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**ABSTRACT**

This report presents an evaluation of the Federal Interagency Day Care Requirements (FIDCR) conducted by the Department of Health, Education, and Welfare. The evaluation focuses on the appropriateness of the requirements for federally supported day care programs authorized by Title XX of the Social Security Act. The first chapter of the report represent an overview of the current status of day care in the United States and describes the rationale behind the development of the FIDCR. Chapter II examines the impact of the FIDCR on children, families, and providers, covering such topics as grouping of children, caregiver qualifications, social and education services, environmental standards, parent involvement, health and nutrition. Chapter III analyzes the costs of imposing the FIDCR on day care centers, family day care, and in-home care. Chapter IV explores questions of the administration and enforcement of the FIDCR at federal, state, and local levels of government. Chapter V presents conclusions of the report and recommendations for revisions in the federal regulations. Appendices include the text and the legislative history of the FIDCR, a summary of comments from panel meetings on the appropriateness of the regulations, and a review of the preliminary findings of the National Day Care Study. (ED)

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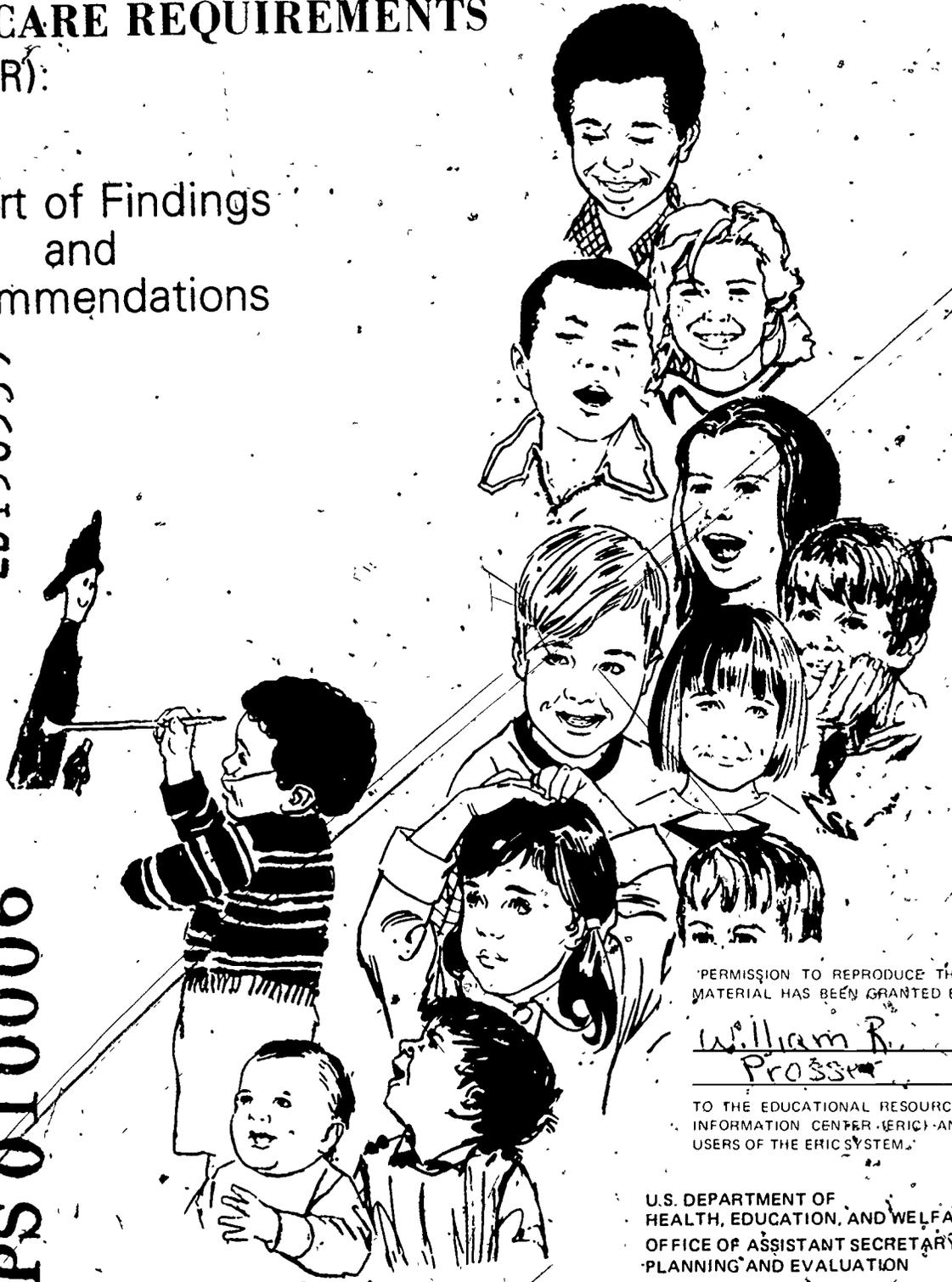
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# The Appropriateness of **THE FEDERAL INTERAGENCY DAY CARE REQUIREMENTS (FIDCR):**

## Report of Findings and Recommendations

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The Appropriateness of  
THE FEDERAL INTERAGENCY  
DAY CARE REQUIREMENTS

Report of Findings  
and  
Recommendations

U.S. Department of  
Health, Education, and Welfare

Office of the Assistant Secretary for  
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Washington: 1978

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THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE  
WASHINGTON, D. C. 20201

To the President of the Senate and to the  
Speaker of the House of Representatives:

I have the honor to transmit herewith the Report on the Appropriateness of the Federal Interagency Day Care Requirements (FIDCR), pursuant to the provisions of the Social Services Amendments of 1974 (Public Law 93-647).

Support of childcare arrangements for working parents and for other parents in need of day care for their children is one of the many important activities carried out by the Department of Health, Education, and Welfare. HEW-supported day care is important because it affects the care of millions of youngsters in the critical formative years of their lives.

The regulation of day care is one of the more controversial aspects of HEW administrative responsibilities. The FIDCR impose Federal regulations on certain federally funded day care programs, thus raising classic issues of the proper uses of regulatory power and of the proper relationship of the Federal Government to States and municipalities. The quality of day care varies enormously across regional lines and across economic strata. Day care is fraught with subjective judgments about what is best for the child. In addition, day care has not been a target of major academic research until recent years, and the amount of knowledge on the subject is still comparatively small. This report explores those issues and relationships, and proposes directions that revised Federal regulations might take.

The process of revising the FIDCR has already begun in this Department. That process, as described in this report, will involve widespread involvement of Congress, the day care community, and the public. This report pulls together and systematically investigates available material on day care. The report lays the groundwork for public discussion of the difficult choices in this area and of the trade offs that inevitably accompany those choices. The report should facilitate decisionmaking as the FIDCR revision process goes forward.

A major deficiency in the development of the original FIDCR in 1968 was the lack of public involvement. This Department intends to avoid that pitfall in the revision of the FIDCR, and to produce regulations that result from, and are worthy of, public support. This report should make that process better informed and more effective.

Department staff on this report have attempted to respond positively to criticism and suggestions from the professional community and from the public. Congress generously and wisely granted a statutory extension of the deadline for this report, thereby greatly enhancing the quality of the report by giving the staff more time to assimilate and include preliminary data from the National Day Care Study and by enabling the Department to hold public panel meetings around the Nation on a draft of the report and to respond to public concerns.

Clearly written new Federal regulations that enjoy broad public support can go far in bettering the conditions of day care for millions of children in this country, while dealing intelligently with the legitimate concerns of providers and other levels of government. I look forward to working with the Congress, with day care providers, administrators, and consumers, and with the public during the FIDCR revision process.

*Joseph A. Califano Jr.*

Joseph A. Califano, Jr.

June 1978  
Washington, D. C.

## PREFACE

This report responds to the congressional requirement for an evaluation of the appropriateness of the Federal Interagency Day Care Requirements (FIDCR) with respect to federally supported care programs authorized by Title XX of the Social Security Act.

The mandate is contained in Public Law 93-647, sec. 2002(a)(9)(B) of Title XX of the Social Security Act which requires the Secretary to submit to Congress "an evaluation of the appropriateness of the requirements" of the FIDCR "together with any recommendations he may have for modifications of those requirements." This report contains the evaluation of the appropriateness of the FIDCR in Chapters 1 through 4 and the Secretary's recommendations in Chapter 5.

Although the report discusses many day care policy issues, it addresses the FIDCR only as they apply to the Title XX day care programs. It does not attempt to enlarge on the mandate of Public Law 93-647; it does not examine all day care in the United States; and it does not examine all Federal regulation of day care.

The report does not discuss two public policy questions that are important but tangential to the appropriateness evaluation.

The first is the question of whether and at what level the Federal Government should finance day care. This is a budget and appropriations issue not related to the appropriateness of the regulations.

The second is the question of where day care fits into the scheme of welfare reform that is being actively debated nationally at this time. Changes in the welfare system could have profound effects on the demand for day care by economically deprived families. But the broad issue of welfare reform is separate from the question of the appropriateness of the FIDCR. However, some day care advocates question whether the FIDCR should apply to childcare financed through the provision for income disregards now contained in President Carter's welfare reform proposal, the Program for Better Jobs and Income. As currently proposed, the provision would enable families to choose a day care program; they would be partially reimbursed for this expense as part of their welfare payment. The FIDCR would apply only to those arrangements made with providers directly receiving money from Federal programs to which the FIDCR apply.

## Technical Papers

In addition to this one-volume report, the Department intends to publish three technical papers on the major topics addressed in this report. The technical papers will contain additional data and detailed analyses. They are expected to be available by the summer of 1978.

## Background of the FIDCR

The FIDCR are Federal regulations that contain requirements to be met as conditions of Federal financing of day care services under certain programs. The FIDCR are codified in the Code of Federal Regulations (45 C.F.R. part 71) and have the force of law.

The FIDCR apply to some federally financed day care services and not to others. Currently the FIDCR apply to the following programs that provide day care services:

- o Department of Health, Education, and Welfare: Social Services, Child Welfare Services, Work Incentive (WIN), and Vocational Education programs.
- o Department of Agriculture: Childcare Food program in certain situations when there are no State standards.

The FIDCR do not currently apply to federally financed day care services provided by these programs:

- o Department of Health, Education, and Welfare: Head Start and Aid to Families with Dependent Children program income work expense disregard.
- o Department of Defense: all programs.
- o Department of Labor: Comprehensive Employment and Training Act (CETA) program.
- o Department of Housing and Urban Development: all programs.

The FIDCR were originally required by the provisions of the Economic Opportunity Amendments of 1967 [Public Law 90-222, 107(a); 42 U.S.C. 2932(d)], which directed the Secretary of HEW and the Director of the Office of Economic Opportunity to "coordinate programs under their jurisdiction which provide day care, with a view to establishing, insofar as possible, a common set of program standards and regulations, and mechanisms for coordination at the State and local levels."

The Secretary first published the FIDCR on Sept. 23, 1968, jointly with the Office of Economic Opportunity and the Department of Labor. The FIDCR were reaffirmed by the Economic Opportunity Amendments of 1972 (Public Law 92-424, sec. 19). (For the text of the current FIDCR, see Appendix A.) The Secretary was made solely responsible for carrying out the directives to coordinate and regulate day care programs by the provisions of the Community Services Act of 1974 [Public Law 93-644, V, sec. 8 (b)].

In 1975, Public Law 93-647, which enacted Title XX, incorporated the FIDCR as the minimum standards to be met wherever Federal funds are received by Title XX day care providers. Title XX incorporated the FIDCR by reference and modified certain of the 1968 provisions. It permitted the Federal Government to recommend but no longer require education services, revised child-staff ratios for school-age children, and for the first time authorized the Secretary to establish staffing ratios for very young children (under 3 years of age). For the first time, too, Congress placed requirements on care provided in the child's own home and purchased by Title XX funds. Later amendments imposed a moratorium in October 1975 on child-staff ratio requirements for care of children 6 weeks to 6 years of age in day care centers, group homes, and family day care homes. (For details, see the Legislative History of the FIDCR; Appendix B.)

The original FIDCR were drafted consistent with the congressional intent that Federal officials develop to the extent possible a common set of Federal day care requirements. Since then, some of the day care programs to which the FIDCR applied have terminated or have been incorporated into other programs. New programs—listed above—have been created, however, that have not been made subject to the FIDCR. As a result, there is now no common set of Federal day care requirements that apply to all federally financed day care programs. 1/

#### Definition of Appropriateness

Congress did not define the word "appropriateness" in Public Law 93-647 and did not provide criteria by which the appropriateness of the

1/ The issue of whether, in the view of this Department, the FIDCR should apply to all Federal programs is addressed in Chapter 5 of this report, in a section entitled "Scope of Application of the FIDCR."

FIDCR might be evaluated. In developing its approach to preparation of this report, therefore, the Department looked to the congressional background of intents and goals in regard to Title XX and the FIDCR.

The Department decided that the report should attempt to answer two fundamental questions:

1. Is Federal Regulation of day care financed under Title XX appropriate?
2. Are the specific requirements now imposed appropriate?

In answering those questions, the Department analyzed data and issues along three parallel lines of inquiry: the impact of the FIDCR on children, families, and providers, examined in Chapter 2; the costs of imposing the FIDCR, analyzed in Chapter 3; and the administration of the FIDCR at all levels of government, explored in Chapter 4.

This approach will provide the Congress, the Department, interested parties, and the general public with an understanding of the FIDCR that will inform the policy debate that follows the publication of this report.

#### Development of the Data Base

In preparing this report, the Department developed a data base as broad and as deep as possible, given the limitations of the amount of research in this comparatively new field of social investigation. Generally, the data-gathering effort consisted of work in three major categories:

1. Literature Search. Department staff and expert consultants reviewed the existing formal literature in the field for information on benefits, costs, and other important elements of the study. Works used in this writing of the text are cited in the text.

2. Commissioned Papers. The Department commissioned 21 scholarly papers intended to analyze the state of the art of day care and child development. A digest of these papers was prepared (Policy Issues in Day Care: Summaries of 21 Papers) and published to make the authors' views available within the day care and professional community. The papers are cited in the text and are included in the bibliography for the chapters in which they are used.

3. Public Involvement. The Department held three public panel meetings around the Nation to provide the public with an opportunity to comment on a draft version, dated Feb. 17, 1978, of this report. The meetings were held in Washington, D.C., on Feb. 27; in Dallas, Tex., on Mar. 8; and in Seattle, Wash., on Mar. 14. The meetings drew an average of 100 persons. At each meeting, a panel of citizens first analyzed and commented on the report, and then the audience was afforded an opportunity to comment. A summary of comments received appears in Appendix C.

In addition to those three meetings, during the previous 3 years project staff held a large number of informal meetings with representatives of interested groups and with members of the public. These contacts provided the Department with the views of program administrators, care providers, parents, child advocacy group representatives, and other interested persons. In the planning stages of the project, staff solicited the views of representatives of a broad range of organizations concerned with day care and with the FIDCR. Subsequent meetings and workshops with those representatives continued the communication between the Department and them.

Of particular importance to the data base for this report is the National Day Care Study, which is the most extensive study of day care centers ever undertaken in this country. Conducted over the course of 4 years, it was undertaken before Congress commissioned this report. Congress extended the initial deadline for this report so that the data from the study could be considered as part of the FIDCR appropriateness evaluation. The study examined many aspects of center care for 3- and 4-year-old children but concentrated on caregiver qualifications, group size, and child-staff ratios. The study was commissioned by the Administration for Children, Youth, and Families in the office of Human Development Services and carried out by Abt Associates, Inc., of Cambridge, Mass., and Stanford Research Institute of Palo Alto, Calif. Only the preliminary findings are available at this time.

The data in this report, like all data, are subject to different interpretations. The findings in this report will have the benefit of public scrutiny and discussion. Some conclusions may be refined based on this input as well as on the final results of the National Day Care Study.

#### FIDCR Revision Effort

A major conclusion of this report, stated in detail in Chapter 5, is that the FIDCR should be revised. On Apr. 26, 1978—even as this

report was in the final stages of preparation—the Department announced the Secretary's decision to begin a process of revising the FIDCR:

Statutory authority for the revision process is contained in the same paragraph that mandates this appropriateness evaluation. After the sentence requiring this report, the statute states: "No earlier than ninety days after the submission of that report, the Secretary may, by regulation, make such modifications in the requirements [the new requirements for in-home care and the modified FIDCR] ... as he determines are appropriate." [Public Law 93-647, sec. 2002(a)(9)(B) of Title XX.]

The Notice of Intent to revise the regulations was published in the Federal Register on Apr. 26, 1978, and a press release was issued the same day to apprise the professional community and the general public of the Department's decision.

The revision effort will involve extended consultation with individuals and groups who are interested in child day care services, including those who provide, license, or use those services. In addition, the Department intends to hold meetings in every State to obtain public views about choices in revising the FIDCR. The Department's plans in this regard are described in Chapter 5.

The Department expects to publish proposed new regulations in the Federal Register in the winter of 1978-79. That publication will be preceded by national and regional meetings and workshops with the States to obtain comments on preliminary draft regulations. Formal hearings will follow publication of the proposed new FIDCR. The Department will review all comments on the proposed regulations and then publish the final regulations.

The FIDCR revision effort is being carried out by the Office of Human Development Services. The early stages of the effort have been carefully coordinated with the staff effort that produced this report.



Henry Aaron  
Assistant Secretary for  
Planning and Evaluation

June 1978  
Washington, D. C.

## ACKNOWLEDGMENTS

This report was prepared in the Office of the Assistant Secretary for Planning and Evaluation, with the on-going advice and assistance of the Office of Human Development Services, in the Department of Health, Education, and Welfare (HEW). A substantial number of people, both in and outside of HEW, contributed to its preparation.

Development of the data base for this report was guided by the FIDCR Appropriateness Committee. Representation on the Committee was drawn from the following HEW offices in addition to that of the Assistant Secretary for Planning and Evaluation: Assistant Secretary for Health; Human Development Services; Administration for Children, Youth, and Families; and Administration for Public Services. Members of the Committee were: Gwendolyn Bates, Jordan Benderly, Preston Bruce, Jr., Lucy Conboy, Sonia R. Conly, Madeline Dowling, Linda Gerson, Jane R. Gold, Gertrude Hoffman, James Huddleston, Dail Neugarten, William F. Renahan, Saul Rosoff, Allen Smith, and Michio Suzuki.

Special thanks and acknowledgment are due to the HEW project officers associated with major day care studies. They provided the staff of this project with data from the studies, advice, and constructive criticism concerning the use of study results. In addition to those project officers who were also members of the FIDCR Appropriateness Committee, Carol Spence and Patricia Hawkins were particularly helpful in providing information from the National Day Care Study and the National Day Care Home Study, respectively.

Two contractors were retained to assist the Committee in surveying the formal literature in the field and in synthesizing data from a wide range of sources. They were Abt Associates, Inc., of Cambridge, Mass., and Mathematica Policy Research, Inc., of Washington, D.C. A third contractor, the Center for Systems and Program Development, Inc., of Washington, D.C., provided support services for review of the 21 scholarly papers commissioned for this project and prepared executive summaries of them for publication. The Center assisted in planning and preparation for the three public panel meetings held earlier in 1978 to review a draft of the report. Finally, the Center provided support services for preparation of this report.

The task of writing the report fell largely to three individuals: Lucy Conboy, who with the assistance of Linda Gerson wrote Chapter 2; Sonia R. Conly, who wrote Chapter 3; and Jane R. Gold, who wrote Chapter 4. Editorial assistance was provided by Sara Pope Cooper, Joseph Foote, Patricia B. Fox, Nina M. Graybill, Joyce Latham, and Ruth Macy. Marian E. Warrick provided research assistance to the authors and responded to the numerous requests from outside the Department for materials.

A number of people contributed useful critiques and criticism of early drafts of the report. The comments of the many parents, providers, administrators, day care workers, and child advocates were helpful in identifying and correcting problems in the draft material. Of exceptional assistance in this regard were T. M. Jim Parham, Deputy Assistant Secretary for Human Development; Gwen Morgan, a faculty member at Wheelock College; John Butler of the National Academy of Sciences; and Preston Bruce, Jr., Director, Day Care Division, Administration for Children, Youth and Families, and his staff, who are developing new day care regulations.

I would like to thank Henry Aaron, the Assistant Secretary for Planning and Evaluation, and Peter Schuck, the Principal Deputy Assistant Secretary for Planning and Evaluation, who reviewed and critiqued all elements of the report, made important contributions to the organization and presentation of the report, and provided policy direction.

On behalf of the Department, I want to thank all the people who gave of their time and talent in this long and important undertaking. Of all of them, however, none worked with more care and dedication than Betty J. Watkins and Jewell J. Griffin, who, with the assistance of other HEW secretaries, did all the typing.



William R. Prosser  
Chairperson  
FIDCR Appropriateness Committee

June 1978  
Washington, D. C.

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## EXECUTIVE SUMMARY

Day care has become an increasingly important part of family life in the United States. Today, 11 million children under the age of 14 spend a substantial part of their week in childcare arrangements. How they spend their time in these formative years is a legitimate concern of the public and of public policy.

For 2.5 million infants and toddlers, enrollment in day care marks their first separation from their parents during years that are critical to their total development. For 3.7 million preschoolers, day care has the potential to expose them to beneficial experiences that will better prepare them for their first years in school. For slightly more than 4.9 million school-age children 13 and under, their experiences in day care before and after school may be intertwined with school activities. Children aged 10 to 13 are less likely than those in other age groups to be in day care because many parents consider them to be old enough to look after themselves when not in school.

The Federal Government--mostly the Department of Health, Education, and Welfare (HEW)--subsidized approximately \$2.5 billion of childcare arrangements in 1976. In 1975, parents spent \$6.3 billion for privately purchased day care.

As a Department concerned with the well-being of all children, HEW has a fundamental responsibility to assure that the children and parents assisted by its programs are well served and that day care funds entrusted to the Department are well spent. HEW has a special responsibility for young children who cannot protect their own interests.

Most of the day care arrangements financially assisted by HEW funds are regulated by the Federal Interagency Day Care Requirements (FIDCR) which are published Federal regulations authorized by Congress. The FIDCR were promulgated in 1968; in 1975, the FIDCR were modified and incorporated into Title XX of the Social Security Act.

In 1975, Congress also mandated the Secretary of HEW to evaluate the appropriateness of the day care requirement imposed by Title XX. This report responds to that mandate. It concludes that:

- o Federal regulation of federally-supported day care is appropriate.
- o The FIDCR can be rewritten, based on 10 years of experience, to improve their ability to protect and enhance the well-being of children.

This report is the result of 3 years of extensive study by HEW of research in the field of day care; of 21 state-of-the-art papers specially commissioned for this project; and of comments from practitioners, parents, administrators, and other parties interested in day care.

As this report was being completed, the Secretary of HEW announced that the Department was beginning the process of revising the FIDCR. Details of this process are described in Chapter 5.

## CHAPTER 1 A PERSPECTIVE ON THE FIDCR AND DAY CARE

The largest single Federal day care program is carried out by HEW under Title XX of the Social Security Act. In 1976, about one-third of federally supported day care was provided under Title XX, underwriting care for more than 600,000 children.

The planned Title XX day care expenditures remained relatively constant in fiscal years 1976 (\$759 million), 1977 (\$742 million), and 1978 (\$772 million), even though Congress enacted supplemental appropriations of \$200 million above the ceiling in both 1977 and 1978 to help States meet the requirements imposed by the FIDCR. Many States, however, decided not to increase day care expenditures.

### THE VARIETIES OF DAY CARE

There are three types of day care: in-home (provided in the child's own home); family (provided in the caregiver's home); and center (provided in a center serving more than 12 children).

Providers of each type vary widely in background, experience, and expertise. They range from grandmothers and other close relatives to homemakers with children of their own to small business entrepreneurs to professionals with graduate degrees in child development. Their duties are the same, however: to protect the child from physical harm, to feed the child and minister to the child's health needs, to set disciplinary limits for the child, and to nurture the child in his or her development.

This study concludes that appropriateness must be evaluated in terms of what the FIDCR are intended to accomplish. This study concludes that, although the principal purpose of day care is to help parents to work and to achieve self-support, the principal purpose of the FIDCR is to facilitate the appropriate social, emotional, physical, and cognitive growth of children in Title XX day care.

Chapter 2 of this report examines research, expert opinion, and consensus of practical experience on the effects of the FIDCR components on reducing risk of harm and on promoting the well-being of children in care. Chapter 3 presents estimates of what certain FIDCR provisions cost. Chapter 4 analyzes the efforts by the Federal and State governments to implement the FIDCR. Drawing on the data presented in the earlier chapters, Chapter 5 discusses the kinds of policy choices confronting the Department and presents preliminary findings and conclusions, recommendations, and HEW's plans for developing new FIDCR.

## CHAPTER 2

### IMPACT OF THE FIDCR ON CHILDREN IN DAY CARE

The FIDCR cannot be tested with laboratory precision because they lack clarity and specificity, and are not uniformly in operation in the field. But their appropriateness can be assessed, based on experience and available research. The basic criterion for assessment is the effect of the regulations on the well-being of the children in care. Chapter 2 discusses the FIDCR components and assesses them in terms of that criterion.

#### GROUPING OF CHILDREN

Child-staff ratio and group size are the regulatable aspects of day care that are most directly related to the amount and nature of personal attention that caregivers can give children. Evidence shows that small groups of children and caregivers best promote competent child development. Group size should vary according to the ages of the children in care and whether there are children, such as the handicapped, with special needs. Small groups are especially important for children under age 3.

Low child-staff ratios and small group sizes may in themselves guarantee very little about the quality of care children receive, because they interact with other components of day care—such as caregiver competence. Any revision to the FIDCR should take this interrelatedness into account.

Important natural variation in group size and child-staff ratios occurs in a center or family day care home during the day and throughout the year. This variation must be accommodated by any administrative regulations.

## CAREGIVER QUALIFICATIONS

Limited research data exist on the differential effects of various types of education, credentials, experience, and inservice training on caregiver behavior. Research data and expert opinion reveal, however, that (1) specific caregiving skills are needed to support the well-being of the child, (2) training can be used to promote these skills, and (3) training is essential to refine or improve current caregiver performance in all modes of care.

## EDUCATIONAL OR DEVELOPMENTAL SERVICES

Educational (or developmental) services should lay the groundwork for continued cognitive, social, emotional, and physical development. This can best be achieved by clearly defined program objectives, quality caregiving, and age-appropriate materials. This is important for all children, regardless of age.

Data indicate a disproportionate prevalence of developmental risk among children of low-income families. Over time, that risk impairs their ability to thrive. The optional nature of, as well as the broader developmental goals intended by, this component must be clarified and refined.

## ENVIRONMENTAL STANDARDS

There is no assurance that State and local safety and sanitation codes adequately protect the well-being of the child in the day care environment. Many codes were written for facilities other than day care, and these codes do not cover the safety of play equipment.

The type of space is not the only important aspect of environment. Also important are play materials and privacy.

## HEALTH SERVICES

A considerable portion of children in Title XX day care are at risk with regard to their health. The present standards address all the areas of concern regarding the child's health status both within and outside the day care setting, but there are problems associated with their implementation. Day care providers can more reasonably be expected to be responsible for quality control and preventive functions for health problems than to deliver health care services.

## NUTRITIONAL SERVICES

It is important to provide children with nutritious meals and snacks in day care to help insure that their overall diets are nutritionally sound. As many as a third of the children currently eligible for federally funded day care are likely to be at risk in terms of inadequate caloric intake and vitamin deficiencies. Many family day care providers lack a basic understanding of good nutrition and resources to provide adequate nutritional services to the children they serve.

## PARENT INVOLVEMENT

Underlying the Parent Involvement component is the belief that children in day care will benefit from the participation of their parents in the program. The data available on parent involvement in day care generally indicate relatively low levels of parent participation in such activities as policy planning and budget review. Educational workshops that provide childrearing information appear to be popular among parents. Several research and demonstration projects show that when parents receive rigorous training in caregiving skills and tutoring techniques, their children show significant social, emotional, and cognitive developmental gains. Parents become more sensitive to their children's needs and interact with their children in cognitively appropriate ways.

## SOCIAL SERVICES

This FIDCR component impacts only indirectly on the child in care. It is nonetheless important because many childcare experts believe no short-term intervention program can succeed in supporting the competent development of a child whose family is overwhelmed by its socioeconomic plight or other problems. Most parents want referral services that will help them select appropriate day care for their child. This need is largely unmet across the country. As with the Health Services component, the emphasis of this component should be on information and referral to other social services.

## ASPECTS OF DAY CARE NOT ADDRESSED BY THE FIDCR

Chapter 2 also examines four aspects of day care not currently regulated by the FIDCR.

### Continuity of Care

A great deal of research describes the negative effects on children of all ages—and especially on young children—of caregiver instability and inconsistency in caregiving environments. Continuity of care apparently is not enhanced by current regulatory/administrative practices. Although evidence suggests that this variable could not be easily regulated, the impact of Title XX policies—including the FIDCR—on continuity of care should be considered in developing new FIDCR.

### Age of Entry into Day Care

There are no data that specify the earliest age at which a child can be separated from the primary caregiver (usually the mother) for an extended period each day without suffering negative developmental consequences. There is insufficient evidence to suggest that this component should be regulated.

### Hours in Care

Parents who seek childcare arrangements because of employment probably think of the hours of service more in terms of their own needs than of the impact on their children. The impact of hours in care on child well-being has not been adequately assessed to suggest if this variable should or can be regulated.

### Program Size

Data on the relationship between program size and quality of care are meager, but the results suggest that the bigger the program, the bigger the problems. Some of these problems, which include negative interaction patterns between teachers and children and high levels of staff turnover, are indicators of poor quality care. Many problems of size can be overcome by proper management. At present, however, the evidence is insufficient to justify regulating this variable.

## CHAPTER 3 COST IMPLICATIONS OF THE FIDCR

Three major questions concerning the cost of the FIDCR are:

- o Does meeting the FIDCR raise costs significantly above those of private-pay care?

- o What is the cost of bringing all Federal financial participation (FFP) day care facilities into compliance with the FIDCR? (FFP facilities are those receiving Federal funds.)
- o How much do the comprehensive services now provided in FFP care add to its cost?

The chapter addresses FIDCR related costs for the three major types of childcare: center, family, and in-home. Centers receive the most emphasis because they are more likely than other facilities to be federally supported and because more is known about center care than the other two.

### FIDCR COSTS FOR DAY CARE CENTERS

The FIDCR are minimum requirements that States must enforce to receive Federal funds for childcare. The additional cost of care that results from meeting those requirements might be measured in several ways. This report uses cost estimates of the minimum compliance effort, based on a reasonable reading of the Monitoring Guide of the Administration for Public Services. States and providers may choose to go beyond the minimum requirements, of course.

Of all nine FIDCR requirements, only that regulating child-staff ratios permits a specific numerical estimate of the additional expenses of meeting that requirement. However, technical and definitional problems make even these estimates subject to significant differences in interpretation.

Using the National Day Care Study - Supply Study data and a relatively lenient method of measuring compliance, it would appear that meeting the ratio requirement would increase the average cost of care per child an estimated \$19 a month or \$227 a year compared to non-FFP centers. This means that FFP children in centers meeting the FIDCR will receive care that is significantly more expensive than that purchased by parents in centers serving only private pay children. Moreover, it is likely that the majority of the non-FFP centers could not meet the cost of the FIDCR child-staff ratio requirement and continue to serve private-pay children unless some subsidy were available for all the children in their care.

It appears that meeting the non-~~compliance~~ requirements of FIDCR, using the minimum compliance interpretation, adds ~~little~~ to the resources generally offered by private day care or already mandated by most State licensing standards.

A 1976-77 survey estimated that 5,500 more full-time caregivers were needed nationwide to bring into compliance the FFP centers not meeting FIDCR child-staff ratio requirements. Estimates of the total cost to hire those caregivers range from \$33 million to \$44 million a year, depending on the wages and fringe benefits offered.

Many FFP centers complying with the FIDCR have staff beyond what the regulations require. The 1976-77 survey estimated 12,400 such staff. To the extent that any of the 12,400 staff now employed in excess of the FIDCR requirement could be reduced through attrition or shifted to non-complying centers through transfer, the net cost of meeting the staff ratio requirements would be reduced. Transfers would be most practical in centers operated by school districts or other governmental units (about 10 percent of all centers). Each thousand extra full-time equivalent staff reassigned or eliminated results in an annual reduction of \$6 million to \$8 million in salary costs.

Finally, nonprofit FFP centers often provide comprehensive services (e.g., meals, transportation, and social services) that appear to go beyond those required by the minimum interpretation of the FIDCR and beyond the services offered by for-profit FFP providers. These extra services, lower child-staff ratios, and higher wages push the total average monthly cost per child up to \$190. That is \$70 more than in nonprofit centers serving only private fee-paying parents, and considerably more than low- or middle-income families are likely to pay without Government financial assistance.

The higher cost of care in FFP centers is only one factor—but an important factor—in explaining why FFP children in day care tend to be separated from those in non-FFP care. At present, 40 percent of nonprofit, nonwaiverable centers serve only FFP children. Another 20 percent serve between 75 and 99 percent FFP children. It is likely that roughly 50 percent of FFP children in centers are in exclusively FFP facilities. Enforcing the FIDCR would probably result in some increase in the separation of the FFP and non-FFP children.

Of course, other factors lead to separation of FFP and non-FFP children. Examples of such factors are a center's location and State and local Title XX agency policies (e.g., New York City contracts with organizations to provide care exclusively for FFP children).

#### FIDCR COSTS FOR FAMILY DAY CARE

More than 5 million children are cared for in homes other than their own for at least 10 hours a week. In contrast to the center market, federally funded care is a small fraction of total family day care; only about 140,000 children received FFP family care for the fourth quarter of fiscal year 1976.

According to the FIDCR, FFP family facilities must be licensed. The individual licensing and Title XX policies of each State determine in large measure the impact of the FIDCR on family day care. For example, State policies determine whether relatives and friends can be certified to care for a Title XX child.

A section-by-section analysis of the FIDCR shows that none of the key family day care provisions (e.g., on the number of children in a home, training, licensing, monitoring, etc.) necessarily mean that reimbursement per FFP child would be substantially above the average fees charged for private-pay care. However, some State and local policies lead to substantial costs for training, support services, licensing, and monitoring.

#### IN-HOME CARE AND THE FIDCR

Nineteen percent of FFP children are served by in-home care. Little is known about its cost and characteristics. Until much more is known about wage rates and other aspects of in-home care, the additional costs (and benefits) of support services and training for these providers cannot be determined.

### CHAPTER 4 ADMINISTRATION OF THE FIDCR

There are vertical and horizontal layers of regulation affecting day care programs. Vertically, the Federal, State, and local governments regulate day care. Horizontally, several Federal departments and agencies are involved and the States and localities also have several regulatory bureaucracies concerned with day care.

The administrative issues surrounding the FIDCR include:

- o The relationship of the FIDCR to State licensing standards.
- o The record of the Federal Government in developing, implementing, and enforcing the FIDCR.
- o The ability of the States to administer the regulations.

#### STATE STANDARDS

State licensing standards prescribe minimum standards of performance that must be met by all State day care programs to operate legally.

It is difficult to compare State standards with the FIDCR because of the lack of research data on the State standards and because State standards often include local code requirements. States also differ in respect to what components of a day care program they regulate and in how they apply the standards.

State standards for center programs come the closest to regulating the same day care components as the FIDCR. Almost all States regulate child-staff ratios and the environmental, administrative, health and safety, and educational aspects of day care center programs. They are less unanimous in including requirements for staff qualifications and staff training and regulating group size. On the whole, States do not support establishing licensing requirements for social services, parent involvement, and program evaluation.

For family day care, both the FIDCR and State standards establish child-staff ratios, and facility, health, and safety requirements, but other areas of the FIDCR have little similarity with State standards. However, for five States, standards apply only to federally funded programs.

Only 20 States have any requirements for in-home care. FIDCR do not include standards for in-home care, relying on States to develop this type of regulation.

The fact that a State standard addresses requirements for the same components as the FIDCR does not speak to either the adequacy or specificity of that standard. States do not always regulate the same aspects of a particular component, and it is frequently difficult to determine if the elements being regulated are comparable in importance.

In conclusion, although State licensing standards have become more stringent in the past 10 years, the evidence indicates that these standards still do not insure a minimum level of program performance when judged by their comprehensiveness.

## FEDERAL IMPLEMENTATION

The problems the Federal Government has experienced in designing and implementing a Federal day care regulatory policy are not unique. Many of the difficulties are inherent in any regulatory process. This report examines the FIDCR within the broader context of the state of the art of Federal regulation. The implementation of the FIDCR can be assessed in terms of six basic factors that influence the success or failure of Federal regulation in general.

### Clarity of Goals of Regulation

There has been confusion since the drafting of the 1968 FIDCR as to what they are intended to accomplish. This confusion has existed despite the clear regulatory nature of the FIDCR. The regulatory goals are unclear with respect to the purpose of the FIDCR, the degree of compliance required, and whether the FIDCR are consistent with the goals of Title XX.

### Clarity of Language

The language of the FIDCR and the lack of supporting materials have made the application of critical FIDCR components a difficult task.

### Public Involvement

The public affected by the FIDCR—day care consumers, providers, and State administrators—did not participate in the development of the FIDCR and is not informed that it has a role to play in the regulatory process.

### Regulatory Climate

The Federal Government has not shown strong leadership in building and maintaining a consensus of support for the FIDCR.

### Conflict of Loyalties

The process of implementing regulations can create conflicts of loyalty among those responsible for insuring that the goals of the regulations are carried out. In the case of the FIDCR, these conflicts can occur when State officials are responsible both for providing a day care service and for terminating a major source of funds if day care programs do not meet the FIDCR. Conflicts can also occur when State licensing personnel play the dual role of consultant and program monitor. A related problem can occur when the regulator is also the purchaser of the day care service. A shortage of available day care can influence the judgments made about the adequacy of the existing resources.

### Enforcement Policies

Generally, the Federal Government has shown little commitment to enforcing the FIDCR, or to imposing penalties for noncompliance.

### STATE IMPLEMENTATION

The States have encountered difficulties in administering and enforcing the FIDCR because the regulations are vague and ambiguous in specifying what administrative tasks are required.

It is difficult to determine the success or failure of States in insuring program compliance because of the lack of reliable data. Available evidence indicates that, in States judged to be successful, agency staff spent a significant amount of time with the day care provider,

agency staff developed technical assistance and guidance materials, and the program operated in a climate that supported the implementation of the regulations.

Objective evidence cannot determine whether States should continue to assume the responsibility for administering and enforcing the FIDCR. At the hearings held to review a draft of this report, there was no support for having Federal monitors take over current State roles. What appears to be clear is that there is a recognized need to have HEW support State efforts to implement Federal day care requirements.

## CHAPTER 5 SUMMARY, RECOMMENDATIONS, AND NEXT STEPS

Congress has taken the view that day care is an important part of the lives of millions of children and, if federally supported, should be regulated. HEW agrees.

In developing the new FIDCR, HEW will face difficult choices in balancing competing values. The decisions made will reflect in part a view of the proper scope of Federal intervention and in part the strength of the evidence justifying the intervention.

### THE NEED FOR MAKING DIFFICULT CHOICES

Perhaps the most fundamental aspect of a regulatory scheme is the inevitability of trade offs, the necessity of choosing between competing values or goals. Resolving these dilemmas requires sacrificing some of one objective to obtain some of another. Some of the choices that must be made concern the comprehensiveness of the FIDCR, their extensiveness, their specificity, and sanctions for noncompliance.

#### Comprehensiveness

The spectrum of possible coverage of the new FIDCR ranges from quite narrow, extending to only one or a few of the current components, to quite comprehensive, including all of those now covered plus others. Comprehensiveness also affects differently the various kinds of care that are regulated--center care, family care, or in-home care.

#### Extensiveness

For each aspect of care covered by the FIDCR, it is possible to prescribe standards that are more or less extensive or stringent. For example, the Environmental component of the FIDCR could prescribe standards designed to insure only the most minimal elements of physical

safety or protection against abuse or emotional harm. At the other end of the spectrum, the requirement could attempt to insure an environment that will guarantee a wide variety of experiences designed to promote every aspect of a child's social, emotional, physical, and cognitive growth.

### Specificity

No matter how comprehensive or narrow, requirements can be drafted with varying degrees of specificity. Many of the existing FIDCR are general.

### Sanctions for Noncompliance

For any given requirement, it is possible to impose a broad range of sanctions. The possibility of graduated sanctions is already receiving serious HEW attention. Compliance systems could provide early warnings, consultation, training, or other assistance and time-phased graduated goals for providers who are conscientiously seeking compliance.

### ALTERNATIVE MODELS FOR THE NEW FIDCR

The decisions that are made concerning the comprehensiveness, extensiveness and specificity of the new FIDCR and sanctions for noncompliance will not resolve all the important questions. Perhaps the most important issue that will remain is the extent to which the Federal Government will rely on States to prescribe the content of specific requirements and to enforce them.

In general; three models of Federal-State relationships in this area continue to surface in discussion of the FIDCR:

- o The first model relies heavily upon States to define the specific content of requirements; to upgrade their standards, and to administer and enforce them.
- o A second model would entail a more directive Federal role. Under this model, the Federal Government would establish minimal Federal requirements for a few critical components (e.g., group size) that appear to be important to the well-being of children in day care.
- o A third model would involve the most extensive Federal role. The Federal Government would draft comprehensive and specific day care requirements, applicable to both the State and to the day care provider.

## FINDINGS AND CONCLUSIONS

### Purpose

The purpose of the FIDCR is to define a set of day care characteristics that protect and enhance the well-being of children enrolled in federally funded day care programs. For most children in federally funded day care—children without special physical, cognitive, or social problems—insuring well-being means providing the elements of care that are needed to nurture the growth of any healthy child. Children with special problems need individual assessment and provision of care over and above those required by all children.

### Scope of Application

By law, the FIDCR apply to some but not all federally funded programs. In practice, they apply to some but not all types of day care. For example, the FIDCR apply to Title XX-funded care and, in some situations, to the Department of Agriculture's Child Care Food Program. They do not apply to the Head Start program (which has its own standards that individually equal or exceed the FIDCR), to AFDC-funded care, or to CETA-funded programs.

If the FIDCR represent the basic elements that the Federal Government believes are necessary for the well-being of children in some forms of federally funded day care, and if one of the basic purposes of the FIDCR was to bring uniformity to Federal childcare requirements, logic would indicate that the FIDCR should apply whenever the Federal Government subsidizes day care. This belief was expressed repeatedly during the public meetings to review the draft of this report.

It appears, however, that some situations may call for additional requirements to meet the needs of a special category of children. Head Start, for example, may require additional standards to fulfill its objectives of compensatory education. Furthermore, new legislation would be required for the FIDCR to apply to all federally funded day care.

As amended by Title XX, the FIDCR relate to family and group home day care and center care. Title XX also requires that in-home care meet standards set by the States. In practice, however, these requirements have not been uniformly applied to in-home and family day care.

The FIDCR are not simply Federal regulations for providers of care; they also apply to administrative agencies. Unfortunately the FIDCR are often unclear as to the division of responsibilities. New regulations must distinguish among the administrative entities and affix clear responsibilities for specific administrative functions.

## Content

In regard to the appropriateness of the FIDCR, this study recommends the refocusing of some of the requirements, the elimination of several elements within individual FIDCR, and the consideration of the new FIDCR promoting continuity of care.

