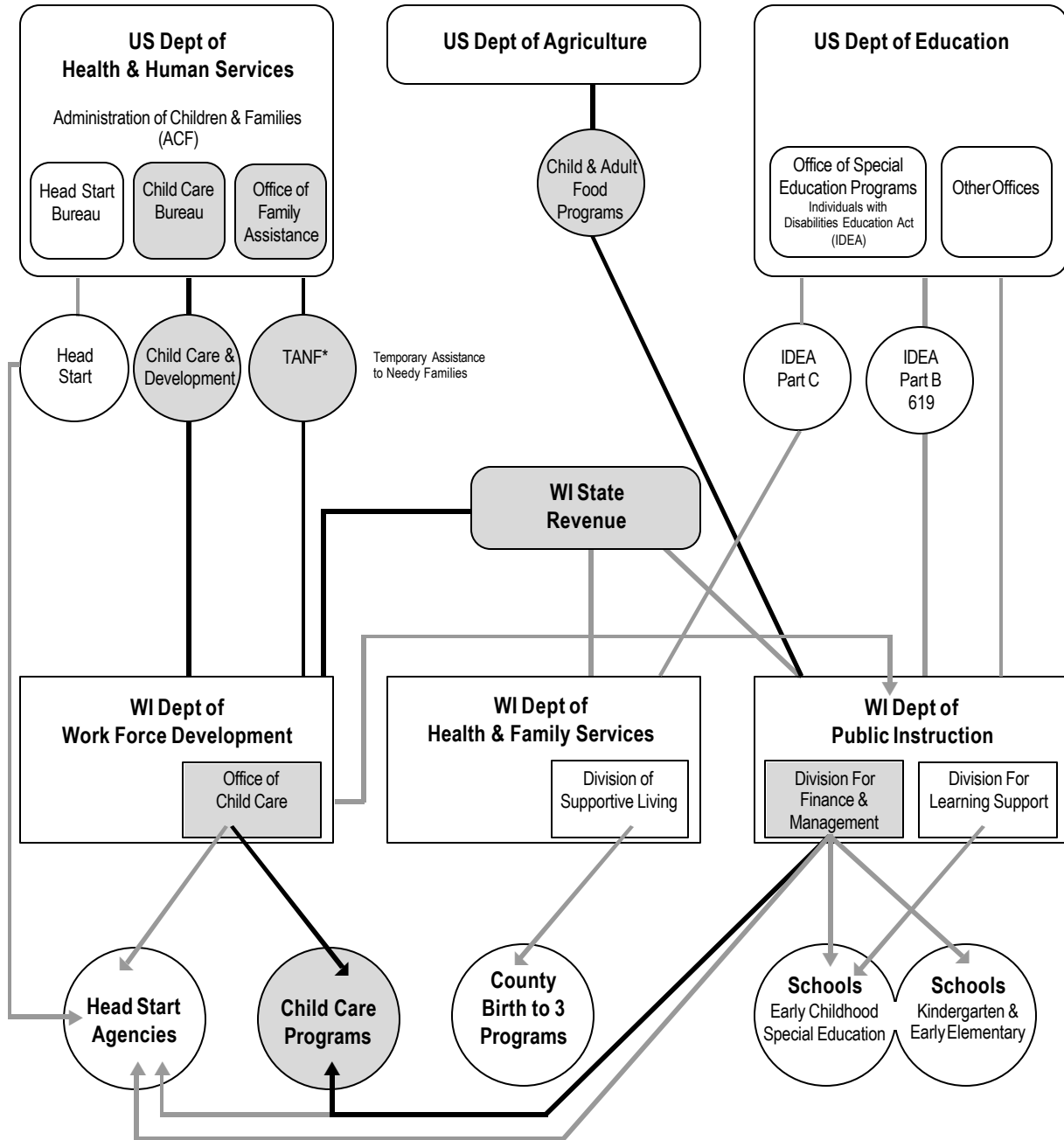
- ❖ **Statewide Collaboration for a Public Awareness Campaign.** A state and local collaboration launched a \$400,000 public awareness campaign titled, "Think Big, Start Small: Invest Early in a Child's Future." The campaign includes the use of TV/radio commercials, brochures, flyers, and billboards based on four important themes related to early childhood education and care.
- ❖ **Promote and Maximize Funding Sources.** The team is committed to look at current funding rather than the creation of new programs and funding streams. Major federal and state funding sources that directly impact services to young children were identified.
- ❖ **Blending Funding and Service Delivery.** The NGA team believes that services can be improved and funding maximized by blending service delivery at the community level. For example, school districts are encouraged to take community-wide approaches to 4-year-old kindergarten and to integrate special needs children into community programs. Head Start programs are encouraged to collaborate with child care programs to provide full-day and full-year services.
- ❖ **Childhood Brain Development Team.** The Departments of Health and Family Services, Workforce Development, and Public Instruction with representatives of the Governor's Office and the Technical Colleges formed a collaborative effort with the Wisconsin Council on Children and Families and Wisconsin Committee to Prevent Child Abuse to develop strategies to disseminate important scientific research on early childhood brain development. The goals are to educate people throughout the state about the research and its implications for early childhood development. This initiative has sponsored statewide training events for the past 3 years.

