



Build Supply of Quality Care

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About this Project

CLASP's *Charting Progress for Babies in Child Care* project highlights state policies that support the healthy growth and development of infants and toddlers in child care settings, and provides online resources to help states implement these policies. The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. The project seeks to provide information that links research and policy to help states make the best decisions for infants and toddlers.

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By Rachel Schumacher and Elizabeth Hoffmann¹

Nurturing and responsive infant/toddler child care is difficult to provide, and even harder for parents to find, yet all babies and toddlers in care need high quality care. To support this goal, CLASP recommends that states build the supply of high-quality child care settings for all babies and toddlers, with a special focus on underserved communities—including those in low-income, rural, and/or immigrant and language-minority communities.

This document presents research supporting the recommendation to build supply of quality care. Visit www.clasp.org/babiesinchildcare for materials related to this recommendation, including ideas for how state child care licensing, subsidy, and quality enhancement policies can move toward this recommendation; state examples; and online resources for state policymakers.

What does the research say about babies and toddlers and the supply of high-quality infant and toddler child care?

Babies and toddlers need high-quality child care—with warm, responsive, skilled providers and caregivers—to promote their healthy development. High-quality care can be especially beneficial for children at risk for healthy development. Across all types of child care settings, high-quality infant care is indicated by lower provider-to-child or caregiver-to-child ratios; small group sizes; compassionate child-rearing beliefs of providers and caregivers caring for babies; and safe, clean, and stimulating environments. When babies are cared for in a center setting, providers with more

formal education have been observed to have higher-quality care practices; when cared for in a family child care setting, babies benefit when their providers have specialized training in child development.² These factors in turn can support consistency and sensitivity of early care relationships, which are critical to children's development from birth to age 3. Providers and caregivers who are attuned to each child's unique needs and personality can support, nurture, and guide the child's growth and development.³ Research has shown that in general, high-quality early child care supports long-term child development and is linked to higher vocabulary scores, math and language abilities, and success in school. Further, this research found that negative impacts of low-quality care are more likely felt among children who are more at risk.⁴

Families face challenges in finding care for their babies and toddlers that meets the child's and family's needs. Parents look for care based on several factors, including beliefs about quality of care, practical concerns such as cost and available resources to pay, location, and preferences for different care types.⁵ Many parents cannot afford the cost of licensed care for babies and toddlers.⁶ Low-income families have fewer resources to devote to paying for care, and even if they receive help paying for child care through a subsidy, their choices are restricted to child care providers and caregivers who will accept this form of payment.

Parental choice of child care is also restricted when parents do not have a full range of care options from which to choose. The licensed infant/toddler care supply is inadequate, especially in certain geographic areas. According to analysis of census data, poor areas and non-metropolitan areas are less likely to have an adequate supply of licensed child care center slots.⁷ A recent study of 13 economically disadvantaged communities found that the supply of slots in licensed centers and family child care homes would leave nearly half of children under age six with a potential need for child care unserved. Numbers were worse for babies and toddlers. In Indianapolis, only 172 of 1,551 licensed slots were for babies and toddlers; in Oakland, it was just 63 of 1,147.⁸ Further, 2007 data from California's statewide resource and referral network show that while 41 percent of

referral requests were from parents seeking infant care, only 5 percent of licensed center slots were for children under age 2.⁹ Researchers in Oregon also found evidence that the supply of infant and toddler care for children with special needs is rare, especially in rural areas.¹⁰

Licensed infant and toddler care is more difficult to find than care for older children, because it is more expensive for child care providers to offer.¹¹ Key features required by licensing for infant/toddler care are expensive to provide, such as more child care providers per child, more space per child, special equipment such as cribs, and additional health and safety requirements such as sanitary areas for diaper changing.

Babies and toddlers are currently cared for in diverse settings—including centers; family child care; and family, friend, and neighbor care—for significant amounts of time. But the quality of care often is not good or is unknown. Children under age 3 with employed mothers spend an average of 25 hours per week in nonparental care. Thirty-nine percent are in care full-time.¹² Since babies spend a significant portion of time in care, the quality of the setting is important.