Grouping of Children. Findings on the importance of group size suggest that this factor should receive more relative emphasis in the regulations. This shift does not necessarily mean that ratio should be omitted from future regulations but rather that group size should be regarded as the principal regulatory tool for assuring adequate interaction, and that ratio will be influenced or determined by the group size requirement.

Caregiver Qualifications. The current FIDCR do not include a separate component for caregiver qualifications although elements of this subject are addressed briefly in several of the other components.

It appears to be important to differentiate between supervisory personnel and caregiving staff because the skills needed by these two groups differ. Supervisors need budgetary and management skills, in addition to child development skills. The revision process should consider the advisability of separate requirements for center directors, lead teachers, or directors of family day care home networks.

Research data and expert opinion clearly show that specialization in child development areas improves the ability of caregivers to promote child growth and development. Although inservice training of caregivers could be broadly regulated, such regulation should not cover the extent and type of training.

The present FIDCR, as well as HEW policy, recommend that "... priority in employment be given to welfare recipients ... and other low-income people." To insure the well-being of children, the new FIDCR should require that welfare recipients hired to work in a day care program possess adequate skills, ability, and motivation to work with children, consistent with other entry-level caregiver qualifications.

Educational or Developmental Services. HEW believes that developmental activities constitute a core component in day care. All children need developmental experiences whether at home or in day care. Experts believe that there should be clearly defined developmental goals and program objectives for children in day care facilities. Sufficient age-appropriate learning and play materials are also important. The success of this component depends on qualified caregivers and program supervisors. Goals and objectives also serve to inform the parent about the program and to support caregiver behavior. Developmental activities should be an integral part of the day care experience.

Environmental Standards. This is a core element that assures the physical well-being of children while in care. The current FIDCR reference local codes in this area. However, local codes are often contradictory and sometimes inappropriate to day care. Local codes also often focus on building safety but not on the safety of toys, playground materials, etc. HEW should use technical assistance to help State and local governments to upgrade their codes to make them more appropriate for protection of children in day care.

Health Services. All children need health services whether they are in day care or at home. It is essential for the well-being of children that both center and family care homes serve a "quality control" function in maintaining the health of the children in their care.

Nutrition Services. The provision of nutritious meals is a core element necessary for the well-being of a child in care. The current FIDCR do not describe how many meals or snacks must be served nor what criteria should be used to determine nutritional quality. Many experts recommend that standards be developed.

Parent Involvement. The present FIDCR stress parent involvement in policymaking in group facilities. Although parent involvement in policymaking should be encouraged, the emphasis should be on open two-way communication between parents and providers.

Social Services. In general, the Social Services component should serve a "quality control" function. The day care agency or facility can be a link with social services agencies for severely disturbed or disadvantaged families. The agency and facility should also provide information and referral for parents requesting it.

Administration and Coordination, and Evaluation. These two components are combined in this discussion. For the most part they apply to the administering agency, not to the provider.

The new FIDCR should completely separate requirements for administering agencies from requirements for the various modes of care. Furthermore, the FIDCR administrative requirements should be combined with the other Title XX requirements that specifically relate to the administration of day care.

The Evaluation component also contains provisions for the provider to do periodic self-evaluations. Organizational self-assessment such as this should continue to be encouraged. The extent of the self-assessment will have to be tailored to the size and nature of the day care provider. The major emphasis on evaluation should be to provide assistance and technical support, and should be placed on the States rather than providers.

Continuity of Care: A Non-FIDCR Component. Continuity cannot be easily mandated. Qualified caregivers cannot be forced to remain in their jobs and parents cannot be required to keep their children in one care arrangement. However, agency placement practices could be re-examined, reimbursement rates improved, and sliding fee schedules promoted to reduce unnecessary shifts in arrangements. Enforcement of regulations should be sensitive to the impact of abrupt changes in group size or personnel on the continuity of care for the particular children involved.

### Implementation and Administration

It is extremely important for HEW to work to create a supportive climate for the FIDCR. HEW must be sensitive to the different interest groups concerned with day care regulation and work to establish and maintain public--parent, taxpayer, provider, legislator, and administrator--support.

### RECOMMENDATIONS

The FIDCR should be revised to improve their ability to protect the well-being of children in center care, family care, and in-home care and to assure consistent and equitable interpretation. The revision should:

- o Reflect current research and expert judgment on elements critical to the well-being of children in care.
- o Clarify roles and responsibilities of providers and State and local administrators.
- o Educate as well as regulate. This can be done by writing the regulations in clear language, by clearly distinguishing between legal requirements and recommendations, by giving examples of satisfactory compliance, and by defining a common terminology.
- o Provide separate and unique requirements for:
  - Different forms of care: in-home, family home, group home, and center care.
  - Children of different ages in care.
  - Children with special needs or handicaps.
  - Different administering agencies.
- o Accommodate the rich diversity in childcare needs and arrangements which exist in our pluralistic society.
- o Include participation of all interested individuals in the process of writing and implementing the new regulations.

To minimize disruption in the day care field, the Department also recommends that Congress extend the current moratorium on the FIDCR until the Department publishes final day care regulations.

In addition, the FIDCR revision process may lead HEW to propose legislation addressing:

- o A clarification of the congressional intent about the goals of federally regulated day care.
- o Desirability of one set of Federal regulations to apply to all federally funded day care.
- o Repeal of statutory provisions that require that particular Federal day care programs conform to the 1968 FIDCR.
- o Desirability of a wider range of sanctions than now exists for noncompliance with the FIDCR.
- o Desirability of additional funds for training for caregivers.

#### NEXT STEPS FOR THE DEPARTMENT

In order to stimulate public participation in the development of the new FIDCR, the Department will undertake two major activities:

- o Nationwide dissemination of this report for public review and comment.
- o Discussions between HEW central and regional staff and State officials about administrative considerations.

By the end of the summer of 1978, the Department should have received congressional and public comment on the FIDCR appropriateness report as well as the results of major research now underway. HEW should then be in a position to make decisions on the division of responsibilities between the Federal and State governments. With those decisions made, the Department intends to draft the proposed revised FIDCR for public comment. This approach carries out the Secretary's plan to obtain as many public and professional opinions on the FIDCR as possible before publishing proposed as well as final revisions.

Later in the year, the sequence of events for publication is expected to be as follows:

- o Briefings in Washington, D. C., and at regional meetings and workshops in all the States.

- o Publication of a Notice of Proposed Rulemaking (NPRM) in the Federal Register.
- o Nationwide dissemination of the NPRM through mailings and through placement in publications of organizations concerned with day care.. HEW will seek to use innovative methods of dissemination of the NPRM.
- o Formal hearings on the NPRM in Washington, D. C., and on a regional basis.
- o Field briefings of representatives of the day care community about the proposed regulations.

When HEW has fully considered all public and professional views on the proposed new FIDCR, it will publish the final revised regulations in the Federal Register.

## CHAPTER 1

### A PERSPECTIVE ON THE FIDCR AND DAY CARE

Children are America's most precious resource for they are the future. How they spend their formative years is an important concern of the public and of public policy. To a considerable—and rapidly growing—extent, children are spending much of that crucial time away from their parents—in day care centers, with other children in the homes of other adults, or with baby-sitters in the child's own home. Eleven million children under the age of 14 are spending a substantial part of their week in childcare arrangements. In 1975, parents spent \$6.3 billion on childcare.

In 1976, the Federal Government—mostly the Department of Health, Education, and Welfare (HEW)—subsidized approximately \$2.5 billion of additional childcare arrangements. As a Department concerned with the well-being of all children, HEW has a fundamental responsibility to assure that the children and parents assisted by its programs are well served and that the day care funds entrusted to the Department are well spent.

### THE GROWTH OF DAY CARE

The recent upsurge in the use of day care is attributable to a number of circumstances: the increase in the number of women who work; the change in family status, with a dramatic rise in the number of single-parent households; and a new perception of the social roles of parents. For example:

- Since 1955, the percentage of women working or looking for work has dramatically increased. For women with children 6 years of age and older, that percentage has increased from 38 percent in 1955 to 58 percent in 1977; for women with children under 6, it has increased from 18 percent to 41 percent (U.S. Department of Commerce, Social Indicators, 1977; and U.S. Department of Labor, Monthly Labor Review, February 1978).
- Since World War II, the number of single-parent families has increased steadily. Today 17 percent of children have only one parent in the home. Of the children in female-headed families, 58 percent have mothers who are employed or looking for work (U.S. Department of Labor, Monthly Labor Review, January 1978).

- Women are no longer thought of solely as housewives and mothers, although most women with children do retain the childrearing responsibilities.

The growth of day care has led in turn to greatly increased public interest in Federal financing and regulating of day care activities. This study of the appropriateness of the Federal Interagency Day Care Requirements (FIDCR) is an expression of the interest Congress has in assuring that the Federal Government is properly discharging its responsibilities to the public in this area. This report is designed to summarize what is known about the FIDCR and to stimulate a dialogue among HEW, the Congress, and the American people on this important topic.

This chapter contains four sections. It begins with a brief history of Federal involvement in support and regulation of day care. The next section presents an overview, comparing federally funded and other day care. That section describes the varieties of day care, the families and children involved, patterns of purchasing care, and the costs of day care. The next section describes the FIDCR, and the final section discusses how this report attempts to evaluate the FIDCR.

## I. FEDERAL CONCERN FOR DAY CARE

Day care in one form or another has long been a familiar part of daily life for families in this Nation. The concept of a day care center probably originated in New England in the early 1800's to enable poor mothers to leave home for work. As the agrarian way of life yielded to the industrial revolution, women entered the shops and mills in increasing numbers; day nurseries sprang up by the thousands in response.

The Federal Government's entry into day care came in 1933, when it authorized day care as part of the Works Progress Administration (WPA) during the depression. The idea was to create jobs for unemployed teachers, nurses, nutritionists, and related personnel. The popularity of the project suggested that there was a substantial unmet need for such services.

During World War II, the Government funded day care centers to allow women to work in vital defense jobs, replacing the men who had entered the Armed Services. After the war, Congress discontinued the program, apparently on the assumption that the society would return to pre-war patterns of life, with many women staying home to care for their children. In fact, the number of women in the work force did decline slightly during the late 1940's and early 1950's. But then the trend

changed; the number of women working outside the home and women as a percentage of the work force both began to rise, and these figures have been rising ever since. The need for day care on a large scale was becoming a permanent part of national life.

The WPA and the war-related day care efforts had responded to emergencies. In 1962, Congress amended the Social Security Act (Public Law 87-878) to authorize financial support for day care—not in response to an emergency but in response to longer term social needs. First, the day care service was intended to assist working mothers; second, it was intended to provide necessary support for adults seeking to lift themselves out of poverty. The impact of the 1962 legislation was small in terms of the number of children served, and day care provisions of the Economic Opportunity Act of 1964 (Public Law 88-452) were similarly limited. Yet these programs were significant parts of the background of the FIDCR.

## TITLE XX

Federal involvement in day care arrangements now is substantial. In 1976, the most recent year for which data are available, the Federal Government directly or indirectly subsidized \$2.5 billion in childcare arrangements (U.S. Senate, Child Care, 1977). The largest single Federal program is carried out under Title XX of the Social Security Act, entitled "Grants to States for Services." In 1976, approximately one-third of federally supported day care was provided under Title XX, underwriting care for over 600,000 children.

Title XX, signed into law by President Ford on Jan. 4, 1975, and taking effect Oct. 1, 1975, substantially changed both the broad framework and many specific details of social services programs previously funded under Title IV-A and Title VI of the Social Security Act. Title XX authorizes the Federal Government to pay 75 percent of the cost of eligible social service programs, subject to a \$2.5 billion 1/ ceiling on the total Federal contribution nationwide each year. States were given broad new flexibility to adjust their programs to local needs and resources.

National data on Title XX day care operations are incomplete and sometimes inconsistent. There are several reasons for this. Title XX is a comparatively new program, and a large data base on it has not yet been developed. States often differ in their terms and definitions,

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1/ It is coincidental that Title XX has a \$2.5 billion ceiling and estimates of Federal childcare expenditures are also \$2.5 billion.

and thus their data are not easily aggregated or compared. Most importantly, States often gather data for their own management purposes and not for the purposes of HEW's policy analysts.

Of the \$3 billion in State and Federal planned expenditures under Title XX in fiscal year 1976, the largest single allocation was for day care—25 percent of all dollars spent in Title XX-supported programs nationwide. This national average masks the enormous variation in day care expenditures that exists among States—ranging from 55 percent in Delaware, to 5 percent in Idaho (U.S. Department of HEW, Technical Notes, 1976).

The planned <sup>2/</sup> Title XX day care expenditures remained relatively constant in fiscal year 1976 (\$759 million), fiscal year 1977 (\$742 million), and fiscal year 1978 (\$772 million). For each of fiscal years 1977 and 1978, Congress enacted a supplemental \$200 million above the ceiling, available at 100 percent Federal funding for day care, to help States meet the requirements imposed by the FIDCR. (The supplemental appropriation did not contain a requirement that the extra funds be spent for day care. Many States decided to use the money for other Title XX services.) The percentage of the total planned expenditures for day care actually declined over the 3 years to 22 percent in fiscal year 1978 because total expenditures expanded to \$3.5 billion (U.S. Department of HEW, Technical Notes, 1978).

These trends have been quite disconcerting to day care advocates. They believe that too few dollars are being spent on day care, and they are concerned that during this same period inflation has eroded 15 to 20 percent of the purchasing power of the dollars spent. Many existing nonprofit day care programs have been heavily dependent on subsidized Comprehensive Employment and Training Act (CETA) workers and the Department of Agriculture Child Care Food Program.

## II. AN OVERVIEW OF DAY CARE IN THE UNITED STATES

Before discussing the FIDCR, it is helpful to present a general overview of the state of day care in the United States today and of the ways in which Federal funds are used to purchase day care. This report generally is limited in scope to Title XX programs in accordance with

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<sup>2/</sup> The figures quoted are planned expenditures in State plans. Actual expenditures for day care in fiscal year 1976 appear to be approximately \$100 million less (U.S. Department of HEW, Social Services U.S.A., April-June and July-September 1976). An accurate comparison of day care expenditures is not yet available for the complete fiscal year 1977.

the congressional mandate. For purposes of comparison, however, this section includes some references to day care purchased by the general public without Federal assistance.

### THE VARIETY OF DAY CARE

There are basically three types of day care: in-home day care, family day care homes (including group day care homes), and day care centers. 3/ Providers of each type vary widely in background, experience, and expertise. They range from grandmothers or other close relatives to homemakers with children of their own to small business entrepreneurs to professionals with graduate degrees in child development. Their duties are the same, however: to protect the child from physical harm, to feed the child and minister to the child's health needs, to set disciplinary limits for the child, and to nurture the child in his or her development. Each type of day care has its own advantages and disadvantages. A majority of families use more than one type of arrangement.

In-home care is provided in the child's own home by a relative who is not a member of the immediate family, or by a nonrelative. About 2.6 million families use in-home care 10 or more hours per week (Unco, National Childcare Consumer Study, 1975).

Among the advantages of in-home care are that the child remains in a familiar place; the caregiver may be well known to the child; the hours of care can be scheduled to fit the routine of the family; the caregiver may perform more than one function (cleaning, cooking, etc., as well as being responsible for the child); and the child can learn practical lessons, such as home upkeep. Relatives often provide this type of care for little cash compensation.

There are disadvantages as well. In-home care can be expensive: \$5,000 per year or more for full-time care, if the caregiver is paid the minimum wage, as required by law. There are wide differences in

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3/ This discussion does not include care given to a child by an immediate member of the family (e.g., two parents, both working, who arrange their work schedule so one or the other is at home caring for the child.) One study found that two-parent families, both working, had this sort of arrangement about 15 percent of the time. Siblings or other immediate family members accounted for another 5 percent of the arrangements these two-parent families made (Duncan and Morgan, 1975). The data also do not include families whose children are in an arrangement less than 10 hours per week.

the caregiving skills of providers. And the child may not have the opportunity for peer interaction or exposure to a variety of situations provided by other modes of care.

Family day care homes are homes in which a person, usually a woman, cares for one or more children who are not her own. Approximately 3.4 million families use this form of care 10 or more hours per week (Unco, National Childcare Consumer Study, 1975).

This form of care offers flexible hours and convenient locations; it accommodates a variety of ages; it exposes the child to other children; and it enables parents to choose caregivers who share similar attitudes and objectives for childrearing.

On the negative side, some of these arrangements tend to be relatively unstable, with caregivers unexpectedly and suddenly closing their operations. There is seldom professional assistance to assure the adequacy of the quality of care offered. There is little assurance that the provider has had any education or training in childcare. (Organizations and voluntary associations to assist family care providers are growing in number around the country.)

Center care 4/ generally serves groups of more than 12 children and does not try to simulate family living. Centers operate in private dwellings, settlement houses, apartment buildings, schools, churches, places of employment, or specially constructed facilities. Nearly 1.3 million families use this form of care 10 or more hours per week (Unco, National Childcare Consumer Study, 1975).

This form of care usually offers stability of setting, predictable hours of operation, a variety of learning experiences and group interactions, a wide scope of services, a licensed program, and professional caregiving. Among the disadvantages are the fixed hours of operation that may not coincide with the work schedule of the parents, a possibly inconvenient location, the lack of a home atmosphere, the potentially institutionalized or programmed methods of childrearing, and the possibility that parents may be unable to choose caregivers from similar ethnic backgrounds or with similar childrearing goals.

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4/ Some parents use the term nursery school interchangeably with day care center. In this discussion, families using care 10 or more hours a week in what they classified as either nursery school or day care center are combined under 'center care.'

## THE FAMILIES USING DAY CARE

Families using Title XX day care do so primarily so that they can work or look for work, or participate in a job-training program. A recent case study of about 400 Title XX day care recipients found that about 90 percent were using day care for those reasons (National Institute for Advanced Studies, 1977).

Approximately two-thirds of the children in Title XX day care come from families receiving Aid to Families with Dependent Children (AFDC). Another 30 percent come from families whose income is low enough to make them eligible for Title XX day care services even though they do not receive AFDC, Supplemental Security Income (cash assistance to the indigent, aged, blind, and disabled), or Medicaid. The remaining 3 percent of the children come from families who are eligible for the latter two programs or Child Welfare Services (U.S. Department of HEW, Social Services U.S.A., April-June 1976). One-parent families constituted 83 percent of the recipients sampled in the Title XX case study mentioned earlier.

The predominant reason the general public uses day care more than 10 hours per week is also employment and training related. About three-fifths of parents whose children are in care 10 or more hours per week are employed. <sup>5/</sup> For the general public, one-parent families constitute about 25 percent of the day care users (Unco, National Childcare Consumer Study, 1975).

## THE CHILDREN IN DAY CARE

Children aged 3 to 5 years are more likely than those in any other age group to be in both Title XX and unsubsidized day care.

The reasons for this fact are not obscure. Mothers of infants or toddlers tend to be less likely to work and thus to need day care. Mothers of younger school-age children may work, but they often are able to work out informal arrangements for caring for the children for the relatively few hours before and after school when no parent is at home. The arrangements might involve nonpaid care by a neighbor or older sibling. Parents of teenagers are even less likely to place their children in any day care arrangement; it is widely believed that these children are old enough to care for themselves.

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<sup>5/</sup> This includes mothers or fathers in single-parent families and both parents in two-parent families.

Figure 1.A shows how different age groups of children in the population as a whole are placed in various types of care arrangements and for how many hours a week. Family day care accounts for about half of all arrangements except for children in the group aged 3 to 5. In-home care accounts for 30 percent to 50 percent of arrangements for children except those in the group aged 3 to 5. No comparable age-related data are available for Title XX programs as such.

For children aged 3 to 5, center care is more common than it is for children in other age groups, accounting for about 40 percent of all arrangements for children in care 30 hours or more per week.

An interesting regional difference emerges in examining the use of day care centers for toddlers and infants: This use is considerably more common in the South than in any other region of the country. Of all children under 2 enrolled in centers, 83.2 percent are in the 14 Southern States. Of all licensed centers that care for 5 or more children under 2, 81.9 percent are located in those 14 States. Regional attitudes appear to account for this pattern of center care use (Abt, National Day Care Study, 1977). 6/

Finally, current patterns of use of day care could change in coming years, judging from comments made during public meetings to review an earlier draft of this report. For example, one comment heard often had to do with the need for satisfactory day care arrangements for school-age children. Another comment frequently heard had to do with the lack of adequate supply of day care for infants.

#### PATTERNS OF PURCHASING DAY CARE

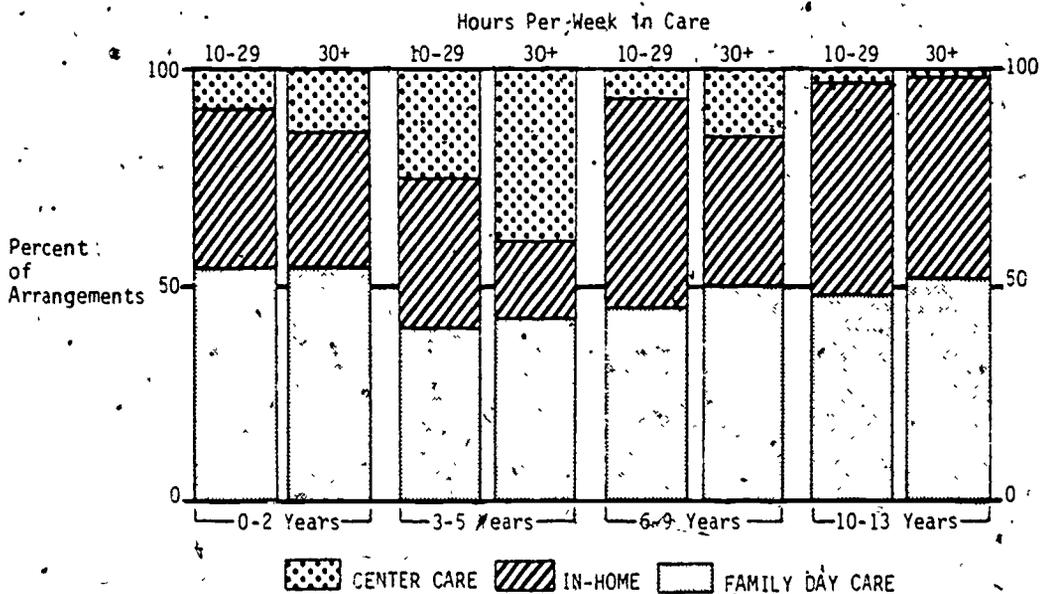
Significant differences exist between patterns of purchasing day care with Title XX funds and with private funds. These differences are caused by the personal preferences of parents and by the purchasing policies of social service organizations.

The general public spent about \$6.3 billion in 1975 for day care. Title XX expenditures in 1976, on the other hand, were about one-tenth of that amount. Figure 1.B shows the relative expenditures for the various types of care. Center care accounted for about 27 percent of

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6/ The sample sizes used in making these particular estimates were rather small for making national projections and may be subject to large sample variances.

**Figure 1.A. HOURS IN CARE BY AGE OF CHILD AND TYPE OF ARRANGEMENT**



Age of Child	0-2 Years		3-5 Years		6-9 Years		10-13 Years		Total	
	10-29	30+	10-29	30+	10-29	30+	10-29	30+		
CENTER CARE	Number <sup>1</sup>	106	180	494	708	115	173	15	5	1,796
	Percent	(8%)	(15%)	(26%)	(40%)	(6%)	(13%)	(2%)	(1%)	(16%)
IN-HOME	Number	485	371	642	328	869	515	514	344	4,068
	Percent	(38%)	(31%)	(34%)	(18%)	(48%)	(37%)	(50%)	(48%)	(37%)
FAMILY DAY CARE	Number	689	652	774	741	817	693	493	356	5,215
	Percent	(54%)	(54%)	(40%)	(42%)	(45%)	(50%)	(48%)	(51%)	(47%)
TOTAL	Number <sup>2</sup>	1280	1203	1910	1777	1801	1381	1022	705	11,079
	Percent	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)

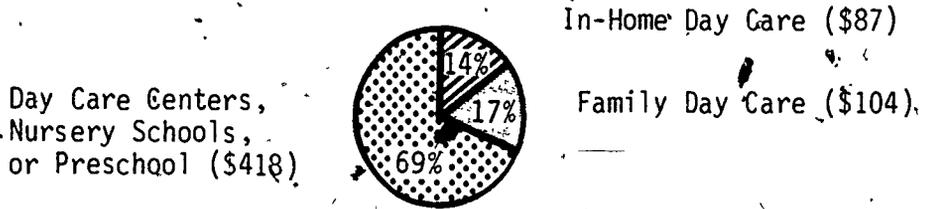
<sup>1</sup> Number of children (in thousands) in each type of arrangement for specified hours per week.

<sup>2</sup> These figures do not include approximately 300 (thousands) before- and after-school arrangements for children aged 6 to 14.

SOURCE: Unco, Inc., National Childcare Consumer Study, 1975.

**Figure 1.B. TITLE XX AND PRIVATE EXPENDITURES FOR CHILDCARE**

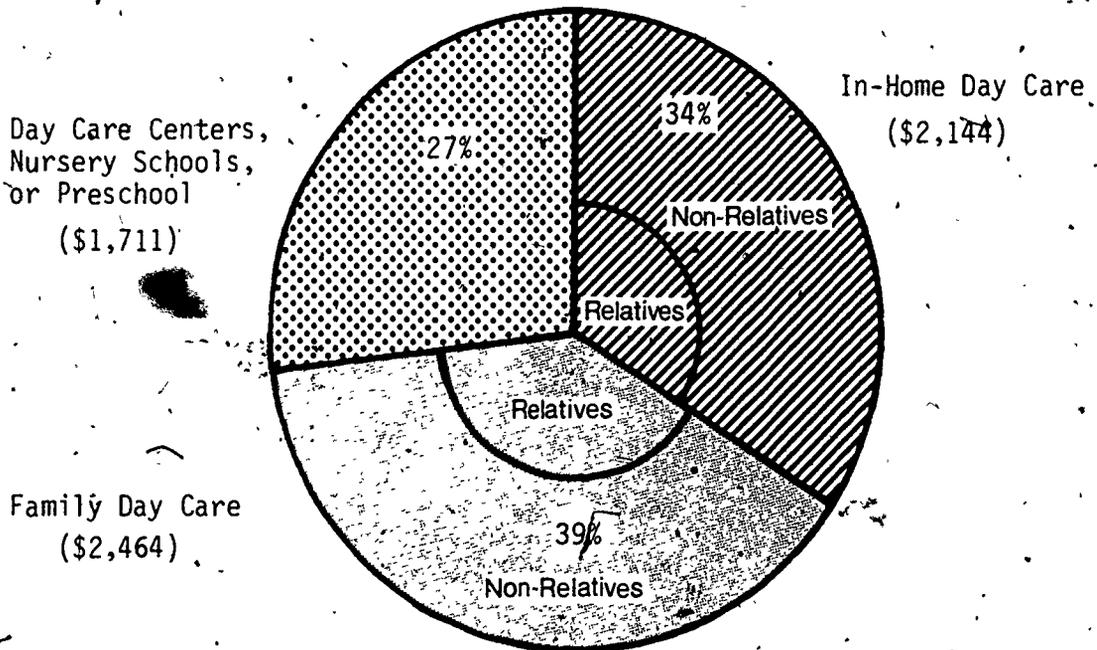
**TITLE XX EXPENDITURES**  
(Percent of Dollars)



Dollars in Millions

Source: U.S. Department of HEW, *Social Services U.S.A.*, 1976.

**PRIVATE EXPENDITURES**  
(Percent of Dollars)



Dollars in Millions

Source: Unco, Inc., *National Childcare Consumer Study*, 1975.

parent payments and almost 70 percent of Title XX expenditures. It is estimated that although children in Title XX programs accounted for 2 to 4 percent of children in family day care and in-home care, they accounted for 20 to 25 percent of children in center care.

The evidence indicates that all parents generally are looking for similar things in care for their children. Thus, the differences in percentages of type of care used may reflect as much the choices made by the agencies that purchase the care and the options available to them as the choices made by the families that consume the care. 7/

Certainly parental choice is significant. Choice of care arrangements varies by family income. Most substantial users of day care have incomes near or above the median family income level, reflecting that all adults in the family probably are employed. These above-median-income families tend to use in-home (nonrelative) care and nursery schools more than do other income groups. The near poor, between the poverty index and median family income, use higher proportions of relatives (in-home and family day care) than other forms of care. Families below the poverty index tend to use in-home (relative) day care and center care. (Unco, National Childcare Consumer Study, 1975).

An issue relating to parental choice is the need for better information and referral services for day care. Parents who select their own day care arrangements often express frustration with the lack of information on what is available, where it is located, what it costs, what services are provided, and other details that will enable them to select the arrangement that best suits their needs.

Added to the factor of parental choice is the factor of Government as purchaser. The Government generally determines what mode of care to buy, and State governments differ sharply in their choice of care purchased. Michigan, for example, under its Title XX and Work Incentive (WIN) programs, uses in-home care 54 percent of the time for children in day care full time. California chooses center-based care 75 percent of the time. And Wisconsin uses center care 46 percent of the time and family day care 36 percent of the time. Table 1.1 shows this distribution of full-time enrollment by mode of care for these three States.

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7/ It is important to note that most of the financial payments for Title XX day care go directly from the agency to the provider. The parent, as consumer, often is not involved in the transaction. It appears that when a social worker determines that a family needs childcare, he or she often refers the family directly to a day care center (or another form of care) that is under contract with the agency.

Table 1.1 DISTRIBUTION OF FULL-TIME ENROLLMENT (Percent of Children)

	Center	In-Home	Family Day Care Homes
All Title XX and WEN	60%	16%	24%
Michigan 1/	29%	54%	17%
Wisconsin	46%	18%	36%
California 2/	75%	14%	12%
All children using 30' or more hours	21%	31%	48%

1/ Includes part-time arrangements.

2/ Percentages may not add to 100 due to rounding.

SOURCE: U.S. Department of HEW, Social Services U.S.A., 1976; and Unco, National Childcare Consumer Study, 1975.

Thus, the differences between care purchased with Federal or other government funds and care purchased by the parent stem in part from the consequences of characteristics and preferences of families and children eligible for Title XX or other public programs and in part from the policy choices made by State Title XX agencies. Another factor may be the ability of organized groups, such as child advocacy groups or child-care suppliers, to influence State policy; providers of center care are the best organized of all day care providers and promote their cause effectively. There are no known organizations of in-home care, and family care providers are only now beginning to organize.

Although this analysis might appear to suggest that Title XX parents do not have free choice in childcare arrangements, the case study survey of Title XX childcare recipients mentioned earlier does not confirm this supposition. In that survey, most of the parents said that they had chosen their childcare arrangement, and most (85 percent) stated they were very happy with their childcare arrangements (National Institute for Advanced Studies, 1977).

#### COST OF DAY CARE

The cost of day care varies considerably throughout the United States depending on the geographic region, on services provided, on the number of hours the child spends in day care, on the age of the child, and on other factors. The age of the child is important because infants and toddlers require more adult attention than older

preschoolers or schoolage children. 8/ An increase in the amount of adult attention required quickly drives up costs; personnel account for 60 to 80 percent of all childcare costs.

In examining federally financed day care, and the effect of the FIDCR on costs, it is useful to compare what State administering agencies pay for care with what parents pay for private care. Table 1.2 shows what three States pay per child for the different kinds of care.

Table 1.2. THREE STATES' WEEKLY REIMBURSEMENT RATES

	Centers		Family Day Care		In-Home	
	Min.	Max.	Min.	Max.	Min.	Max.
Florida	\$19.80	\$31.65	\$19.80	\$21.20	\$11.00	\$11.00
Iowa	15.00	50.00	15.00	50.00	63.00	105.00
Pennsylvania	62.00	90.00	35.00	35.00	Not Used	

SOURCE: Pacific Consultants, Child Day Care Management Study, 1976.

Nationwide, State expenditures in 1976 for full-time (32 hours or more per week) center care averaged between \$25 and \$30 per week per child. Full-time family day care and in-home care cost about \$10 per week less per child on average (U.S. Department of HEW, Social Services U.S.A., April-June 1976).

Parents purchasing day care privately pay widely varying fees. The National Childcare Consumer Study in 1975 found that parents employed at least 30 hours per week paid average weekly childcare costs as shown in Table 1.3. Day care centers and family day care homes that provide similar services usually charge similar fees.

Thus, it appears that parents buying private care and Title XX administering agencies pay about the same for in-home and for family day care. But differences show up in the costs of center care, with Title XX agencies paying \$5 to \$10 per child per week more than parents buying private center care.

8/ Interestingly, the NDCS Supply Study found that only 6 percent of the centers responded that their welfare agencies paid differential rates based on the age of the child.

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Table 1.3. AVERAGE WEEKLY COSTS OF PRIVATELY PURCHASED DAY CARE

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Child's Home:	
By relative	\$16.35
By non-relative	16.24
Other Home:	
By relative	17.00
By non-relative	20.71
Nursery School:	24.31
Day Care Center:	22.49

SOURCE: Unco, National Childcare Consumer Study, 1975.

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The reasons for these differences in costs, and the role of the FIDCR in affecting costs of care, are examined in detail in Chapter 3.

### III. THE FIDCR

There has been some confusion over whether the FIDCR are mandatory requirements or merely goals to which day care programs should aspire. It appears in retrospect that the original drafters in 1968 considered the FIDCR as goals that imply levels of quality or performance to be sought by training, education, and other nonregulatory, noncoercive means rather than as strict regulations. However, Title XX, which incorporated the FIDCR in 1975, made it clear that the Congress considered the regulations to be fixed legal requirements that must be met by any day care program receiving Federal funds.

There has also been confusion about the relationship of the FIDCR to State licensing codes. The difference is that State licensing codes apply to all children in day care programs in the State and are a granting of permission by the State to a provider to operate a business. The FIDCR, on the other hand, apply only to children in programs financed by Title XX (and certain other Federal funds) and are purchasing specifications defining certain standards that those day care programs must meet. The sanctions backing the FIDCR are the withholding or withdrawal of Federal funds.

The FIDCR apply to two major entities: providers and administering agencies. The law requires that HEW can make no payment to States for childcare unless these groups comply with certain requirements.

In-home care is not covered by the FIDCR. <sup>9/</sup> Care outside the child's home—family day care (including group day care homes) and center care—must meet the 1968 FIDCR, as modified by Public Law 94-647. Selected provisions are summarized and paraphrased below to illustrate their comprehensiveness and scope.

The FIDCR are divided into nine sections (or "components") that apply to day care facilities (family day care homes, group day care homes and day care centers). Two of the components (VIII and IX-A) also apply to administering agencies. (See Appendix A for the complete text of the FIDCR.)

### I. Day Care Facilities

- A. Definition of types of facilities.
- B. Grouping of children: maximum group size and child-staff ratio. <sup>10/</sup>
- C. Facilities must meet licensing or other appropriate standards.

### II. Environmental Standards

- A. Priority must be given to low-income groups.
- B. Facilities must meet appropriate safety and sanitation standards.
- C. Facilities must provide adequate space and equipment suited to age-appropriate needs and group size.

### III. Educational Services (optional under Title XX)

- A. Educational opportunities must be provided to meet age-appropriate needs and be under the supervision of someone trained or experienced in child growth and development.
- B. Adequate toys, games, equipment, and materials must be provided.

<sup>9/</sup> However, Title XX provides that in-home care must meet standards established by the State that are reasonably in accord with recommended standards of national standard-setting organizations.

<sup>10/</sup> There is presently a moratorium that applies to this requirement until Sept. 30, 1978.

#### IV. Social Services

- A. Provision must be made for social services.
- B. Counseling for parents must be provided to help determine appropriateness of care and the child's adjustment to it.
- C. Referral and coordination with other community service organizations must be provided.

#### V. Health and Nutrition Services

- A. Each child must receive dental, medical, or other health evaluations, and daily observation for problems.
- B. Arrangements must be made with community resources to provide health and dental care when needed.
- C. Each child must have the opportunity to be immunized.
- D. Adequately prepared and nutritious meals must be provided.
- E. Staff must be made aware of potential health hazards and how to minimize them.

#### VI. Training of Staff

- A. The administering agency must provide or arrange for training and supervision of all people involved in the day care program.

#### VII. Parent Involvement

- A. Parents must be given the opportunity to observe their children's work in the program and to involve themselves in decisionmaking about the operation of the program.
- B. Agencies providing care for more than 40 children must have a policy advisory committee that performs meaningful advisory and assistance functions and activities.

#### VIII. Administration and Coordination

- A. The agency must have personnel policies that insure equal opportunity and normal employee rights.
- B. Agency policies and procedures must insure that the program requirements as well as other normal administration activities, are implemented.

- C. Administering agencies must develop appropriate coordination to insure effective and efficient use of services, resources, and other agencies.

#### IX. Evaluation

- A. Facilities must be periodically evaluated in terms of FIDCR compliance.
- B. Providers must periodically perform self-evaluations.

In addition to these provisions, the regulations that implement all of Title XX, 45 CFR 228, include requirements for the single State agency administering Title XX funds to purchase day care services. This provision requires that the State plan designate an authority to establish and maintain standards.

#### IV. EVALUATING THE EXISTING FIDCR

On what basis should the appropriateness of the existing FIDCR be evaluated? The answer depends in large measure on an assessment of what the FIDCR are intended to accomplish.

Title XX details overall goals for social services, including day care. These goals include achieving and maintaining self-sufficiency, preserving or rehabilitating families, and preventing or remedying neglect and abuse of children. But nowhere does the legislation list the specific purpose of the FIDCR.

Despite this lack of specificity, it seems evident that Congress created these legal requirements to insure that federally funded day care programs attain certain standards of quality. It is the conclusion of this study that the purpose of the FIDCR is to facilitate the appropriate social, emotional, physical, and cognitive growth of children in Title XX day care. Although the principal purpose of day care is to help parents to work and to achieve self-support, the purpose of the FIDCR is to insure an adequate level of care for children enrolled in federally supported day care.

Thus, the FIDCR should be evaluated primarily in relation to their effect on children. Is there research, expert opinion, or consensus of practical experience that shows that particular components of the FIDCR have an important effect on reducing risk of harm or facilitating appropriate child behavior? Are the FIDCR comprehensive enough in scope? Do they overlook important indicators of the quality of day care? These questions are examined in Chapter 2.

HEW concludes that the FIDCR can yield benefits, often considerable benefits. Like all regulations, however, they also impose costs. The costs may be of several types: monetary costs to the provider and purchaser; reduced diversity of choice for the consumer; administrative costs of monitoring the program; discouragement to the entry of new providers into the day care industry.

It is impossible, given the present state of the art, to analyze the FIDCR in classic cost-benefit terms: The appropriateness of the FIDCR cannot be determined by calculating a cost-benefit ratio that compares the additional benefits to children (or society) resulting from specific provisions and their associated costs. It is possible, however, to estimate what certain provisions cost, both directly and indirectly, and to narrow the debate over whether the benefits attributable to those provisions are "worth" the cost. The report addresses these cost considerations in Chapter 3.

A third set of issues relates to the administration of the FIDCR. What safeguards at the State and local levels make the regulations unnecessary? How successful has the Federal Government been in developing and implementing the regulations? To what extent have the States developed adequate mechanisms for administering the requirements? These issues are discussed in Chapter 4.

Many of the considerations addressed in this report are not unique to the FIDCR or to day care, but are basic to all regulatory systems, especially those attempting to regulate human services. Perhaps the most fundamental aspect of a regulatory scheme is the inevitability of trade offs—the necessity to choose between competing values or goals. Regulation often presents inescapable dilemmas of choice—the choice, for example, between uniformity and diversity or between quality and cost. Chapter 5, discusses the kinds of choices necessitated by the FIDCR, some preliminary findings and conclusions bearing on those choices, and HEW's plans for developing new FIDCR.

## CHAPTER 2

### IMPACT OF THE FIDCR ON CHILDREN IN DAY CARE

This chapter assesses the appropriateness of the FIDCR by examining the impact of the FIDCR components on the well-being of the child in care. <sup>1/</sup> Impacts are examined in terms of (1) the cognitive, social, emotional, and physical development of children; (2) parent satisfaction with and involvement in their child's day care, and (3) caregiver attitudes and behavior.

Throughout the evolution of the FIDCR, suggestions have been made regarding regulation of various additional variables. The second part of this chapter identifies and examines four such variables.

#### METHODOLOGY

As written, the FIDCR cannot be tested directly with laboratory precision because they lack clarity and specificity and are not uniformly in operation in the field. But the appropriateness of the provisions can be assessed in other ways. The results of recent research in the field of day care and related areas were reviewed, analyzed, and synthesized to determine how various components of day care programs affect children, families, and caregivers. Although most such research was not designed specifically to evaluate the impact of the FIDCR, in many instances the variables studied were closely related to the FIDCR components and therefore can contribute to an understanding of their potential impact. An assessment of expert opinion on various day care issues also was undertaken in an effort to offer perspectives on the appropriateness of the FIDCR.

The research studies must be used cautiously, however, for the reasons that follow. Negative findings are rarely reported. Many findings are difficult to interpret because of inadequate description of the design variables. Statistical techniques sometimes are unsound or unsophisticated and few studies have been replicated. Finally, measurement techniques often are too crude to detect any real differences among groups or to assess development of particular groups

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<sup>1/</sup> Because the Evaluation and Coordination and Administration requirements do not impact directly on the child, these components are not assessed here.

of children, especially infants and toddlers. These problems, however, hamper all social science research and are not unique to studying day care.

Caution also should be exercised in generalizing the findings both across age categories and to the day care population to which the FIDCR apply. Infancy and toddlerhood, the early childhood years, and the school-age years have received different amounts of attention from developmental psychologists, resulting in large gaps in the research data for various age groups. Occasionally studies may examine the interaction of the age of a child with a particular factor, but this is the unusual case. In addition, there is only a limited amount of information regarding the unique needs of both school-age and handicapped children in day care. There are few reliable family day care studies and virtually no studies of in-home care. Moreover, the so-called "creme de la creme" phenomenon—the use of highly unrepresentative samples—is very common in day care research. Poor quality day care is almost never studied. Research and demonstration projects often examine university-based day care situations and have a great deal of expertise associated with them, as well as a unique "esprit de corps" among the staff, and typically have no more than two or three children per caregiver.

Some of the problems described above are not always so troublesome as they seem. For example, some of the day care components regulated by the FIDCR have a well-understood impact independent of context (e.g., good nutrition). Also, some variables have been studied extensively enough in other contexts and for enough different age groups to permit at least limited transferability. And while special day care projects clearly do not reflect typical day care programs, the findings can highlight those variables that appear to be of major importance in supporting the well-being of the child in day care. Finally, as the arch-experimenter himself has stated, there are other ways of knowing than through experiment (Campbell, 1975). Close familiarity with real life day care situations may sometimes yield insights that are superior to those offered by the systematic research available now.

Complementing these research findings and expert opinions are the preliminary findings from two major day care studies—one of which has three important substudies—currently in progress. Some of these studies were designed before the FIDCR Appropriateness Report was mandated. They are financed by the Administration for Children, Youth, and Families (ACYF) in HEW. The studies examine specific FIDCR policy variables, particularly those related to staffing and group composition. Brief descriptions of the studies follow.