Head Start programs are encouraged to collaborate with child care programs to provide full-day and full-year services.

For further information on Wisconsin's publicly funded programs for early childhood education and care, contact the state agency representatives listed in the resource section at the end of this briefing report.

Figure 1

Wisconsin's Funding of Early Childhood Education and Care



*It is important to note that this chart does not account for the considerable amount of money expended through parent contributions or private pay. In Wisconsin, 48% of working families with children under age 13 pay an average of \$279 per month for child care. For these families, child care expenses consume on average 9% of family earnings, the second largest expense after rent or mortgage.

Source: Wisconsin Early Childhood Collaborating Partners (2001). *Working to Transform Early Childhood Education and Care*, p. 12. Madison, WI: Author. Available at: <http://www.collaboratingpartners.com/docs/WECCPRreport.pdf>

Selected Resources in Child Care and Early Education

By Karla Balling

Legislative Support Bureaus

Ann Sappenfield, JD

Senior Staff Attorney
Wisconsin Legislative Council
Assembly Committee on Children and Families
1 East Main Street, Suite 401
Madison, WI 53703-3382
(608) 266-1304
Anne.Sappenfield@legis.state.wi.us

State Agency Representatives

David Edie, Director of Office of Child Care

Department of Workforce Development
201 East Washington Street, #171
Madison, WI 53703
(608) 266-6946
EDIEDA@dwd.state.wi.us

Interests: Child care subsidy program for Wisconsin Works (W-2), Wisconsin's welfare reform initiative; efforts to improve the quality and supply of child care in Wisconsin.

Jill Haglund, Early Childhood Education Consultant

Department of Public Instruction
125 South Webster Street #3
Madison, WI 53703
(608) 267-9625
jill.haglund@dpi.state.wi.us

Interests: Community partnerships to improve services for young children, ages birth through five; Wisconsin Early Childhood Collaborating Partners; and inclusive child care and least restrictive environments for children with disabilities.

Julia Strong, Acting Director of Bureau of Regulation and Licensing

Department of Health and Family Services
1 Wilson Street
PO Box 7850
Madison, WI 53703
(608) 267-7933
stronjw@dhfs.state.wi.us

Interests: Child care regulation and licensing.

University of Wisconsin-Madison/Extension

Chip Donohue, PhD

University of Wisconsin-Milwaukee
School of Education
P.O. Box 413
Milwaukee, WI 53201
(414) 229-2240
cdonohue@uwm.edu

Interests: Child care administration; credentials; professional development.

Gay Eastman, Associate Researcher

University of Wisconsin-Madison/Extension
1300 Linden Drive
Madison WI 53706-1575
(608) 262-1115
geastman@facstaff.wisc.edu

Interests: Child development and early childhood education; Cooperative Extension's School Readiness Project.