Patty Siegel, Executive Director of the California Child Care Resource and Referral Network, on the release of the 2007 California Child Care Portfolio analysis of supply and demand

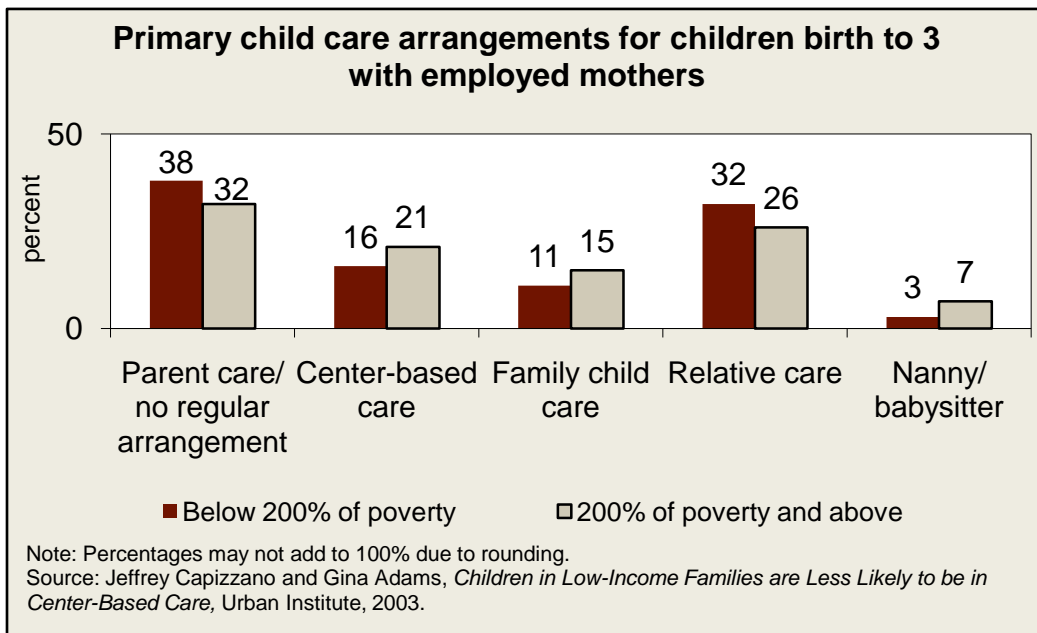
“Ten years ago both TIME and Newsweek magazines had cover stories about breakthroughs in early brain development and the importance of quality care for infants. Those of us in the field hoped that would spur real change in policy, funding, and attention to the needs of very young children and their families. But real change did not happen, and sadly a decade later we see that the needs are as great and that parents struggle to find quality, affordable, accessible care, while providers struggle to do their job well and to support their own families. Infant care is expensive and difficult to find.”¹³

Relative care is most common: It's the primary nonparental care arrangement for 27 percent of children under age 3 with employed mothers. In addition, other babies are cared for by friends or neighbors. The quality of family, friend, and neighbor care varies. A large National Institute of Child Health and Human Development (NICHD) study on child care settings for young children found, on average, more signs of positive caregiving for babies cared for at home by a father, grandparent, or other caregiver than for babies cared for in centers or by family child care providers.¹⁴ However, studies focused on low-income families have found reason for concern about the quality and stability of family, friend, and neighbor care.¹⁵ Family, friend, and neighbor caregivers most often are not part of the licensing system, although some may receive state oversight through participation in state child care subsidy programs.¹⁶ Measuring the quality of these settings demands a different approach than with more formal licensed providers, and researchers are developing better ways to do this.¹⁷

Younger children are less likely than older children to be in center-based care, which is the primary nonparental care arrangement for 22 percent of children under age 3 with employed mothers.¹⁸ A landmark study conducted in the 1990s established that the center-based child care

supply in the country was mostly inadequate to provide high-quality environments for young children and that good care was least likely to exist for babies and toddlers. Using the Infant–Toddler Environmental Rating Scale (ITERS), researchers observed that 90 percent of sampled child care centers were providing care that rated less than “good” for children under age 3.¹⁹ Recent reviews of state licensing rules have found very few states hold centers to standards linked to better quality care, such as provider-to-child ratios recommended for babies and toddlers, small group size, and provider education and training specific to the age of the child prior to caring for children. Further, few states provide sufficient oversight and monitoring to ensure children are safe.²⁰

Recent reviews have found similar issues on standards and monitoring for family child care homes,²¹ which are the primary care arrangement for 17 percent of children under age 3 with employed mothers.²² Studies of family child care have found great variation in the quality of care in general. A 1995 study of family child care and relative care in three communities found that 56 percent of providers and caregivers rated as “adequate,” 9 percent as “good,” and 35 percent as “inadequate,” using the Family Day Care Environmental Rating Scale (FDCRS) to guide global quality observations.²³



Babies and toddlers who may be at risk for healthy development are more likely to be in family, friend, and neighbor care than in licensed child care.