- The National Day Care Study (NDCS) is a 4-year study of center-based preschool day care. It was begun in 1974 and is scheduled for completion in 1978. As of January 1978, study staff had

observed and tested 1,800 children, interviewed 1,100 parents, observed and interviewed caregivers in 120 classroom groups, and gathered program and cost data from 57 centers in Atlanta, Ga.; Detroit, Mich.; and Seattle, Wash. The preliminary findings of the NDCS address the controversial issue of whether day care center characteristics that can be controlled by Federal regulation make a meaningful difference for children. The NDCS has three major substudies:

- The NDCS Cost-Effects Study, which seeks to determine the impact of variations in child-staff ratio, group size, staff qualifications, and other center characteristics (e.g., educational program, physical facility) both on the development of preschool children and on the cost of the center.
- The NDCS Infant Day Care Study, which examines day care center arrangements currently available for children under the age of 3. The study focuses primarily on issues related to group composition and staff qualifications.
- The NDCS Supply Study, which is a national survey of more than 3,100 directors in a stratified random sample of day care centers. The study describes variations in programs, staff, and finances and demographic mixes of children across States and types of centers. The survey data are being used to extrapolate the national implications of the NDCS cost-effects analyses and to develop an econometric model of the impact on the day care market of Federal regulations, financing policies, and monitoring practices.
- The National Day Care Home Study is a multifaceted, multiphase investigation of family day care homes in a variety of natural settings. It will be completed in 1979. The study is based on interviews with caregivers and parents and on observations of caregivers and children. It is expected to provide descriptive profiles of three structurally distinct types of family day care homes: unlicensed homes operating independent of the regulatory system; licensed homes operating within a formal regulatory system; and sponsored homes operating as part of a network of homes under the administrative auspices of a sponsoring agency.

The preliminary findings of the National Day Care Study and its three substudies constitute only a small part of the analysis planned. Further analysis is needed to expand and refine these findings. As with any study of this magnitude, a critical review by analysts not directly involved in the studies is recommended to confirm the validity of the findings and their generalizability. The studies and findings have

already undergone much scrutiny by peer review panels. The preliminary findings have been included in this report because they sketch as clearly and responsibly as possible the picture that has emerged thus far of the elements that contribute to the quality of day care experiences.

## PROBLEMS IN ASSESSING THE APPROPRIATENESS OF THE FIDCR

The primary intent of this chapter is to assist policymakers in determining what regulatory and other policies are necessary to achieve the primary goal of the FIDCR-related provisions of Title XX: to support the well-being of children in federally funded day care. It has become apparent, however, that this goal requires more specific definition. It is not clear, for example, what level of well-being should be supported. Should these children be maintained at a level of development that would have been supported had they remained in their home setting (a level that in fact varies with each home setting)? Or, for those children known to be at developmental risk because of factors associated with their environmental circumstances, should the Federal Government provide special opportunities to maximize their development potential? Is it the total well-being of children that is to be supported, or only their immediate well-being while in the day care setting?

Distinctions are made in this chapter between those elements that are necessary to support the well-being of the child while in the day care setting (core elements) and those that affect the total well-being of the child but are not related to the child's immediate well-being while in the day care setting (noncore elements). Clearly, all nine elements of the FIDCR are not core elements. However, some noncore elements, such as social services and parent involvement, directly influence the quality of interaction between the child and parent or caregiver, which in turn affects the social, emotional, and cognitive development of the child.

This chapter, then, summarizes what is known about the impact of day care components on the child, family, and provider. Although this information can provide useful guidance, in the end policymakers also will have to consider the value conflicts, costs, and realities of implementation that are associated with the FIDCR. These are discussed in subsequent chapters.

## ORGANIZATION

Chapter 2 is divided into two parts. Part one (sections I through VIII) discusses elements of day care covered by the present FIDCR. Part two (section IX) discusses elements not covered.

Part one deals with seven of the nine present FIDCR components; it does not deal with the Administration and Coordination component or with the Evaluation component because those two are only indirectly related to the well-being of children in care. The chapter divides the Health and Nutrition component into two separate discussions for purposes of clarity of presentation.

Each of the seven component discussions contains a brief summary of the FIDCR provisions relating to that component; when necessary, a definition of the issues surrounding the component; a description of the operation of the component in the real world of day care; and a review of research results and expert opinion on that component. The discussion includes an examination of how the component appears to affect the quality of care that children receive, which dimensions of the component appear to be most important, and how the component appears to operate in all modes of care. Each discussion concludes with an examination of the implications of these data for regulation of that component.

Part two (section IX) analyzes four variables that are currently not regulated by the FIDCR: continuity of care, age of entry into care, hours in care, and program size. All of these impact on the well-being of children in care. The discussion of each variable presents and evaluates available research evidence and expert opinion and explores the feasibility of regulating that variable.

## I. GROUPING OF CHILDREN

### PROVISIONS OF THE FIDCR

The FIDCR contain specific requirements regarding child-staff ratio, group size, and age mix for children in group day care homes, family day care homes, and day care centers. Because these elements are interrelated, they are considered together in the FIDCR under the rubric "Grouping of Children." Table 2.1 summarizes these requirements.

### DEFINITION OF THE ISSUE

Child-staff ratios cause more concern in the day care field than any other aspect of the FIDCR. There are two interconnected reasons for this concern. First, as the ratio goes down (allowing fewer children per staff member), the cost of day care goes up and the number of children who can be cared for with a given amount of money goes down.

Table 2.1. FIDCR REQUIREMENTS ON GROUPING OF CHILDREN

<u>Type of Care</u>	<u>Age Mix</u>	<u>Maximum Child-Staff Ratio 1/</u>	<u>Maximum Group Size</u>
<u>Family Day Care Homes</u>	0 through 6 years	5:1	5
Place: family residence (May serve a maximum of 6 children including the day care mother's own children 2/).	3 through 14 years	6:1	(No more than two children under 2) 6
<u>Group Day Care Homes</u>	0 through 6 weeks	1:1	Not specified
Place: extended or modified family residence. (May serve a maximum of 12 children)	6 weeks through 3 years	4:1	Not specified
	3 through 14 years	6:1	12
<u>Day Care Centers</u>	0 through 6 weeks	1:1 3/	Not specified
Place: private dwellings, settlement houses, schools, churches, social centers, public housing units, specially constructed facilities, etc. (Serves at least 12 children but there is no maximum limitation)	6 weeks through 3 years	4:1 3/	Not specified
	3 through 4 years	5:1	15
	4 through 6 years	7:1	20
	6 through 10 years	15:1 3/	Not specified
	10 through 14 years	20:1 3/	Not specified

1/ Legislation that will expire Oct. 1, 1978, allows a moratorium on staffing ratios for children 6 weeks to 6 years of age in group day care homes and day care centers.

2/ Legislation that will expire Oct. 1, 1978, requires that the day care mother's own children over 6 years of age not be counted.

3/ These requirements are applicable to the Social Security Act Titles IV-A (WIN), IV-B, and XX day care only. They are not part of the 1968 FIDCR.

Second, there is a widely perceived relationship between quality of care and relatively low child-staff ratios (few children cared for by one adult). Because of this interplay between staffing ratio, quality, cost, and number of children served, it is particularly important to identify—insofar as possible—the effects of varying ratios on the outcome of day care programs.

The two broad goals of preventing harm to children being cared for in day care and promoting their social, intellectual, and psychological development may require regulations that differ in important ways. Consider, for example, the number of adults needed to supervise a given group of children. Although relatively few may suffice to prevent accidents and keep conflict within bounds, a relatively large number may be needed to stimulate age-appropriate development and respond to children's individual needs.

Child-staff ratio can be an important indicator of staff burden. In a high ratio situation, an adult must distribute his or her time over a large number of children. In a low ratio situation, caregiver time is distributed over fewer children. But ratio is not always a reliable indicator of staff burden because caregivers do not always divide their time evenly among the children in their care. Preferences for certain children and active and outgoing children who make demands on a caregiver's time usually result in an inequitable distribution of attention. Thus, especially in a large group situation where there are many adults and children, a low child-staff ratio does not necessarily guarantee that a child is getting his or her fair share of an adult's time.

Group size requirements are based on the same assumption as child-staff ratio requirements; namely, that certain kinds of interactions between staff and children that are crucial for preventing harm and promoting development are best promoted by limiting numbers of children and caregivers. Substantial research and practical experience support this assumption. Such interactions cannot be regulated directly, however, because they are influenced by personal characteristics of individual caregivers and children, by the activities of the moment, and by many factors outside the scope of Government influence.

#### EVIDENCE REGARDING THE APPROPRIATENESS OF A GROUPING REQUIREMENT

The key to a good day care program is the quality of interaction between the child, the caregiver, and other children. This cannot be regulated directly, only indirectly using such proxies as group size and child-staff ratio. These latter two components, combined with caregiver qualifications, may predict fairly well whether a program will support the well-being of the child.

Child-staff ratio and group size are the components of day care that most directly affect the amount and nature of personal attention and time the caregiver has the opportunity to give the child. It is important to note that the findings regarding the importance of low child-staff ratio and group size that emerge from the many research studies examined for this report and from expert opinion surveyed are supported by the preliminary findings of the NDCS Cost-Effects Study (Abt, 1977). 2/ It is the largest study of day care centers ever done in this country. Because this study has already received considerable attention from members of the day care community as well as from Congress, its preliminary findings are presented independent of the synthesis of findings from other studies.

Relatively little research exists in which staffing ratios were examined as an independent variable, i.e., in which ratios were studied in such a way that the findings can conclusively point to the part the ratio had in effecting an observed outcome with regard to caregiver performance or child behavior. Although no firm conclusions can be drawn about child-staff ratios from the individual studies, "the consistencies that occur over diverse studies makes inferences possible" (Meyer, 1976). Moreover, recent research on families that provide stimulating intellectual environments, as well as research in university day care settings that examines quantity and quality of adult interaction with children, affirm the importance of time spent with children by competent adults for a child's cognitive development. 3/ Other things being equal, then, the lower the child-staff ratio in day care, the better the chances of cognitive development at or above norms.

### General Findings

- The child-staff ratio operating in a classroom does not necessarily remain constant in a group that has more than one adult in it. Natural clusterings of adults and children tend to occur in large groups; children and caregivers tend to select each other in patterned ways. Thus, the psychological interactions between children and caregivers in a group of 5 children with 1 adult are quite different from those in groups of 10 children with 2 adults or 25 children with 5 adults, even though the "paper" ratio in each instance is 5:1.

2/ See the Introduction for a description of the objectives of this study and the attendant caveats.

3/ Major research in this area has been done by Lindert (1977), Zajonc and Markus (1975), Walberg (1976), Walberg and Majoribanks (1976), and Hill and Stafford (1974).

- Research evidence clearly demonstrates that the development of competence up to age 4 is significantly affected by the amount and nature of interaction the child has with key adults in his or her life. Findings in Head Start (Miller and Dyer, 1975) and in Follow-Through first- and third-grade programs (Stallings, 1975) show that the social and cognitive competency of older children too is strongly influenced by the quality (nature) of their relationship with their caregiver.
- Expert opinion supported by empirical evidence indicates that child-staff ratio and group size have an impact not only on the child but also on the caregiver. "Caregiver burnout"—disinterest in the job and lack of concern for the individual child—is brought on by caring for large numbers of children for an extended number of hours per day (Maslach and Pines, in press).
- Empirical evidence and expert opinion indicate that large groupings of children adversely affect the caregiver's ability to deal with the child as an individual because they are too busy managing the group. Two studies found a definite decline in both the amount and complexity of adult verbal output as group size increased beyond 20 children, even though child-staff ratio was held constant. In addition, the adults placed more restrictions on the children both socially and verbally in order to control the group. The children in one study were 3 years of age; in the other they ranged in age from 18 months to 6 years (Fiene, 1975; Lally and Honig, 1977).

### Children Under 3 Years of Age

The present FIDCR are not specific about the needs of children under 3 years old in day care, especially in center-based day care. This is particularly relevant because statistics show that the use of full-time day care for children under 3 years of age is increasing more rapidly than for any other age group. There are over 1.2 million children under age 3 in the United States who are in childcare arrangements for more than 30 hours a week (Unco, National Childcare Consumer Study, 1975). A total of 14.4 percent of children in center day care are under the age of 3.

Under the present FIDCR, no group size is specified for children under 3 years of age in centers. In addition, 34 States have no group size requirements for children under age 3. Childcare experts stress that the possible danger of overstimulation due to large group size is of more concern for younger children than older children. Hence, specification of group size for this group should be considered.

Many individuals affiliated with day care argue that there are too few age breaks for determining ratio in center care for children under 3 years of age. Currently, one ratio is used for children up to 6 weeks of age, then another is applied for children 6 weeks to 3 years of age. These individuals suggest breaks of birth through 12 weeks, 13 weeks to 1 year (or walking), 1 to 2 years, and 2 to 3 years. These breaks attempt to define developmental stages that have different caregiving needs and that can best be supported by different ratios and group size.

Review of expert opinion and research regarding ratio and group size for children under age 3 has led to the following findings:

- There is a consensus that child-staff ratio for children under 3 should not exceed a maximum of 5:1. Childcare experts and parents (Unco, National Childcare Consumer Study 1975) consider a relatively low child-staff ratio an important element in supporting the all-around development of children—given acceptable caregiver performance and adequate physical facilities. The dimensions <sup>4/</sup> of childcare that promote age-appropriate development have been identified, and those dimensions are most often observed by child development experts and empirical research studies in situations where low ratios are in effect.
- Many experts favor no more than eight children in a group when those children are 18 months of age and younger.
- Those States that regulate group size for children under 18 months require that those groups contain eight or fewer children, with the exception of Colorado and Tennessee (10), Kansas (9), and North Carolina (25).

Support for these findings has emerged from the preliminary findings of the NDCS Infant Day Care Study. <sup>5/</sup> These findings include:

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<sup>4/</sup> See the discussion in the Caregiver Qualifications section of this chapter.

<sup>5/</sup> The infant-toddler component of the National Day Care Study was a small, naturalistic (no experimental manipulation of the variables being examined) substudy designed to describe day care arrangements for children under 3. Observation was conducted in 38 centers. For infants, the range in group size observed was 3.3 to 12.6; the range in ratio was 1.3:1 to 10.3:1. For toddlers, the range in group size was 4.0 to 21.5; the range in ratio was 2.0:1 to 14.4:1.

- Centers maintained ratios that were lower on average than the State-required minimum. Actual ratios averaged 3.9:1 (infants) and 5.9:1 (toddlers), compared with average required ratios of 5.3:1 (infants) and 7.8:1 (toddlers). Group size as observed in the infant study averaged 7.1 children in infant classrooms and 11.3 children in toddler classrooms.
- Larger group size in toddler (age range 18-36 months) classrooms was associated with more overt distress. Larger group size in infant (under 18 months) classrooms was associated with caregivers spending less time in any kind of social interaction with children and less time teaching. (The term "teaching" includes all formal and informal intellectually stimulating activities, such as verbally labeling objects, pointing to pictures, etc., as well as more structured teaching activities.)
- In high ratio (more children per caregiver) infant and toddler classrooms, overt child distress was greater.
- In high ratio infant and toddler classrooms, staff spent more time in management and control interactions with children and more time silently monitoring children's activities. These classrooms also were associated with less formal and informal teaching.

Thus, the available evidence on child growth and development, as well as the findings that low ratio and small group size support the adult in the role of mediator for the child and his or her environment, clearly indicate that low ratios and low group size are significant components of day care that promote the well-being of the child under 3 years of age.

### Children 3 to 5 Years of Age.

A synthesis of research literature and expert opinion indicates the following about group size and ratio for children 3 years of age to school-age:

- There is no consensus supporting precise ratios and group sizes for children over 3 years of age. Head Start officially supports a 5:1 child-staff ratio for its preschoolers.
- Parents who use center care for their 3- to 5-year-old children, if pressed to name a maximum acceptable ratio, will support a less stringent child-staff ratio for 3- to 5-year-olds in center care than is presently specified in the FIDCR. These same parents will only support a group size equal to the FIDCR for the same age group in family day care (Unco, National Childcare Consumer Study, 1975).

The research obviously is very limited for this age group. However, the National Day Care Study has given us new insights.

NDCS Preliminary Findings on Ratio and Group Size for Children Aged 3 to 5

Abstracts of the NDCS preliminary results <sup>6/</sup> show clearly that differences among centers are significantly related to important variations in day-to-day behaviors of caregivers and children and to children's gains on particular tests of school readiness. On the average, center differences as great as 20 to 40 percent—statistically significant—were evident in children's rate of growth on one test known to predict achievement in elementary school. The interesting question is whether these differences in growth rates of children in day care are affected by how a center is organized (e.g. size of groups and qualifications of caregivers). NDCS results indicate that they are.

To date, two characteristics that can be controlled through Federal regulation have emerged from the NDCS preliminary findings as important contributors to overall center-to-center differences: classroom composition and caregiver qualifications. Small groups of children and caregivers work best; the child's day care world should be kept scaled down in size. It has become apparent that child-staff ratio should be seen as the outcome of setting limits on the number of adults and children in the classroom, and not as the principal means of insuring quality. In addition, caregivers with specialization in child-related areas are more effective caregivers. <sup>7/</sup>

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<sup>6/</sup> A comprehensive report of preliminary findings of the NDCS studies in the appendix provides more details on these current findings and outlines additional analyses to be performed. The preliminary findings reported here have emerged as statistically significant in multiple regression analyses and have been shown to be free of possible artifactual effects due to attrition, outliers, and choice of particular units of analyses, covariables, and independent variables.

<sup>7/</sup> NDCS data make it clear that groups of 15 or fewer children, with correspondingly small numbers of caregivers, are associated with more positive social and cognitive child development and more positive caregiver behavior than groups of 25 or more children. However, it is not possible at this stage of analysis to narrow this range further. Future NDCS analyses will allow more precise specifications of optimum configurations of group sizes and numbers of caregivers, and how these parameters should differ for children of different ages.

The following NDCS findings shed additional light on the effects of group size on children aged 3 to 5 and their caregivers.

- Classroom composition—defined in terms of the total number of staff members and children interacting with each other—is statistically linked to the following impacts on caregivers and children in day care and on the day care operation:
  - In groups comprising a smaller number of caregivers and a smaller number of children, 8/ caregivers showed more social interaction with children (i.e., questioning, responding, instructing, praising, and comforting), less straight monitoring of the children's behavior, and less interaction with other adults.
  - In classrooms where children and caregivers were arranged in smaller groups, children showed more active involvement in classroom activities (i.e., considering and contemplating, contributing ideas, giving opinions, cooperating, and persisting at tasks), and less apathetic/withdrawn behavior and less aimless wandering and general nonparticipation.
  - Smaller group size was associated with improvement over time on two tests designed to measure important components of kindergarten and first-grade readiness—the Preschool Inventory (PSI) and the revised Peabody Picture Vocabulary Test (PPVT).
  - With ratios held constant, there was no significant association between group size and center costs.

NDCS findings on ratios included the following:

- The benefits of small groups were observed even when child-care-giver ratios were constant. For example, groups of 12 to 14 children with two caregivers had, on average, better outcomes

8/ NDCS data make it clear that groups of 15 or fewer children, with correspondingly small numbers of caregivers, are associated with more positive social and cognitive child development and more positive caregiver behavior than groups of 25 or more children. However, it is not possible at this stage of analysis to narrow this range further. Future NDCS analyses will allow more precise specifications of optimum configurations of group sizes and numbers of caregivers and how these parameters should differ for children of different ages.

than groups of 24 to 28 children with four caregivers. These results make it clear that child-staff ratio cannot by itself be the principal mechanism for guaranteeing benefits to children, although it may be an important indicator of staff burden. If the group is too large, adding caregivers will not help.

- There is little indication that NDCS results will lead to recommendations more stringent than the current FIDCR ratio requirements.
- There is no such thing as a single child-staff ratio. Over the course of a day there are fluctuations in the numbers of children and caregivers actually present.
  - NDCS Phase II data showed that ratio varied on average over the day between 4:1 (7:30 a.m.) and 9:1 (naptime, 1:30 p.m.), with an average of about 7:1 for the remainder of the day except late afternoon (6:1). In the centers studied, extremes in overall child-staff ratio varied from 2.5:1 to 23.3:1, although the majority of centers had ratios between 1:5 and 1:11.
  - Ratio tends to become slightly higher (more children per caregiver) between fall and spring as group enrollment increases slightly.
  - For the same classroom situation, wide differences in calculated ratio (4:1 to 7:1) result from the particular measure used (head count, hour count, scheduled enrollment and staffing data, observations of staff and children, etc.) and from the method of computation used (e.g., weighting for contact hours-between staff and children).

The above findings would seem to indicate that, if center ratios are to be regulated and monitored, the method of measurement should be more precise than the present FIDCR and should be sensitive to the natural and frequent fluctuations that exist in center care. The NDCS will provide useful information and guidance for developing these measurement techniques.

### School-Age Children

There are no research data that suggest what the ratio and group size should be for school-age children in day care of any kind, and there is no expert consensus concerning appropriate precise ratios and group sizes for this age group in center care. (See the Educational Services section for additional discussion of school-age day care.)

- A group of school-age day care experts, when queried, stated that no more than six children aged 5 to 14 should be cared for at any one time in family day care (this includes the provider's own children) (Bergstrom, 1976).
- Parents with school-age children in care indicated they would support the present FIDCR group size for their 6- to 13-year-old children in family day care but wanted a slightly more stringent ratio for the same age child in center care than the present FIDCR allow. (Westat, 1977)

### Age Mix

Age mix of children is another factor operating in center care and in family day care homes that affects both caregiver behavior and child interaction in groups. Research is only beginning to explore what actually occurs in mixed versus homogeneous age settings.

- Existing research is equivocal on what the value is for children of mixing various age groups both in center and family-based care. More research evidence is needed, especially on center settings.
- The NDCS Supply Study indicates that, in 80 percent of the center classrooms, the variability in the ages of children grouped together is 1 year or less. Twenty percent of the classrooms, however, have an age range of 2 years or greater. (Age range equals the age of the oldest child minus the age of the youngest.) Since the current child-staff ratios are age-specific and linked to a given group size, there is a danger that, for this 20 percent, the group size required for the oldest child in the group will be used. This could produce an atmosphere that may be overstimulating for the younger children in the group. (For example, many child care experts feel that the FIDCR group size of 15 for 3-year-old children is too taxing for children 1-year-old who are in care all day.)

### IMPLICATIONS FOR REGULATION

Identifying the most important or critical component in day care is much like attempting to identify the one wheel that makes a clock operate. Child-staff ratios, for example, may guarantee very little by themselves. Even a 1:1 ratio does not insure quality care if the caregiver is incompetent and insensitive, whereas a skilled, sensitive

caregiver maybe able to work effectively with many children if the environmental situation is manageable. As this illustrates, ratio by itself is not the decisive component of day care. Ratio and group size interact both with each other and with other core components of day care to affect the quality of care children receive. Any revision of the FIDCR should take into account this interrelatedness.

Ideally, one would attempt to locate the exact point on the day care continuum below which a given child-staff ratio and group size cause measurable harm and above which development is supported. That is impossible to do, however, in part because of the multitude of variables one must deal with in day care and in part because there are few agreed-upon definitions of "harm." Indeed to many advocates of developmental day care, any failure to provide support or stimulation for social, psychological, or educational development--any missed opportunity to exert positive influence--constitutes harm.

It is evident that there are some gaps in the current FIDCR as they relate to ratio, group size, and age mix. The FIDCR lack any clear statement regarding what group size should be applied when children of mixed ages are grouped in one classroom in a center. This is of concern to many day care observers because when young children are included in groups with older children, the FIDCR might be interpreted to allow the larger numbers associated with the older children. In addition, 37 percent of the centers in this country exceed group size requirements (using group size requirements for the youngest child in the group) in at least one if not all classrooms in the center. And since no group size has been set for children under 3 and many day care experts feel that more age breaks are needed for children under 3 than currently exist, ratio and group size would have to be determined for these new categories. 9/ These gaps are only illustrative. If the FIDCR are revised, it is suggested that the following issues also be considered.

#### Group Size in Family Day Care Homes

Very little research has been done in family day care home settings, and insufficient experimental evidence exists to assist in determining

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9/ In addition, the NDCS Infant Day Care Study found that, although the FIDCR specify lower ratios (fewer children per caregiver) for infants and toddlers than for preschoolers, which would usually make their care more expensive, centers generally receive the same reimbursement rate for these groups as they do for preschoolers.

the maximum group size and age mix for which one family day care provider can care effectively. Parents generally would prefer a group ceiling that is more stringent (lower) than the present FIDCR (Unco, National Childcare Consumer Study, 1975). When a family day care provider's own children under 14 are included in the number of children in care, the average group size in regulated homes is only 4.94 children, which is still within the number allowed by the FIDCR (Westat, National Day Care Home Study, 1977).

However, some homes currently exceed the ceiling or will exceed it in the summer when all the caregiver's children are home from school (or if the caregiver gives birth to an additional child of her own, resulting in too many infants in care). When ceilings are exceeded, agencies often are forced to shuffle children from one home to another, risking a negative impact on the child because of the disruption in continuity of care by a particular adult. Many agency administrators support the notion of a ceiling in family day care but do not want the responsibility for determining when it should be waived. They argue that although they as individuals might feel comfortable determining when an adult can safely care for an additional child, they would not trust the next person's judgment. One suggestion they make to solve the problem is a system of substitute caregivers. The substitute could pinch-hit when needed or come in for an extended period of time to work with the family day care provider who is over ceiling. This would protect continuity of care for the child.

#### Group Size and the Family Day Care Provider's Own Children

Current information (Westat, National Day Care Home Study, 1977) indicates that:

- 59 percent of family day care providers have no children of their own under 6 at home.
- Approximately 12.5 percent of family day care home providers (regulated and unregulated) use assistants; only 2.3 percent use assistants full time. The majority of these assistants are the caregivers' own older children.

The 1968 FIDCR require that family day care providers must include their own children under 14 years old when determining maximum group size. However, legislation that will expire Oct. 8, 1978, allows States not to count the family day care providers own children who are over 6 years old when determining maximum group size. No research has been done to assess how the presence of a provider's own children affects the

provider's care of other children nor how the presence of other children impacts on the provider's children. Some day care observers speculate that a provider's older children may actually serve as helpers when they are home from school and therefore should not be included in the group's ceiling.

Existing research data do not resolve this very sensitive issue which impacts both on the quality of care children receive and the amount of income caregivers can expect to realize from their work. More evidence should be gathered on this issue.

### Family Day Care in Multiple Unit Dwellings

At least one State (Washington) does not permit family day care in multiple unit dwellings. In one study, 20 percent of family day care providers lived in such residences—approximately a third of which are large apartment buildings where steep flights of stairs and walks to a playground are factors with which the caregiver must contend. This caregiver may be caring for several infants and young toddlers at the same time and still meet the present FIDCR. Under these circumstances, there are clear problems with evacuation in case of fire and insuring the physical safety of the children when moving to and from outside play areas.

### Handicapped Children

Although the FIDCR recognize the need for variations in child-staff ratio when some handicapped children are included in family day care homes, there is no requirement for centers that serve handicapped children. There are no data that suggest what the ratio and group size should be when a handicapped child is included in care. The Bureau of Education for the Handicapped suggests that this requires a case-by-case decision based on the specific needs of the child and the nature of the facility.

The information available on the number of handicapped children in Title XX day care is limited and for the most part is based essentially on provider assessment rather than on professional screening.)

- A survey of family day care providers (Westat, National Day Care Home Study, 1977) indicated that 1.8 percent of the children in these homes were viewed as handicapped by the providers.

- The NDCS Supply Study surveyed only those centers in which the predominant number of children were without special needs: 38 percent of these care for at least one child identified as either physically or emotionally handicapped or mentally retarded. The number of handicapped children in these centers ranged from 1 to 62. Of the 900,000 children in care in all day care centers, 28,000 (3 percent) were reported as having one or more handicaps (11,000 physical, 12,300 severely emotionally handicapped, and 4,700 mentally retarded). It should be noted, however, that this information was collected through telephone interviews with the directors and has not been verified by professional screening of the children. (Abt, NDCS Supply Study, 1977.)
- The Bureau of Education for the Handicapped sponsored onsite screening of children in Title XX day care in urban and rural Tennessee. The screening instruments used were the same used for Head Start screening in that State. Only speech, language, and hearing deficiencies were screened. The findings were the same as those in Head Start. Among the children in Title XX day care in that State: 11 percent were found to have speech and language disabilities and 9 percent were found with a hearing disability.

Thus, the present FIDCR grouping requirements may be limited in their ability to insure the well-being of children with certain handicaps.

### Volunteers

Volunteers are necessary in day care and can play an important role in assisting caregivers. The FIDCR call for the inclusion of volunteers to supplement the paid staff, but the FIDCR do not clearly indicate whether these individuals should be counted as staff in the required child-staff ratios. 10/

Volunteers represent a wide variety of resources for caregivers. In family day care settings, they often are the provider's older children.

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10/ Jule Sugarman, former head of the Office of Child Development, HEW, indicated in an interview (Cooper, 1976) that the original intent was to count volunteers along with paid staff, and thus save the facility money while maintaining a low child-staff ratio.

In centers, they often are teenagers. Teenagers are especially popular with day care providers because "they get down on the floor and play with the children," as one provider put it. Some volunteers are trained and some are not; some are college students in child development curriculums, others are well meaning but inexperienced people. Some full-time "volunteers" receive subsidies from another program--most often CETA.

The following findings from the NDCS Supply Study indicate the scope of the issue of whether volunteers should be counted in the child-staff ratio:

- 60 percent of all centers have no volunteer staff.
- In over half of the remaining centers there are no more than three volunteers.
- 13.9 is the mean number of hours worked per week by volunteers (Abt, 70-Site Validation Study, NDCS Supply Study 1977).
- 27 percent of volunteers work over 35 hours a week (this is the group that probably is subsidized by CETA and other programs and is not composed of volunteers in the strict sense of the word).

Expert opinion and views solicited in a survey of day care workers argue against counting volunteers as part of child-staff ratio, because volunteers have a high turnover rate and often work only a few hours a week. Early childhood experts believe that children under 2 years of age require continuity of care by a few--and the same--individuals. Care by too many different adults may be emotionally detrimental to these children. That point suggests that the use of volunteers should be kept to a minimum in infant classrooms (Ricciuti, 1976).

At the same time, volunteers who work at the same facility on a regular basis, who work a substantial number of hours each week, and who perform some or all of the tasks of regular staff might well be included in the child-staff ratio. For example, the employment of CETA workers 11/ is guaranteed for an extended period of time; they might well be included as staff. There might be many other cases in which the volunteer clearly met all of the criteria by which staff members are defined.

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11/ CETA workers receive compensation through the Comprehensive Employment Training Act funds. However, some centers refer to these individuals as volunteers because the center does not use its own funds to compensate them.

The FIDCR should take into account the differences in the volunteer work in day care, and consider for inclusion in child-staff ratios those volunteers who work a certain number of hours each week on a regular schedule.

## II. CAREGIVER QUALIFICATIONS

This section discusses two components of day care: (1) entry level skills or level of professionalism required of day care personnel (family home providers, center directors, lead teachers, and other caregivers) who work with the children and (2) inservice training requirements for these individuals.

### PROVISIONS OF THE FIDCR

#### Entry Level Requirements

Entry level requirements for day care personnel (academic degrees, experience, and specialized training) are not treated separately as one of the FIDCR categories. Rather, references to staffing characteristics or professional qualifications are scattered throughout four separate categories of the FIDCR (Educational Services, Social Services, Health and Nutritional Services, and Administration and Coordination). Moreover, these references to professionalism are vague. The Educational Services component, for example, requires only that caregivers or those persons in direct contact with children be "trained" or "experienced" or have "demonstrated ability" in working with children. <sup>12/</sup> These terms are not defined and no distinction is made between formal education and other types of training, such as workshops and supervised internships. Questions that come immediately to mind involve the kind, extent, and specialized nature of training and experience considered adequate for caregivers as well as supervising personnel, and the criteria that should be used for judging "ability to work with children." The FIDCR specify no qualifications for family day care providers or in-home caregivers.

<sup>12/</sup> This is the only component that attempts to define the qualifications of the caregiving staff, yet this requirement is no longer mandatory for Title XX programs,

## Inservice Training

This is a separate component of the FIDCR. The most important aspects of this component are that (1) continuous training must be provided all staff (professionals, nonprofessionals, and volunteers); (2) someone must be designated responsible for the training program; and (3) opportunities for career progression—job upgrading—must be given nonprofessional staff. The regulations do not specify how inservice training should vary, if at all, to deal with the differing levels of education and child care experience within the teaching staff and supervisory staff in centers. This regulation was written with institutionalized, center-based care in mind—and perhaps group or family day care operated by an administrative agency. It is not clear how and by whom independent family day care providers are to be trained. Further, neither the term "non-professional" nor "continuous" is defined.

## THE CAREGIVER TRAINING COMPONENT IN PRACTICE

### Caregiver Qualifications

According to the NDCS Supply Study education and experience among classroom staff break down as shown in Table 2.2 (FFP and non-FFP centers are basically similar in terms of staff education).

Table 2.2. Degrees Held by Job Description, Distribution of Caregivers  
1/ Percent of Caregivers Holding Degree 2/

<u>Job Description</u>	<u>None</u>	<u>High School</u>	<u>Vocational/ Technical</u>	<u>Associate Degree</u>	<u>BS/BA</u>	<u>MS/Ph.D.</u>
Directors	5.4	54.5	7.3	9.1	45.5	16.4
Assistant Directors	0.0	87.5	12.5	0.0	25.0	12.5
Head Teachers	8.6	71.4	2.9	20.0	31.4	11.4
Teachers	15.9	56.3	2.9	12.5	29.3	8.2
Aides	26.3	61.7	6.6	4.8	4.8	0.5

1/ Percentages may total more than 100 due to multiple degrees.

2/ Based on information gathered from onsite survey.

The National Day Care Home Study (Westat, 1977) revealed that:

- 32 percent of the providers had less than a high school degree.
- 44 percent were high school graduates.
- 24 percent had some college.
- 43 percent had over 4 years of experience providing day care.

Caregivers employed in day care centers have, on average, more education than family day care providers. The educational distribution of family day care providers is the same as the general population of women of childbearing age, with no real differences between regulated and unregulated family day care providers on this dimension.

#### State Licensing Specifications for Caregivers 13/

Some childcare experts argue that in center care only the director and perhaps the lead teacher need to have formal academic credentials in child development or related areas. State licensing requirements for center directors reflect this attitude:

- Thirty-two States plus the District of Columbia require center directors to have a baccalaureate degree with specialization in child development or at least 2 years of college with specified amounts of coursework in child development.
- Five States require only experience plus specified amounts of coursework in child development.
- Four States require only a high school credential.
- Nine States require no formal academic credential or experience.

It is worth noting that only six States mention management skills as a prerequisite for the job of center director.

13/ A new study on State licensing specifications, *The Comparative Licensing Study*, is due shortly. It is sponsored by ACYF in HEW.

State licensing requirements for head or lead teachers in day care centers are similar to those for directors. Requirements for aides and other teachers vary from a minimum age requirement combined with an ability to read and write to a high school degree combined with some coursework in child development and/or prior center experience.

State licensing requirements for family day care providers differ substantially from those for center caregivers in terms of the amount of formal coursework required in child development. The requirements usually involve an annual TB examination<sup>14/</sup> and a minimum age requirement—usually 18. In addition:

- Six States require that caregivers be able to read and write.
- Five States (Georgia, Massachusetts, New York, Ohio, and Vermont) require training or demonstrated ability to work with children.
- Twelve States require no license if the number of children in care is below a State-set minimum; usually three.

Thus, the level of education of caregivers in centers is much higher than that of caregivers in either regulated or unregulated family day care homes. When center directors who spend time caring for children are factored in as part of the caregiving staff, the level of education climbs even higher. Fewer directors than staff members, however, have degrees in education. If this formal credential is the one used to meet State requirements for training in child development, it would appear that some directors are not in compliance with State standards regarding qualifications. It is not apparent from available State licensing requirements whether child development training must be concentrated in the age categories of children with whom the individual will be working. The relevance of an elementary or secondary education credential for those working in a nonschool setting predominantly with children under age 6 could be questioned. The educational data available on directors and staff cannot be broken down any further. It may be that the other advanced degrees they hold are in child-related areas.

#### Current Implementation of the Inservice Training Component

The quantity and quality of inservice training vary greatly from program to program. Survey data suggest that limited emphasis has been given this component by program and Government agency administrators.

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<sup>14/</sup> At least one State, North Dakota, has a law prohibiting annual TB examinations. This is to minimize unnecessary exposure to X-rays.

No onsite evaluation has been made of the type (quality and amount) of inservice training currently offered in day care centers (more specifically, Title XX centers) or by agencies, for regulated family day care providers. Thus, it has not been possible to identify the most effective training models. Although assessments have been made of individual training efforts, it is not possible to compare results across studies. Day care observers agree that inservice training in Title XX day care centers takes many forms: none at all, to perhaps some coursework at a community college, or directors running some workshops, or a childcare expert brought in from a university for a workshop or two, to paraprofessionals training family day care providers in their homes, and CDA-style training with course work and field supervision.

- Directors interviewed in the National Day Care Infant Day Care Study complained that there were few, if any, training packages or community college or university programs available to them that were relevant for caregivers working with infants and toddlers. Most available programs focused on preparing pre-school teachers.
- In the National Day Care Cost-Effects Study (64 centers), two of five caregivers had received formally supervised on-the-job training. The quality of this experience was not assessed.

#### EVIDENCE REGARDING THE APPROPRIATENESS OF A TRAINING REQUIREMENT

Only a limited amount of quality research data exists that is definitive with regard to the differential effects of various kinds of credentials, inservice training, and experience on caregiver behavior. Data linking caregiver behavior to child development also are very limited. However, analysis of existing data as well as opinions of individuals working in day care suggest that (1) specific caregiving skills are needed to support the well-being of the child, (2) training can be used to promote these skills, and (3) training is essential to refine or improve current caregiver performance whether in family day care situations or in center care facilities. Inservice training appears to be essential for all caregivers regardless of the amount of experience or preservice education they have had. Many day care observers believe that inservice training helps insure that caregiver motivation remains high and that caregiving does not become routine or dull.

- Expert opinion and empirical evidence clearly show that training in child development-related areas generally is necessary to insure the competent and sensitive caregiving

behavior associated with positive cognitive and emotional development of children. There is no consensus, however, about what types of training approaches (e.g., formal preservice academic training, inservice training in the form of workshops or onsite demonstrations of work with specific age groups, frequent director supervision, etc.) most effectively promote specific competencies or about how extensive the training should be (Mathematica, 1977; Prescott and Jones, 1967; Provence, 1977; Lasater et al., 1976; Johnson et al., 1976; Blumenthal et al., 1976; and Family Learning Centers, 1976, 1977a, b).

- Evidence from several research studies indicates that teacher behavior and attitude can be changed as a result of inservice training. It is not known whether such changes are permanent or temporary (i.e., if they are dependent on continuous training, or continuous supervision by directors or supervisors, or peer support) (Mathematica, 1977; Gordon and Jester, 1973).
- The majority of caregivers (especially infant caregivers) interviewed during the National Day Care Study and several large-scale family day care studies expressed an interest in receiving inservice training that focuses on child development instead of only curriculum.
- Childcare experts state that inservice training in child development that is specifically related to the age of the children in care is needed to improve caregiving (Prescott and Jones, 1967; Hunt as cited in Mathematica, 1977).
- Expert opinion and empirical evidence clearly indicate that training can and should develop a "sensitized" caregiver, one who is sensitive to each child's individual needs, abilities, and stages of development, and who will know how to respond appropriately and in a timely fashion to the child, rather than train a caregiver to work in a rote fashion with a specific curriculum (Ricciuti, 1976; Meyer, 1976; and Hunt cited in Mathematica, 1977).
- Expert opinion and empirical evidence suggest that not all persons can be trained to be competent caregivers.
- Research shows that parents place a high value on the qualifications (including experience and training) of their child's caregiver and consider them an important element in selecting childcare services (Unco, National Childcare Consumer Study, 1975; Abt, NDCS Cost-Effects Study, 1977).

The importance of training is supported by the preliminary findings of the NDCS Cost-Effects Study and Infant Day Care Study. In both of these studies a major variable was caregiver qualifications, which included: (1) years of education; (2) previous day care experience; and (3) caregiver specialization in child-related areas. An experimental design was developed which examined these caregiver characteristics. The NDCS findings regarding caregiver qualifications and their impact on preschoolers and infants/toddlers are presented below. 15/

### Preschoolers

Thus far, the NDCS has examined the correlates of three components of caregiver qualifications:

- Formal education (number of years of education) by itself, independent of child-related education content, was not associated either with more positive caregiver or child behavior, or with improved test scores for children. However, formal education was related to day care cost because years of education was associated with caregiver wage rates.
- Previous day care experience showed some signs of being related to more social interaction between caregivers and children and to higher child test scores, but a consistent pattern was not observed and firm conclusions cannot yet be drawn as to the importance of this factor. Experience is related to cost to the extent that it impacts on caregiver wages. Caregivers with more tenure in a center earned higher wages than those with less tenure.
- Caregiver specialization in subject areas pertinent to childcare of preschool children was related both to positive classroom caregiver behavior (i.e., more social interaction with children, less interaction with adults, and less management-oriented interaction with children, e.g., commanding, correcting) and child achievement (as measured by the Preschool Inventory and the revised Peabody Picture Vocabulary Test). Current analyses do not make clear whether specialized training is effective only in the context of a formal educational program, or whether practical, child-related components of such a program can be extracted and used as the basis for training of caregivers outside the context of formal education (inservice training). Further analyses will be required before certainty on this issue can be established.

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15/ Further discussion of these preliminary findings can be found in the appendix of this report.

## Infants/Toddlers

- Infant and toddler caregivers have less formal education than preschool caregivers in the same centers. Few State regulations require child age-specific staff qualifications.
- Greater education and more specialized training in early childhood education were associated with higher frequencies of social interactions and lower frequencies of observing and administrative activities. Caregiver education and training also were related to more teaching of language and verbal concepts and more extended conversations with children.
- In toddler groups, caregivers with more education and specialized training exhibited more positive affective behavior (e.g., praising, responding, and comforting) and more effective teaching. In infant groups, more education and training were associated with less severe distress exhibited by infants.
- Neither previous experience nor tenure in current job was associated with differences in caregiver behavior.

## The Importance of Competent Caregiving

Research evidence and expert opinion support the conclusion that a child's social, emotional, and cognitive development is significantly influenced by the adult care he or she receives. The characteristics of competent caregiving that support positive development in children have been identified by a majority of caregiver training efforts as well as by empirical findings from some parenting and day care studies.

Language development (which is the best predictor in infancy of later measures of intelligence) is accelerated and facilitated by frequent verbal stimulation by an adult when the adult's speech is varied, relevant to the child's activity, and appropriately complex (Yarrow et al, 1975; Cameron et al, 1967; Moore, 1967; Haugan and McIntire, 1973; Rheingold et al, 1959; and Weisberg, 1963). Cognitive development is enhanced by frequent caregiver looking, talking, and playing, as well as providing and manipulating inanimate materials, instructing, and responding in a responsive and timely manner with and to the child (Yarrow et al, 1975; Carew, 1976; and White, 1975). Social competence depends first on frequent affectionate and responsive interaction with primary caregivers (Clarke-Stewart, 1977). These skills can be developed through proper training.

The consensus is that individuals employed in day care should possess the competency and motivation to interact with their charges in the manner described above. This is especially critical when working with children under 3 years of age because their well-being is much more dependent than that of older children on the adult being a competent mediator of their environment. Research suggests that until the age of approximately 2-1/2, the child's most valuable intellectual experiences derive from interaction with an adult who teaches, helps, talks with, and entertains the child. Only after this age are the child's self-initiated interactions with the physical environment related to intellectual competence (Carew, 1975; Ainsworth, 1969a, b; Bayley, 1965a, b; Caldwell, 1967; Clark-Stewart, 1973; Bayley and Schaefer, 1964; and Tulkin, 1970).