Elizabeth Graue, Professor

Curriculum and Instruction
University of Wisconsin-Madison
225 North Mills Street
Madison, WI 53706
(608) 263-4674
graue@education.wisc.edu

Interests: School readiness; school entrance practices.

Arthur Reynolds, Professor

Social Work, Human Development and Family Studies, and Educational Psychology
University of Wisconsin-Madison
Waisman Center
1500 Highland Avenue
Madison, WI 53706
(608) 263-3837
ajreynol@facstaff.wisc.edu

Interests: Evaluation of educational interventions for poor children; the effect of poverty on child outcomes.

David Riley, Professor

Human Development and Family Studies
University of Wisconsin-Madison/Extension
1430 Linden Drive
Madison, WI 53706
(608) 262-3314
dariley@facstaff.wisc.edu

Interests: State child care policies; evaluation of parent education programs.

Deborah Vandell, Professor

Educational Psychology and Human Development and Family Studies
University of Wisconsin-Madison
Educational Sciences, Room 880
1025 West Johnson Street
Madison, WI 53706-1796
(608) 263-3883
dvandell@facstaff.wisc.edu

Interests: The role of government in the child care market; whether the quality of child care matters; and what government can do to improve child care.

National Organizations and Associations

Child Trends

4301 Connecticut Ave, NW
Suite 100
Washington, DC 20008
Phone: (202)362-5580
Fax: (202)362-5533
Web: www.childtrends.org

Child Trends Reports:

School Readiness: Helping Communities Get Children Ready for Schools and Schools Ready for Children (October, 2001).

Center for Law and Social Policy

1015 15th Street, NW, Suite 400
Washington, DC 20005
Phone: (202) 906-8000
Fax: (202) 842-2885
Web: www.clasp.org

CLASP Report:

The Impact of TANF Funding on State Child Care Subsidy Programs (September, 2001)

Lumina Foundation for Education

30 South Meridian Street
Indianapolis, IN 46204-3503
Phone: (317) 951-5704
Fax: (317) 951-5063
Web: www.luminafoundation.org

Lumina Foundation Report:

Learning Between Systems: Adapting Higher Education Financing Methods to Early Care and Education (July, 2001).

National Association for the Education of Young Children

1509 16th Street, N.W.
Washington, DC 20036-1426
Phone: (202) 232-8777 or (800) 424-2460
Fax: (202) 328-1846
Web: <http://www.naeyc.org/>

NAEYC Reports:

New Standards for Early Childhood Teacher Preparation (2001)
Child Care Is Education...and More (January, 1999)

National Conference of State Legislatures

1560 Broadway, Suite 700

Denver, CO 80202

Phone: (303) 830-2200

Fax: 303-863-8003

Web: www.ncsl.org

Child Care Project website: <http://www.ncsl.org/programs/cyf/cc.htm>

NCSL Reports:

Investing in Better Care for Infants and Toddlers: The Next Frontier for School Readiness (October, 2001).

Child and Family Service Reviews: Implications for State Oversight of Local Child Care Welfare Agencies (May, 2001).

2000 Children, Youth and Families Issues State Legislative Summary

2001 Children, Youth and Families Issues State Legislative Summary

National Governors Association

444 N. Capitol Street, Suite 267

Washington, D.C. 20001-1512

Phone (202) 624-5300

Web: www.nga.org

NGA Reports:

First Three Years: A Governor's Guide to Early Childhood

Where There's a Will: Promising Ways to Promote Early Childhood Development

The David and Lucile Packard Foundation

300 Second Street, Suite 200

Los Altos, CA 94022

Phone: (650) 977-7110

Fax: (650) 941-2273

Web: www.futureofchildren.org

Future of Children Journal:

Caring for Infants and Children: Analysis and Recommendations (September, 2001)

Home Visiting: Recent Program Evaluations (1999)

Financing Child Care (1996)

The National Center on Children in Poverty

Mailman School of Public Health, Columbia University
154 Haven Avenue
New York, NY 10032
Phone (212) 304-7100
Fax (212) 544-4200
Web: <http://www.nccp.org>

NCCP Reports:

Kith and Kin—Informal Child Care: Highlights from Recent Research (May 2001)