Babies and toddlers in low-income families are in somewhat different settings than higher-income children. Among all children under age three with employed mothers, relative care is the most common nonparental child care arrangement (32 percent in low-income families at or below 200 percent of the poverty level, 26 percent among those over that income level), although some infants and toddlers are also in center-based care (16 and 21 percent, respectively) or family child care homes (11 and 15 percent, respectively).²⁴

Babies and toddlers in working immigrant families are more likely to be in family, friend, and neighbor care than higher-income or U.S.-born citizen families.²⁵ Although parents may choose to use family, friend, and neighbor caregivers in their own communities—meaning they are more likely to be of similar cultural, ethnic, and linguistic backgrounds—parents’ choices may also be influenced by a lack of licensed child care.²⁶ Some ethnographic research has suggested that family, friend, and neighbor caregivers meet some parents’ needs well but for other parents, are more of a choice of last resort.²⁷

How can state child care licensing, subsidy, and quality enhancement policies build the supply of high-quality infant and toddler care?

State efforts to increase the supply of high-quality care for babies and toddlers should address two goals: (1) increasing slots in high-quality, licensed child care in low-income, rural, and immigrant and language-minority communities and (2) employing community-based support strategies to enhance the quality of care currently provided to babies and toddlers in the homes of family, friends, and neighbors.

To ensure that licensed center and family child care providers are able to offer high-quality care for babies and toddlers, states will have to make stable

funding and assistance available and tie it to better program standards. Without stable funding to pay for the higher costs of quality, most child care providers—especially those in low-income or rural areas—cannot afford the qualified staff, equipment, and facilities that good program standards require. The child care market is imperfect.²⁸ Most parents cannot afford the cost of quality care, often they don’t have access to good information to make choices, and their work schedules may make it difficult to change child care arrangements. As for providers, they need assurances that they will be compensated adequately to support qualified teachers—especially for infant and toddler care, which is more costly to provide than care for older children. Although public funding is already used by states to provide subsidies to help some low-income families afford child care, this mostly voucher-based system has not resulted in adequate growth in licensed child care supply, even in communities with high densities of low-income and immigrant families.²⁹

More targeted use of subsidy funds by states could leverage the state’s position as a major purchaser of care to help providers serve babies and toddlers and meet quality program standards. States should tie funds to standards and cover the cost of quality improvements, staffing costs, supports, and technical assistance. Public-private partnerships and publicly guaranteed loan funds can help expand the supply of high-quality facilities in low-income neighborhoods, and partnerships may encourage employers to help shoulder the responsibility of establishing high-quality child care for their employees’ children.

Outreach and support initiatives can increase the child development knowledge and skills of family, friend, and neighbor caregivers, who may not have had access to culturally and linguistically appropriate information and resources prior to providing care.³⁰ Working with family, friend, and neighbor caregivers requires an approach that builds on trusted community resources. These caregivers often are not considered part of the formal child care system, but they may still be interested in support and information,³¹ so long as it is designed specifically to meet their needs

and offered through trusted community resources.³² For example, a Washington State survey of caregivers found interest in receiving child development information, equipment and play kits, advice and information available through a hotline, and opportunities to network with other caregivers or attend informal workshops.³³ In Minnesota, focus groups of immigrant and refugee family, friend, and neighbor caregivers indicated that they would like information and training to be conveniently located in informal settings, such as community-based organizations, apartment complexes, and individual homes. They also stressed the importance of having bilingual trainers who can provide information in their home languages.³⁴ States will need to design outreach and support policies with an understanding of the cultural and linguistic diversity of their caregiver population.

Visit www.clasp.org/babiesinchildcare for dynamically updated information related to this recommendation, including:

- **Policy Ideas** that states can use to move toward this recommendation
- **State Examples** profiling initiatives of policies under this recommendation
- **Online Resources** for state policymakers

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