#### IMPLICATIONS FOR REGULATION

##### Preservice Training: Entry Level Qualifications

The present FIDCR are not specific as to the amount and type of education and/or experience required for a childcare staff position. Moreover, the current qualifications are no longer mandatory because they are contained in the Educational Services component, which is now advisory. It should be considered whether entry level qualifications should be stated for at least the supervisory positions: center director, family day care home network director, and lead teacher for center facility. Thirty-two States currently require at least 2 years of formal academic training with a specialization in child development. This may suggest a possible starting point during the revision process. Most day care experts support formal training requirements for these positions. It also should be considered whether qualifications for center directors and family day care home network directors should include some management and financial training. In addition, current requirements (State licensing standards and FIDCR) do not indicate whether it is necessary that child development education or training be relevant to the age group to be served. Evidence suggests that, to be effective, training should be appropriate to the age of the child in care.

There is no evidence that formal preservice academic training is essential for nonsupervisory staff in order to promote the well-being of children. Such a requirement could, in fact, be detrimental to those caregivers who want to work with children in day care but who have limited formal educations.

## Inservice Training

What appears to be needed and wanted by all concerned (caregivers, child care experts, licensing personnel, etc.) is inservice training for all caregivers—especially those without any prior education or experience with children—that focuses on the developmental needs of the children in care.

Given the present state of knowledge regarding inservice training, it is not possible to prescribe an optimal type of inservice training program nor the extensiveness of such a program. It is possible, however, to identify what the content of such training should be. The focus should be on child development, and training should be relevant to the ages of the children to be served and should include some work in the areas of nutrition, health practices, safety and sanitary practices, parent communication, arrangement of space and use of materials in day care settings, and skills training for work with children who have special needs (e.g. handicapped children). These areas all have been identified as areas where most caregivers in family day care as well as center care need support.

It is also clear that such training should be sufficiently flexible so that it is responsive to caregiver needs; it should not be merely a restatement of preschool teacher training programs.

Evaluations of family day care training efforts indicate that training must be diversified in content and format, and flexible in time, in order to meet the preferences and needs of various groups of providers within this caregiver population. There is evidence that family home caregivers who already provide good quality care are more interested in participating in training than caregivers who provide poorer quality care. Voluntary training programs attract, for the most part, well-motivated caregivers. Mandatory training appears to cause ineffective caregivers to select themselves out. Thus, training itself appears to be a screening mechanism.

There is virtually no information on the type of caregiver or training being employed in in-home day care. Many day care observers suggest that inservice training should be made available to in-home caregivers who desire it.

Effective implementation of the inservice training component may require finding out why administrators have encountered problems which have resulted in such limited inservice training efforts to date. One known problem is that some government administrators have misinterpreted Title XX, believing that those funds cannot be used to train caregivers. In instances where administrators are aware that

Title XX funds can be used for inservice training, many are reluctant to do so because they cannot find matching funding and are not aware how this can be done without using actual dollars. In these instances the States have not worked out the mechanics of an in-kind match. It appears that much technical assistance may be needed to develop an effective inservice training component for day care.

### Job Upgrading

The present FIDCR require that nonprofessional staff be given career progression opportunities. Inservice training is seen as one means of upgrading staff to permit their career advancement. It is not clear, however, that job upgrading is either a realistic or appropriate goal of Federal day care standards.

Career ladders in day care appear to be nonexistent. The major differentiation in tasks is between the supervisory positions (director, assistant director, and head teacher) and the teaching positions. Opportunities for career progression from the teaching category to the supervisory category appear to be based on formal credentials rather than on experience or on-the-job (inservice) training. Salary, too, is determined by formal credentials rather than experience. An additional impediment to job progression is the fact that one-third of the centers nationally show no classroom turnover annually, and another third of the centers change roughly one position annually (nationally, centers average nine staff members). The remaining centers show very high annual turnover, which would suggest dissatisfaction with the work environment rather than ideal opportunities for career development. Finally, the goal of the FIDCR is to promote the well-being of children in care. It is questionable whether a second goal—especially one as major as a jobs program—could or should be supported as well.

### Recognition of Competent Caregivers

Many professionals in the field believe that competent caregivers should be formally recognized, regardless of whether the skills they possess were attained through formal education, formal or informal training, or job experience. The Administration for Children, Youth, and Families has initiated the Child Development Associate (CDA) project to provide such recognition. The CDA Consortium awards the CDA

credential to caregivers who work in center-based programs with children 3 to 5 years old and who meet the requirements of its Credential Award System. 16/

The Consortium's approach emphasizes demonstrated competence, rather than hours of formal education, years of experience, etc. It provides each candidate an individualized, self-paced, performance-based assessment conducted by a team called the Local Assessment Team. As of May 1978, the CDA Consortium had awarded 3,124 CDA credentials. More than 20,000 caregivers from all segments of the day care community have expressed interest in the credential by enrolling in the Credential Award System.

Evaluations of the CDA Consortium's Credential Award System have been limited. To date, there is not sufficient evidence to prove that, by itself, it can guarantee caregiver competence. Additional research on the Credential Award System is needed.

Consideration should be given during the FIDCR revision process to this approach to recognizing caregiver qualifications.

#### Employment of Welfare Recipients

The FIDCR require that:

... The methods of recruitment and selection (of day care personnel) must provide for the effective use of nonprofessional positions and for priority in employment to welfare recipients and other low-income people filling those positions. [Emphasis added.]

This requirement may not be consistent with the FIDCR professionalism requirement that states:

The persons providing direct care for children in the facility must have had training or demonstrated ability in working with children.

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16/ The CDA Consortium is a private nonprofit corporation composed of national professional organizations. An evaluation of the Credential Award System has been conducted by the CDA Consortium (Kovaks and Gleason, 1976). The CDA Consortium is considering expanding its credentialing to other groups of caregivers.

It is not clear what is meant by "demonstrated ability." It cannot be assumed that simply because someone is a parent, that person is a competent caregiver. If it is meant that priority in employment should be given to those welfare recipients who meet the criteria for staff employment, this should be clarified.

### III. EDUCATIONAL SERVICES

#### PROVISIONS OF THE FIDCR

The FIDCR recommend 17/ that:

- Educational opportunities must be provided every child.
- These opportunities should be appropriate to the child's age.
- Educational activities must be under the supervision and direction of a staff member trained or experienced in child growth and development.
- Each facility must have toys, games, books, etc., appropriate to the type of facility and age level of the children.
- The facility's daily activities must be designed to promote positive self-concept, motivation, and social, cognitive, and communication skills for each child.

#### DEFINITION OF THE ISSUE

In 1949, research by Hebb pointed to the beneficial effects of early stimulation both in animals and humans. Hunt (1961) elaborated on this. A great deal of attention was focused on the preschool child throughout the sixties. In 1964, Bloom concluded that "about 50 percent of intellectual development takes place between conception and age 4." This was the thinking that promoted a number of early childhood intervention programs, one of which was Head Start. The Educational Services component of the FIDCR grew

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17/ The Educational Services provisions of the FIDCR were waived upon passage of Title XX of the Social Security Act, whereupon adherence to them became "recommended" rather than required.

out of the same expectations that led to Head Start. The original concern of the requirement was the overall nurturance of the child's growth during the entire day—through planned and spontaneous interaction. The requirement sought to focus not just on cognitive development, but on social, emotional, and physical development as well.

#### EVIDENCE REGARDING THE APPROPRIATENESS OF A DEVELOPMENTAL REQUIREMENT

Development of competence in the earliest years is sensitive to the amount and nature of a child's interaction with key adults in his or her life (Ainsworth, SRCD meeting, 1975; Yarrow et al, 1971; Carew, 1976; Ainsworth and Bell, 1974; Clarke-Stewart, 1977; and White, 1975). Moreover, research has shown that the amount of parental care in the sense of active intervention is positively related to child development (Zajona, 1976; Clarke-Stewart, 1977).

At present, approximately 2.3 million children 5 years old and under are in care for over 30 hours a week in family day care homes and center care situations. Over 1.2 million are under 3 years old (Unco, National Childcare Consumer Study, 1975). These children spend a considerable portion of their day away from the parent who would have provided the interaction necessary for satisfactory development. Many of these children return home to parents (often only one parent<sup>18/</sup>) who are exhausted from a day's work and who may be stressed by conditions related to their economically disadvantaged status. It is questionable that even the most well meaning of these parents can provide each evening the quantity and quality of interaction needed to make up for his or her absence during the day.

Thus, if one goal of day care is to support the well-being of children, a developmental services component, may help provide the nurturance that the child would have received at home. A child who spends a good portion of his or her waking hours in a care facility requires the type of interaction that supports the development of certain skills, cognitive structures, and emotional attachments necessary for healthy development over time. The relationship between early care and later behavior does suggest that if the early environment does not allow for this, it may lead to later difficulties that cannot always be easily resolved.

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<sup>18/</sup> Approximately four of five Title XX day care households are headed by a single parent.

## What is Known About Effectiveness?

The appropriateness of the present Educational Services component can be measured by comparing it with the elements of successful developmental programs. Both research evidence and expert opinion clearly indicate that a developmental component should be an overall mechanism, which attempts to support cognitive, social, and emotional development of the child through daily interaction with the caregiver and caregiving environment. Empirical evidence and expert opinion suggest that three elements are critical to accomplish this: (1) a set of clearly specified program objectives and developmental goals for the children with planned as well as spontaneous activities sequenced to meet them; (2) a variety of age-appropriate materials; and (3) competent caregivers (Provence, 1977; Ricciuti, 1976; and Yarrow, 1972).

## Developmental Goals and Program Objectives

Developmental goals for children should focus on the whole child—his or her cognitive, social, emotional and physical development. Programs should take into account these goals and establish objectives with planned required activities designed to reach these goals. The goals, objectives, and activities should be age specific. The activities that are potentially beneficial to an infant will not necessarily be similarly beneficial to a toddler. However, the particular content of the programs will vary considerably depending on the developmental philosophy adopted. There are numerous and diverse schools of educational and psychological thought. The evidence does not show that any one developmental philosophy, curriculum, or program is superior. It does show that under certain circumstances any of them can be effective if well implemented with clearly defined objectives. It is up to the day care facility, administrative agency, and/or parents to select or define a particular set of developmental goals and program objectives.

- Research shows that until a child reaches about 2-1/2, the adult is the mediator who structures the learning environment. Experts believe that clearly defined activities and objectives for these children are necessary to support the everyday interactions of the caregivers with the children in their care (Bronfenbrenner, 1976; Carew et al, 1975; Ricciuti, 1976; and Provence, 1977).
- For the preschool child (aged 3-6) the current state of the art indicates there is no single best curriculum or educational approach that works equally well for all children in all locations. However, evaluations of Head Start, Follow-Through, and other

intervention programs have found that programs with clearly defined objectives, and activities deliberately sequenced to meet those objectives, were producing more positive cognitive, social, and emotional outcomes than programs that lacked defined objectives or goals. 19/

In addition, clearly stated goals help focus attention on each child's developmental needs and facilitate identification of those children most at risk of impaired growth, permitting formal or informal assessment of each child's development. 20/ With that information, the caregiver can work with each child in a manner appropriate to support growth toward the goals.

Age-Appropriate Materials. Research demonstrates that varied and responsive play materials that are appropriate for the age of the child in care enhance cognitive development. This is especially important for the infant, toddler, and preschool child (Yarrow et al, 1975; Clarke-Stewart, 1977; Carew et al, 1975; and Piaget, 1952). Work with nursery school children suggests that the types and distribution of toys may have an important influence on children's play and interaction patterns (as indicated in a review by Fein and Clarke-Stewart, 1973; and another by Prescott and David, 1976). Studies by Prescott and Jones (1972) and Jersild and Markey (1935) demonstrate that inappropriate play equipment (as well as crowding and inadequate supervision) produces stress in children. This emphasizes the need for age-appropriate materials and competent adults who can serve as mediators of these materials, especially for the child under 2-1/2 years of age.

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19/ Research shows that low-income children who attend high quality preschools have significantly higher IQ's than low-income children who do not. These initial IQ gains, however, are seen to decrease before the child enters school if intervention is not continuous. Despite the progressive decrease, significant differences in IQ have been shown to last up to 3 years after termination of intervention. Recent analysis of WISC scores from a number of intervention studies indicates that differences continue to be found between control and experimental groups up to 12.8 years of age.

20/ The term "at risk" encompasses those children who exhibit developmental problems or who, because of environmental circumstances, will potentially develop problems that interfere with their ability to function competently — cognitively, socially, and emotionally — as they grow older.

Competent Caregivers. The success of a developmental component depends on the presence of qualified caregivers and program supervisors who know how to implement the program in terms of appropriate interaction with the children and their parents. A truly competent caregiver who can respond appropriately to a child's expressions of need and who is sensitive to the individual differences of children probably could support the age-appropriate development of the child effectively even without stated program objectives. For these persons, programs serve to reinforce appropriate behavior. For less skilled caregivers, clearly stated objectives serve both to guide caregiving behavior and as a teaching tool. (This dimension of the developmental component is discussed more fully under Caregiver Qualifications.)

### School-Age Day Care 21/

Most of what has been written about day care applies primarily to children aged 2 to 5, although increasing attention has been given to issues of infant care. But care for school-age children has remained unexamined and seldom discussed. This is indeed a serious oversight because:

- Social and cognitive competence of older children is also strongly influenced by the quality of their relationship with their caregivers, as found in Head Start (Miller and Dyer, 1975) and in Follow-Through first- and third-grade programs (Stallings, 1975).
- Nearly 18 million children aged 6 to 14 have mothers in the labor force.

Although descriptions of model programs are useful in that they provide a sense of what ideally can be achieved, the literature is lacking in descriptions of the services communities realistically can be expected to provide. No empirical study or expert consensus has been identified that describes the type of day care program or programs—including developmental goals and activities—that are most effective for the school-age child.

21/ The FIDCR specify that school-age children must have opportunities to take part in activities away from the day care facility in accordance with their ability to become independent and accept appropriate responsibility. Because these children get their formal education in school, the role of day care staff is defined as "parent supplements." They do have the responsibility, however, of supervising homework and broadening the children's educational, cultural, and recreational horizons.

Care provided school-age children differs in two ways from that given younger children. Differences in developmental level require provision of a quite different set of experiences and resources. In addition, there is an inevitable relationship of the day care service to the school, both in terms of the fluctuation of hours the school year imposes and of the triangular relationship between home, school, and day care service. Provision of service to school-age children thus may merit separate consideration.

According to the National Childcare Consumer Study (Uncó, 1975), only 5 percent of school-age children are presently enrolled in any type of formal after-school care. The percentage of school-age children in group or center care is much smaller. These statistics indicate that care for school-age children is not a highly visible or well-developed service. One might postulate that organized group services for these children would be both easier and less costly to provide, since older children are more independent of adults and need fewer hours of care because of attendance at school. It is puzzling, therefore, that this service has not multiplied as rapidly as group care for preschool children. Some reasons are presented below.

The National Childcare Consumer Study found that 52 percent of the families surveyed who had at least one child between 6 and 14 years of age indicated they would like to see childcare funds used for before- and after-school programs. Many parents, however, decide not to use a formal childcare arrangement for their school-age child even when good arrangements are available and financially feasible. They consider their child responsible enough to care for himself and often feel an informal arrangement with a neighbor or mother of a schoolmate to provide some supervision is sufficient. There have been no surveys conducted to determine just what percent of families with school-age children falls into this category.

School-age day care is not an easy service to provide. As children grow older, many rebel against close supervision. In addition, these children are active and have independent interests to pursue in the community and are very peer-oriented. The adult caregiver, although necessary in supporting development, must play a role that is very different from that required for the care of younger children. Few caregivers are trained to work with school-age children. Although it is possible to define the developmental needs of children over 5 years of age, it is quite another thing to structure programs that meet those needs.

In most programs for school-age children, activities are planned to coincide with the children's interests and abilities, past experiences (both at school and in the program), and present experiences (at school

and at home). Opportunities for interaction with other children and adults are an important part of before- and after-school programs, as are opportunities for reflection and privacy. Observations of numerous programs for school-age children indicate that children spend only 1 percent of their time in academic activities (i.e., doing homework) (Prescott and Milich, 1974).

Comprehensive after-school programs can be developed that coordinate services and programs for children (e.g., recreation programs, arts and crafts programs, athletic programs, Boy and Girl Scouts, and boys' and girls' clubs). In some cases, children check in with one of the after-school staff members and then leave to go to their activity sessions.

While program flexibility is important and may promote the children's growth and learning, programs for school-age children must consider issues such as liability insurance, safety of the children, and responsibility of the individuals charged with their care. Family day care providers, who currently care for a large portion of school-age children, face these same problems and are confronted with additional problems related to reimbursement.

#### IMPLICATIONS FOR REGULATION

The present Educational Services component meets the criteria for an effective developmental services component—with one exception. It does not require clearly stated program objectives. Empirical evidence indicates that all children need experiences that promote development in many domains (e.g., cognitive, social, emotional, and physical). For children away from their parents and in day care, and especially for children at risk, the occurrence of those experiences should not be left to chance.

Chance can be reduced, although not eliminated, by the establishment of clearly stated program objectives that are made available to everyone working in the day care facility and to parents using the facility. The administering agency or day care facility, not the Federal Government, should establish these objectives. There are many alternatives espoused by various responsible schools of thought in the area of child development. It would be presumptuous of the Government to set them.

Rather, the Government should focus resources on the ultimate goal, which is the well-being of children, and it should ensure a process by which that goal can be achieved, including requiring that providers specify the developmental goals and program objectives appropriate to that geographical area, the children served, and to that facility.

Similarly, the Government cannot guarantee hourly or daily efforts by the caregivers to attain the stated goals. It is physically impossible for the Government to monitor implementation of program objectives. That responsibility lies with the administering agency and, in the last analysis, with caregivers and parents themselves. The Government can, of course, promote implementation of successful programs by providing technical assistance, promoting inservice training of staff, and encouraging a competent supervisory staff in the day care facility to oversee implementation of program objectives.

One other matter should be clarified in the FIDCR. It deals with the need for special developmental services or efforts for children with handicaps and developmental problems.

Although no assessment of the developmental problems of Title XX children has been made, an indication can be extrapolated from Head Start population data, federally financed intervention studies, and research on low-income families. 22/ These data indicate a disproportionate prevalence of problems among children of low-income families, which impairs over time their ability to learn. Assuming specification of concrete objectives to promote the well-being of children in day care, those particular Title XX children who are at risk still will require special efforts to move them toward the specified goals. This would require assessment of each child's status, availability of an individual skilled in planning and supervising the types of interaction these children need, and inservice training of staff. For some of these children, selective placement in facilities with sufficient numbers of very highly skilled caregivers may be necessary. It remains to be determined, however, whether or not the day care program should be responsible without special consideration from the administering agency for this special effort required to promote the healthy development of these children.

An effective developmental component, then, would include provisions to insure age-appropriate program objectives. The objectives may well be less detailed for family day care than center care because of the difference in level of sophistication of staff, and of the setting where the care is provided. The activities developed to meet them probably will differ as well. Although it may be argued that some developmental goals for children are basic and should be found in by both center and family day care, it would be unrealistic, given the differences in staff sophistication, to expect uniformity of program objectives and activities. The fact that program objectives will not be

22/ The NDCS Cost-Effects Study also should be able to provide some indication of the developmental needs of these children.



uniform across modes of care is not necessarily a bad thing. If these objectives are stated clearly, parents can review them and judge for themselves the kind of care they want for their children. A well-informed parent who has some understanding of what developmental goals are appropriate for his or her child could become an important monitor of day care quality (Leon Yarrow, communication by letter, 1977).

Many parents, however, are not now in a position to make an informed judgment. An extensive information program about day care and children's developmental needs does not presently exist for parents. HEW should consider ways to enable parents to make an informed decision regarding their children's day care programs.

It is important to understand that the present Educational Services component includes the only provisions in the FIDCR that relate to caregiver competency. During the regulatory revision process, consideration should be given to making caregiver qualifications a separate section that would include provisions for entry-level skills and inservice training. (See Caregiver Qualifications for more detail.)

Finally, whether a Developmental component becomes a regulation or remains as a guideline, ways to support its implementation should be considered. Providing technical assistance to supervisory staff and inservice training to caregivers is one way. Providing explanatory materials and using newsletters are others.

#### IV. ENVIRONMENTAL STANDARDS

##### PROVISIONS OF THE FIDCR

The environmental component is concerned with:

- Location of day care facilities, including consideration of (1) travel time for children and parents, (2) convenience to home or work site of parents, (3) accessibility to other resources that enhance the day care program, (4) opportunity for parent and neighborhood involvement, and (5) equal accessibility for persons of all racial, cultural, and economic groups.
- Safety and sanitation, including provision that the facility and grounds used by the children must meet appropriate safety and sanitation codes. Where such codes do not exist, the operating or administering agency is required to secure technical assistance that will enable them to provide adequate safeguards.

Suitability of facilities, including provision of adequate indoor and outdoor space and equipment for free play, rest, privacy, and a range of indoor and outdoor program activities; the space should be appropriate to the ages of the children served and the size of the group. Space also is required for the isolation of a child who becomes ill.

## EVIDENCE REGARDING THE APPROPRIATENESS OF AN ENVIRONMENTAL REQUIREMENT

### Location of Facilities.

Only one source has been located that provides information on this element of the environmental requirement. In the National Childcare Consumer Study (Unco, 1975), the interview data consistently showed that location of a day care facility and/or transportation factors did not substantially enter into the decision to select a day care facility, to change facilities, or to discontinue using a facility. Child-oriented factors (e.g., constant supervision, experienced caregivers, etc.) were ranked as most important in selecting a day care facility. However, according to this survey:

- Two-thirds of the parents queried indicated that the maximum time they would be willing to have their children travel to day care is between 10 and 19 minutes. No data were found on the amount of time children using Title XX facilities spend in transit. Thus, it has not been determined whether parents are satisfied with the present travel time or whether they find the location of the day care facility inconvenient, as is required in the FIDCR.

### Suitability of Facilities.

Although research has been conducted on the impact on children of variations in the size of space, evaluation of the data is difficult because different environmental settings were used. Experimental rooms, hospital playrooms, nursery school rooms, and other various settings may be expected to evoke different behavioral responses from children. The arrangement of space and the resources available for the children varied as well. Finally, the children observed in these studies varied in age and it may be expected that any given environment will evoke different behavioral responses from children of different ages.

Sufficient data have been gathered, however, to indicate that size of space and density do affect the well-being of children in care. It has been shown that provision of adequate amounts of space is important in controlling noise, providing necessary privacy, and preventing discomfort and irritation for both children and adults that stems from hours of confinement in small spaces. Prescott and David, in their concept paper prepared for HEW on the "Effects of Physical Environment on Day Care," recommend that all programs under FIDCR regulation that provide 6 or more hours of care a day should have a minimum of 40 to 42 square feet per child. Cohen (1974) offers the following recommendation:

Rooms need to be large enough for active play and a feeling of openness, but not so large that children feel lost or threatened. A playroom needs at least 35 square feet of usable space per child (not including storage areas). Fifty square feet per child is preferable. In larger programs, it is usually useful to have a room that is big enough for 15 to 20 children, but the size of the group should not be increased just because a big room is available. Smaller rooms are useful for specialized activities and when children require more quiet, individualized, or structured activities (Cohen, 1974, cited in Prescott and David, 1976).

Studies of density often have yielded conflicting results. But a recent investigation by Rohe and Patterson (1974) offers an explanation for these differences. Most studies found that, as density in the day care environment increased, aggressive, destructive, and unfocused behavior increased. But these studies did not control for the availability of resources. Rohe and Patterson, while controlling for density, found that, as the availability of play materials increased, cooperative, constructive, and participatory behavior increased. Rohe and Patterson indicate that day care environments should be low in density (at least 48 square feet per child) and high in resources. They conclude that, under these conditions, children show the highest percentage of relevant participation, cooperation, and constructive behavior (research cited in Prescott and David, 1976).

Although the evidence on the impact on young children of variations in space is inconclusive in terms of long-term physical, social, emotional, and cognitive growth, the data identify the kinds of behavior (e.g., cooperation, aggression, task attentiveness) that are influenced by the amount and arrangement of space in day care settings.

Additional dimensions of the environment which might be considered in defining suitability identified in concept papers (e.g., Prescott and David, 1976; Kravant et al., 1976) and recent papers on day care standards include: acoustics, organization, and design, including variety, softness, and privacy.

Acoustics. Research into the effects of noise on task performance in laboratory settings is equivocal (Kryter, 1970, cited in Prescott and David, 1976). There is concern, however, that subjecting children to noise in daily situations may be harmful. It is agreed that what constitutes a satisfactory acoustical environment differs for children and adults and is influenced by the mood and background of the listener. In bad acoustical conditions, teachers often are more miserable than the children (Environmental Criteria, 1971, cited in Prescott and David, 1976). It can be assumed that this will affect their job performance.

The specific acoustical dimensions considered are pitch, volume, regularity, and nature of sound, as well as reverberation.

The control of reverberation—that is, the persistence of sound in a room—is an important aspect of sound control. It is directly related to the ease with which speech can be understood in areas in which a variety of loud activities are being carried on at the same time—this situation being characteristic of day care centers. Reverberation is a function of the volume and emptiness of space (Environmental Criteria, 1971, cited in Prescott and David, 1976).

Day care advocates and practitioners (Cohen, 1974; Child Welfare League, 1973; and Environmental Criteria, 1971, cited in Prescott and David, 1976) agree that sound absorbing materials should be used on walls, ceilings, and floors to reduce indoor and outdoor noise levels in day care facilities.

Organization and Design. Kruvant et al. (1976) emphasize that the design and organization of indoor space affect the interactional behavior of the people who use the space. They specify that variety, organization into separate areas, provision for privacy, and provision for "soft" areas are primary features of quality space design and organization. Organization of the day care environment is also important because it defines the child's and the provider's use of the room. According to Dwayne Gardner (Kruvant et al., 1976),

...the organization of the space, the placement within of centers of interest, dictates the flow of learning activities. A well-organized and efficient space reduces confusion, disorder and discipline problems.

Kruvant et al., suggest that many of the behavioral problems in children that confront day care providers (e.g., aimless activity, constant running, aggressive or withdrawn behavior) can be alleviated by rearranging the furniture within the space to create separate and distinct learning areas.

Variety. Environments that have varying colors, textures, and lighting, as well as different toys and objects for children to play with and explore, present children with challenges and opportunities to learn to cope with change—an aspect of intellectual development (Piaget, 1963, cited in Kravant et al., 1976).

Softness. Kravant et al. (1976) also specify the importance of soft flooring, including pillows and rugs, places to curl up in and be cozy, and places in which to cuddle. It has been reported that "after reconstructing areas of the classroom with soft fabric, carpeting and pillows...when children entered the area, their behavior immediately changed from active to more subdued" (Prescott and David 1976). In addition, the Pacific Oaks assessment of day care space usage reported that high quality space, which is characterized in part by a high softness rating, was "associated with sensitive and friendly teachers, interested involved children..." Provision of comfortable adult-size furniture (couches, armchairs, and other soft, cozy furniture) also should be encouraged.

Privacy. In a study of 14 preschools, provision of privacy was one of two indicators of space usage associated with high levels of positive interaction (e.g., attending to tasks, initiating conversation, being considerate of others, etc.) (Sheehan and Day, 1975). Kravant et al., stress the needs of children and providers for privacy. Adults need privacy, too, according to the NDCS Infant Day Care Study (Abt, 1977). "Rest breaks" away from the children allow them to relax and recharge.

## IMPLICATIONS FOR REGULATION

### Safety and Sanitation

The FIDCR rely on State and local safety and sanitation codes to protect children and day care providers from potential environmental risk or harmful situations. The Federal Government has no assurance, however, that State and local codes, many of which were written for facilities other than day care, will adequately insure the well-being of the child in the day care environment. These codes do not, for example, cover the safety of play equipment. No overall assessment of these codes has been made. Often there is little coordination among agencies responsible for the various codes, producing codes that sometimes are contradictory.

Given the vulnerability of young children to fatal and nonfatal accidents, one group of experts (Aronson and Pizzo, 1976) has suggested that HEW promote national safety, health, and sanitation codes to help

alleviate this problem. This could be done by providing incentives to encourage localities to coordinate the various regulations to minimize or eliminate contradictions. Another group of experts (Kruvant et al.) suggests that levels of acceptable compliance could be built into the regulations. One level would be provisions that are absolutely necessary for the protection of children; these would have to be met before licensing. A second level would be recommendations or goals for quality care.

### Suitability of Facility

State and local codes currently determine the square footage (indoors and out) required for each child in care. These codes often are ambiguous because they do not indicate whether the square footage refers only to space uncluttered by furniture (open space) or to all space in a facility, including bathrooms, etc. The HEW State model licensing codes suggest, as a minimum, 35 square feet of unencumbered space per child.

As indicated above, several elements other than size and density influence the suitability of space. Acoustics, organization, and design all have been shown to affect the behavior of both children and caregivers in a day care facility. The FIDCR, however, do not address any of these elements. In addition, the FIDCR do not elaborate on what provisions should be made to insure privacy.

Technical assistance and inservice staff training, rather than regulations, may be the best way to achieve adequate, well-organized space. One group of experts who convened to discuss the requirements for physical environment suggested that onsite assistance in arranging the physical environment and making improvements in space usage should be available from the operating or administering agency (or their consultants). This group found that few early childhood curriculums include courses in "arranging the physical environment." They conclude that because so few teachers learn about space in early childhood degree programs, inservice training is particularly important in this area. They also conclude that training of all day care providers and certification of family day care home providers should give first priority to safety, health, and space issues.

The current requirement of space for isolation of the child who becomes ill has been found to be inappropriate. In a paper prepared for this report, health care experts indicated new research shows that total isolation of the sick child does not limit contagion. Total isolation may serve only to distress the child who is ill. Space for a quiet area should be available for the rest and care of the sick child, but restricting the sick child only to this area is not recommended.

## Implementation

During the hearing on the preliminary draft of this report, several day care representatives voiced concern that environmental requirements could impose unnecessary uniformity on day care facilities. Others argued that certain minimum requirements are necessary to protect children. The issue of uniformity is complex. Traditionally, localities have imposed their own standards, which often reflect the geographic or regional characteristics of the area in which they are located. Where climate typically is conducive to outdoor activities year-round, for example, standards may be less concerned with the indoor environment of the facility. For these and other localities with unique characteristics (e.g., Indian reservations) uniform requirements may impose a heavy burden. It has been suggested that if Federal minimum codes are imposed, technical assistance and funding could be provided to improve those facilities that have difficulty meeting them. Careful consideration should be given this issue during the revision process.

## V. HEALTH

### PROVISIONS OF THE FIDCR

The present standards cover both those dimensions of health care that impact directly on the well-being of the child while in care (core) and those that affect his or her total well-being whether inside or outside the day care facility (noncore). The core requirements of the present standards are:

- Daily evaluation of each child for indication of illness,
- Staff awareness of how to minimize hazards of infection and accidents,
- Staff health checks, in particular for tuberculosis, 23/
- Arrangement for emergency medical care in advance of need, and
- Maintenance of health records.

The noncore health requirements call for arranging for periodic medical and dental examinations, helping parents plan and execute a program of medical and dental care for their children, and providing educational programs and social services to help families carry out health plans.

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23/ North Dakota has a law prohibiting routine annual TB exams in order to minimize exposure to unnecessary radiation.

## THE HEALTH COMPONENT IN PRACTICE

Data from the NDCS Supply Study (Abt, 1977) indicate the range of health services offered in FFP centers and the percent of centers offering these services. Of these centers, it was found that:

- 47.7 percent offer physical exams.
- 48.2 percent offer dental exams.
- 76.7 percent offer hearing, speech, and vision exams.
- 65.0 percent offer psychological or developmental testing.

These data reflect only the percent of centers offering a service, and do not indicate the quality of the service or the frequency with which the service is provided.

According to the NDCS Cost-Effects Study (Phase II), all but 5 of the 64 centers surveyed supplied emergency medical services; 34 centers provided or arranged for immunizations; and 48 centers used a specialist in developmental testing. (No evidence was gathered to determine whether immunizations were actually received.) Overall, immunization and preventive health services were more prevalent in centers that were federally funded and served lower socioeconomic populations.

## EVIDENCE REGARDING THE APPROPRIATENESS OF A HEALTH REQUIREMENT

Few specific data are available on the health status of children in Title XX day care programs. However, data from the National Center for Health and Vital Statistics, a Government Accounting Office (GAO) study on mental retardation, a report from the HEW Office of Health Affairs, (HEW) and a survey of Head Start children all suggest that a considerable portion of children eligible for Title XX day care, as well as those in Title XX day care, are at risk with regard to their health status.

- In Tennessee, a statewide survey of Title XX day care facilities screened 1,575 children for speech, language, and hearing impairments (81 percent of the children were between 3 and 6 years of age). The same standardized instruments were used that were employed in a four-State survey of Head Start children the year before. The findings, which were similar to those of Head Start, indicated that 11 percent of the children in Title XX day care had speech and language impairments and 9 percent had learning impairments.

- Head Start screening in four Southeastern States found that speech problems are the most prevalent handicapping condition among Head Start children. Of nearly 21,000 children, more than 10 percent failed the speech and language screening conducted in 1975-76. A follow-up study found that, upon referral, 84 percent of the children who failed the screening were confirmed to have clinically significant problems that required the services of speech and hearing professionals. Communication problems if not identified early can seriously jeopardize a child's development and educational progress. 24/
- In a population of 1.2 million Head Start children, dental caries were common (40 to 90 percent of the children, depending on whether water was flouridated). Thirty-four percent of these children had not seen a doctor in 2 years and many (25 percent) had not seen a dentist before enrolling in Head Start. Half the children did not have immunization for DPT, polio, and smallpox.
- Birth-related traumas, complications during the prenatal period, and low birth weight are more prevalent among low socioeconomic populations, as indicated by data from the National Center for Health and Vital Statistics. These conditions are linked to mental retardation, which often goes undiagnosed (GAO, 1977).
- A report from the Office of Health Affairs, Office of the Assistant Secretary for Health, HEW (A Proposal for New Federal Leadership in Child and Maternal Health Care in the U.S., 1977), indicates that children in families with less than \$3,000 income are reported 4.2 times more often to be in "poor or fair" health as compared with children in families with \$15,000 or more income. In addition, the reported "incidences of impetigo, gastrointestinal diseases, parasitic diseases, urinary tract infections, lead paint poisoning, insect and rodent bites, and diseases due in many instances to impure water, inadequate sanitation, and inferior housing were higher in poor rural and ghetto children."

#### IMPLICATIONS FOR REGULATION

Although the present standards address all the areas of concern regarding the child's health both inside and outside the day care facility,

24/ These findings are from the Language Development Programs, Bill Wilkerson-Hearing and Speech Center, Nashville, Tenn.

problems seem to arise in their implementation. This may be attributable, in large part, to the fact that the FIDCR are not clear about who ultimately has responsibility for insuring that the health requirements are met. The periodic screening of children for dental, medical, and other health problems, for example, is required but not clearly delegated. Responsibility for most of the health requirements is currently delegated among parents, providers, and administering agencies. The administering agency appears to have ultimate responsibility for seeing that the child receives health care, however some agencies may have no more access to a health care system for certain children than their families do. If, for example, a family's earnings exceed the level of eligibility for subsidized health care, it is not clear how an agency can acquire health services for the child or who should pay for these services. <sup>25/</sup> Moreover, family day care home providers who are not linked to a day care network or administering agency may not be able (or know how) to meet this requirement.

Implementation of the present requirements is dependent on caregivers having the skills necessary to meet them. For example, the daily evaluation of each child for indications of illness should be done informally and systematically by the caregivers in conjunction with the parent. However, caregivers need some health training to enable them to do this. In addition, they need periodic technical assistance to enable them to care for sick children, minimize health and safety hazards in the facility, and in general carry out their roles as health advocates (Aronson and Pizzo, 1976). The requirements also specify that health records should be maintained. One evaluation project in Pennsylvania found that health recordkeeping in day care centers increased from 25 to 50 percent after caregivers received training that included a health component. (Aronson and Pizzo, 1976).

The present requirement states that the child must receive dental, medical, and other health evaluation upon entering day care and subsequently at intervals appropriate to his or her age and state of health. It is not clear, however, whether "upon entering" means prior to entering. (The concept paper prepared by Aronson and Pizzo states that this examination should not be a prerequisite for entry.) It is also not clear how this should be certified. Is the parent's word sufficient? And a related question is: Should health services be forced on parents who do not want them for their children?

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<sup>25/</sup> Some Title XX funds are used in some States for health screening of Title XX day care children.

As indicated by the findings of the NDCS Cost-Effects Study (Phase II), variations exist in the health services offered in day care centers in different communities. These variations may reflect the availability of health services in the communities. Those communities in which health services are limited may be more likely to have day care centers that offer comprehensive health services (Abt, NDCS Cost-Effects Study, 1977). Two questions must be asked: Can all centers in areas with limited health services afford to offer these comprehensive health services? And what level of responsibility for health care can be expected of the family day care home provider?

It is unclear whether the FIDCR should continue to regulate those components of health care that do not relate specifically to the child's health status while in a care facility. Many individuals involved with day care argue that the cost of these noncore components is too great. Even where another agency or program provides the funding for the health service, the cost to the day care facility to coordinate the activity often is not reimbursed. Other individuals argue that this comprehensive health service is essential for a certain percentage of Title XX children who have not been, and in all probability will not be, picked up by any health delivery system unless the day care facility serves as the screening mechanism to refer them to a program. The evidence clearly indicates that some children in Title XX day care are at risk and that many of these children have not been identified by existing health care systems. If the total well-being of the child were to become the goal of day care policy, the health standards as written—both core components and noncore components—would appear to be necessary for a portion of the Title XX childcare population.

## VI. NUTRITION

### PROVISIONS OF THE FIDCR

The FIDCR nutritional requirement states that:

- The facility must provide adequate and nutritious meals and snacks prepared in a safe and sanitary manner. Consultation should be available from a qualified nutritionist or food service specialist.

The general intent of this requirement appears to be straightforward—to provide children in day care settings with nutritious meals and snacks.

## THE NUTRITION COMPONENT IN PRACTICE

Children in full-time day care, whether in a family day care home or in a center, must be fed. Current evidence suggests that center-based programs provide more adequate nutritional services than family-based programs. Day care observers offer several reasons for this. It may be that the family day care provider has limited knowledge about what constitutes good nutrition. Or the provider may receive low fees, which limit the kind and variety of foods she or he can purchase. Finally, because the family day care provider must perform many tasks in addition to meal preparation, she or he may not be able to devote sufficient attention to this task.

- The New York City Infant Day Care Study (Golden et al., 1978) investigated the nutrition of children in center and family day care on the basis of positive, negative, and total nutrition scores. On all but one measure, there were large and highly significant differences favoring center over family day care. Children in day care centers received more types of nutritional food than children in family care. Though it was found that both centers and family day care homes served "negative" foods, children in family care received more types of negative foods than center children. ("Negative" food was defined as "junk" or "empty calorie" food, or foods unsuitable for children of this age, such as olives with pits.) Measures of total nutrition also favored center care.
- Two studies that surveyed family day care providers found that the majority of these providers lacked a basic understanding of good nutrition.
- Sixty percent of FFP centers state they have their meals planned by a nutritionist. (NDCS Supply Study, 1977).
- Ninety percent of all family day care homes in the National Day Care Home Study provided one meal a day; 56 percent provided at least two meals a day; 19 percent provided all three meals; 91 percent provided snacks. The provider was not asked to describe the contents of these meals and snacks. No information was obtained about whether a nutritionist or food service specialist was available for consultation to Title XX day care homes, as is mandated in the FIDCR.

## EVIDENCE REGARDING THE APPROPRIATENESS OF A NUTRITIONAL REQUIREMENT

As many as a third of the children currently eligible for federally funded day care are likely to be at risk in terms of inadequate caloric intake and vitamin deficiencies. Insufficient caloric intake and specific nutrient deficiencies can lead to moderate malnutrition (under-nutrition), which has been associated with deficiencies in the motivation and reading skills of young children, as well as greater fatigue and irritability. Thus, it is important to provide children with nutritious meals and snacks in day care to help insure that their overall diets are nutritionally sound. The provision of nutritious foods in day care also has been observed to have immediate beneficial effects on the behavior of young children. Nervousness and hyperactivity have been reduced after the consumption of such snacks and meals (Ricciuti, 1972, 1976).

- National surveys of the nutritional status of young children indicate that 30 percent of the children under 6 years of age from low-income populations consume less than the recommended intake of daily calories. Children from Southern States, economically disadvantaged Blacks, and Hispanic Americans are more likely to be at risk in terms of being chronically undernourished (Read, 1976). Children from lower socioeconomic groups were smaller in size than children from higher income groups (Owen, et al, 1974; Ten-State Nutrition Survey, 1972).
- Twenty to 30 percent of all children under 6 have low levels of iron intake. Anemia was found to be most prevalent among preschoolers from low socioeconomic groups (Owen et al, 1977). (In light of this evidence, several experts in the fields of day care and nutrition have recommended that screening for iron deficiency anemia be included in the comprehensive medical checkups currently required by the FIDCR.)

Research on malnutrition has shown that physical and chemical changes in the body caused by malnutrition during the first year of life can continue into adulthood. However, research on children exposed to malnutrition during the second year of life and then removed to a more stimulating environment with proper feeding showed the effects of malnutrition can be reversed. This is especially true of cases of moderate malnutrition (Ricciuti, 1970; Pollitt et. al, 1977). Ricciuti (1972, 1976) points out, however, that specific effects of malnutrition are difficult to separate from other environmental conditions usually closely associated with malnutrition.

Although the nutritional problems of most Title XX day care-eligible children relate mostly to undernutrition (moderate malnutrition), obesity also appears to be a problem for some low-income children. This condition

often is due to a combination of overeating, lack of exercise, and an imbalance of proper nutrients (Ten-State Nutrition Survey, 1970; Stunkard et al, 1972). There is evidence, however, that this problem corrects itself when the child becomes an adolescent (Aronson and Pizzo, 1976).

## IMPLICATIONS FOR REGULATION

Various childcare experts, especially those working in the area of child health, believe this requirement is not well-defined and may, given a minimal interpretation, prove not to be sufficiently comprehensive.

- The term "adequate nutritious meals and snacks" is vague. The FIDCR fail to define, for example, how many meals and snacks should be served and what criteria should be used to determine their nutritious quality.
- The FIDCR nutritional requirement mandates only that the child be provided meals and snacks. In comparison, the Head Start nutritional standards have gone beyond the FIDCR by mandating that meal and snack times should be an opportunity for the child to learn about the relationship between nutrition and health. In addition, programs are instituted by the facility to acquaint parents with basic nutritional information. Many childcare experts feel these latter objectives should be included in the FIDCR nutrition requirement.
- Although controversy surrounds the USDA-required daily allowances (RDA's), they are the only nutritional guidelines available at this time. Several nutritional experts have recommended that the current criteria used for group feeding programs, such as in school settings, could be used in childcare programs. These criteria could specify the appropriate fraction of RDA's to be provided children based on the length of time the child is in care and the age of the child. For a child in care full-time, for example, some State day care standards currently specify that one-half to two-thirds of the RDA's should be provided during that daily period. Some of these nutritional experts recommend that the RDA should be adjusted upward when it is apparent that the child is not receiving adequate nutrition at home.