Child Care Research Partnership (September, 2001)

Map and Track: State Initiatives for Young Children and Families (2000 Edition)

National Study of Child Care for Low-Income Families: State and Community Substudy (2000)

The National Child Care Information Center

243 Church Street, NW, 2nd Floor
Vienna, Virginia 22180
Phone: (800) 616-2242
Fax: (800) 716-2242
Web: www.nccic.org

NCCIC Reports:

Quality in Linking Together: Early Education Partnerships (QUILT); The NCCIC provides numerous articles and links to websites on child care and early child education. For example: Partnering for success: Community Approaches to Early Learning (Child Care Action Committee Report)

The Urban Institute

2100 M Street, N.W.
Washington, DC 20037
Phone: (202) 833-7200
Web: www.urban.org

Urban Institute Reports:

State Child Care Profile for Children with Employed Mothers: Wisconsin (February, 2001).

Recent Changes in Wisconsin Welfare and Work, Child Care, and Child Welfare Systems (September, 2001).

Wisconsin Organizations and Associations

Wisconsin Child Care Research Partnerships

University of Wisconsin-Extension
Family Living Programs
432 North Lake Street, Room 301
Madison, WI 53706-1498
Phone: (877) 637-6188
Fax: (608) 267-5969
Web: www.uwex.edu/ces/flp/ece/wccrp.html

Issue Briefs:

Brief & to the Point

Who Cares for Wisconsin's Children?

Who Stays in the Early Childhood Field?

Are Program Characteristics Linked to Child Care Quality?

Wisconsin Early Childhood Collaborating Partners

125 South Webster Street
P.O. Box 7841
Madison, WI 53707-7841
Phone (608) 267-9625
Web: www.collaboratingpartners.com
www.dpi.state.wi.us/dpi/dlcl/bbfcsp/eclistsv.html

Collaborating Partners Report:

Working to Transform Early Childhood Education & Care

© 2001 by the Board of Regents of the University of Wisconsin System doing business as the division of Cooperative Extension of the University of Wisconsin-Extension. Send inquiries about copyright permission to: Cooperative Extension Publications Operations, 103 Extension Bldg., 432 North Lake St., Madison, WI 53706.

Editors: Karen Bogenschneider, Director, Wisconsin Family Impact Seminars and Executive Director, Policy Institute for Family Impact Seminars, Associate Professor, Human Development & Family Studies, UW-Madison, and Family Policy Specialist, Cooperative Extension, UW-Extension; Bettina Friese, Associate Director, Policy Institute for Family Impact Seminars; Karla Balling, Research Assistant, Wisconsin Family Impact Seminars; and Jessica Mills, Associate Director, Policy Institute for Family Impact Seminars. Authors: Karen Ponder of the North Carolina Partnership for Children, Smart Start; Scott Groginsky, Joan Lombardi, Bina Patel, and Julie Poppe of the National Conference of State Legislatures; and Helene Stebbins of the National Governors Association. Produced by the Center for Excellence in Family Studies, School of Human Ecology, University of Wisconsin-Madison. Lisa Pugh, editor; Meg Wall-Wild, designer.

University of Wisconsin-Extension, Cooperative Extension, in cooperation with the U.S. Department of Agriculture and Wisconsin counties, publishes this information to further the purpose of the May 8 and June 30, 1914, Acts of Congress. UW-Extension provides equal opportunities and affirmative action in employment and programming, including Title IX requirements. If you need this material in an alternative format, contact Cooperative Extension Publications at (608) 262-2655 (Voice & TDD), or the UW-Extension Office of Equal Opportunity and Diversity Programs.

This publication is available from your Wisconsin county UW Extension office or:

Cooperative Extension Publishing Operations
103 Extension Building
432 North Lake St., Madison, WI 53706
Toll-free: (877) 947-7827 (877-WIS-PUBS)
Madison: (608) 262-3346; FAX (608) 265-8052
Internet: <http://learningstore.uwex.edu>

BFI17 Early Childhood Care and Education: What Are States Doing? (2001)