Underlying these recommendations, however, is the overall question of what should be the role of Federal requirements regarding the total nutritional well-being of children in care. For those children who

receive inadequate nutrition when they are not in the day care setting, should a broader social services program be available to the parents to inform them about good nutrition and to see that those who lack money to buy food take advantage of the various food subsidy programs? This is an important consideration, since there is no evidence that a good nutritional diet received at the day care facility will balance out the deficient diet the child may receive elsewhere. However, even if this were the case, the question still remains: Should the day care provider have the responsibility to work with the parent to improve nutritional practices at home?

Day care could provide an excellent medium for parental education on nutrition (as well as other health issues). Such a system exists in nutritional rehabilitation programs for children in some underdeveloped countries. In Bogota, Colombia, for example, parental nutrition education is a requisite part of the treatment program for children with malnutrition (Aronson and Pizzo, 1976). Given that 60 percent of FFP centers state they have their meals planned by a nutritionist, it would appear that, at least in those centers, there is a person who could assist caregivers in developing a nutrition education program for parents. However, based on the current evidence that many family day care providers currently provide inadequate nutritional diets to children in their care, it does not seem likely that these caregivers could provide these broad nutritional information services to parents.

Information programs, technical assistance from funding agencies, and inservice training all are possible ways of helping family day care providers upgrade their nutritional practices. For many family day care providers, additional funds may have to be provided to purchase adequate food. Family day care providers cannot participate in the Department of Agriculture food program unless they are nonprofit and are sponsored by an agency or organization. Even if sponsorship were not required, the paperwork alone for this program could overwhelm many small providers.

Finally, the FIDCR state that "consultation should be available from a qualified nutritionist or food service specialist." In view of the remote locations of some communities where day care facilities exist, implementation of this requirement may not always be feasible. Clearly, there would not always be professional dietary consultation available. Furthermore, the question of quality control of the professionals who provide the consultation has been raised by the panel of experts convened to prepare the FIDCR concept papers on "Health and Safety Issues in Day Care" (Aronson and Pizzo, 1976). This panel has recommended standardizing nutritional information for children in day care, taking into account geographic variation in food availability and cultural preferences. The American Dietary Association has done this for the school lunch program. Application to day care would require national coordination by nutrition and day care experts.

## VII. PARENT INVOLVEMENT

### PROVISIONS OF THE FIDCR

The FIDCR mandate that parents be provided the following opportunities for involvement in federally funded day care programs:

- (1) Opportunities to participate in the program and observe their children in the day care facility (program participation role).
- (2) Opportunities to become involved in decisions concerning the nature and operation of the day care facility (decisionmaking role).
- (3) Opportunities to participate in the selection of a policy advisory committee and to serve on the committee when an agency provides day care for 40 or more children (advisory role). The committee membership should include not less than 50 percent parents or parent representatives, elected by the parents in a democratic fashion. Other members should include representatives of professional organizations or individuals who have particular knowledge or skills in child and family programs.

### DEFINITION OF THE ISSUE

Given the absence of data specifying the impact on children of various quality day care, parents must use their judgment to select the most appropriate day care facility for their children. It is believed that parents should "... be educated to provide them with a basis for evaluating the programs in which their children are involved and applying pressure to maintain standards or improve the programs" (Leon Yarrow, communication by letter, 1977). One way to achieve this is to encourage parents to be involved in all facets of day care activity (Bronfenbrenner et al, 1976).

Protecting the right of parents to a voice in the care their children receive is particularly important with regard to federally funded day care. Unlike most day care consumers, parents using federally funded day care may not have had a voice in the selection of their child's day care facility.

The requirement to provide opportunities for parent involvement in decisionmaking was based, in large part, on the philosophy of Head Start (i.e., that involvement in decisionmaking enhances the parent's sense of

personal efficacy and self-confidence). This greater self-assurance, it is hoped, will lead to greater knowledge about community resources and opportunities and ultimately to the family's becoming active community members.

#### THE PARENT INVOLVEMENT COMPONENT IN PRACTICE 26/

The Merrill-Palmer Institute Study of Parent-Caregiver Interactions in Centers (1977) and the NDCS Cost-Effects Study (Abt, 1977) found that about 25 percent of the parents do not involve themselves in any way with the center—not even to communicate with the staff about their child. It must be noted that Title XX day care parents often have limited time for involvement in their child's day care. One survey of Title XX day care families (NIAS, 1977) found that 50 percent of the heads of households were working full-time, 10 percent part-time, and 15 percent were in school full-time. In addition, approximately four of five of these households were headed by a single parent. Thus, the majority of Title XX parents are working or in school and do not have another adult present in the home to share the childrearing responsibility.

#### Parent Participation in Policy Activities

The data available on parent involvement in day care generally indicate relatively low levels of parent participation in such activities as policy planning and budget review.

- Data from the NDCS Cost-Effects Study (Abt, 1977) show that approximately two-thirds of the parents who visited the center came only to confer with center staff, to observe their children, or to attend social events.
- The study showed that few parents were employed at the center (1 percent) or had a major role in decisions concerning the center (1 percent). Although many parents wanted more involvement, virtually none was interested in an increased role in decisionmaking; instead, they voiced a desire to observe their children, to attend center social activities, to work as aides, or to participate more actively in educational activities.

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26/ Most of the data presented reflects parent involvement in center care only. Data on parent involvement in family home day care will be included in the National Family Day Care Home Study (in progress).

- The National Childcare Consumer Study (Unco, 1975) 27/ found that 21 percent of the parents would like to participate in the selection of staff in day care centers, nursery schools, or homes employing more than one staff person.

It is important to note that only a minority of the parents desires involvement in policymaking at their children's center. Most directors, too, favor a limited role for parents in policymaking, although they do want more parent involvement in program activities.

- In the NDCS Infant Day Care Study, 80 percent (43 of 54) of the directors interviewed indicated they would like more parent involvement in some portion of center activities. Most (65 percent) felt that parents should take a greater interest in the center program, should initiate contact with center staff more frequently, and should make themselves more aware of the child's daily activities. Several directors (23 percent) felt that extra visits to the center and deeper involvement in center activities were necessary. Others (again 23 percent) felt that parents should attend periodic meetings at the center. Only one director felt that parents ought to be more involved in the setting of policy or the operation of the center.

### Parent Participation in Educational Activities

Although parent involvement is limited when it comes to participation in budget review and policymaking in the day care facility, data from the NDCS Cost-Effects Study indicate that 23 percent of the parents took advantage of the educational opportunities offered by the center through workshops, training sessions, and parent education courses.

### Parent Communication with Providers

In the area of communication (between parents and providers) there is high parent involvement.

- The NDCS Infant Day Care Study (Abt, 1977) found that 81 percent of 190 parents of infants and toddlers using center care

27/ This study provides information on parent preferences for (not actual) participation in childcare. The respondents included casual users of childcare (babysitting) as well as those who use substantial amounts of day care. Thus, many respondents were only speculating about their possible behavior in their child's day care setting.

reported communicating with caregivers daily while picking up or dropping off their child. Interviews with 212 parents using center care in Detroit also showed high numbers of parents (over two-thirds) communicating consistently (one or more times a week) with caregivers, usually when children enter and leave the center (Powell, 1977). This latter study found, however, that the majority of parents (70 percent) did not communicate consistently with a particular staff member. It is often the case in center care that the caregiver who works with the child all day leaves before the parents pick up the child.

Findings from the Merrill-Palmer Institute Study of Parent-Caregiver Interactions in Centers (1977) found that:

- Parents are split about evenly in satisfaction with the current level of parent-caregiver communication, while caregivers and directors are proportionately more dissatisfied.
- While most parents and caregivers view goals and expectations as appropriate topics for discussion, considerably fewer parents and caregivers believe parents should make suggestions regarding caregiver practices.
- Although most parents perceive center staff as open to discussion of the child's activities at the center, few caregivers perceive parents as open to discussion of the home environment.

Additional findings on parent preferences from the National Childcare Consumer Study show that:

- 87 percent of the parents would like to talk to caregivers about their children's activities and development.
- 60 percent would like to spend time in the setting.
- 52 percent would like to work as volunteers.
- 16 percent would like to work as paid staff.

#### EVIDENCE REGARDING THE APPROPRIATENESS OF A PARENT INVOLVEMENT REQUIREMENT

Underlying each objective of the parent involvement component is the belief that children enrolled in day care will benefit from the participation of their parents in the day care program. It is thought that benefits will accrue to the children from improvement in day care programs and/or from changes in parental behavior resulting from parent involvement.

Perhaps the most important reason for parent involvement in day care is to reinforce parents in their roles as parents. There is a growing awareness among observers of day care that when parents place their children in the hands of "professionals" for several hours each day, there may be a tendency to shift to others some of their responsibilities as parents. Some do so inadvertently; other pressures on them being great, it is one less responsibility to shoulder if they feel their child is in good hands. Others back away from their role as a parent because they view the caregiver as a professional who knows more about how to rear a child than they (this appears to be especially true of center care consumers).

- Bronfenbrenner, in his review (1976) of certain center- and home-based intervention projects, stresses the importance of encouraging mother and child interactions around a common activity in order to produce cognitive child gains. The effectiveness of this aspect of parent involvement diminishes in terms of measurable child gains, however, when it is combined with a preschool program. Evidence indicates that under these circumstances parents defer the responsibility of teaching their children to those with "professional capability."

Many of these parents underestimate the significance of their role in their child's development. A growing number of individuals who appear in this category are young teenagers who, though barely out of childhood themselves, have a child. These factors indicate that sensitive, skilled caregivers should work with parents whenever possible.

By becoming actively involved in day care, parents can help provide continuity between the care the child receives in the facility and the care the parent provides. This is particularly important for infants in day care, because disruption in care at this developmental stage can be stressful (Fein, 1976). The care the family provides can reinforce learning from a good quality day care program. In those instances where the care provided by the family is poor, however, the family can undermine the effects of a good quality day care program. Family circumstances, attitudes, and behavior powerfully influence the outcome of day care (Heinicke et al, 1974; Hess, 1969; Bronfenbrenner, 1970; Rowe et al, 1972; Schaefer and Aaronson, 1972; White et al, 1973; Emlen et al, 1972). A variety of demonstrations has shown that interventions designed to strengthen parental functioning affect day care outcomes for the child in center care (Heinicke, et al, 1974), family day care (Gray, 1970), and home care (Levenstein, 1970).

### Parents as Learners

Educational workshops for parents and other less structured methods of conveying childrearing information appear to be a popular

resource that day care facilities can provide. Both the Merrill-Palmer Study and the National Day Care Study reveal that as many as one-half of the parents view the day care center as a source of valuable childrearing information. This receptiveness presents an ideal atmosphere in which to establish programs designed to involve these parents in a learning role.

When research and demonstration projects—Parent-Child Development Center (PCDC), Homestart, etc.—provided rigorous training for parents in caregiving skills and tutoring techniques for use with their children, significant gains were found in the social, emotional, and cognitive development of their children. Children in all three PCDC's (Birmingham, New Orleans, and Houston) showed higher scores in intellectual development when compared with control groups, and the children in some PCDC's showed superior performance in social behavior and language development. Whether the superior performance of the PCDC children will be maintained over time is yet to be determined (Johnson et al, 1976; Lassiter et al, 1976; Blumenthal et al, 1976).

Parents too have benefited from participation in these projects. In the PCDC experiments, mothers who participated were more accepting of their children, more sensitive to their social, emotional, and intellectual developmental needs, more affectionate, and used more praise. They also became more involved with their children in ways that support cognitive growth (e.g., active play, asking questions, providing books), used more complex language, and encouraged more verbalization. More skillful use of community agencies to meet family and child needs also has been shown to result from training of parents. It should be noted that the extensive training of these mothers was possible because they, unlike the majority of Title XX mothers, did not work. In addition, the PCDC mothers were carefully screened to eliminate those who had so many personal problems they probably would not have been able to benefit from the training program. Whether training efforts less extensive than those of the PCDC experiments would succeed as effectively for most parents is not known.

- The Standard Research Institute (1973) review of parent participation literature states that parents who are involved in learning roles often show increases in self-esteem and internal locus of control (the sense that one's life is determined by one's self rather than by external forces) (Rotter, 1966). Further studies by MIDCO Educational Associates (1972) and Boger and Andrews (1975) show clear and consistent findings that social benefits, in the way of self-esteem, autonomy from adults, and peer interactions, accrue to the child whose parent is involved in the day care program either as learner (MIDCO; Boger and Andrews) or as decisionmaker (MIDCO).

- Wittes and Radin (1969) found a significant correlation between the length of a parent's exposure to certain types of learning experiences (lecture versus activity-focused meetings) and the intensity of the parent's involvement. In their discussion, Wittes and Radin state there is a process of evolution that takes place during the course of low-income parents' involvement in their children's Head Start experience, and suggest that initial activity-focused parent meetings eventually should give way to more instruction/discussion sessions. Heinicke's findings support this suggestion (Heinicke and Strassman, 1976).

### Parents as Decisionmakers

The effects of parent participation in decisionmaking roles can only be extrapolated from research indirectly related to day care. Low-income parents who participated in decisionmaking functions were found to have a greater sense of self-esteem, greater feelings of being successful and skilled, higher levels of activism in community affairs, and a higher achievement orientation than parents with less or no participation as decisionmakers. The studies on which these findings are based, however, made no attempt to determine if parents exhibited these characteristics prior to their participation in these decisionmaking functions. Thus, it is not possible to unequivocally attribute the observed effects to the parents' decisionmaking role. High levels of parent involvement in decisionmaking in Head Start programs, however, have been associated with changes in other community institutions.

### IMPLICATIONS FOR REGULATION

The 1968 FIDCR delineated three major types of parent involvement -- participatory, decisionmaking, and advisory. In light of the generally low levels of parent participation that have been reported in day care, it would seem important to examine how opportunities for parent involvement can be altered and/or expanded to allow more frequent and meaningful contact between parents and caregivers. One integral element to consider is the limited amount of time Title XX parents can devote to their children's day care programs.

Communication is something parents, caregivers, and center directors all want to see increased. However, data suggest that an increase in communication may not by itself enhance the well-being of the child. The Merrill-Palmer Institute Study of Parent-Caregiver Interaction in Centers (Powell, 1977) found little agreement between parents and center day care providers as to preferable childrearing behavior

even where communication was frequent. And Wattenberg (1976) found that relationships between many parents and family day care providers are fraught with tension. Thus, resolving differences between parents and caregivers in childrearing attitudes and behavior may require efforts beyond simply increasing the frequency of communication. Most day care experts believe that staff training is needed to facilitate communication. It is clear that more research is required to disclose other barriers to communication and to show how best they can be removed.

In a study of day care families in Pennsylvania (Meyers, 1973), parents were asked why they were not more involved in day care. Forty percent of the mothers who wished to participate felt that no opportunity had been offered them. The rest indicated they had no time for further participation. (In this study, maternal employment status did not predict the level of participation in day care.) It remains to be considered how much effort should be required of facilities to involve these parents and whether or not Title XX funds should be used for this purpose.

Consideration also should be given to other dimensions of the participatory role. The present FIDCR, for example, do not include any references to parents as learners. Yet much of the research indicates that parent learning promotes better parent-child interactions and significant social, emotional, and cognitive child development gains.

The issue of parent involvement in policymaking is difficult to resolve. To mandate a policymaking role for parents and to specify that a certain percentage of parents must be involved in facilities of a certain size, as is now required in the FIDCR, could impose a heavy burden on facilities where parents are reluctant to become involved in sufficient numbers. On the other hand, if the door is not opened by regulation to allow participation by those parents who want to become involved in the policy of their children's day care facility, administrative staffs in many facilities may resist parent involvement of this type.

## VIII. SOCIAL SERVICES

### PROVISIONS OF THE FIDCR

The social services component of the FIDCR, as it related to Title XX day care, requires that:

- Social services must be provided in either the day care facility or in the administering agency by a staff member trained or experienced in the field.

- Nonprofessionals must be used in providing social services.
- Counseling must be available to parents to assist in the selection of a day care facility.
- Assessment of the child's adjustment to the facility must be made in consultation with the parents on a continuing basis.
- Mechanisms must be included to insure that the costs of day care are commensurate with the family's ability to pay.
- Agencies and/or day care facilities must facilitate the access of parents to social service resources.
- Procedures must be formulated to insure coordination with other organizations offering social services.

#### DEFINITION OF THE ISSUE

For purposes of this report, social services include any supportive services apart from actually caring for the child, that serve to enhance the functioning of the family as a unit as well as the individuals within it. This component of the FIDCR impacts least directly on the child in care (i.e., it is not a core component of day care). However, many childcare experts believe that no short-term intervention program, regardless of its superiority, can succeed in supporting the age-appropriate cognitive, social, emotional, and physical development of a child whose family is overwhelmed by its socio-economic plight. These experts argue that a comprehensive Social Services component that supports family functioning is necessary to promote the well-being of this child. As Kiester says (1973), the child's self-concept is as a family member.

#### THE SOCIAL SERVICES COMPONENT IN PRACTICE

##### Needs of Title XX Families

Although no national assessment has been made of the range of needs of Title XX day care recipient families, a case study of 450 of these families was conducted in 19 States (National Institute for Advanced Studies, 1977). Interviews with these clients indicated that approximately one-fourth needed help in (1) getting medical care, (2) getting a better job, (3) getting job training/schooling, (4) getting infor-

mation on services offered in the community, and (5) finding a counselor or psychiatrist. About three-fourths of these individuals sought help from a social service office.

### Availability of Social Services in Day Care

Data from two national probability samples indicate how both providers and parents view the availability of various types of social services. According to FFP center directors surveyed 28/ in the NDCS Supply Study:

- 91.6 percent of FFP centers offer counseling on child development.
- 69.4 percent offer counseling on family problems.
- 67.2 percent offer assistance in obtaining food stamps and financial aid.
- 71.2 percent offer assistance in obtaining community services.

The FIDCR require that counseling and guidance be made available to families to help them determine the best facilities for their children. The following data on the availability of these social services were obtained from parent interviews in the National Childcare Consumer Study (Unco, 1975):

- 9 percent of the parents using one or more hours of childcare reported that childcare-related counseling and referral services were available. This low percentage may reflect inclusion of casual users of childcare who may not have needed these services or who may have been unfamiliar with what services were available.
- 77 percent of the parents indicated that counseling and referral services should be available that would enable them to get information about screened and qualified people and agencies providing childcare. This issue was ranked the highest in terms of parental concern.

Although these data provide some information on the availability of social services, they do not tell anything about the actual utilization of social services by parents, the quality of such services,

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28/ Information on the number of children receiving the services is not available.

the frequency with which the services are offered, parental satisfaction with the services, or the impact on the family that results from utilization of the services.

## EVIDENCE REGARDING THE APPROPRIATENESS OF A SOCIAL SERVICES REQUIREMENT

### Evaluating Social Services

Day care settings vary greatly in terms of the social services they provide. While some centers themselves provide services to families, others only refer day care clients to social service agencies. Family day care providers may or may not know about the availability of social services for their clients. There is no information about how family day care functions as a screener of family needs or as a referral agent. In light of the lack of evidence and the variability in social services, it is very difficult to assess their impact on children, families, and providers. In addition, it is not clear how impact should be assessed. Should the variable of major interest be the availability of social services, the utilization of social services, parental satisfaction with social services, or the successful resolution of the problem that precipitated the original referral to social services?

### Impact of Social Services on the Family and Child

Although many research and demonstration/intervention projects have included social service components (e.g., Parent-Child Development Centers), there has been no attempt in most of these projects to evaluate the effectiveness of the social service component as an independent variable in the intervention. In other words, it is not possible to determine whether the social services that were provided account for the changes observed in the family or whether it was some other factor that was not measured.

One small-scale study (Heinicke and Strassman, 1976) evaluated the impact of various types of social work counseling in a psychoanalytic framework on parents and their children in preschool day care. It was found that specific forms of counseling can enhance parent-child interaction in a way that promotes child development and, in addition, increase the duration of a family's enrollment in a particular day care center.

### IMPLICATIONS FOR REGULATION

It remains unclear how extensive the social services component of the FIDCR should be. It is also not clear whether the FIDCR intend that

social services should be limited only to helping the family in its childrearing function or whether these services should be broader. Many experts believe it is especially important that parents select in an informed manner their children's day care facility (Bronfenbrenner et al, 1976). Counseling and referral services can help them do so. Parents want an information and referral service that will help them find appropriate day care for their children. The data suggest that this need is largely unmet across the country. What other services are needed? The NIAS survey suggests that not all Title XX families need social services support. Some families simply need good childcare and nothing more.

Related to this and equally important is how responsibility for these services should be delegated. Should each center, as well as each family day care home facility, set up and maintain a social service program? Can family day care home providers maintain up-to-date links with the rest of the social service community, given their already heavy workload? Common sense suggests that the burden for providing or even coordinating most social services cannot be carried by all facilities across all modes of care; this responsibility should rest at a different administrative level. The question remains: Who should have responsibility for seeing that parents are aware that support services are available to them? Should the provider serve as a screener and refer the parent to the next administrative level or should all screening be done at the agency level when the parent applies for Title XX day care? Or is the most effective solution a combination of the two?

A final question regarding who should provide these services involves the use of nonprofessionals. The present FIDCR require that nonprofessionals be given an important role in delivering these services. However, some day care observers believe that effective provision of such services requires a sophisticated understanding of and ability to negotiate with the social service network.

#### IX. ASPECTS OF DAY CARE NOT ADDRESSED BY THE FIDCR

Some day care experts indicate that the nine areas currently regulated may be insufficient to insure quality day care. The following additional variables have been identified as potentially important to the well-being of children in care:

- Continuity of care,
- Age of entry into day care,

- Hours in care, and
- Size of the program.

This section discusses each of these variables. The discussions include definition of each variable and the rationale for its consideration, its relationship to the present FIDCR, relevant research findings, and a discussion of implications for regulation.

## CONTINUITY OF CARE

### Definition of the Issue

Continuity of care involves essentially two elements: (1) consistency and balance of care between the home and day care facility, and (2) stability of the caregiving situation. This latter element may be subdivided into: (1) the length of time a particular caregiver provides care for children and the consistency of that service; (2) the length of time a child remains in the same care situation; and (3) use of multiple caregivers.

Questions that will be examined in this section, as they relate to both center and family care, include:

- What are the effects on the child of remaining in a particular day care situation over a period of time versus changing situations frequently?
- What are the effects on the child of frequent staff turnover?
- What are the typical rates of child turnover and staff turnover?
- What are the effects of multiple caregivers on children who remain in a particular day care setting?

### Relationship to the Present FIDCR

The FIDCR do not address staff stability. They do, however, allude to the maintenance of stability:

Administering agencies must coordinate their program planning to avoid duplication in service and to promote continuity in the care and service for each child. [Emphasis added.]

Although the FIDCR fail to provide specific guidelines to insure continuity of care, the inservice training and career development provisions of the FIDCR and the parent involvement requirement do have an indirect effect on caregiver stability and continuity of care between home and facility.

### Research Findings

A great deal of research describes the negative effects on children of all ages of caregiver instability and inconsistency in caregiving environments (e.g., shifting children from a foster mother to an adoptive mother at critical attachment periods, shifting foster home placements for older children, etc.). A general consensus of opinion holds that attachment relationships for the child under 3 are necessary for normal development. These relationships provide bases from which children can establish enduring relationships with others. Stability of care (daily care from the same adults) is important to the establishment of such affectional bonds because it allows both children and caregivers to know each other. Knowledge of the child enables the caregiver to respond to the child's needs in an appropriate fashion. Children require continuing contact with the same adults in order to develop trust. High turnover in caregiver or child population does not permit these relationships to develop and is seen by experts as detrimental to the child. Indifferent caregivers and overcrowded conditions also impair a child's ability to form attachments.

Some child care experts support care for infants by primarily one or two familiar caregivers. They discourage the use of volunteers as aides in infant rooms because they feel frequent rotation of adults in and out of these rooms should be avoided (Ricciuti, 1976; Provence et al, 1977).

Older children need stability and continuity of care as well. The behavior and attitudes of the parent and caregiver

...need not be identical, since some variety enhances development, but what should be avoided is marked and overt conflict between the two caregivers or complete disruption or contradiction of the child's previous experiences. One implication that follows is that it is important for parents and other caregivers to communicate with each other on their values and behavior toward children. Thus, the need for consistency of care provides one justification for parent participation in day-care programs (Clarke-Stewart, 1977).

Turnover in Family Day Care. The research indicates family day care arrangements often terminate within 1 year, primarily for extrinsic reasons (e.g., a change in the mother's work situation, a child becoming

school age, a family moving to another community, or a caregiver going out of business because demand decreases). These research findings must be interpreted cautiously, however, because of the difficulties encountered in measuring stability in family day care arrangements. 29/

- The West Virginia Project (Ristau et al., 1977) found; through an analysis of all 1,916 caregivers, a median duration of almost 6 months, with about 30 percent of the caregivers providing services for more than 1 year. When analyzed separately, the median duration for open caregivers (10.4 months) was longer than that for closed caregivers (4.4 months). About 40 percent of the open caregivers provided their services for more than 1 year, but fewer (only 20 percent) of the closed caregivers did so.
- There appears to be a substantial population of children that stays in care for short periods of time, as well as a core of children that remains in care for more than 1 year. Studies that measured the duration of children in open or ongoing arrangements, subsidized as well as unsubsidized, indicated that about 40 percent of the children were in the care of the same caregiver for more than 1 year. The only data available on the number of times children in subsidized care change family day care arrangements come from a statewide assessment of family day care in New York (Welfare Research, Inc., 1977). The percentage is the same as above--approximately 40 percent of the children remained with the same provider for at least 1 year. The average county provider had 2.6 new children enter her home

29/ There are problems in gathering reliable historical data on turnover rates of family caregivers, even for caregivers within an organized system such as a welfare department. It is often difficult to determine whether the caregiver went out of business by choice or whether he or she was forced out by loss of clientele. In addition, it is impossible to determine whether clientele are lost because of caregiver incompetence or because parents had other needs. Results also are dependent on the sampling procedure used (just as they are for center-based care). A sample of caregivers who are presently providing service ("open") will yield a longer measure of duration than a sample of caregivers who are not now providing service ("closed") but who have provided service during the past year. Moreover, durations in any one sample of caregivers are typically skewed toward long duration when measuring open caregivers and toward short duration when measuring closed or all caregivers. The median duration thus becomes a more reasonable measure than the mean.

during a 1-year period and 1.6 children leave. The number of children entering or leaving each provider's home ranged from 0 to 25 over a 1-year period. It is not known how often these changes could have been avoided had the administering agency been more careful in placing these children.

- It is not possible to determine from these data how stable caregiving arrangements are for children under 3 years of age in family day care.

Staff Turnover in Center Care. Some preliminary descriptive data from the National Day Care Center Supply Study measure staff turnover in center-based care (Abt, 1977).

- Half the centers reported low turnover (0 to 10 percent), and 20 percent of the centers reported moderate turnover (21 to 40 percent). These percentages, however, are conservative in that they reflect the number of positions that changed during a year and do not include the number of times any one position may have changed.
- The turnover of staff in infant classrooms in day care centers was not identified in the NDCS Supply Study. The mean rate of turnover in center staff positions is 15 percent. Whether the majority of this turnover is concentrated in infant classrooms, where caregivers work longer hours than caregivers in other classrooms and earn lower wages, cannot be determined.

Effect of Multiple Caregivers on Young Children. Wilcox et al, (no date) provide one of the few data sources for direct comparisons of infants with one or more caregivers. The study was conducted in an infant day care center (children were 6 weeks to 2 years of age) where one group had caregivers assigned to specific infants. The other group consisted of all caregivers assuming responsibility for all the infants. A checklist observational method was used to determine the number and variety of interpersonal contacts. In both settings, the infants had the greatest number of their interactions (nearly 50 percent) with a particular adult. The tendency to form a primary caregiving relationship in both group settings is an expected outcome, based on research on early attachment relationships, and suggests that environments should be supportive of such relationships. There are, of course, practical difficulties in insuring an exclusive primary caregiving relationship, but the need for this type of relationship, as argued by many and as seen in the trends of these data, remains.

## Implications for Regulation

Continuity of care is not supported by current regulatory/administrative practices. Often children are shuffled from one facility to another when ceilings on group size are reached. Also, parents often are forced to withdraw their children from a facility when their subsidy ends because they can no longer afford the facility.

Completely discontinuous care can be harmful--particularly to the child under the age of 3. Although evidence suggests continuity of care should be a core component of day care, it cannot be regulated easily. Qualified caregivers cannot be forced to stay in a job they want to leave and parents cannot be required to keep their children in one care arrangement. Concern over current administrative practices that affect continuity of care suggests that responsibility for correcting the present degree of instability in subsidized care arrangements should rest at the administrative rather than provider level. Agency placement practices could be reexamined and improved, reimbursement rates could be increased to induce good caregivers to remain open, sliding fee schedules could be promoted, "roving" caregivers could be made available to help out in facilities that are temporarily over ceiling, and an educational effort could be mounted to inform parents about the importance of continuity of care. Whether this component should be included in the regulations developed for the administrative level is an issue that must be considered during the revision process.

## AGE OF ENTRY INTO DAY CARE

### Definition of the Issue

There is no clearly defined age at which a child is considered mature enough to separate from the primary caregiver (usually the mother) for an extended period each day without suffering negative developmental consequences.

Several European countries whose policies at one time supported out-of-home care for infants of employed women are increasingly supporting paid maternity leave. <sup>30/</sup> This leave extends for a period ranging from 6 months to as long as 3 years after the child's birth, depending on the country. In this country, there is growing debate about what should be the nature of public policy--and the types of care provided--for children under 3 years of age (Kammerman, 1977).

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<sup>30/</sup> In some countries (e.g., Sweden) paternity leave is also allowed.

## Relationship to the Present FIDCR

The FIDCR do not address this issue directly. However, the staffing ratios deal with it indirectly. Prior to the Title XX revision to the FIDCR, no ratios were specified for children under 3 years of age in center care. One reason was that, when the 1968 FIDCR were developed, it was believed that center care was inappropriate for the child under 3. Thus, center care was subtly discouraged for infants and toddlers by the failure to include ratios for that group in the requirements. Although the FIDCR were later modified to include ratios for these age groups, the 1:1 ratio for infants under 6 weeks of age was a significant disincentive to enrolling these infants in centers. At present, more than 14 percent of the children in center care are under the age of 3.

## Research Findings

Much of the research on infant development and attachment refers to the period between 6 months and approximately 2-1/2 years of age as a difficult time for the child to adjust to a new caregiving environment (i.e., separation from his or her primary caregiver for part of each day) (Kagan, 1976; Provence et al, 1977; Ricciuti, 1976; and Silverstein, 1977). Some experts conclude that a child should not be placed in a full-time day care arrangement during this period. Others state that the child can safely be placed in a good quality full-time care arrangement provided that a careful transition is made for the child, (and parent) between home and care facility. It is suggested, for example, that the parent should be present for some time each day during the first week or two as the child adjusts to his new caregiver. Other research suggests that if the primary caregiver (usually this is the mother) is separated from the infant for the first 3 months, the caregiver's attachment bond for the child will be weakened (Klaus and Kennell, 1976; Brazelton et al, 1974). Thus, the age of entry into day care may not only affect the child but also the parent.

No research study has been completed at this time which controlled for age of entry of the child into day care to examine the impact of various types of day care experiences on the child and his or her family and on the child's long-term development. <sup>31/</sup> Until such a longitudinal study is done, no firm conclusions can be drawn regarding this issue.

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<sup>31/</sup> There is a study in progress at Stanford University. The New York City Infant Study ran into difficulty identifying the actual age when children first received full-time care from someone other than the primary caregiver.

In addition, very little data exist concerning the effects on very young infants of a group environment with multiple caregivers. Sander et al, (1972) and Burns et al, 1972) have begun to explore the effect of different environments on behavior during the first 2 months of life. They found that babies cared for in a traditional nursery setting with multiple caregivers showed more distress during feeding in the first 10 days of life than equivalent groups both in a rooming-in arrangement with one surrogate mother and at home with their biological mother. These authors found that the highest level of distress behavior during feeding occurred in a group that had one surrogate mother for the first 10 days and another surrogate mother for days 11 through 28. The shift in caretakers accounted for significantly more variance in distress behavior than the specific caregiving arrangements of nursery, rooming-in, or homecare (Burns et al, 1972). These findings suggest that infants develop an early attachment with their primary caregiver that may be disrupted with a shift in caregivers or environment. Ricciuti and other child care experts recommend that the number of adult caregivers in infant rooms should be limited to two or three. Similarly, they recommend that use of volunteers also should be limited, in order to minimize turnover.

#### Implications for Regulation

There is insufficient evidence to suggest that this component should be regulated. However, given the above findings, it would seem wise to support the parent-child relationship during the child's transition to day care. Parent involvement in the facility for a few hours each day could be encouraged. In addition, parent education efforts could be mounted to inform parents about the sensitive nature of the transition period (age 6 months to 2-1/2 years) and the effects that adjusting to new caregivers may have on the child. Also, an education effort could be mounted to promote more liberal work-release policies for parents whose infants are just beginning new childcare arrangements. Some of these activities are consistent with existing FIDCR components, such as parent involvement and social services. An effort to encourage employers to support more flexible work schedules or liberal leave policies would, of course, have to occur outside the regulatory revision process and thus should be considered as part of a broad program support effort to improve day care quality.

## HOURS IN CARE

### Definition of the Issue

The time children spend in care varies according to the number of hours per day or week and the number of days per week. Because most (71 percent) Title XX day care-eligible children are in care full-time, this report focuses on children in full-time care. However, many children are in care only part-time. Questions we attempt to examine here include:

- Are there differential effects of full- versus part-time day care?
- Are there differential effects of full- versus part-week day care?

The impact of hours in care has been mentioned by reviewers of the FIDCR and researchers as an important consideration in structuring childcare services. The focus, however, usually is on the age of the child, with active toddlers aged 2 and 3 years old sometimes considered too young for full-day care. There is little information that describes characteristics associated with hours in care. Parents, who usually seek childcare arrangements because of employment, may think of the hours of service more in terms of their own requirements than of the impact on their children. Preschool care is provided on either a part- or full-time basis. Care for school-age children is necessary only before and/or after the school day, or usually for a maximum of 3 to 4 hours per day, except during the summer months when school is not in session.

The impact of hours in care could be critical. Children who spend many continuous hours in care because of full-time parent employment or other reasons may be extremely tired when they leave the caregiver and may come home to an equally tired parent who has to cook, tend to the child, and prepare for the next day. Caregivers, too, may be exhausted after long days, and this may result in their providing unstimulating custodial care in the late afternoon and early evening. Very short days and/or sporadic care probably are not desirable either, particularly for infants and toddlers who need continuity as they develop attachments.

### Relationship to the Present FIDCR

The FIDCR have never addressed the number of hours in care. Revisions to the FIDCR proposed in 1972, but not adopted, contained this section on "Duration of Stay in Day Care":

Children do not remain in day care for longer periods of time than is necessary.

A further explanation stated:

As a general rule, when the child is in day care because his parent(s) or guardian is employed or enrolled in job training, the amount of time the child is in day care should be related to the time his parent is at work plus the time required to travel to and from employment.

"Evidence of satisfactory compliance" was seen as:

Children are not kept in day care longer than is necessary, and a child does not remain in day care for more than the time the parent is at, and traveling to and from work, except in cases of emergency.

There was no discussion of full- or partial-week care or the amount of care appropriate for children of different ages. Further, no indication was given as to the rationale for or intent of this section. The section appeared to be based on practical concerns related to parental work schedules rather than child developmental needs.

### Research Findings

One survey of family home day care (Westat, 1977) examined the percent of children by age who are in this type of care for more than 50 hours per week. Although the survey is more representative of the formal market than the informal market (i.e., care by relatives), the findings show:

<u>Age of Child</u>	<u>Percent in Care 50+ Hours Per Week</u>
All ages	22
Under 3	26
3 and 4 years	32

The 70-Site Validation Study of the NDCS Supply Study examined the percent of children by age who are in center care (FFP and non-FFP) full-time (30 or more hours per week) and part-time (less than 30 hours per week) and found the following:

<u>Age of Child</u>	<u>Percent in Care Full-Time</u>	<u>Average Hours in Care</u>	<u>Percent in Care Part-Time</u>	<u>Average Hours in Care</u>
Under 2	91	39.9	9	18.9
2 years	83	40.7	17	14.8
3 and 4 years	81	38.5	19	14.6

Thus, of children in center care, those under 2 years of age have greatest likelihood of being there full-time.

Data on the Impact of Hours in Care. There is very little evidence on the impact on the child of hours in care. Moreover, what is available either is plagued by confounding factors or fails to address the issue directly. However, Heinicke (1956, as reported by Stolz, 1960), compared a small group of children (aged 16 to 27 months) of working mothers who had just begun attending a day nursery with a group of children who had just been separated from their parents and were living in residential nurseries. The children were a matched sample and the nursery settings were identical.

Results showed that after the residential children had been away from their parents more than one night, strong differences began to emerge between the residential and day nursery groups. The residential children showed more disturbed behavior; they sought relations with the adults more intensely; they cried more frequently and sought affection, rather than simply seeking to be near; they resisted more actively the demands of the nurses; and they did more thumb-sucking, had less sphincter control, and developed colds more frequently. The most striking finding, however, was that the residential children expressed more intense hostility.

Stolz, in reporting these findings of the Heinicke research, states that the study supports the author's hypothesis that more intensive separation leads to more pronounced imbalance. Heinicke, she states, noted some of the same problems of coping with the parent's absence on the part of the day nursery children. Stolz concludes:

It seems reasonable to assume that under any conditions the two-year-old will face the necessity of coping with his mother's absence some of the time, so that the real question concerns how often, for how long, with what degree of anxiety.

## Implications for Regulation

Because they can be quantified and recorded easily, hours in care probably could be regulated without much difficulty. However, aside from descriptive data, there is insufficient evidence on the impact of hours in care to indicate that this variable should be regulated.

## SIZE OF THE PROGRAM

### Definition of the Issue

This variable refers to the total number of children receiving care in a program. All of the groups in a day care center, when added together, constitute the program size. The central question is whether there is an optimum program size, given appropriate child-staff ratios and programming, above which program quality deteriorates. The meager evidence available <sup>32/</sup> indicates that interpersonal dynamics, complexity, availability of resources, etc., probably vary with size of the program and that very large and very small programs may tend to have more undesirable characteristics than medium size programs.

The NDCS Supply Study (Abt, 1977) provides the following data on center program size:

- 30 percent of day care centers care for fewer than 25 children.
- 37 percent care for between 25 and 50 children.
- 25 percent care for between 50 and 100 children.
- 8 percent care for over 100 children.

### Relationship to the Present FIDCR

Family home day care is the only type of care for which the FIDCR regulate overall program size. The FIDCR require that, in a family day care home, there be "no more than two children under 2 and no more than

<sup>32/</sup> Additional findings from the National Day Care Study, expected later this year, may shed additional light on the relationship between program size and program quality.

five in total, including the family day care mother's own children under 14 years old." For center-based care, the FIDCR regulate group size, but not the number of groups or the total number of children in the center. Likewise, the FIDCR do not regulate the number of groups in group day care homes, although a home's physical space limits groups to a small number, usually one.

### Research Findings

The relevant evidence consists of observational studies that examine program size in relation to factors defined as indicators of quality care. In all cases, the dependent variables are not child-outcome variables per se, but rather intermediate variables such as program climate (or staff attitudes) and response patterns that have suggested child-outcome effects in other research. The studies reported here are descriptive investigations and are the primary data sources.

Prescott and Jones <sup>33/</sup> found that, in general, large programs had a more professionally trained teaching and administrative staff, more elaborate and roomy spaces, and program formats that suggested more free play rather than teacher-directed activities. Although these factors usually are indicators of positive interaction patterns and are predictive of medium-sized programs, actual teacher response patterns and staff attitudes in the largest programs indicated just the opposite: more teacher direction, more restriction, less encouragement, etc. This relationship between program size and staff attitude and behavior suggests that very small and very large programs may demonstrate similar problems in regard to child-staff relationships and overall program atmosphere. Medium-sized programs, on the other hand, seem to avoid these negative features, thereby suggesting some kind of optimal size.

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<sup>33/</sup> Prescott and Jones (1967) studied 50 center-based programs in the Los Angeles area using observational and interview procedures. The programs represented a cross-section of then-available day care arrangements, including a variety of types of sponsoring agencies and a range of client incomes. Program size was examined with respect to teacher style, teacher behavior (e.g., encouragement, direction, guidance, restriction), lessons taught, program format, grouping practices, staff attitudes, role of director, staff training, etc. Small programs were defined as those that served fewer than 31 children; medium-sized programs, between 31 and 60 children; and large programs, more than 60 children.

A recent study of day care centers by Prescott and Jones (1972) indicates that program size is associated with another area of serious concern—staff turnover. Examination of four Board of Education programs in California found significantly higher staff turnover in large programs. Although Prescott explains that these results are not definitive, she speculates that large programs, where the probability of autonomy is lessened and where the atmosphere is more impersonal, may not provide sufficient job satisfaction. This particular hypothesis, however, has not been tested.

Prescott's results in both studies are partially supported by data on centers reported by Abt Associates (Fitzsimmons and Rowe, 1971). Their findings also suggest that program size relates to quality of care in much the same way. That is, the bigger the program, the bigger the problems. Abt studied 20 programs selected as providers of good child-care, employing observational techniques to assess quality care. The study found that larger centers seem to find it harder to provide quality childcare even when they can maintain favorable child-staff ratios. It concluded that there is no certain optimum size for a center, but that small centers appear somewhat more attractive. The small sample, however, combined with an inadequate definition of "quality" and incomplete reporting of data in the technical volume of this study, do not promote confidence in these findings. Moreover, because of possible limitations, the relationships noted with regard to program size and program quality cannot legitimately be extrapolated to programs for infants and/or school-age children. 34/

#### Implications for Regulation

Although the data are very meager, all investigations consistently show a relationship between size and quality of preschool programs. Large programs seem to be fraught with more problems than smaller ones. It is not clear, however, at what point a program should be considered

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34/ The Abt study, for example, included only a small number of infant and school-age programs, and none served infants or school-age children solely. Prescott and Jones do not indicate the ages served by their sample programs. Rather, they point out that their sample was selected randomly from a nationally representative population located in Los Angeles; from that, one can infer the sample consisted mostly of preschool programs.

too large. Prescott and Jones (1967) defined "large" as more than 60 children. Abt did not define ranges for categories but examined some programs with more than 150 children. The fact that 20 percent of the programs identified by Abt as "quality" day care programs served more than 75 children suggests that the problems associated with large programs can be minimized. Moreover, in its final recommendations, Abt provided models for programs serving more than 75 children. Finally, because none of the studies provided appropriate controls, it cannot be determined at this time whether program size or other variables highly correlated with program size are responsible for the effects discussed.

## CHAPTER 3

### COST IMPLICATIONS OF THE FIDCR

Estimates of the cost of the FIDCR reported in this chapter were developed to answer, as much as possible, the following questions:

- Does meeting the FIDCR raise costs significantly above those in private-pay care?
- What is the cost of bringing all facilities serving FFP children into compliance with the FIDCR?
- How much do the additional services now being provided in FFP care add to its cost?

A major difficulty in any cost analysis is the lack of specifics in the FIDCR language. This problem has led to (1) widely differing interpretations of the FIDCR, and (2) much uncertainty on the part of providers and State Title XX agencies as to what compliance is.

The estimates reported here are based on the minimum cost of complying with the FIDCR. <sup>1/</sup> A primary aid in determining that cost was the Monitoring Guide issued in 1977 by the Administration for Public Services (APS). This guide was provided to States to help them determine compliance with the FIDCR, though the States were not required to follow the guide and could develop their own instead. Still, in making cost estimates, it seems plausible to assume that meeting the HEW APS Monitoring Guide is equivalent to meeting the FIDCR.

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<sup>1/</sup> The FIDCR are minimum requirements the States must enforce in order to receive Federal funds for childcare. It is therefore appropriate to estimate the minimum additional cost of the care that results from meeting the basic FIDCR. Note, however, that States and providers may choose to go beyond the minimum FIDCR requirements. A later section of this chapter gives estimates of the average cost of care in FFP and non-FFP centers. In part, the difference in these averages reflects the extent to which services are provided beyond the minimum legal interpretation used in earlier sections of this chapter.

This analysis also builds on the oral instructions given at HEW/APS monitoring conferences, and on any written responses to requests by State Title XX agencies for interpretations of the FIDCR.

Note that many FIDCR components are worded so loosely that almost any effort can be construed as satisfying them. This does not mean that these components (e.g. Social Services) are inexpensive in terms of how care in FFP centers now operates. In fact, the opposite is most often true in practice. Many of the differences in FFP and non-FFP care result from services that go beyond the minimum needed to meet the FIDCR. Those services may be more similar to what some framers of the FIDCR intended than to the minimum needed to comply. Some cost-increasing practices would have been undertaken even in the absence of the FIDCR.

The following discussion focuses on the various costs of the FIDCR for two of the three major types of child care: center and family. Almost no information is available on the third type, FFP in-home care; thus, that analysis is extremely limited. In fact, the discussion of FIDCR and center care is the most thorough one here, but that does not mean that center care is the only important kind. After all, 45 percent of Title XX, Work Incentive Program (WIN), and Child Welfare Services (CWS) children are served in family day care and in-home arrangements. The difference in the three analyses primarily stems from the relative lack of knowledge about the last two types of care and also reflects the seemingly greater relevance of the present FIDCR to center care.

The FIDCR apply only to care funded by certain Federal programs including Title XX, WIN, and CWS. Childcare funded by these programs is referred to as FFP care in the following discussion. Facilities serving these children are referred to as FFP facilities.

The discussion reports estimates of the cost of care meeting the FIDCR compared to the cost of non-FFP care. <sup>2/</sup>

These estimates attempt to show the minimum additional cost to the taxpayer of care meeting the FIDCR compared to care purchased by citizens in the non-FFP market. In addition, many factors other than the FIDCR result in differences in the characteristics and costs of FFP and non-FFP care.

The chapter also reports estimates of average cost per child in FFP and non-FFP care. Differences in these averages are only in part a result of the FIDCR; changes in the FIDCR will not necessarily result in exactly corresponding changes in the characteristics of FFP care or

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<sup>2/</sup> This comparison is not intended to imply that the FIDCR should apply to facilities serving only private-pay children.

its costs. Additional details on the derivation of many of the cost estimates presented in this chapter are included in a companion technical paper available in the summer of 1978.

### I. COST OF THE FIDCR FOR DAY CARE CENTERS

The FIDCR constrain those who provide day care to FFP children, on the whole, to use more resources (personnel, services, supplies, etc.) to serve a given number of children than providers use for the same number of children in privately paid care. Thus, on the average, the FIDCR raise the cost of FFP care above that of care in privately paid centers. <sup>3/</sup>

The regulations are not very specific; therefore, the costs of FIDCR will vary depending on interpretation. In this section, the estimated additional provider costs for each requirement are computed from estimates of the minimum additional resources needed to meet the FIDCR. <sup>4/</sup> This chapter considers three types of costs:

- The added cost per child of care meeting the FIDCR compared to the cost of non-FFP care.
- The additional cost of bringing FFP centers not meeting the FIDCR into compliance with the FIDCR.
- The average costs of care in FFP and non-FFP centers.

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<sup>3/</sup> Because private pay day care varies widely in its use of resources, the fact that the FIDCR raise the average cost of care does not mean that care under the FIDCR is necessarily more expensive than care in every private center. Some privately funded centers have more staff than required by FIDCR and offer support services that meet or go beyond FIDCR requirements. Care in these centers generally costs more than in other privately paid centers.

<sup>4/</sup> The problems with the language of the FIDCR, mentioned in Chapter 2, also mean that several interpretations of conditions necessary for minimum compliance are possible. In some instances we have tried to present an indication of the range over which the costs might vary. Other estimates are also possible.

The estimates of FIDCR-imposed costs for center care are based on data from a national probability survey of day care centers. Results of this survey, conducted in 1976 and 1977 as part of the National Day Care Study, were reported in the Draft Report of the Survey, Characteristics of Center-Based Day Care in the United States: 1976-77, hereafter referred to as the Supply Study. (Abt, NDCS Supply Study, 1977) 5/ Unpublished statistics from this survey have also been used.

Data are available from the Supply Study on the staffing characteristics of centers both receiving and not receiving Government support. Thus it is possible to estimate the additional staff resources required by the FIDCR and the added cost of the FIDCR child-staff ratio requirements. The Supply Study also provides some basis for estimating the cost of bringing Government-funded centers into full compliance with the FIDCR.

The Supply Study provides only limited information for estimating the added cost of FIDCR requirements other than the ratio provision. However, since information on total expenditures by funding status is reported, it is possible to estimate the difference in the average cost related to factors other than classroom staff in Government- and non-Government-funded centers. 6/

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5/ For the Supply Study, more than 3,100 center directors were interviewed by telephone. Onsite visits were then conducted for a subsample of centers to verify the accuracy of data reported by telephone. For purposes of the Supply Study, a day care center has the following characteristics: provides non-live-in care; has a capacity for 13 or more children; has at least 1 child enrolled for 25 hours or more; and enrolls a majority of non-handicapped children. Two other parts of the National Day Care Study were the Cost-Effects Study and the Infant Day Care Study. The final Report of the Supply Study will be issued in July 1978.

6/ Note that not all centers receiving Government funds get Title XX, WIN, or CWS funds. However, it appears that most do and that the care in these centers is reasonably close to that of centers serving Title XX, WIN, and CWS children. Moreover, not all FFP children are in the centers surveyed in the Supply Study. Centers largely serving handicapped children were excluded from the survey, as were nursery schools and other centers serving only part-day children. This chapter reflects the lack of information on FFP children in these types of centers.

In the discussion that follows, the following terms appear:

- Non-FFP profit: Centers that do not receive Government funds and are operating for profit.
- Non-FFP nonprofit: Centers that do not receive Government funds and are not operating for profit.
- FFP profit: Centers that receive Government funds and are operating for profit.
- FFP nonprofit: Centers that receive Government funds and are not operating for profit.
- Waiverable: Centers that receive Government funds but have five or fewer Government-funded children (not to exceed 20 percent enrollment paid by Government funds). These centers may be exempted by the State from FIDCR ratio requirements.
- FTE: Full-time equivalent (e.g., two half-time children equal one FTE child).

#### ADDITIONAL FIDCR COSTS: STAFF REQUIREMENTS

This section discusses the added costs that result from the FIDCR ratio requirements. Later sections in the chapter will deal with other types of FIDCR-related costs.

#### Child-Staff Ratio

Unquestionably, the FIDCR permit fewer children per staff member than do most State licensing codes and fewer than are typically found in private pay centers. <sup>7/</sup> Therefore, unless centers can find ways to cut

<sup>7/</sup> According to the FIDCR, the ratio of children to adults should not "normally" be greater than:

Under 6 weeks:	1 child to 1 adult
6 weeks to 3 years:	4 to 1
3 to 4 years:	5 to 1
4 to 6 years:	7 to 1
6 to 10 years:	15 to 1
10 to 14 years:	20 to 1

The number and age distribution of children in care will of course determine the number of classroom staff required.

costs in other respects, the cost of care meeting the FIDCR will necessarily be higher than the typical cost in private pay centers.

The number of staff hours required by the FIDCR and the resulting costs depend on how the child-staff ratio is measured. For example, the ratio of child hours to classroom staff hours, adjusted for absences of children and staff, measures the average amount of staff contact available to a child. This "contact hours" method seems to provide a more accurate estimate of the normal ratio of children to staff than other methods do. <sup>8/</sup> Of course, for a given child, any measurement method involving averages has limitations and may not provide an accurate picture of the amount of actual contact with staff.

Using the age distribution of children in FFP centers and determining compliance at the center level, the total number of full-time equivalent (FTE) staff needed to serve the 364,000 FTE children in FFP centers is estimated at 51,200. This is a ratio of 7.1 children per caregiver. In contrast, the observed ratio in non-FFP centers (which have about the same age distribution of children) is 8.4:1. This means that if care in FFP centers is to meet the FIDCR, it must use more staff and incur higher costs per child than care in typical non-FFP centers, unless savings can be managed elsewhere.

Given the formula for computing required and actual staff, several estimates of the added cost per child of the FIDCR ratios are possible. One estimate is the difference in the cost of caregivers per child in non-FFP center care and in a hypothetical set of centers all meeting the FIDCR <sup>9/</sup> and paying the same average wage as do non-FFP centers. This estimate is the minimum addition to cost above the cost in private pay

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<sup>8/</sup> For example, other methods may fail to take into account part-time children or staff, children enrolled for more than 40 hours a week, and child and staff absences. However, this approach does provide more difficulties than other methods (such as "head count") in terms of monitoring compliance because centers may not have adequate records to provide the necessary data. On the other hand, head count methods do not provide reliable estimates of average child-staff ratios in the centers unless several observations are made at different times and on different days.

<sup>9/</sup> Currently, some non-FFP centers have more staff than needed to meet the FIDCR ratios. The hypothetical set of centers is assumed to have the same distribution of excess staff.

pay centers if care is to meet the child-staff ratios of the FIDCR. This estimate is termed the least cost measure. 10/ A second estimate recognizes the higher wage structure in FFP care—in effect assuming that higher wages are the inevitable result of Government funding. 11/ This estimate is termed the least cost with wage adjustment measure. A third estimate takes into account the much higher proportion of non-profit centers in FFP care. Nonprofit centers have lower child-staff ratios than do profit centers regardless of FFP status. Under this estimate, it is assumed that, without the FIDCR, FFP care would have the same proportion of nonprofit and profit centers as is currently observed in FFP care. This estimate is termed the profit status adjusted measure.

Under estimate 1, the least cost estimate, the additional cost of the FIDCR staff ratios is \$19 a child per month or \$227 per year. Under estimate 2, the least cost with wage adjustment estimate, the additional cost of the FIDCR staff ratio is \$24 a month per child or \$290 per year.

One should not conclude from these estimates that elimination of the FIDCR child-staff ratio requirement would necessarily reduce the cost of care in FFP centers by the amounts just mentioned.

FFP care has a higher percentage of nonprofit centers than does non-FFP care. Since nonprofit centers have lower child-staff ratios and thus higher costs per child, it is likely that even without the FIDCR, FFP care would on the whole have lower child-staff ratios (and be more costly) than non-FFP care.

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10/ Average salaries are higher in Government-funded care, although this is not necessarily a consequence of the FIDCR. (The current regulations do not have education or experience requirements that would cause higher wages.)

Education and experience levels are somewhat higher in FFP care. However, for any given level of education and experience, wages appear to be higher in FFP care.

11/ The difference in salary in FFP and non-FFP may be in part a result of greater adherence to the minimum wage in FFP centers. Enhanced ability to bargain collectively in those centers operated by governmental units such as school districts is also a factor.

Using estimate 3, the profit status adjusted measure, the difference in the cost per child per month resulting from the FIDCR staff ratio is \$13 or \$153 a year per child. 12/

Since child care staff paid by CETA are available to some day care centers, the additional cost of staff will not always be reflected in a center's budget. Volunteers are also available at some centers to lower child-staff ratios without adding cost to a center's budget.

Using estimate 1, the added cost of \$227 a child per year to meet the FIDCR child-staff ratio requirement means an annual additional cost of approximately \$83 million for the 364,000 full-time equivalent FFP and non-FFP children in FFP facilities. (Approximately 200,000 of these children are funded by the Government. The other 164,000 are children whose parents are paying for care in centers serving FFP children.) The estimated additional cost of meeting the FIDCR staff ratios for these Government-funded children is \$45 million. 13/

FFP centers frequently have more staff than needed to meet the minimum required by FIDCR. This is particularly true of nonprofit FFP centers (the center type serving the vast majority of FFP children). As a result, average caregiver costs per child in FFP and non-FFP care differ by more than the amounts mentioned above. This point is discussed in the section entitled Average Cost Per Child in FFP Care.

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12/ This estimate uses the average wage for each FFP center type adjusted for the assumed lower salary of CETA employees. Note that the cost of staff may be easier to passthrough in Government-funded care than in private care, and that operators of Government-funded centers are sometimes community action agencies, school districts, or other governmental units that may have employment and income goals for their adult clients. Thus, it is likely that Government-funded centers of each profit type would have lower child-staff ratios than centers serving only privately-funded children—even without the Federal child-staff requirements.

13/ Perhaps 10 to 15 percent of children funded by Title XX are in part-time school-age center programs. It appears that relatively few of these children were included in the Supply Study. No information is available on the cost of school-age day care programs in institutions not meeting the definition of "center" used in the Supply Study (i.e., a facility providing care to at least one child for 25 hours or more a week).

## Group Size

FIDCR group size limits can affect costs in two ways, neither of which is likely to result in a major expense. First, the limits may require a rearrangement of classroom space, such as building walls or partitions. Second, the limits may require centers to change the mix of head teachers and other teachers.

Since head teachers appear to be paid only a little more than teachers and aides, it is likely that changing the mix of head teachers and aides will not substantially raise average salary. 14/

Since non-FFP centers generally meet the group size limits, taken by themselves, the FIDCR limits impose little additional cost on FFP providers compared to the cost in non-FFP care.

However, in conjunction with the child-staff ratio requirement of the FIDCR, meeting the group size limit may impose a significant cost on providers (e.g., a center may keep expenditures per child from center funds low by having relatively large groups of children, a few paid head teachers, and a number of CETA aides). Reducing group size might require either a reduction in enrollment or the addition of new head teachers. The extent to which FFP centers complying with the child-staff ratio, would incur additional costs in order to meet the group size limitation under these conditions is unknown.

It is interesting that FFP centers are more likely than non-FFP centers to exceed the group size limit. Perhaps this violation results from efforts to meet the FIDCR ratio mandate, although there is no conclusive evidence to support that assumption.

## Staff Training

The FIDCR require that the operating or administering agency:

provide or arrange for provision of orientation, continuous in-service training, and supervision for all staff involved in the day care program (and that . . . staff must be assigned responsibility for organizing and coordinating the training program.

14/ Further analyses of data from the Supply Study and Cost-Effects Study may modify this conclusion. Both experience and education appear to be related to wage rate in a manner leading to an expectation of greater differential between the wages of head teachers and aides than seems to exist.

The FIDCR do not specify the nature or frequency of training sessions.

The HEW Monitoring Guide asks the question: "Has (sic) provider and staff (if any) received any training concerning child care or related subjects?" The guide does not mention length or breadth of training and includes no requirement that skills or knowledge be demonstrated. Since even the most trivial training effort would allow a "yes" answer to the preceding question, it appears that the training provision is meaningless except as an exhortation.

Very little is known about training for center workers and directors. Neither the Supply Study nor the NDCS Cost-Effects Study (hereafter, the Cost-Effects Study) provide data that allow cost estimates of training efforts now in operation.

The nature and cost of training required to meet training or educational standards depend on the training background and experience of each caregiver. Training might consist of a 3-unit course at a junior college once a year for each caregiver. The fees for such a course might be \$75 per term. If the center gives reimbursement for those fees and each caregiver takes one course a year, the annual costs per child would be less than \$10. A training program provided during the normal work hours might cost \$50 a child per year. <sup>15/</sup>

Another form of training might be similar to the "student-teacher" model. This might mean that for a period of perhaps a month, a trainee would rotate from class to class, helping with care but not replacing experienced staff members. If the wages of the caregiver for that month represent training costs and the caregiver stays for two years and cares for seven children a year, the annual cost of training would be about \$40 per child. If a center sent one caregiver a year away for a week's intensive training and paid for salary, expenses, and tuition, the cost per child in a 50-child center might be \$20 a year. These examples are provided for illustration only.

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<sup>15/</sup> This estimate assumes an average of two hours training per week for each caregiver for 25 weeks. Training cost will depend on materials used and hourly charges of the trainers as well as the time of the trainees. Obviously very costly training packages can be imagined.

## Location of Facilities

Here FIDCR provisions would potentially increase costs if the regulations were interpreted to mean that day care centers should be easily assessable to all children eligible for Title XX care. However, this interpretation is not plausible. Obviously, in remote areas there may not be a large enough population to make center care feasible, or too much transportation time would be needed. Moreover, in certain deteriorated urban areas, it may be too costly to provide enough security to assure the safety of children, staff, and parents.

The HEW/APS monitoring Guide is silent on the interpretation of location requirements. Therefore, it seems reasonable to view those requirements as general guides involving no necessary cost increase.

## Safety, Sanitation, and Suitability of Facilities

The HEW/APS monitoring Guide suggests that possession of "current licenses or certificates which meet the State code requirements" is evidence of a facility's compliance with the FIDCR environmental standards, except in cases where a monitor observes violations of State requirements. Since centers would have to meet the State's code irrespective of the FIDCR, the elimination of code violations should not be viewed as a cost of compliance with the FIDCR. 16/

## Educational Services

The educational services component of the 1968 FIDCR is only recommended, not required, for Title XX care. If implemented, the sections' two staffing requirements could increase costs. One requires that educational services be directed by a staff member trained or experienced

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16/ No reliable information is available to compare the adherence of FFP and non-FFP centers to State safety codes. Anecdotal evidence and a few published reports suggest that problems in FFP centers are often the result of poor housekeeping and require little except the attention of the director to correct them. (See New York City Day Care Center Audit and results of HEW/APS monitoring effort in 1977.) Correcting these problems to meet State codes and thus comply with FIDCR would involve some (usually minor) expense. Note, however, that although the problems noted often do not require major costs to correct them, they sometimes involve a potential for a serious accident (e.g., exposed electrical wire or blocked fire exit).

in child growth and development.<sup>17/</sup> The other requires that persons providing direct care must have had training or demonstrated ability in working with children. The latter is potentially in conflict with the Title XX requirement that preference be given to low-income people. Moreover, if only trained and/or experienced persons were hired, pressure on wages might occur.

The Educational Services component as now written does not require a cognitively oriented compensatory program, although the term "educational services" implies this to many people.<sup>18/</sup> Cost of care does not necessarily increase in a cognitive-type curriculum, such as developing a child's readiness for school. A school readiness program might use teachers with bachelor's or master's degrees but have a rather high child-staff ratio, perhaps in excess of the FIDCR.

In contrast, a program with a focus on the "whole child" (i.e., emotional, physical, and social as well as intellectual development) might have a lower child-staff ratio, use more aides, and have equal or greater total staff costs.

Finally, in preparing any new FIDCR educational requirements, attention should be directed to the needs of children who are not developing at a normal pace. Experiences to help these children achieve their potential may require more and better trained staff plus special materials and equipment. Serving these children may therefore be more costly than serving more typical children, and special reimbursement formulas may be needed.

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<sup>17/</sup> Preliminary analysis of the Cost-Effects Study suggests that experience and education are related to wage rates. However, head teachers appear to earn only slightly more than other teachers and aides.

<sup>18/</sup> Chapter 2 suggested that the Educational Services component be renamed Developmental Services. The latter term supports the broader connotation originally intended (i.e., a component which promotes the type of interaction that nurtures a child's overall development—physical, social, emotional, and cognitive). The elements of this component include clearly defined, age-appropriate program goals, competent caregiving, and a variety of age-appropriate play materials. (Note that the last item need not be expensive. Simple household materials are often superior to expensive commercial toys; however, allowance must be made for the additional wear and tear on toys in a group setting.)

## Social Services

The FIDCR state that "provision must be made for social services which are under the supervision of a staff member trained or experienced in the field, and that nonprofessionals must be used in productive roles to provide social services." No distinction is made in the regulations as to whether the social services provided are to be only for the child in care or for the entire family, although the FIDCR do require "effective programs of referral to additional resources to meet family needs." The regulations also say that "continuing assessment must be made with the parents of the child's adjustment in the day care program and of the family situation." As currently written, this requirement seems to imply that the center must concern itself with the family life of the parents.

If the FIDCR are interpreted to mean that all children and their families must be provided with a range of social services, including family counseling, costs will obviously be greater than if the requirement is interpreted to mean only referral to food stamp or public assistance agencies. As written, the requirement is virtually uninterpretable, according to many social service and monitoring experts.

Preliminary analysis of Cost-Effects Study data indicates that costs are significantly higher in centers claiming to offer a variety of social social services. However, "social services" is a broad term. For example, in Title XX, child care itself is considered a social service. Therefore, without further clarification, the characteristics of social service programs in centers claiming to offer them are unknown and it is not now possible to associate specific costs with the social service programs now operating in FFP centers. 19/

19/ The Supply Study reported that half of all day care centers provide help in obtaining community services, and 63 percent of FFP non-profit, nonwaiverable centers do so. The same study also indicates that 87 percent of all day care centers claim to offer parents counseling on child development. However, many people are skeptical of this finding. Varying interpretations of the term "counseling" may account for the apparent differences.

Information on the frequency, intensity, and effectiveness of counseling or child assessment in day care centers is not available at this writing, though some data may be available in the future from the Cost-Effects Study.

## Health and Nutrition Services

Health. The FIDCR provide that each child must receive a physical examination upon entering day care and at appropriate intervals thereafter. Ninety percent of all day care centers require physical examinations upon enrollment. However, no data are available on followup examinations provided by FFP centers. 20/

The FIDCR state that the day care center should help parents use community resources to secure medical care. At least 70 percent of the Title XX children are eligible for the Early Periodic Screening, Diagnosis, and Treatment program (EPSDT), which States must provide to get Medicaid funds; 21/

All that is needed to comply with the FIDCR emergency medical care requirement is "the written name, address, and telephone number of a clinic, hospital, or similar health source that is used in case of emergency" (APS Monitoring Guide). Thus, the cost of compliance with this requirement is essentially zero.

The FIDCR also require an operating agency to assure that the health of the children and the safety of the environment are supervised by a qualified physician. 22/ APS has interpreted this to mean that each operating agency must be associated with a physician who helps "develop" a health and safety program. (See APS Memorandum of 12/21/77, PIQ 77-97.)

A physician consulting for a few days a year to review an operating agency's health plan seems to meet this requirement. Because an operating agency may provide care for hundreds of children, the cost of such consultation, even at a daily rate of \$200 for the doctor, is minor.

Nutrition. In addition to satisfying the appropriate State licensing requirements, the FIDCR require centers to do the following:

... provide adequate and nutritious meals and snacks prepared in a safe and sanitary manner. Consultation should be available from a qualified nutritionist or food service specialist.

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20/ Supply Study.

21/ There are inconsistent reports on the percentage of the AFDC children receiving screening examinations under EPSDT.

22/ An operating agency may be a Title XX agency or an umbrella organizations of providers.

Obviously, there are various interpretations of "adequate and nutritious." It is possible to assume that a percentage of a child's daily requirement should be supplied, the percentage to vary depending on the hours in care. "Adequate" also might be interpreted to mean that foods should be consistent with those served at home or should meet the special dietary needs of children with particular health conditions.

If day care is meant to be a comprehensive service compensating children for inadequate nutrition at home, then both the number and character of meals can be expected to vary, compared to a program limited primarily to meeting the nutritional needs of children who are well-fed at home.

Nearly 90 percent of non-FFP centers serve at least one meal a day; almost all serve snacks too. Therefore, the requirement that meals be served does not create significant additional costs for federally funded care, compared to care provided in non-FFP centers. However, the adequacy and nutritional quality of the meals served in centers is unknown. <sup>23/</sup> Moreover, comprehensive food service might mean adding a breakfast program, which would probably add another \$15 to \$20 a month per child, or \$180 to \$240 a year. <sup>24/</sup>

For nonprofit centers, the cost to the center of breakfast is not substantial when the center serves a large number of children eligible for Department of Agriculture subsidy programs. If the center has only a small number of subsidized children and attempts to provide breakfast for all of its children, then the additional cost to the center will be considerable. However, relatively few FFP children are in centers serving only a small number of FFP children.

For profitmaking centers, the issue is somewhat different. They are not eligible for Department of Agriculture subsidies. Thus, for these centers, the additional cost of the nutrition component is small only if that component is interpreted as being satisfied by lunch and two snacks of sufficient quality to provide for the needs of a generally well-fed child—the type of service normally provided in private pay care. If breakfast were also required, food service cost would be substantially increased above the cost in non-FFP care.

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<sup>23/</sup> It is not possible to estimate expenditures for food service from the Supply Study by center type. However, one study of 21 day care centers in Chicago reported that annual food service costs per full-time child were \$129 in profitmaking centers, \$332 in nonprofit centers, and \$87 in cooperative centers (Bedger et al., 1972).

<sup>24/</sup> These figures are derived from Department of Agriculture estimates of the cost of a school lunch.

## Parent Involvement

The FIDCR specify that centers must provide parent opportunities "to work with the programs and, whenever possible, observe their children in the day care facility." For centers serving fewer than 40 children, there is no specific definition of what these opportunities should be. However, FFP centers with an enrollment of 40 or more are required to have a policy advisory committee or its equivalent, with parents represented.

The Supply Study reported that two-thirds of nonprofit FFP centers with an enrollment of 40 or more children have parental involvement. Substantially fewer profitmaking FFP centers report such involvement. In principle, a policy advisory committee need not involve significant cost. But Head Start centers are reported to spend as much as 15 percent of their budget on parent involvement.

## Administration and Coordination, and Evaluation

Requirements on administration and coordination mainly apply to administering social service agencies. No estimate is available as to the economic consequence of this requirement to the provider. As pointed out in Chapter 4, the cost of effective administration and coordination to Title XX agencies is significant but not attributable to the FIDCR alone.

Under the evaluation requirement, day care providers are to self-evaluate their programs regularly, using forms provided by the administering agency. If the center director spent 1 day a quarter filling out an evaluation form, the cost (including secretarial support, salaries, overhead, etc.) might be around \$300 a year per center. For a 50-child center, that means a cost of \$6 per child.

Finally, FIDCR's evaluation component also says that day care facilities should be periodically evaluated by the administering agency; costs for this activity would vary according to agency policies.

## COMPLIANCE COSTS

This section discusses (1) the cost of bringing into compliance (if the moratorium were not in effect) FFP centers not now meeting the FIDCR child-staff ratio requirements and (2) the issue of excess staff in centers that meet the ratio. The Supply Study estimated that 5,500 more FTE (full-time equivalent) caregivers are needed nationwide to bring noncomplying FFP centers into compliance. If the 5,500 additional employees are paid the minimum wage plus 10 percent fringe benefits, or

\$6,060 per year, the total estimated additional employee cost is \$33 million per year. 25/ At the average annual salary in nonprofit, non-waiverable FFP centers, \$6,968 per year, plus 15 percent in fringe benefits, the total additional employee cost would be \$44 million.

In all, about a quarter of FFP center children are in facilities that do not meet the FIDCR ratio requirement. However, most of these facilities would need at most, two additional staff members to meet the FIDCR. Centers with staff deficits of more than two (10% of nonwaiverable FFP centers) are the most likely to choose not to serve FFP children, if FIDCR were enforced. 26/ It is estimated that these centers serve about 8 percent of all FFP children. Depending on the location of the facilities with staff deficiencies, many of these children could be accommodated in centers with excess capacity should some centers refuse to serve FFP children. However, enforcement of the FIDCR could leave some FFP families at least temporarily without the option to use center care.

Enforcement of the FIDCR might lead some centers to serve only FFP children. In many instances, this option will only be open to nonprofit providers since welfare reimbursement rates frequently do not cover the full cost of care. Centers meeting the FIDCR must often rely on subsidies in addition to FFP payments to cover the full cost of care required by the FIDCR. These subsidies are not generally available to profit centers. A move to serve only FFP children could occur in profit centers if welfare reimbursement rates were sufficient to cover the cost of meeting the FIDCR, and parents were unwilling to pay sufficiently high fees to meet the cost of FIDCR care.

The Supply Study also found that 12,400 staff in excess of the FIDCR ratios were employed in complying centers. 27/ To the extent that any of the 12,400 staff now employed in excess of the FIDCR requirement could be reduced through attrition or transferred to non-complying

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25/ These estimates are based on the "contact hours" method of measuring the child-staff ratio, as adjusted for child absences and calculated at the center level.

26/ An increase in reimbursement rates might induce some centers that would otherwise cease to serve FFP children to continue serving these children.

27/ The estimate of 12,400 is based on the contact hours method, adjusted for child absence. A stringent definition of compliance, not adjusting for absence and measuring compliance at the classroom level, yields an estimated 6,000 staff above that required by the FIDCR.

centers the net cost of meeting the staff ratio requirements would be reduced. Transfers would be most practical in centers operated by school districts or other governmental units (about 10 percent of all centers). Each reduction in the extra FTE staff of 1,000 would result in an estimated annual savings of \$6 to \$8 million in salary cost. However, note that centers with extra staff are generally FFP nonprofit, nonwaiverable centers, which are most likely to have staff paid by outside agencies (e.g., CETA workers). Therefore, reducing the number of staff in excess of FIDCR might not have a substantial effect on center budgets if the reduction primarily affected those outside staff people. 28/

Some centers may have more staff than required because enrollment or attendance is chronically below the planned level. This might occur because of undesirable location, inadequate facilities, poor staff, or other factors making the center unattractive to parents or social service agencies. Low enrollment relative to a fixed number of staff and other fixed expenses means high cost per child. However, reduction in cost per child by promoting enrollment in undesirable centers is not in order.

Finally, when care is paid for by parents, providers have a financial incentive to keep attendance at planned levels. This has the effect of keeping the cost per child down. When the care is purchased by the Government, this financial incentive exists only when authorities are actively monitoring attendance. 29/

## II. AVERAGE COST PER CHILD IN FFP CARE

Previous sections of this chapter concluded that the minimum necessary conditions for meeting FIDCR provisions other than the staff requirements involved little cost at the provider level above that

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28/ Centers with staff in excess of the FIDCR are most often of the nonprofit, nonwaiverable FFP type, which makes by far the least use of part-time paid staff (only 19 percent, compared to an average of 33 percent in all other centers). Thus, a number of the full-time positions in FFP nonprofit centers are probably part-time elsewhere, and some reduction in total staff hours could be achieved without any reduction in the number of staff. Of course, the finding that the number of staff exceeds the FIDCR requirement does not imply that these extra staff members provide no benefits to children.

29/ In some jurisdictions, Title XX agencies' contracts with providers require payment for a given number of children regardless of enrollment.

involved in meeting State licensing standards. However, this conclusion was qualified as follows:

- Some of the nonstaff requirements are virtually uninterpretable.
- Providing comprehensive services (i.e., those beyond minimum compliance with the FIDCR) will result in an increase in the cost of FFP care compared to that of private pay care.

An estimate is provided here of the cost of the more comprehensive care now being provided in FFP. <sup>30/</sup> Table 3.1 shows estimated average cost per child by center type.

Table 3.1 COMPARISON OF ESTIMATES OF MONTHLY AVERAGE COST <sup>1/</sup> PER CHILD BY CENTER TYPE<sup>2/</sup>

<u>Non-FFP</u>	
Profit	\$105
Nonprofit	\$120
Weighted average for all non-FFP	\$113
<u>FFP</u>	
Profit <sup>2/</sup>	\$130
Nonprofit <sup>2/</sup>	\$190
Weighted average for all FFP	\$171
<u>Weighted average for all centers</u> (including waiverable)	\$138

<sup>1/</sup> Includes estimates for unreported costs of proprietor's time, unpaid labor, and donated space and equipment. FFP nonprofit centers are much more likely to have significant numbers of unpaid staff. In estimating the cost of such staff, the minimum wage was used.

<sup>2/</sup> Excludes waiverable centers.

Source: Estimated from NDCS Supply Study data. Assumptions used to estimate the imputed costs included in these estimates will appear in the technical paper supplementing this report.

<sup>30/</sup> Further analysis of NDCS Supply Study and Cost-Effects Study data may result in more refined estimates of average cost and may make it possible to link provision of specific services to differences in care costs. This linkage is not currently possible.

Two-thirds of FFP centers are the nonprofit, nonwaiverable kind. <sup>31/</sup> Table 3.1 shows that the estimated average cost per child in this center type is \$70 more (\$120-\$190) than in nonprofit, non-FFP centers. A lower child-staff ratio and more noncaregiving staff account for most of this cost difference, although wage differences and supplies are also important.

Among nonprofit centers, the FFP ones are much more likely to provide transportation, more than one meal, snacks, and significantly more non-caregiving and caregiving staff. Thus, FFP centers are more likely to offer the kind of comprehensive service that appears to go beyond minimum compliance with the FIDCR especially in such areas as social services, health and nutrition, and parent involvement. These increased services result in greater costs in noncaregiving staff and supplies and possibly in occupancy costs too. Some of these differences are shown in table 3.2.

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<sup>31/</sup> Profit status is correlated with characteristics and costs of care. This analysis is primarily limited to nonprofit care because the vast majority of FFP children are cared for primarily in nonprofit centers.

Table \*3.2 MAJOR FACTORS AFFECTING AVERAGE COST PER CHILD BY FFP STATUS FOR NONPROFIT CENTERS

CENTER TYPE	Average Caregiver Weekly Wage (Center-Paid Staff)	Ratio of FTE Children to FTE Staff 2/	Average Number of Noncare-giving Staff Per Center 3/	Percentage of Centers Serving Two or More Meals 4/	Percentage of Centers Providing Transportation	Percentage of Centers Providing Four Social Services 5/
Non-FFP Nonprofit	\$116	7.8:1	2.4	40%	21%	27%
FFP 1/ Nonprofit	\$134	5.8:1	4.3	72%	46%	65%

1/ Excludes waiverable: Only 2 percent of FFP children are enrolled in waiverable centers.

2/ The required ratio for non-FFP nonprofit centers is 7.0:1. For FFP nonprofit centers the required ratio is 7.2:1. The difference in required ratios is due to a slight difference in the age distribution of children in the two types of centers. Ratios were computed from unpublished Supply Study data.

3/ Not necessarily full-time. Average FTE enrollment in the two center types is almost identical.

4/ Most centers serve snacks in addition to meals.

5/ The four social services are: counseling on child development, family counseling, help in receiving food stamps or financial aid, and help in tapping community resources such as health care.

SOURCE: Supply Study data; columns 2 and 4 were computed by HEW from Supply Study data.

Of the \$70 difference estimated average cost between FFP and non-FFP centers, it is estimated that \$35 is attributable to the more comprehensive services provided in FFP centers. 32/ The lower child-staff ratios and higher salaries in the FFP nonprofit centers also add about \$35 per child per month to average cost.

The FIDCR are not the only factor distinguishing FFP and non-FFP care, and were the FIDCR to vanish, some differences between the two would remain. The distribution of centers by profit status, sponsorship (e.g., by a community action agency or school district), and probably the degree of unionization also distinguish FFP and non-FFP centers. These factors also contribute to the difference in average cost per child shown in table 1. Moreover, FFP centers may find it easier to passthrough costs to the Government than private pay centers do to their clients.

Another important aspect of these average costs for FFP care is whether parents can or are willing to buy care that equals FFP care in cost. There is evidence that a somewhat separate market exists for FFP and non-FFP children. At present, 40 percent of nonwaiverable, nonprofit FFP centers serve FFP children exclusively. Another 20 percent serve between 75 and 99 percent FFP children. Further, it is likely that roughly 50 percent of all FFP center children are in exclusively FFP facilities. On the other hand about 35 percent of nonwaiverable FFP centers have enrollments of more than 50 percent non-FFP children.

Few parents of children in private care pay as much as the \$190 a month estimated average cost of care in FFP nonprofit centers. Unless subsidies are available for all children in a center (through the use of CETA-paid staff, donated space, and Department of Agriculture subsidies, or through State and local funding), FFP centers providing comprehensive services and meeting the child-staff ratio requirements will be unlikely to serve many non-FFP children. These subsidies are utilized by many nonprofit FFP centers. The average nonprofit FFP center has only 76 percent of its staff on the center payroll (in some cases unpaid staff are volunteers who work only a few hours a week; others are full-time CETA workers). Forty-one percent of nonprofit FFP centers have donated space.

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32/ These estimates do not include the cost of services provided directly by Title XX agencies to children in FFP centers. These estimates are derived using estimates of supplies (including food), average cost of personnel, and occupancy. The difference in average caregiving staff cost between the two types is a result of differences in average wage rates paid, the extent of compliance to the FIDCR ratios, and the extent to which each of the center types has more staff than required. Further details will be reported in the technical paper.

Profit centers are not eligible for Department of Agriculture child care food subsidies or CETA employees. Profit centers' welfare reimbursement rates must usually cover the full cost of care because few subsidies from other sources are available to these centers. Since welfare reimbursement rates cannot by law be more than fees paid by private-pay families in the same center, profit centers that wish to serve both FFP and non-FFP children will usually need to keep average costs at a level that is not higher than private-pay clients will pay. In general, compared to nonprofit FFP centers, profit FFP centers offer fewer services, have fewer noncare staff and higher child-staff ratios.

State and local Title XX policies, <sup>33/</sup> location, personal preferences, reimbursement rates, and the availability of subsidies from other programs are factors in addition to the FIDCR affecting the degree to which FFP and non-FFP children are served in the same facilities. These factors also affect continuity of care by influencing whether a child can remain in the same facility as his FFP eligibility changes.

#### CONCLUSIONS ON FIDCR AND DAY CARE CENTER COSTS

Estimates of the cost of the FIDCR reported in this chapter were developed to answer, as much as possible, the following questions:

- Does meeting the FIDCR raise costs significantly above those of care in private-pay centers?
- What is the cost at the provider level of bringing all centers serving FFP children into compliance with the FIDCR?
- How much do the comprehensive services now being provided in FFP centers add to the cost of care?

Of all FIDCR requirements, the cost implications of the child-staff ratio are clearest and easiest to estimate. The ratio provision has measurable standards for judging compliance, and reliable data are available on how the ratio requirements are met in both FFP and non-FFP centers.

With the exception of the child-staff ratio, the FIDCR appear to require few additions to the resources generally supplied in private pay

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<sup>33/</sup> For example, New York City contracts with organizations to provide care exclusively to FFP children.

care or already mandated by most State licensing standards. Those few additions help a center meet the minimum requirements for FIDCR compliance, and the added cost of doing so is minor. 34/

FFP centers appear to provide more comprehensive and intensive services and use more resources than are necessary to meet minimum FIDCR conditions. The resulting additional expenditures may not be essential for compliance with the regulations.

Because the child-staff ratio is the key requirement in terms of costs, the following conclusions focus on that ratio.

1. Meeting the minimum conditions of compliance with the FIDCR ratio provision requires that the cost of care per child be about \$19 a month more than in non-FFP centers. This means that FFP children in centers meeting the FIDCR will receive care that is significantly more expensive than that purchased by parents in centers serving only private pay children. Moreover, the majority of the latter centers could not meet the cost of the FIDCR child-staff ratio requirement and continue to serve private pay children unless some subsidy were available for all the children in their care. Thus, without a subsidy for all children in a center, non-FFP centers will, for the most part, continue to be unavailable for FFP children. 35/
2. At present about 50 percent of FFP children are served in centers that are exclusively FFP. State and local Title XX policies, location, reimbursement rates, and personal preferences are factors in addition to the cost of meeting the FIDCR that sometimes tend to promote separation of FFP and non-FFP children. The availability of subsidies, such as CETA-paid

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34/ The extent to which either FFP or non-FFP centers meet the State licensing codes on all but the child-staff ratio requirement is unknown. An HEW monitoring pilot program begun in 1977 indicates that, to the extent violations of other FIDCR provisions exist, most could be corrected at little cost. However, the monitoring effort was a pilot study rather than a systematic compliance audit, and any conclusions drawn from it must be tentative.

35/ Note that factors other than the cost of meeting the FIDCR may be involved in a decision not to serve FFP children (e.g., dislike of government regulation and red tape, or perhaps an unwillingness to serve poor children or children of another race). Geographic isolation of income groups also means that centers in some locations will have no FFP children.

staff in nonprofit centers is a mitigating factor tending to make it possible to serve FFP and non-FFP children in the same center while meeting the FIDCR and offering comprehensive services.

3. The additional cost of bringing all FFP centers into compliance with the FIDCR ratios (using a lenient definition of child-staff ratio) is estimated at \$33 to \$44 million depending on the wage rate.

Most centers with staff-deficiencies need only one or two additional staff to meet FIDCR. However, some centers are substantially deficient. Ten percent of FFP centers would require more than two additional FTE classroom staff to meet the FIDCR. Those centers might choose to stop serving FFP children rather than meet the ratio costs. Note that these estimates of compliance assume that FFP centers can readily meet State licensing requirements.

Some centers now serving both private pay and FFP children would probably cease to serve the latter if the FIDCR were enforced without a subsidy for all children in a center. Other centers might seek to serve only FFP children. In many instances this option will only be open to nonprofit providers since welfare reimbursement rates frequently do not cover the full cost of care. Centers meeting the FIDCR must rely on CETA employees, donated space, etc., in order to cover the full cost of care set by the FIDCR. CETA workers are not available to profit centers. Enforcement of the FIDCR ratios would probably result in some increase in the separation of FFP and non-FFP children.

4. There are substantial differences in FFP and non-FFP care, and those differences can be only partly attributed to the additional resources needed to comply with a plausible interpretation of the minimum required to meet the FIDCR. For instance, FFP care is more likely to be nonprofit care, which is somewhat more costly (and has a lower child-staff ratio), even in the non-FFP sector. Wages are higher in FFP care perhaps in part because reimbursement policies may sometimes make it easier to passthrough wage and other cost increases in Government-funded care. FFP centers provide more services and often go beyond what appears to be needed for minimum compliance with the FIDCR. These centers have relatively more full-time and fewer part-time staff, as well as many more caregiving and other staff. In fact, they often have more caregiving staff than required by the FIDCR.

5. The great majority of FFP children are served in nonprofit centers. The average cost per child in these centers is estimated to be \$70 a month higher than in nonprofit centers not serving FFP children. Costs other than for childcare staff account for \$35 of the difference, with the remainder attributed to lower child-staff ratios and higher wages.
6. Because FFP centers differ in their clients, profit status, and other factors that influence care characteristics and cost, it is not possible to make a precise estimate of the reduction in the cost of care were the FIDCR staffing ratios eliminated.

If they were eliminated, some centers not now serving FFP children would probably serve at least small numbers of these children. This would tend to reduce average care costs, since non-FFP centers are less expensive, have higher child-staff ratios, and offer fewer noncore services.

If the FIDCR ratios are not altered and are enforced, it is likely that some of the FFP centers now serving a mix of children will shift either to all FFP or no FFP children, unless subsidies in some form are available for all children in the center.

### III. FIDCR COSTS IN FAMILY DAY CARE

The family day care market is primarily an informal one based on personal relationships and is largely self-regulated. More than 5 million children are cared for in homes other than their own for at least 10 hours a week. <sup>36/</sup> Fewer than 3 percent of children in family day care are in FFP care. <sup>37/</sup>

For family day care, the individual licensing and Title XX policies of each State determine in large measure the impact of the FIDCR. For example, State policies determine whether an informal provider can be certified to care for a Title XX child. In turn, the extent to which these informal providers are used will largely determine the characteristics of family day care.

<sup>36/</sup> Fifty-six percent of these children are in the home of a relative, and many of the rest receive care from friends and neighbors of the child's parents. In this discussion, all persons who provide care to a child from another home for 10 or more hours a week are defined as family day care home providers: (Unco, National Childcare Consumer Study, 1975.)

<sup>37/</sup> Source: Social Services U.S.A., July-September, 1976 (unpublished at this writing).

In this discussion, the following terms are used to identify the various forms of family day care:

- Informal Care—Provided by relatives, friends, and neighbors, who typically care for one or two children from other families (perhaps in addition to their own) for little or no cash compensation. These caregivers are generally not certified or approved by a State or local government. However, some jurisdictions have special procedures for certifying relative homes for FFP children.
- Formal Care—Offered to the general public, this care may or may not be licensed, certified, or approved.
- Regulated Care—Licensed, certified, or approved by a State or local government. The FIDCR requires that FFP family day care be regulated, and regulated care usually is formal care.
- Nonregulated Care—Refers to all family day care that is not regulated.
- Children in Care—Refers to children from homes other than the provider's.
- Children in the Home—Refers to the children in care, plus the caregiver's children.

Although one limited survey of family day care providers yields information on some of their characteristics, no national information provides a complete picture of the supply side of the family day care market. <sup>38/</sup> On the demand side, the National Childcare Consumer Study, (Unco, 1975) (hereafter, the Consumer Study), provides national information on those using family day care.

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<sup>38/</sup> This 1977 survey of 277 homes and 642 children was phase I of the National Day Care Home Study. This effort, hereafter called the Caregiver Survey, was designed as a probability survey of family day care homes in SMSA's over 300,000. Unfortunately, the limitations mean that the study cannot really be considered a probability survey of all family day care. However, the study does provide valid information on the direction and approximate magnitude of differences between regulated and nonregulated care.

The sample in this survey underrepresents informal care. This conclusion is based on a comparison of Consumer Study and Caregiver Survey data on the percentage of care that is (1) provided by relatives, (2) provided free or compensated in a nonmonetary way, and (3) compensated in cash.

The following sections discuss key FIDCR requirements and how they affect family day care costs.

#### FIDCR LIMITATION ON THE NUMBER OF CHILDREN IN A HOME

The FIDCR limits on the number of children in family day care are as follows:

Infancy through 6 years: No more than two children under age 2 and no more than five total, including the provider's children 14 years old and under. 39/

3 through 14 years: No more than six children, including the provider's children 14 years old and under.

The FIDCR do not say how the number of children is to be determined. As with center care, the method of measuring that number is important in determining whether a home meets the FIDCR limit. For example, under one measurement, 36 percent of all regulated homes in a survey had six or more children, thus potentially violating the FIDCR limit. 40/ Under another measurement, however, only 4 percent of the homes in this survey had that many children. 41/

Interestingly, the percentage of nonregulated homes with six or more children is minor, whatever the method of measurement. Thus, it appears that there is potentially an adequate supply of family day care

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39/ Public Law 94-401 (September 1976), sec. 5, provided that through Sept. 30, 1977, only the children of the provider who are under 6 need be counted in determining limits for family day care homes. Public Law 95-171 extended this provision to Sept. 30, 1978.

40/ Here the total number of children in the home includes the caregiver's own children aged 14 and under, and all children in the home during its operating hours are counted (computed from Caregiver Survey 1978 data).

41/ Here the total number of children in the home includes the caregiver's own children under age 6, and the maximum number of children in care at any one time is counted (computed from Caregiver Survey unpublished data).

meeting the FIDCR limit. Whether those homes would be available for FFP children is unknown. 42/

There is one possible situation under which the FIDCR limit on the number of children would increase the FFP reimbursement cost. If family day care providers, caring for only one or two children, charged higher rates per child than providers caring for a larger number of children, reimbursement cost would rise. However, this relationship between fee per child and number of children in care does not seem to be confirmed by available data; the Caregiver Survey suggests that the per-child rate does not vary with the number of children in care or in the home, and there is no indication that States vary their reimbursement rates based on the number of children in a home.

It is possible to conclude, then, that the FIDCR limit does not involve an additional reimbursement cost. However, the per-child cost for licensing, monitoring, and training (discussed in the next section) will increase if the number of family day care homes used for FFP children increases. Each home would then have fewer children to share overall costs.

#### LICENSING, MONITORING, AND TRAINING

The FIDCR require that any family day care home receiving FFP funds must be licensed by the State or local government. The effect of that requirement depends almost entirely on State regulatory policy: If the State or locality requires a home visit before licensing and if it

42/ If reimbursement rates for FFP care are below the average market rate for family day care, then it is possible that there is a shortage of family day care homes willing to serve FFP children.

According to the Caregiver Survey and a study by Pacific Consultants (1977), it appears that in many States reimbursement rates are somewhat below the average fee for full-time regulated care. However, reimbursement rates appear to be about the same or in some States above the average full-time fees in the informal market. Hence, the potential for a shortage of FFP family day care homes probably depends on the extent to which Title XX agencies use informal care. No difficulty in finding providers was expressed by Title XX agencies surveyed as part of a study of FFP family day care in New York (Welfare Research, Inc., 1977).

monitors extensively, then licensing and monitoring costs will be considerable. For example, initial certification costs in 16 upstate New York counties ranged up to \$186 per home, <sup>43/</sup> and annual recertification costs ranged from \$12 to \$66 per home (Welfare Research, Inc., 1977).

On the other hand, governments that use a licensing procedure involving only registration and spot checking to regulate homes may have only minimal costs. Such a procedure could involve as little as having the family day care provider fill out a form and mail it back to the State or local regulatory agency. Under the current interpretation of FIDCR registration alone apparently does not satisfy the requirement that all facilities be licensed. An important issue is whether in a State or local government having several "tiers" of licensing, the least stringent tiers meet the licensing requirement.

As in the case of center care, the HEW/APS Monitoring Guide for family day care homes is not very specific about training. Therefore, one must conclude that almost any training effort—however small—is enough to comply with the FIDCR. Thus, the cost of meeting this requirement seems negligible, yet training costs in some FFP family day care programs have been substantial.

Promotion of a significant training component in FFP family day care could have a major impact on the public costs of providing care for FFP children in family day care homes. First, the training program itself may be expensive, and second, training might raise the minimum reimbursement that family day care providers are willing to accept. However, FFP family day care providers are such a small part of the total family day care market, that this training will not have a significant effect on the fees charged to private pay families.

The extent of training in the formal and informal markets is unknown. The general impression seems to be that most family day care providers have had little training. If this is so, then the FIDCR training component means that FFP family day care will utilize more resources than private pay care.

As reported in Chapter 2, providers seem to be interested in training and are willing to be trained on their own time. Costs will depend on both the length of training and location. If training is conducted in the trainee's home over an extended period, costs will be quite high per child served, as the following example shows.

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<sup>43/</sup> The county reporting a cost of \$186 had a very low turnover of providers; hence, the annual total cost of certification was low relative to the total number of certified homes.

The West Virginia Paraprofessional Training Program has been studied rather thoroughly. The program is an intensive one involving a total of 15 months of training in the provider's home. Costs in each of the program's three training phases have ranged from \$7.80 to \$37.00 a month per child in care and, in all, have added 19 percent to the basic cost (family day care provider payments and administrative costs) of child care (Peat, Marwick, and Mitchell, 1977).

This training program did not produce measurable positive changes in provider behavior (Family Learning Centers, 1977). Its high cost was at least in part the result of its being used implicitly as an income maintenance program. (AFDC recipients were trained and then paid to be trainers of family day care providers. The turnover for both groups was high.)

A short course at a local high school or community college would be much less costly than the West Virginia effort. To illustrate, a training package consisting of a 4-hour weekend course for 5 weeks would require perhaps 30 teacher hours at \$10 an hour, or \$300. Spread over 15 caregivers, this is only \$20 per person—about \$7 a year per child.

#### OTHER FIDCR REQUIREMENTS.

As reported in Chapter 2, there is evidence that some family day care providers serve meals that are less nutritious than recommended. Since the amount spent on meals by family day care providers in private pay care is not known, it is not possible to estimate the total added cost of a nutritious meal program. However, one can estimate the cost per child of such a program: Department of Agriculture figures show that a low-cost, nutritionally sound food program for a 3- to 5-year-old child at a family day care home would cost \$3.64 per week.

Apart from safety provisions (which refer to State and local licensing codes), other FIDCR requirements do not seem to apply to family day care home providers. However, there is no specific distinction made in the FIDCR between family and center day care providers. It would seem that the individual costs of meeting any other FIDCR regulations need not be substantial. However, depending on the jurisdiction involved, a broad program of social and health/nutrition services, and training,

licensing, and monitoring of family day care providers can be quite costly, adding up to \$25 a week per FFP child. 44/

## CONCLUSION

This section-by-section analysis of the FIDCR shows that meeting the minimum conditions for compliance by family day care homes to the regulations does not require that reimbursement per child be substantially above the average fees charged for private pay care. Yet the cost of training, support services, licensing, and monitoring for FFP care are in some jurisdictions substantial. No information is now available to document benefits to children resulting from these expenditures. A later phase of the National Day Care Home Study will study the characteristics of various types of family day care homes and the behavior of both caregivers and children in these homes. However, there will be no information on the differences in the children's social or cognitive growth.

## IV. IN-HOME CARE AND THE FIDCR

The FIDCR require that FFP in-home care meets standards established by the State (or by an Indian tribal council) that are reasonably in accord with recommended standards of "national standard-setting organizations." While 28 States (Pacific Consultants, 1976) have set such standards, it seems that relatively little has been done to monitor them. HEW monitoring of Title XX day care facilities did not include in-home care in phase I, though such care is to be included in the next phase of the Department's effort. Until much more is known about the characteristics of such care, the additional costs (and benefits) of support services and training for in-home day care providers cannot be determined.

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44/ A New York study showed that for New York City, administrative costs (including various support services to the provider) plus monitoring and training, ran \$25 a week per child. In contrast, administrative and support services in two upstate New York counties that had low expenditures ran only \$3.75 and \$4.60 a week per child (Welfare Research, Inc., 1977).

The New York study shows the diversity of costs that might be expected from State to State as well as within other States. With an array of support services, training, and extensive monitoring, FFP family day care becomes rather expensive compared to privately purchased family day care, whether regulated or not.

According to Consumer Study data, 36 percent of households using a primary method of care for 10 or more hours a week use in-home care; 55 percent of these households use relatives. Only 19 percent of FFP children are served by in-home care, according to data reported by Social Services U.S.A. (April-June 1976). However, some States (e.g., Michigan) make fairly extensive use of this type of care for their FFP clients.

The main cost issue for in-home care is payment of the minimum wage. The law requires this, except in certain situations involving relatives. However, Consumer Study data indicate that the minimum wage is seldom paid. The State of Michigan has taken the position that the amount of payment is between the parent and the day care provider. Therefore, the State is not responsible for insuring payment of the minimum wage for in-home FFP care.

The appropriateness of the minimum wage for in-home care is beyond the function of this report to analyze.

## CHAPTER 4

### ADMINISTRATION OF THE FIDCR

The FIDCR do not operate in isolation. They interact with other sets of regulations at the Federal, State, and local levels. And, to be effective, they require the support and participation of State and local day care administrators, day care providers, and parents using the federally funded services.

This chapter examines the set of issues concerning the administration or implementation of the FIDCR, including:

- The relationship of the FIDCR to State licensing standards;
- The record of the Federal Government in developing, implementing, and enforcing the FIDCR; and
- The ability the States have shown to administer the regulations.

### OVERVIEW OF DAY CARE REGULATION

The FIDCR are only one set of many regulatory actions taken out of concern for children in day care.

Vertically, there are three layers of regulations operating at the Federal, State, and local levels. Federal regulation is just one of these regulatory layers.

Horizontally, the Federal Government funds and regulates day care programs through the Departments of HEW, Agriculture, Defense, Labor, and Housing and Urban Development; the Bureau of Indian Affairs; and the Community Services Administration. The 1968 FIDCR apply to some of these programs, the Title XX FIDCR to others, and the Department of Defense regulates its own programs. Moreover, there are several regulatory bureaucracies concerned with day care at the State and local levels, all acting under their own separate statutory mandates, supported by separate constituencies, sending separate inspectors, with separate perspectives and training, looking for separate things. These include:

- The fire safety and building safety systems—sometimes combined, sometimes separate, sometimes operating under a uniform State code, sometimes having the power to add additional local restrictions. These regulators are usually local building inspectors, and sometimes fire department

officials, operating under State authority to protect property and life from the danger of fire. Some States have a separate day care code; many others apply school or institutional codes.

- Local health officials, often acting under an undetermined number of different State codes promulgated in response to a State statutory mandate to protect against the spread of disease. Codes applied are seldom specific to day care; they are most likely to be appropriate for hospitals or restaurants (Morgan, 1976; and Aronson and Pizzo, 1976).
- State or local day care licensing staff, acting on standards developed by a State or local agency, usually Welfare, but sometimes Health; an Office of Child Development; or, rarely, Education. The staff and constituency are concerned for children in day care, and likely to be knowledgeable about it.
- Local zoning codes, sometimes applied inadvertently to day care (as when day care is not permitted because it is not in a list of permitted uses); and sometimes applied quite directly (as when regulating the amount of outdoor play space).

This lack of system, which can be costly to day care, is beyond the direct control of the Congress. With improved Federal leadership and technical assistance, the States might be able to streamline and coordinate these processes.

Has the Federal Government coordinated its efforts with the States? Are State licensing standards adequate for the Federal purpose in regulating day care? Has the Federal Government shown a commitment to leadership in the day care field? Have the FIDCR proven to be administrable at the Federal, State, and local levels? These questions are addressed in this chapter.

## I. STATE STANDARDS

While both the FIDCR and State licensing standards are concerned with quality control, the two serve different purposes. The FIDCR are purchase-of-services requirements that prescribe conditions programs must meet to be eligible for Federal funds. State licensing standards

prescribe the minimum standards of performance that must be met by all day care programs in a State to operate legally.<sup>1/</sup> As a result, all day care subject to the FIDCR must comply first with State licensing standards.

Licensing standards are a necessary condition for regulating the quality of day care, but are they sufficient to insure the uniform minimum level of program performance acceptable to the Federal Government? Prior to 1968, State licensing standards would not, on the whole, have promoted the level of program performance the FIDCR identified. State standards were not adequate in that many had no requirements for centers and family day care homes and many did not address the same core component elements as the FIDCR.

Since 1968, changes in State standards have been numerous and significant. In 1976, only 10 States were "... still using center or home standards which were developed in 1968 or earlier..." (Pacific Consultants, 1976). It appears that the existence of the FIDCR was a factor in States' decisions to revise their standards. Another factor was the existence of the model licensing codes developed by the Office of Child Development in 1972. Change, however, has not necessarily meant that State standards have developed according to the FIDCR model. Some States, such as Massachusetts, developed standards that are more stringent and comprehensive than the FIDCR. Other States developed less stringent standards. Mississippi, for example, revised its day care center licensing standards in 1975 but elected not to establish required child-staff ratios (Pacific Consultants, 1976). Connecticut recommends but does not require adherence to its child ratios. In Idaho, various jurisdictions are debating whether they have the authority to apply enforcement sanctions for violation of their standards.

Research data on current State licensing standards are incomplete and frequently contradictory. Even where reliable data do exist, it is difficult to compare the requirements of the FIDCR with those of the State licensing standards.

One reason for this difficulty is that State standards often incorporate local code requirements for fire, health, and building safety, and sometimes zoning. These local standards are not developed and implemented by one agency, which causes contradictions and problems of coordination in applying them. Moreover, many communities apply the local public school, restaurant, and hospital standards to day care, and these are frequently inappropriate to a day care environment (Morgan, 1976; and Aronson and Pizzo, 1976).

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<sup>1/</sup> In some States, day care facilities operated by public agencies are not subject to State standards.

Another reason for the difficulty in comparing standards is that States differ with respect to what components of a day care program they regulate (see Table 4.1):

- Center care. Almost all States, along with the Federal Government, support the position that child-staff ratios and the environmental, administrative, health and safety, and educational aspects of day care center programs should be regulated. They are less unanimous in their position regarding the value of including requirements for staff qualifications and staff training and regulating group size. For 41 States including the District of Columbia (where information is available), 31 regulate group size. However, of these 31, 12 States establish group sizes for all ages of children; 15 States regulate group size only if a child is age 18 months or older, 1 State only if the child is age 3 months or older, 2 States only if the child is 6 weeks or older, and 1 State has a 25:1 ratio for all children under age 6. (Lawrence Johnson Associates, To be published). And, on the whole, States do not support establishing licensing requirements for social services, parent involvement, and program evaluation.
- Family day care. State licensing standards represent a significantly different focus from the FIDCR for family day care. Both the FIDCR and State standards establish child-staff ratios, and facility, health, and safety requirements, but other areas of the FIDCR have little similarity with State standards. In five States, standards only apply to federally funded programs.
- In-home care. Only 28 States have any requirements for in-home care providers. FIDCR do not include standards for in-home care, relying on States to develop this type of regulation.

The fact that a State standard addresses requirements for the same components as the FIDCR does not speak to either the adequacy or specificity of that standard. States do not always regulate the same aspects of a particular component, and it is frequently difficult to determine if the elements being regulated are comparable in importance. Table 4.2 shows the variation in coverage among six State standards. In fact, as this table shows, in no instance do the six States surveyed regulate the individual components of the FIDCR in the same way.

The child-staff ratio requirement identified in the FIDCR and State standards for centers are among the most easily measurable of the regulatory provisions. Yet even here there are problems in determining comparability because it is difficult to determine what the ratios represent. Who, for example, should be counted as staff: all of the center staff or only those individuals who work some percentage of their time with children? How should ratios be computed: on the basis of center

Table 4.1: NUMBER OF STATES WITH LICENSING STANDARDS REGULATING AREAS COVERED BY FIDCR

FIDCR SECTIONS <sup>1/</sup>	STATE STANDARDS CENTERS	FAMILY DAY CARE HOMES
II. Environmental Standards	51	48
III. Educational Services		
Educational Program	42	28
Staff Qualifications	37	24
IV. Social Services	13	11
V. Health and Nutrition		
Health	48	45
Safety	49	48
Nutrition	49	46
VI. Training of Staff	26	12
VII. Parent Involvement	19	5
VIII. Administration		
Administrative	49	-
Non-discriminative	16	-
IX. Evaluation	13	8

<sup>1/</sup> Section I, "Day Care Facilities," contains child-staff ratios, among other things. This section is described in Table 4.3 and Figure 4.A.

SOURCE: Pacific Consultants, Child Day Care Management Study, Vol. 1, 1976.

Table 4.2. FIDCR PROVISIONS COVERED BY STATE REQUIREMENTS IN EFFECT APRIL 1977 FOR THE SIX STATES IN REGION V.1/

Provisions in FIDCR	Totals by Type of Coverage			Totals by Degree of Coverage	
	Home	Centers	Administrative Agency	Full Coverage <sup>1/2</sup>	Partial Coverage <sup>3/</sup>
<b>I. DAY CARE FACILITIES</b>					
A.1. Family day care definition					
2. Group day care definition					
3. Day care center definition					
B.1. Family day care ratios	3	--	--		
2. Group day care home ratios	3	--	--		
3. Day care center ratios	-	0	--		
C. Meeting state standards	4	6	--		
Title XX Modified					
<b>II. ENVIRONMENTAL STANDARDS</b>					
A.1. Providing day care for target groups	0	0	6	6	0
2. Factors in establishing/using facility	0	0	4	4	0
3. Compliance with the Civil Rights Act of 1964	0	2	4	4	2
B.1. Meeting local safety and sanitation codes	4	6	--	4	2
2. Obtaining technical advice if no local codes	--	--	6	6	0
3. Space and equipment	6	6	--	6	0
<b>III. EDUCATIONAL SERVICES (optional)</b>					
1. Educational opportunities	4	6	--	4	2
2. Educational supervision	2	4	--	2	2
3. Staff training/demonstrated ability	4	5	--	4	1
4. Educational materials	6	6	--	6	6
5. Social and psychological development	5	4	--	4	1
<b>IV. SOCIAL SERVICES</b>					
1. Supervised provision of social services	0	0	1	1	0
2. Use of nonprofessionals	0	0	1	1	0
3. Family counseling and referral	0	0	4	4	0
4. Assessment of child and family	1	2	4	4	1
5. Coordination with other resource organizations	0	0	4	4	0
6. Assessing ability to pay	0	0	5	5	6
<b>V. HEALTH AND NUTRITION SERVICES</b>					
1. Physician supervision of health and safety	0	2	2	2	2
2. Dental, medical, and other health evaluation	1	0	0	0	1

Table 4.2. FIDCR PROVISIONS COVERED BY STATE REQUIREMENTS IN EFFECT APRIL 1977 FOR THE SIX STATES IN REGION VI/ (Continued)

Provisions in FIDCR	Totals by Type of Coverage			Totals by Degree of Coverage	
	Home	Centers	Administrative Agency	2/ Full Coverage	3/ Partial Coverage
3. Dental, medical, and other health service provision	0	0	0	0	0
4. Daily evaluation of illness	6	6	1	6	0
5. Immunizations	5	6	1	5	1
6. Emergency care arrangements	6	6	1	6	0
7. Adequate and nutritious meals	5	6	1	5	1
8. Staff awareness of health and safety hazards	3	3	1	3	0
9. Periodic assessment of staff competency	6	6	0	6	0
10. Health records	6	6	1	6	0
VI. TRAINING OF STAFF					
1. Inservice training of all staff	1	2	2	3	1
2. Staff designated to provide training	1	3	4	5	0
3. Career progression opportunities	0	0	0	0	0
VII. PARENT INVOLVEMENT					
1. Involvement in program operation	3	3	0	2	2
2. Involvement in decisionmaking	2	1	0	1	1
3. Establishing a policy advisory committee	0	0	1	0	0
4. Policy advisory committee functions	0	0	1	0	0
VIII. ADMINISTRATION AND COORDINATION					
A.1. Written personnel policies	--	3	--	3	0
2. Equal opportunity in recruiting and selection	--	2	1	3	0
3. Staff patterns	--	4	--	4	0
4. Administering agency's use of waivers	--	--	0	0	0
5. Administering agency's policy and procedures	--	--	4	4	0
6. Compliance with the Civil Rights Act of 1964	0	2	5	5	1
B.1. Coordination of program planning	--	--	6	6	0
2. Coordination with other State and local agencies	--	--	6	6	0
3. Sharing personnel and resources	1	1	0	1	0
IX. EVALUATION					
1. Periodic evaluation for FIDCR compliance	N/A	N/A	N/A	N/A	N/A
2. Periodic self-evaluation					

1/The States in Region V are Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

2/Full coverage: covered for both centers and homes or by the administering agency for both.

3/Partial coverage: covered for either centers or homes, but not both.

Source: Unco, Inc., A Federal Day Care Requirement Implementation Strategy for Region V, 1977.

enrollment or on the basis of average daily attendance? As a result, comparing child-staff ratios in the FIDCR and State standards without identifying how ratios are defined and monitored in each State provides only limited information. Given this caveat, the national averages for child-staff ratios in State licensing standards--which conceal considerable variation among States--are (see Table 4.3 and Figure 4.A):

- Dramatically different from FIDCR for 3-, 4-, and, 5-year-old children in day care centers; and
- Closest to equaling the FIDCR for children under age 2, children 6- through 9-years old, and for children over age 10.

In 1976, most State standards child-staff ratio requirements for family day care homes were as extensive as the FIDCR: 44 States and the District of Columbia had established ratios of 6:1 or less; one State (Florida) had a ratio of 5 to 10:1; four States had a ratio of 7:1; and one State (Kentucky) had no ratio requirement.

States differ in how they apply State standards (Pacific Consultants, 1976).

- Center care. All States require that private centers be licensed and 44 States and the District of Columbia require the licensing of publicly operated centers. For the remaining six States, public centers are either approved (four), or certified (two).
- Family day care homes. The majority of States (32) and the District of Columbia license family day care homes; seven require licenses only if a home is serving four or more children; three approve homes; three register homes; and five do not apply sanctions unless the home is subject to the FIDCR.
- In-home care. Ten States have no requirements for in-home care providers and ten States did not use this provider category. Eighteen States and the District of Columbia do not apply requirements unless the provider is paid with Title XX monies. Two States license in-home care providers, six approve, and two register them. For two States there was no information.

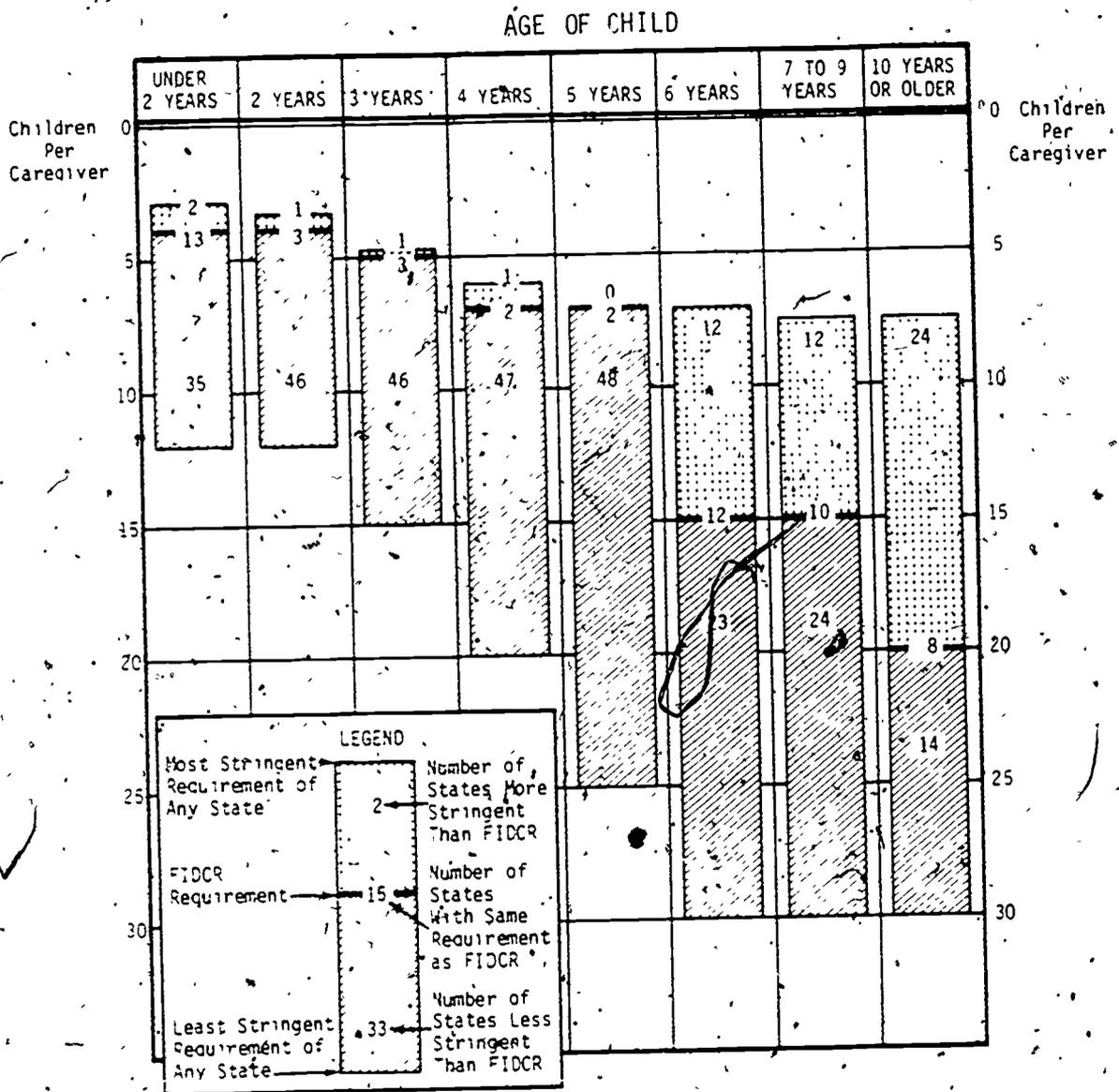
In conclusion, although State licensing standards have become more stringent in the past 10 years, the evidence indicates that these codes still do not insure a minimum level of program performance when judged by their comprehensiveness.

Table 4.3. COMPARISON OF DAY CARE CENTER STAFFING REQUIREMENTS FOR FIDCR AND STATE LICENSING STANDARDS

<u>Age of Child</u>	<u>FIDCR Staffing Requirement for Children Per Adult</u>	<u>National Average of the Child-Staff Ratios for All States</u>	<u>Number of States Having Staffing Requirements at Least as Extensive as FIDCR</u>
Under 2 years	4.0	6.8	15
2 years	4.0	9.0	4
3 years	5.0	11.3	4
4 years	7.0	13.6	3
5 years	7.0	16.6	2
6 years	15.0	18.4	24
7-9 years	15.0	18.8	22
10 years	20.0	19.0	32

SOURCE: Abt Associates, Inc., NDCS Supply Study, 1977.

Figure 4.A. RANGE OF STATE STAFFING REQUIREMENTS AND EFFECTIVE MAXIMUM CHILD-STAFF RATIOS, BY AGE OF CHILD



NOTE: Mississippi regulations do not specify any required ratio for any age group. Idaho, Maryland, and Rhode Island regulations do not specify a requirement for children age 6 and older. Massachusetts does not specify a requirement for children age 7 and older. Connecticut recommends rather than requires staffing ratios. (The District of Columbia is included in the State counts.)

SOURCE: Abt Associates, Inc., National Day Care Center Study, 1977.

## II. FEDERAL IMPLEMENTATION

The problems the Federal Government has experienced in designing and implementing a Federal day care regulatory policy are not unique. Many of the difficulties are inherent in any regulatory process. To assess the strengths and weaknesses of the FIDCR as regulations, this report has examined the FIDCR within the broader context of the state of the art of Federal regulation.

Regulatory experts identify six basic factors that influence the success or failure of Federal regulation in general:

- The clarity of the goals of regulation,
- The clarity of the language of the regulations,
- The involvement of the public in the regulatory process,
- The climate in which the regulatory process takes place,
- Conflicts of loyalties, and
- The enforcement policy.

### CLARITY OF GOALS

Clearly stated regulatory goals are the first tenet of a successful regulatory process. In the case of the FIDCR, however, there has been confusion since their initial drafting as to what they are intended to accomplish. According to one study: "There had never been agreement prior to Title XX as to whether the Federal Interagency Day Care Requirements represent goals toward which a program should strive, minimum standards below which a facility should not fall, or funding requirements necessary for public subsidy" (Unco, Region V Study, 1977). This confusion has existed despite the clear legal regulatory nature of the FIDCR. Quoting from the FIDCR: "As a condition for Federal funding, agencies administering day care programs must assure that the requirements are met in all facilities which the agencies establish, operate, or utilize with Federal support."

As a consequence, the controversy over the FIDCR focuses almost exclusively on the provisions of individual regulations rather than on the underlying policy issues. Regulatory goals are unclear with respect to:

- The purpose of the FIDCR,
- The degree of compliance required, and
- Whether the FIDCR are consistent with the goals of Title XX.

With regard to the first area, the FIDCR never state that their purpose is the protection of the well-being of children. Children as a class have no established rights under the FIDCR because the requirements apply only to children in certain federally funded programs. According to the congressional mandate for the FIDCR, the purpose is to provide "a common set of program standards and regulations, and mechanisms for coordination (of day care services) at the State levels." Nonetheless, despite the lack of specific language addressing the needs of children, there is historical evidence to indicate that both the Congress and HEW saw the protection of children's well-being in federally subsidized programs as an intended consequence of the FIDCR.

The second area refers to the continued debate as to whether the FIDCR are intended to be guidelines or regulations. The language of the FIDCR often raises questions about the mandatory status of individual provisions. For example, in describing the types of facilities to which the requirements apply, the FIDCR state: "It is expected that a community program of day care services will require more than one type of day care facility." What is presented as a requirement appears to be turned around when the same paragraph concludes: "while it is preferable that the three types of facilities be available, this is not a requirement."

HEW policymakers contributed to the confusion over the degree of compliance required by the FIDCR. In October 1975, Stephen Kurzman, the Assistant Secretary for Legislation, testified before the Congress that the Department regarded the FIDCR as goals and would work with the States to develop good faith efforts to meet them rather than concentrate on strict enforcement (S. Kurzman, Oct. 8, 1975).

The third area of controversy is whether the FIDCR as a set of Federal regulations are consistent with the goals of Title XX. Title XX allows individual States to fashion social service programs based on each State's unique characteristics. With the exception of the FIDCR, Title XX does not establish Federal regulations for any of the other social services the States may elect to provide.

#### CLARITY OF LANGUAGE

Regulations having the force of law require uniform application and, therefore, must be written in clear and unambiguous language. Unfortunately, the language of the FIDCR and limited supporting guidance materials make the application of critical FIDCR components a difficult task. For example, although child-staff ratios are considered one of the most important—and precisely worded—sections of the requirements, uncertainty remains over what the child-staff ratios are for family day care homes and how to calculate child-staff ratios in day care centers.

The FIDCR's imprecise language also causes ambiguity over what conditions must be met for the granting of waivers. The introduction of the FIDCR establishes narrow grounds for granting waivers and requires that each waiver be approved by the Federal regional office. In contrast, section VII of the FIDCR (Administration and Coordination) defines potentially broader conditions for granting waivers, and allows the administering agency the discretion to grant the waiver. Another example of ambiguity is section V, which requires that "... arrangements ... be made for medical and dental care," but does not specify whether it is the responsibility of the provider or administering agency to arrange to pay for these services.

Because the lack of specificity and the ambiguity of the FIDCR have interfered with the enforcement of the regulations, it is important that new regulations be written in precise and informative language.

## PUBLIC INVOLVEMENT

Public involvement in the development and implementation of regulations is a critical ingredient of a successful regulatory program. According to a 1976 House report: "... many of the flaws in regulation are related to a lack of agency responsiveness to the consuming public it was created to serve" (U.S. House of Representatives, 1976, p. 539). The report points out that the need for public input is especially critical in the area of social services: "In particular, regulation relating to health and safety needs to operate in a setting less dominated by political interferences from, or on behalf of, regulated industry" (p. 540), because "the public well-being is the most difficult to qualify and therefore most likely to be undervalued" (p. 478). In the case of the FIDCR, the Federal Government has not insured public participation either through regulatory policy or Federal leadership.

The public affected by the FIDCR—day care consumers, day care providers and State and local administrators—did not participate in the development of the 1968 FIDCR nor has the public been informed that it has a role to play in the regulatory process. In fact, people who use federally financed day care are not knowledgeable about the existence of the FIDCR nor do they know how to take an active role in influencing the regulatory process (Unco, National Childcare Consumer Study, 1975).

Title XX and the FIDCR contain two mandates for public participation, but neither concerns the involvement of the public in the regulatory process. The "sunshine" provisions of Title XX require public involvement only in the planning process and do not apply to the regulatory functions of the FIDCR. The FIDCR provisions requiring parent involvement and parent advisory committees focus only on participation in the day care program, not in the regulatory process. Finally, the language of the parent participation requirements does not provide enough substance to make them operational.

According to a Senate report: "The single greatest obstacle to active public participation in regulatory proceedings is the lack of financial resources by potential participants to meet the great costs of formal participation. Lack of funds have prevented public participation in many important proceedings" (U.S. Senate, p. vii, 1977). In the real world of day care the majority of local advocacy groups and day care providers have not had the resources necessary to play a significant role in national policy formulation.

The importance of insuring public participation in the regulatory process cannot be overestimated. Formal plans to encourage and allow public participation in the drafting of new FIDCR regulations and in the implementation of these regulations are discussed in Chapter 5.

### THE REGULATORY CLIMATE

Attitudes about regulation influence the success or failure of a regulatory process. Building and maintaining a consensus supporting a regulatory program, however, is far from simple to accomplish and requires continued governmental attention. A lack of strong Federal leadership in supporting the FIDCR has been one of the major barriers to enforcement: some States interpreted the absence of technical assistance as an indication that the Federal Government was not committed to enforcing the FIDCR and tailored their own commitment to enforcement accordingly (American Public Welfare Association, 1977; and Unco, Region V Study, 1977).

### CONFLICT OF LOYALTIES

An inevitable characteristic of the regulatory process is that new loyalties are established when regulations are implemented. These loyalties can interfere with the purposes of regulations. The so-called dominant interest group theory of regulation, for example, holds that the regulatory process becomes dominated by one group representing a particular interest or point of view. This group eventually subverts the goals and purposes of the regulatory process to its own self-interest because "... regulators ultimately recognize that their survival is dependent on their willingness to accept and champion the viewpoint of the regulated" (Ruchlin, 1976).

The resulting conflict of loyalties, while somewhat different from the conflict that exists when the Government regulates the private sector, is manifested in the regulation of day care in several ways. First, individual States adopt policies to implement and enforce the FIDCR. While the policies of some States clearly conform to the spirit of the law, the policies of others seem to be designed to insure the flow of Federal funds even though the programs are not in full compliance with all or most FIDCR provisions.

A conflict of loyalties can also occur when State licensing personnel play the dual role of consultant and program monitor to day care programs. (Morgan, 1976; Class et al., 1976; and Costin et al., 1976). The underlying intent and purpose of these two tasks serve different ends and to some extent involve a different set of loyalties. Program monitoring is a quality control task where the focus of activity is to assess program compliance with a given set of regulations. The provision of technical assistance, on the other hand, is a supportive and educative task. It is difficult to help a person meet requirements and then invoke sanctions against them for failing to do so. This can imply an admission of failure of the consultant's assistance and a violation of the relationship of trust.

At the State level another related problem of conflict of loyalties can occur when the regulator is also the purchaser of the day care service. A shortage of available day care can influence the judgments made about the adequacy of existing resources. State licensing offices are familiar with these issues, and a number of solutions are being suggested and tried to retain an active regulatory stance. Some States have separated technical assistance, consultation, and training functions from the regulatory tasks by assigning different personnel to perform these tasks, by purchasing them from outside consultants selected by the providers of care, or by training staff to differentiate the roles they play. Some States have placed the licensing function in a different agency.

#### ENFORCEMENT POLICIES

The intent to enforce regulations distinguishes a Federal regulatory role from a guidance or technical assistance role. An enforcement policy requires penalties for noncompliance and procedures for imposing sanctions. By establishing penalties for noncompliance, the Federal Government shows the relative importance it places on each of the regulations. The procedures it follows in imposing them determines whether sanctions are applied in a fair and equitable manner. Finally, only by applying the penalties can the Federal Government show its firm intention to demand compliance with an established set of regulations. How successfully the Federal Government can design and implement this enforcement mechanism has bearing on its ability to realize the intent of the regulatory process.

Title XX regulations require the States to administer and enforce the FIDCR and require State and day care program compliance with the FIDCR. Failure to comply with these requirements gives the Secretary of HEW the right to:

- Withhold all or part of a State's Title XX monies if a State fails to administer the FIDCR (section 228.13).

- Deny payment to the States for day care that does not meet the FIDCR (section 228.42).

Under the first set of conditions, the Secretary of HEW has the discretion to apply penalties for noncompliance with the requirement to establish and enforce FIDCR administrative activities only after the State has been given notice and an opportunity for a formal hearing conforming to administrative procedures developed for the Social Security program (45 CFR, section 213). Under the second set of conditions, the denial of Federal funds for failure to comply with the FIDCR is subject to the audit process, conducted at the regional level. Although the FIDCR apply directly to the day care provider, the Title XX regulations provide no recourse to the provider to challenge HEW directly. The provider must negotiate with HEW through the State, following State procedures.

The retroactive withholding of all or a percentage of the Federal Government's financial allocation to a State is a generally accepted practice. In the case of Title XX, these penalties apply when States fail to meet any of the administrative requirements of the program. There are problems, however, in determining what conditions warrant the application of these penalties. Quoting from the Title XX regulations:

"Where a services plan provides for child day care services, the State plan shall provide for the establishment or designation of a State authority or authorities, . . . , which shall be responsible for establishing and maintaining standards for such services . . . (section 228.13) [emphasis added]

There is confusion in determining what constitutes an acceptable level of effort on the part of a State in maintaining standards. To be in compliance with this regulation, does a State have to insure that all or only some percentage of its federally funded programs meet the FIDCR? New York, for example, has 540 federally funded day care centers—76 of them estimated to be out of compliance with the FIDCR child-staff ratio. (Abt, NDCS Supply Study, 1977). Is this State meeting or violating this requirement?

The Federal Government's refusal to pay for day care services that do not conform to the FIDCR requirements is a penalty that is applied to a State. If an audit finds noncompliance, the State must either reimburse the Federal Government for all Federal monies paid to individual day care programs that were not in 100 percent compliance with the FIDCR, or it can be prohibited from requesting reimbursement of part of its Title XX allocation. This makes adherence to the FIDCR a condition of Federal Financial Participation (FFP).

There has been strong sentiment from day care providers and State administrators that the penalties attached to making compliance with the FIDCR an FFP issue are out of proportion to the relative merits of the FIDCR as a regulatory document and are out of proportion to the relative importance the Federal Government has placed on the Federal regulation of day care. Controversy about denying Federal funds for failure to meet the FIDCR was a motivating factor for the three congressional moratoriums on the FIDCR child-staff ratio requirements.

On the whole, the Federal Government has shown little commitment to enforce the FIDCR or to impose any penalties. In no instance has the Federal Government withheld or denied Federal funds. Some of the reasons for this lack of enforcement are:

- The imprecision of the language of the FIDCR has made it difficult to determine what constitutes compliance and to apply sanctions in an equitable manner.
- Many State and local administrators and day care providers believe that the penalty of denying funds is too harsh for noncompliance considering the ambiguity of the purpose and language of the regulations.
- Regional offices responsible for interpreting the FIDCR give conflicting interpretations of individual FIDCR requirements.

### III. STATE IMPLEMENTATION

The responsibility for establishing and maintaining an effective day care regulatory policy rests with the Federal Government; the responsibility for administering and enforcing the FIDCR presently rests with the States.

The States encounter difficulties in carrying out this role in part because the FIDCR are vague and ambiguous in specifying what administrative tasks are required. For example, the FIDCR do not specify the identity of the administering agency. Is it the State-designated Title XX office or an umbrella agency of local day care programs operating under a Title XX contract? This confusion causes problems for determining accountability for some general management support activities.

Listed below are the administrative functions States generally implement to meet the Title XX FIDCR administrative requirements (Pacific Consultants, 1976; American Public Welfare Association, 1977; and REAP Associates, 1976).

#### Activities to Insure FIDCR Compliance

1. Licensing
2. Monitoring

#### General State Management Activities

1. Information and referral
2. Client eligibility determination
3. Fiscal management and reimbursement
4. Purchase of service
5. Technical assistance
6. Training
7. Planning
8. Coordination of services

For many States, these are the same activities that are undertaken to administer and enforce State licensing standards. FIDCR compliance activities often piggyback on existing management activities. Since each State has individual needs and historical conditions, each organizes and implements the FIDCR differently. There is, in fact, great variety in how State and local governments organize to comply with the FIDCR. The differences are reflected in the way they assign and implement FIDCR related functions.

State FIDCR enforcement and management activities are organized according to one of three administrative models: State administered systems (33 States including the District of Columbia); State supervised/county administered systems (15 States); and a combination system that is both State and county supervised (3 States). The fact that a group of States follows one of these models does not mean they designate responsibilities, utilize staff, or interpret their role in a similar way (see Table 4.4).

States also differ as to what administrative functions they emphasize. It is impossible to draw any conclusions about the effectiveness of a State's FIDCR enforcement system from looking at how a State

Table 4.4. ASSIGNMENT OF RESPONSIBILITIES IN FOUR STATES FOLLOWING THE SAME ADMINISTRATIVE MODEL

ADMINISTRATIVE FUNCTIONS	ARIZONA	ILLINOIS	LOUISIANA	PENNSYLVANIA
Level of State government responsible for licensing: a. Day care centers b. Family day care	a. State b. Local	a. State b. State	a. District b. Local	a. State and district b. District
Staff responsible for monitoring: a. Day care centers b. Family day care	a. Licensing workers <sup>1</sup> and special day care monitors <sup>2</sup> b. Day care workers	a. Licensing workers, special day care monitors, and POS unit <sup>3</sup> b. POS unit and licensing workers	a. POS unit b. Day care workers	a. Licensing workers b. Licensing workers
Staff responsible for eligibility determination	Social service, day care workers	Title XX eligibility centers	Social service, day care workers and providers <sup>6</sup>	Social service, day care workers and providers
Level of State government responsible for fiscal matters	State	State	State	State and local government unit

<sup>1</sup>Licensing workers: workers whose primary job is licensing or approving facilities.

<sup>2</sup>Special day care monitors: workers who have monitoring as their primary responsibility and who only monitor child day care programs.

<sup>3</sup>POS unit: members of purchase of service unit who monitor for compliance with contract provisions.

<sup>4</sup>Day care workers: workers who have multiple child day care management functions (other than licensing) in addition to monitoring functions, including information and referral, client eligibility, training, and technical assistance.

<sup>5</sup>Social service, day care workers: social service and day care workers, generally part of the Title XX designated agency.

<sup>6</sup>Providers: individuals or programs offering day care.

Source: Pacific Consultants, Child Day Care Management Study, Vol. 1, 1976.

implements any one administrative function. The District of Columbia, for example, establishes monitoring contact with day care centers monthly, while North Carolina monitors centers annually (Pacific Consultants, 1976). Yet the District of Columbia is believed to be in low compliance with the FIDCR child-staff ratios, while North Carolina is judged to be high (Abt, NDCS Supply Study, 1977).

Similarly, the organizational model a State follows to implement FIDCR enforcement and administrative tasks does not appear to be related to how effective a State is in complying with the regulations (American Public Welfare Association, 1977; and REAP Associates, 1976).

Of the nine elements of day care covered by the FIDCR, there is only one—that of child-staff ratio—for which national data indicate the success or failure of States in insuring program compliance. Even in this area, caution must be used in interpreting the data since the compliance level for center care looks different depending on how the child-staff ratios are calculated (see Chapter 3). And it must be remembered that child-staff ratio compliance is only one of the nine components of the FIDCR.

Abt (NDCS Supply Study, 1977) estimates that, on a national basis, between 39 to 68 percent of federally funded day care center programs comply with the FIDCR child-staff ratios <sup>2/</sup> (see Table 4.5 and Figure 4.B). The large discrepancy exists because it is possible to calculate child-staff ratios either liberally or conservatively and each interpretation produces radically different results. Similar problems of interpretation in determining compliance with the child-staff ratios in family day care homes also exist, and also appear to produce extreme variations in compliance data. When child-staff ratios are calculated including the caregiver's children under age 14, 36 percent of family day care homes care for six or more children. When a less stringent measurement method is used and only the caregiver's children under age six are included in the ratio count, only 4 percent of regulated homes have six or more children (Westat, National Day Care Home Study, 1977).

For the other FIDCR requirements there is only inconclusive, anecdotal information on compliance because it is difficult to determine what constitutes compliance. As mentioned earlier, the lack of specificity in the language of the FIDCR leaves them open to wide variations in interpretation. In addition, important interpretive materials that could be used to standardize the implementation of the FIDCR were not made available to the States until 1977.

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<sup>2/</sup> Table 4.5 and Figure 4.B illustrate State compliance levels for FFP day care programs, where national compliance is estimated at 68 percent using a liberal interpretation to calculate child-staff ratios. The 39 percent estimate was developed from unpublished data. (NDCS Supply Study).

**Table 4.5. ESTIMATE OF CENTERS SATISFYING FEDERAL STAFFING REQUIREMENTS**

State	FFP Centers (Percent)	Sample Size Used in Estimating Compliance	All Centers (Percent)	Sample Size Used in Estimating Compliance in All Centers- FFP and Non-FFP
Alabama	92.0 <sup>1</sup>	25	48.2%	55
Alaska	- <sup>1</sup>	6	87.1	11
Arizona	34.2 <sup>2</sup>	12	39.7	20
Arkansas	56.5 <sup>2</sup>	10	41.4	31
California	70.5	71	47.2	190
Colorado	48.9 <sup>2</sup>	13	40.4	28
Connecticut	70.8 <sup>2</sup>	17	66.7	39
Delaware	93.3 <sup>2</sup>	15	69.4	28
District of Columbia	38.6 <sup>2</sup>	15	46.7	30
Florida	30.8	23	28.9	108
Georgia	67.7	20	37.1	92
Hawaii	49.9 <sup>2</sup>	19	38.2	31
Idaho	42.0 <sup>2</sup>	13	38.0	19
Illinois	60.0	51	45.6	85
Indiana	72.5 <sup>2</sup>	16	49.1	37
Iowa	73.0 <sup>2</sup>	11	69.5	28
Kansas	88.1	20	80.0	26
Kentucky	68.1 <sup>2</sup>	18	55.8	30
Louisiana	58.3 <sup>2</sup>	15	31.5	51
Maine	100.0 <sup>2</sup>	13	86.4	23
Maryland	100.0 <sup>2</sup>	14	67.8	36
Massachusetts	72.7	25	71.8	34
Michigan	37.8	23	45.6	31
Minnesota	87.2	24	71.5	33
Mississippi	- <sup>1</sup>	9	59.5	41
Missouri	42.5	25	43.5	34
Montana	53.1	21	57.1	22
Nebraska	70.8 <sup>2</sup>	14	68.1	15
Nevada	- <sup>1</sup>	4	38.2	16
New Hampshire	37.2 <sup>2</sup>	16	77.9	26
New Jersey	79.5	38	71.2	60
New Mexico	53.7 <sup>2</sup>	12	61.4	22
New York	86.1	54	79.9	79
North Carolina	91.3	46	54.1	119
North Dakota	- <sup>1</sup>	5	88.5	10
Ohio	57.2	27	46.2	61
Oklahoma	56.8	28	54.9	31
Oregon	89.3 <sup>2</sup>	16	76.0	33
Pennsylvania	85.2	45	84.1	66
Rhode Island	52.2 <sup>2</sup>	16	52.0	18
South Carolina	77.9	23	61.5	34
South Dakota	86.9 <sup>2</sup>	13	72.6	18
Tennessee	75.1	25	49.3	67
Texas	51.2	35	34.4	159
Utah	23.1 <sup>2</sup>	18	27.6	22
Vermont	92.3	21	92.3	21
Virginia	32.5 <sup>2</sup>	12	34.2	29
Washington	62.0 <sup>2</sup>	18	46.7	23
West Virginia	65.7	20	69.1	22
Wisconsin	78.4 <sup>2</sup>	14	82.7	30
Wyoming	50.6 <sup>2</sup>	10	34.5	13
U.S. (Total Sample Size)		1,084		2,187
National Average	67.6%		50.8%	

<sup>1</sup> 0 - 10 = Sample too small to be of statistical significance.

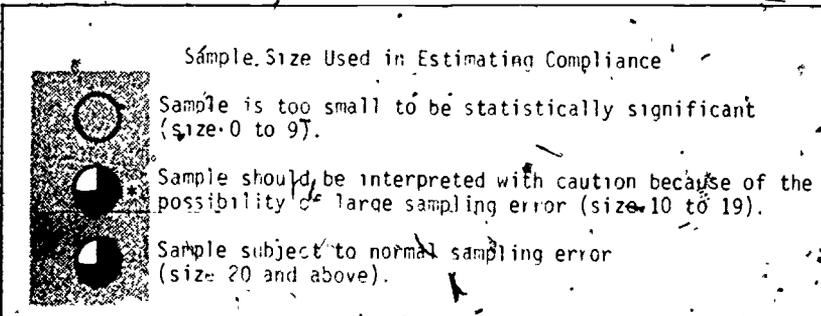
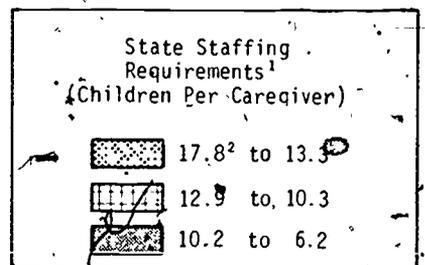
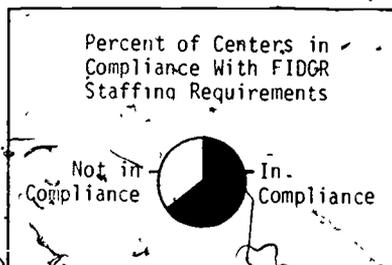
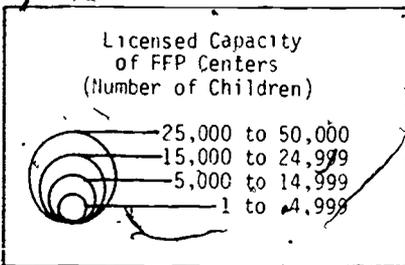
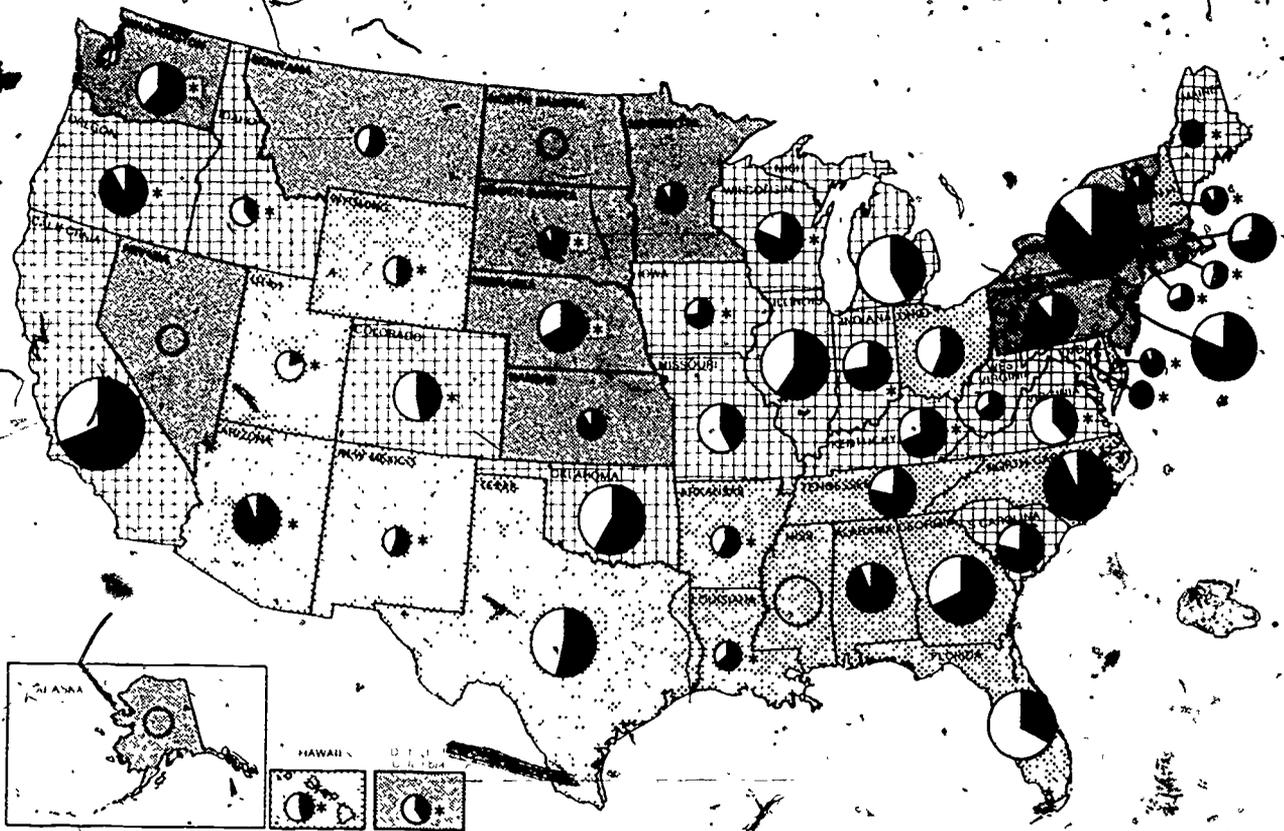
<sup>2</sup> 10 - 20 = Sample should be interpreted with care because of possibility of large sampling error.

20 + above = Sample subject to normal sampling error.

NOTE The data in this table and Figure 4.B. use the contact hour method, adjusted for absences, to compute child-staff ratios (see Chapter 3).

SOURCE: Abt Associates, Inc., NDCS Supply Study, 1977.

Table 4.B. PERCENT OF FFP CENTERS SATISFYING FEDERAL STAFFING REQUIREMENTS, 1976-77



<sup>1</sup>This is a composite child/staff ratio for each State that combines into a single ratio all child/staff ratios found in State day care licensing requirements. States were ranked from highest to lowest ratios and divided in thirds.

<sup>2</sup>Mississippi has no State requirement. It was classified with the States with the least stringent requirements.

SOURCE: Abt Associates, Inc., WDCS Supply Study, 1977.

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M.L.

As a consequence of the lack of compliance data, the policy question of whether States should continue to assume the responsibility for enforcing and administering the FIDCR cannot be based on the relative success States have had in insuring day care provider compliance.

Why do certain States appear to be more successful than others in implementing the FIDCR? A 10-State study found that States judged to be successful shared certain characteristics (American Public Welfare Association, 1977).

- Agency staff appeared to spend a significant amount of staff time with the day care provider. It did not seem to matter if staff contact was initiated and nurtured through licensing, monitoring, training, or technical assistance activities. What did seem to matter was that there be an established rapport and dialog between the administering agency and the provider. It also seems important that this relationship be focused on clarifying problems and improving services.
- States that efficiently coordinate necessary services and internal administrative procedures as well as insure appropriate information exchange, appear to be better able to deal with the demands of the FIDCR.
- Technical assistance and guidance materials for monitoring and licensing activities were developed by agency staff to clarify and interpret the FIDCR.
- The State's day care programs operated in a regulatory climate supportive of the goals and purposes of the FIDCR.

Because FIDCR activities usually piggyback onto State standards or purchase of services procedures, it is difficult to separate what additional administrative costs the enforcement of the FIDCR imposes on a State. The American Public Welfare Association study indicates that training and licensing of family day care homes have the highest potential cost implications. In five States estimated to be in high compliance with the FIDCR, training costs averaged about \$327 per trainee (American Public Welfare Association, 1977). The licensing of family day care homes is often costly because these homes have a relatively high turnover within short periods of time and have a low ratio of children to administering staff (see Table 4.6).

Table 4.6. AVERAGE PER/CHILD COSTS OF LICENSING AND MONITORING IN CENTER AND FAMILY DAY CARE IN SELECTED STATES

	Family Day Care	Center Care
Licensing	\$24.00/child	\$5.40/child
Monitoring	\$23.00/child	\$10.50/child

SOURCE: American Public Welfare Association, 1977.

Finally, the effect of the FIDCR on State day care policies is not entirely clear. Some States, such as Alaska, have decided not to fund day care out of Title XX moneys and have instead purchased care with State funds, or through the AFDC program. This probably is related to the States' concern about having to comply with the FIDCR, although other factors (such as wage rates, pressures from unions) also contribute to these decisions. <sup>3/</sup>

It is not possible to determine if the responsibility for administering and enforcing the FIDCR places an excessive burden on State capabilities or resources. Except for the data on program compliance with the FIDCR child-staff ratios, there is no reliable information on how effective States have been in implementing the other FIDCR components. The information on FIDCR-related consequences to State administrative policies and costs is primarily descriptive and has been compiled only for a few States. Further, HEW has not provided the guidance or enforcement to support State efforts to implement the FIDCR. For all these reasons, objective evidence cannot be used to decide if States should continue to assume the responsibility for administering and enforcing the FIDCR. For subjective reasons, this current practice makes sense. At the hearings held to review a draft of this report, there was little or no support for having Federal monitors take over current State roles. What appears to be clear is that there is a recognized need to have HEW assume a more directed regulatory role, supportive of State efforts to implement Federal day care requirements.

<sup>3/</sup> Even if States elect not to fund day care programs out of Federal Title XX moneys, there would be no saving of Federal moneys so long as the State continued to spend its full Title XX allotment.

## CHAPTER 5

### SUMMARY, RECOMMENDATIONS, AND NEXT STEPS

This report began by asking the fundamental question of whether Federal regulation of day care is appropriate. It concludes that such regulation was appropriate in 1967 when Congress mandated the FIDCR and remains appropriate today. Congress has taken the view that day care is an important part of the lives of millions of children and, if federally supported, should be regulated. HEW agrees.

The well-being of children has become a major concern of the Federal Government. Some State licensing standards by themselves are not always adequate, in the opinion of the Department, to assure that critical elements of care are present. Substantial amounts of Federal funds are being expended on day care. For those reasons, HEW believes that Congress is correct in requiring Federal regulation of day care that is supported by Federal dollars.

The second fundamental question on which this study is based concerns the appropriateness of the present FIDCR. This study concludes that the FIDCR should be rewritten, based on 10 years of experience, to improve their ability to protect the well-being of children.

These conclusions—and the other findings, conclusions, and recommendations in this chapter—were arrived at only after exhaustive research and analysis by HEW. In studying the appropriateness of the FIDCR, the Department analyzed all relevant research data; commissioned 21 scholarly papers; listened to parents, experts, and practitioners; and held three public panel meetings throughout the Nation to obtain public comment on a draft of this report. All of this effort produced a wealth of valuable information and expert opinion, the distillation of which has been set forth in previous chapters. This chapter attempts to take what HEW has learned and present it in a form that can be useful to Congress and to policymakers at all levels of Government.

In drafting the new FIDCR, HEW will find it necessary to resolve conflicts about how comprehensive or far-reaching the regulations should be in covering the elements of day care, how extensively the FIDCR should regulate each element, and how specific and detailed the regulations should be. The Department will find it necessary to make choices in establishing the proper relationship of the FIDCR to State licensing standards. It will find it necessary to decide on proper penalties for noncompliance.

Resolving those—and many other—conflicts in the volatile political atmosphere of day care will not be easy. The answers will reflect in part a view of the proper scope of Federal intervention and in part the strength of the evidence justifying that intervention.

#### AN OVERVIEW OF TRADE OFFS INVOLVING COMPETING VALUES

The basic objective of the FIDCR must be the well-being of children. The basic analytical framework for evaluating HEW's role in achieving that objective must be one that analyzes the consequences of Federal regulation of day care on children, families, and caregivers. The FIDCR are binding legal requirements that prescribe the conditions under which certain day care services may be provided with Federal funds. Like all regulations, the FIDCR—regardless of their content—will impose costs and yield benefits. And like all regulations, the FIDCR express an implicit cost-benefit judgment—that the benefits to children, families, and society achieved by raising the standard to a particular level exceed the additional costs, and that the distribution of those benefits and costs is acceptable as a matter of equity.

The benefits generated by the FIDCR may include:

- o Better care for children because providers would offer additional services,
- o Higher pay for caregivers,
- o Greater satisfaction on the part of parents, and
- o Greater benefits for society-at-large from improved care for children.

The cost imposed by the FIDCR may include:

- o Monetary costs to the provider (e.g., the payroll costs associated with a particular child-staff ratio),
- o Monetary costs to the consumer as higher provider costs are passed on in the form of higher fees,
- o Reduced diversity of choice on the part of the consumer,
- o Administrative costs of monitoring and enforcement, and
- o Discouragement to the entry of new providers into the day care field.

Some consequences, such as the costs of day care for children who cannot be served because of high costs of care and insufficient funding levels, may go unnoticed. In short, cost-benefit judgments about day care regulations are inherently difficult to make. Where the welfare of children is at stake, the soundness of such judgments is especially important to society.

With those considerations as background, this chapter presents a discussion of the need for making difficult choices in drafting new FIDCR and of alternative models for the new FIDCR, a summary of preliminary findings and conclusions of HEW's evaluation of the appropriateness of the FIDCR, recommendations, and a description of the next steps that the Department intends to take regarding new FIDCR.

## I. THE NEED FOR MAKING DIFFICULT CHOICES

Perhaps the most fundamental aspect of a regulatory scheme is the inevitability of trade-offs, the necessity to choose between competing values or goals.

Such dilemmas are inescapable in any attempt to regulate. Other dilemmas, such as the choices between uniformity, and diversity, and between quality and cost are equally inescapable. The discussion that follows attempts to explore some of them in the context of Federal regulation of day care. It does not attempt to resolve these dilemmas. For resolving them can only mean making trade offs, sacrificing some of one objective in order to obtain some of another. And that is pre-eminently a question of values, a question that will be fully explored by the Department and the public in the months ahead. Later, this chapter discusses plans for involving the public in the process of drafting new FIDCR.

If it is true that the designers of the new FIDCR regulations confront many inescapable trade offs, it is also true that each of those trade offs involves a wide spectrum of possible choices. The purpose of this discussion is to suggest that spectrum of those choices and some of the considerations that bear upon them.

### COMPREHENSIVENESS OF THE FIDCR

The spectrum of possible coverage of the new FIDCR ranges from quite narrow, extending to only one or a few of these aspects (say,

group size) to quite comprehensive, including all of the presently covered aspects plus some not now covered (e.g., reimbursement rates or cultural services, such as music and museum visits).

A number of considerations will bear on the selection of the appropriate level of comprehensiveness for new FIDCR. Generally, studies of regulation of numerous economic sectors, industries, and markets lead to the following generalizations about the comprehensiveness of regulations. All other things being equal:

- o The more comprehensive the requirements, the more extensive will be the Federal Government's leadership role in defining quality day care. Broader coverage increases the complexity of that definitional role and increases the amount of information and resources needed to support that role successfully.
- o The more comprehensive the requirements, the more "quality" variables will be subject to regulations and the more confidence parents, purchasers of care, and others will feel that more positive child growth is being promoted and that gross abuses will not occur. The narrower the coverage, the more likely it is that providers will provide care that parents and others consider to be substandard in some important respect.
- o The more comprehensive the requirements, the more the FIDCR will influence the development of the "whole child," instead of more limited aspects of the child's environment.
- o The more comprehensive the requirements, the more complex they may be to monitor and enforce; as more aspects of care are covered, administrative resources are spread thin in the activities of gathering data, measuring compliance, interpreting standards, training personnel, etc.
- o The more comprehensive the requirements, the more costly it may be for providers to meet them. Some providers who could meet some but not all requirements either may be prevented from participating in the use of Federal childcare funds or may receive the funds illegally. In the former case, the supply of regulated care will be reduced unless the subsidy for day care is increased accordingly; in the latter case, the costs as well as the "savings" of evasion will be passed on to purchasers.

Comprehensiveness also affects differently the various kinds of care that are regulated—center care, family care, or in-home care:

- o Day care centers are fewer in number, larger, more institutionalized and more visible than family day care and—especially—in-

home care. Accordingly, centers are easier for an agency to monitor, enforce against, and deal with. By the same token, enforcing family and in-home care standards would be more complex, logistically difficult, and generally more expensive. Regulating only centers (or only centers and larger family day care homes) might be more efficient, but would leave large numbers of children unprotected by regulations although their care, no less than center care, is funded under Title XX and is just as subject to its goals.

- o In-home care generally is not licensed by the States and therefore may be most in need of some standards.
- o Family and in-home care is relatively informal, "natural," and flexible to changing needs of parents and children. Regulation may tend to rigidify the structure of such care, increase its cost, reduce its availability, and possibly change its unique characteristics.
- o Regulating facilities where people live is more intrusive than regulating centers.

#### EXTENSIVENESS OF THE INDIVIDUAL REQUIREMENTS

For each aspect of care covered by FIDCR requirements, it is possible to prescribe standards that are either more or less extensive or stringent. For example, the "environmental" component of the FIDCR could prescribe environmental standards designed to assure only the most minimal elements of physical safety or protection against abuse or emotional harm. At the other end of the spectrum, the environmental requirement could attempt to insure conditions enjoyed by children in the most privileged families. Similarly, the Educational Services component of the FIDCR could impose only minimal standards of custodial care, could require conditions designed to achieve the most ambitious goals of cognitive, skill, and psychological development, or could prescribe standards falling somewhere between these poles. The level of extensiveness or stringency, of course, may vary among different requirements.

All other things being equal:

- o As standards become more extensive, it usually becomes more costly to comply with them and the number of providers willing to undertake the cost of compliance may decline, thus reducing

the supply of day care, and/or increasing the risk that Federally funded providers will be subject to disallowances or will need waivers,

- o More extensive standards with regard to certain requirements are intended to produce better results for children. However, the more extensive the standards, the more likely it is that they will seek to regulate characteristics whose effects on the child are more uncertain. For example, in the case of environmental requirements, more is known about the relation between the presence of a fire door and the physical safety of a child than about the relation between certain kinds of space arrangements and the psychological well-being of that child. As particular requirements become more extensive, parents, purchasers, and others may feel greater confidence that higher quality care is being provided and that gross abuses will not occur.

#### SPECIFICITY OF THE REQUIREMENTS

No matter how comprehensive or narrow, requirements can be drafted with varying degrees of specificity. Most of the existing FIDCR are highly general, but the requirements relating to grouping of children are more specific—although, as discussed above, not without their own ambiguities.

All other things being equal:

- o The more specific the requirement, the more uniformity it is likely to produce in that particular condition of care, and the less variability it is likely to permit at the level at which care is delivered.
- o The more specific the requirement, the more consistent will be its interpretation by Federal and State agencies.
- o The more specific the requirement, the easier it will be to monitor compliance and to enforce.
- o The more specific the requirement, the more certain HEW's knowledge needs to be concerning the relationships that are being regulated; in the absence of such knowledge, HEW is more likely to be regulating the wrong thing or regulating in the wrong way.
- o The more specific the requirement, the more difficult it may be to get people to agree as to what it should contain.

- o The more specific the requirement, the more guidance it gives to providers concerning what is expected of them and the more leadership the Federal Government shows concerning the conditions under which day care should be provided.
- o With respect to "quality" components of day care, it is usually difficult to write performance standards with any degree of specificity. Thus, the more specific the requirement, the more likely it is to be written in terms of inputs or processes rather than in terms of performance objectives. For this reason, the more specific the requirement, the less flexibility it gives to providers in devising alternative—and perhaps better—ways to meet the objective of the requirement.

#### SANCTIONS FOR NONCOMPLIANCE

As discussed earlier, for any given requirement, it is possible to impose a broad range of sanctions. The possibility of graduated sanctions is already receiving serious Department attention. Although sanctions are necessary when requirements for important objectives are not met, HEW should always attempt to help noncomplying providers to improve, particularly when existing standards have been revised. Compliance systems could provide early warnings, consultation, training, or other assistance and time-phased graduated goals for providers who are conscientiously seeking to comply and are not flagrantly out of compliance. Such an approach will have no integrity, however, unless it moves steadily toward full compliance.

All other things being equal:

- o The harsher the sanction, the more likely it is that either the requirement will be voluntarily satisfied or the noncomplying provider will go out of business or stop doing business with the Government.
- o The harsher the sanction, the less likely it is that it will actually be imposed and, if imposed, the more likely that innocent beneficiaries of needed services will be penalized. In part, this reflects the all-or-nothing character of existing sanctions. More flexible sanctions tend to reduce this rigidity.
- o The harsher the sanction, the more specific and precise the wording of the requirement needs to be in order to assure equitable application. (The consequences of specificity of wording were discussed above).

- o The harsher the sanction, the more resources must be devoted to monitoring compliance, enforcement, and arbitration of sanctions.

#### ALTERNATIVE MODELS FOR THE NEW FIDCR

The decisions that are made concerning the comprehensiveness, extensiveness, and specificity of new FIDCR and sanctions for noncompliance will require difficult trade offs such as those identified above. But decisions on those issues will not resolve all the important questions. Perhaps the most important issue that will remain is the extent to which the Federal Government will rely upon States to prescribe the content of specific requirements and to enforce the requirements.

The existing FIDCR require a provider to comply with applicable State and local codes. In addition, some of the existing FIDCR components do little more than reference the relevant requirements of State licensing codes. It would be possible, at one extreme, for new FIDCR to rely for the content of the requirements completely on State purchasing standards. At the other extreme, the new FIDCR could prescribe their own requirements, making no reference to State licensing codes at all. Between these extremes lie various combinations of components relying to varying degrees on State licensing codes, much like the existing FIDCR.

Testimony at the public hearings on an earlier version of this report demonstrated a lack of consensus concerning the proper balance of responsibilities and initiatives by the Federal and State governments.

In general, several models of Federal-State relationships in this area continue to surface in discussions of the FIDCR.

- o The first model relies heavily upon States to define the specific content of requirements, to upgrade their standards, and to administer and enforce them. The Federal role would consist mainly of prescribing general requirements that States would have to impose (e.g., requiring that the State set an acceptable limit on group size assuring frequent interactions between caregiver and child); providing financial and other incentives to States to assist them in upgrading their standards and imposing timetables for doing so; furnishing technical assistance to State agencies, providers, and parents; and requiring that the States adopt certain procedures and requirements for information for parents designed to assist public monitoring of day care. Under this model, the Federal Government would regulate not providers but State agencies.

- o A second model would entail a more directive Federal role. Under this model, the Federal Government would establish minimal Federal requirements for a few critical components (e.g., group size) that appear to be important to the well-being of children in day care. The Federal requirements would act as a safety net to insure that all children in federally financed day care are in programs that minimize risk or harmful situations. States would be actively encouraged to develop requirements that exceeded the Federal regulations and would receive incentives to do so. All federally financed programs would have to meet both State and Federal requirements.
- o A third model would involve the most extensive Federal role. The Federal Government would draft comprehensive and specific day care requirements, applicable to both the State and to the day care provider. To insure some flexibility to States and providers, the regulations would identify a range of options that States or providers could elect to meet the conditions of the requirements, or provide for waivers from requirements other than those directly related to the safety and well-being of the child.

## II. FINDINGS AND CONCLUSIONS

The earlier chapters in this report examined the FIDCR in terms of their benefits to children, their costs, and the administrative issues involved. This section attempts to balance some of the competing values raised by these topics and to present conclusions that bear on all of them.

In some cases, these conclusions are preliminary because there is not enough information to make firm decisions. In other areas, the data indicate problems that should be solved without pointing the way to the proper solution. In yet other areas, the evidence is sufficient to provide general specifications for the new regulations.

This section presents findings in five areas: Federal role in childcare, purpose of the FIDCR, scope of application of the FIDCR, content of the FIDCR, and implementation and administration.

### FEDERAL ROLE IN CHILDCARE

Federal concern for children can be expressed in two ways: the Government's concern for the well-being of all the Nation's children;

and the Government's special concern for children when Federal money is being spent for their care. The FIDCR are part of this second concern.

In the first area, the Federal role can be to inform and inspire rather than to coerce. The Government has provided limited guidance and incentives to States, developed model State legislation, suggested standards, and educated the public. For example, HEW developed the Guides for Day Care Licensing, which included model licensing legislation, a model fire safety code, model licensing codes, guidance material for local zoning officials, and incentive funds for States to improve their regulatory systems. This Federal leadership has had an impact on the quality of all day care regardless of whether enrolled children are subsidized by Federal funds.

In the second area, the Government has shown its special concern for children enrolled in federally funded day care by developing the FIDCR. These regulations focus on one particular group of children -- those defined by each State (within federally established limits) as eligible for subsidy.

The Federal Government does not have the right to dictate to the States the content of their licensing requirements, which are developed through a political process by each State. The Government does have a legitimate right, however, to go beyond persuasion, inspiration, and incentives and to use negative sanctions to assure itself that its specifications are met when Federal funds are used to purchase day care.

An important task for the future is to relate the Government's two roles. The FIDCR are designed to protect one group of children, but they will affect policy goals for all children. In general, the Federal Government should not drive costs so high with its regulations that private, fee-paying parents cannot afford to purchase quality care for their children in the same community-based programs. If only poor children eligible for subsidy can use the programs, the stigmatizing effect of such segregated care might have a strongly negative effect on the quality of care, and on children, parents, and society.

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1/ This right has been upheld in Stiner vs Califano, 438 F. Supp. 796 (1977).

## PURPOSE OF THE FIDCR

The purpose of the FIDCR is to define a set of day care characteristics that protect and enhance the well-being of children enrolled in federally funded day care programs.

Although one of the fundamental purposes of Title XX day care is to permit parents to work and become self-sufficient, the goals of the FIDCR relate specifically to the needs of children who are in day care, not to the needs of their parents. This point was raised repeatedly at the public meeting held to review a draft of this report. The distinction between the needs of children and those of adults, however, is somewhat misleading. Parents working to provide a decent home are working for the benefit of the whole family. By enabling parents to work or train, day care thus serves family goals. And it is parents who generally are in the best position to define their particular child's needs.

Defining the purpose of the FIDCR as insuring the well-being of children leaves unanswered the questions of what constitutes well-being, and what elements of the child's well-being should be the responsibility of FIDCR.

For most children in federally funded day care—children without special physical, cognitive, or social problems—insuring well-being means providing the elements of care that are needed to nurture the growth of any healthy child.

Day care should insure the health and physical safety of the children, including the availability of adequate nutrition and health care, and the construction and operation of the facilities in a safe manner.

But health experts caution that physical health cannot be separated from mental and emotional health. Children cannot thrive without personal attention and caring. Admittedly, it is easier to measure physical than mental growth and to specify requirements to promote physical health and safety. But this difficulty does not obviate the necessity for attempting to promote social and emotional development through the FIDCR.

The FIDCR should try to insure that day care programs provide activities and learning experiences that are appropriate to the child's age and development, and that promote the growth of a child's cognitive abilities. Whether children are in the home or in day care, important learning takes place in the early years.

Some children in Title XX day care programs have special needs. These are children with mental, physical, or emotional problems, those who have been abused or neglected, or those who are reared in

non-English-speaking families. The FIDCR must provide mechanisms to meet the special needs of these children. In general, these mechanisms should provide plans tailored to meet the unique needs of each one.

## SCOPE OF APPLICATION OF THE FIDCR

### Types of Programs

The Economic Opportunity Act Amendments of 1967 directed the Secretary of HEW (and Director of OEO) to establish a "common set of program standards and regulations, and mechanisms for coordination at the State and local levels" (Public Law 90-222).

By law, however, the FIDCR now apply to some but not all federally funded programs. In practice, they apply to some but not all types of day care. For example, the FIDCR apply to Title XX-funded care and, in some situations, to the Department of Agriculture's Child Care Food Program. They do not apply to the Head Start program (which has its own standards that individually equal or exceed the FIDCR), to AFDC-funded care, or to CETA-funded programs.

If the FIDCR represent the basic elements that the Federal Government believes are necessary for the well-being of children in some forms of federally funded day care and if one of the basic purposes of the FIDCR was to bring uniformity to Federal childcare requirements, logic would indicate that the FIDCR should apply whenever the Federal Government subsidizes day care. This belief was expressed repeatedly during the public meetings to review the draft of this report.

It appears, however, that some situations may call for additional requirements to meet the needs of a special category of children. Head Start, for example, may require additional standards to fulfill its objectives of compensatory education.

Furthermore, new legislation would be required for the FIDCR to apply to all federally funded day care. Present interpretations of the Social Security Act limit administrative constraints that can be placed on AFDC clients' right of free choice to place their children in day care. Carrying the logic that FIDCR should apply to all federally funded day care to its extreme would also require legislation so that the FIDCR would apply to day care subsidized by the Federal income tax credit. Some advocates are actively promoting that FIDCR apply to AFDC; application to the tax code is not being actively promoted, and could entail great practical difficulties.

## Types of Care

As amended by Title XX, the FIDCR relate to family and group-home day care and center care. Title XX also requires that in-home care meet standards set by the States. In practice, however, these requirements have not been uniformly applied to in-home and family day care. The reasons for this limited coverage are, generally, the administrative costs that additional regulations would engender, the lack of public knowledge and support for regulation, the belief in the sanctity of the home, and other practical and administrative concerns.

Whatever the reasons, this disparity between law and practice must be resolved. States are now experimenting with the registration of family day care and with other ways to regulate or certify family and in-home care. HEW will study these efforts and will attempt to develop other approaches as well.

It is more difficult to formulate appropriate regulations for care involving the home and family than to do so for center care. Given the lack of knowledge and experience in this type of regulation, the process of developing new regulations should solicit extensive professional and public input on its wisdom and feasibility. Testimony at hearings showed public sensitivity to the issues of Government intrusion into the home or into private agreements among friends and neighbors. The Federal Government should move cautiously when attempting to insure Federal protection of children in these types of care so that it does not inadvertently limit the variety of options for parents. Federal regulation should not promote one mode of care over another.

## Administrative Responsibilities

The FIDCR are not simply Federal regulations for providers of care; they also apply to administrative agencies. Unfortunately, the FIDCR are often unclear as to the division of responsibilities. An example is the social services requirement. In addition, provisions sometimes impose requirements on providers that are more appropriate for an administrative agency. It is probably not appropriate, for example, to impose elaborate training or health services requirements on the family day care provider. It would be more suitable to require the administering agency to provide such supports. New regulations must distinguish among the administrative entities and affix clear responsibilities for specific administrative functions.

## CONTENT OF THE FIDCR

This section presents conclusions on the appropriateness of the FIDCR and, where warranted, suggestions for their revision. The section

examines components of the nine FIDCR and one non-FIDCR component—continuity of care. The Health and Nutrition component is divided into two sections for discussion purposes. The Administration and Coordination component is combined with the Evaluation component.

Although never stated directly in the regulations, HEW believes that the FIDCR were developed to protect children's physical well-being and to support their social, emotional, and cognitive development. Several of the FIDCR, or parts of individual FIDCR, are essential for insuring these goals while the child is in the day care setting. We call these the "core" elements of the FIDCR. Other elements of the regulations are designed to influence other aspects affecting the well-being of the child. We call these "noncore" elements. An example of the latter is the Social Services component, which provides counseling of the families of children in care. Core elements are neither more nor less important than noncore elements, but simply are more directly related to children when they are in the day care setting.

This study leaves unanswered the question of what level of well-being for the child the Government should support. Should care approximate what children receive in their own homes (care that in fact varies with each home)? Should remedial activities be required for children known to be at developmental risk because of physical or emotional handicaps or their home environments? This issue of appropriate level of well-being should be examined more fully during the FIDCR revision process.

Even with this issue unresolved, it is possible to examine the comprehensiveness of the FIDCR. This section recommends the re-focusing of some of the FIDCR, the elimination or addition of several elements within individual FIDCR, and the consideration of a new FIDCR promoting continuity of care. Chapter 2 examined three other elements not covered by the FIDCR: hours in care, age of entry, and size of program. These areas have potential impact on children in care but available evidence does not provide sufficient guidance to regulate them at this time. These subjects should be examined further.

#### Group Size and Child-Staff Ratio

Group size—the number of children clustered together with one or more adults—has important implications for both the physical well-being and the social, emotional, and cognitive development of children. Ratio—the number of children per caregiver—is an indicator of staff burden. However, as group size increases, even when ratio remains the same, a different distribution and array of caregiving and child behaviors results.

Findings on the importance of group size suggest that this factor should receive more relative emphasis in the regulations. This shift does not necessarily mean that ratio should be omitted from future regulations but rather that group size should be regarded as the principal regulatory tool for assuring adequate interaction, and that ratio will be influenced or determined by the group size requirement.

The definition of group size and child-staff ratio in centers and family day care is an important technical issue. There is a natural variation in the number of children and caregivers during a typical day. Groups may form and reform during the day as a result of the activities planned or the layout of the facility. This variation affects the character of the care, the costs of providing it, and the reimbursement rates that social services agencies are willing to pay. If such group size and/or ratio requirements are imposed, the method used to determine compliance will have to be precisely defined, yet accommodate this variation.

The ratio requirement has more effect on cost than does group size. The current FIDCR mandate somewhat fewer children per caregiver than do most State licensing codes, and most centers serving federally financed children have smaller ratios than do centers serving only the children of private fee-paying parents. The cost per child of FFP care tends, therefore, to be greater than the cost in privately paid centers. Most parents are unlikely to be willing to pay the entire cost of care that meets the present FIDCR ratios under current circumstances. Additional family services provided in FFP care also increase the cost.

Application of the current group size limitation could result in some increase in cost by changing the mixture of lead teachers and teacher aides or by necessitating rearrangement of classroom space. The evidence suggests that neither is likely to be a significant cost factor.

Research and expert opinion clearly show that small groups of children and caregivers work best for children under age 6. With small groups, there is often more and better interaction between the adults and children and among the children themselves. Low ratios (few children per adult) are especially important for the child under age 3. The child's day care world should be kept scaled down in size. Quality of interaction is dependent upon competent caregivers—adults who understand child development, know how to respond to individual child needs, and have skills in working with children in groups. 2/

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2/ The section in this chapter on Caregiver Qualifications discusses factors related to competent caregiving.

The evidence does suggest some ranges in group size and ratio below which measurable positive development occurs and above which development slows and is even impaired.

Children Under Age 3 in Center Care. At present, the FIDCR do not have a requirement for grouping of children under age 3. Expert opinion and research suggest that a limit is necessary to minimize stress for these children, and that the current FIDCR ratio for children under age 3 is generally sound. One exception is the 1:1 ratio for children up to 6 weeks of age. This ratio or a 2:1 ratio serves to curtail available day care or to press day care providers to rely heavily on volunteers or poorly paid aides. In the FIDCR revision process, consideration should be given to raising the child-staff ratio for young infants and to setting ratio requirements for a greater number of age brackets than do the current regulations.

Lower ratios clearly make infant care more costly than care for preschoolers. Consideration should be given to setting higher reimbursement rates for care for infants than for other age groups to cover the differences in provider expenses.

Children Age 3 to 5 in Center Care. Other than the general consensus that small groups are important to child-to-child and child-to-adult interactions, there is no research supporting precise ratios and group size for children over 3 years of age but not yet in school. Research evidence is limited and inconclusive. The NDCS findings which will be available this summer should be of considerable assistance in developing new requirements for this age group.

School-Age Children in Center (or Group) Care. No research data suggest an appropriate group size and ratio for school-age children. Child-care experts caution however, that school-age day care usually has a different emphasis, more nurturing, and less cognitive orientation than the school. Consequently, school-age day care may require different ratios and group sizes than are often found in the classroom.

Family Day Care. Ratio is not regulated in family day care because there is usually only one adult present. The issue here is the ceiling placed on group size and whether the caregiver's own children age 14 and under should be counted against the ceiling or only her children age 6 and under.

Evidence suggests that the FIDCR should continue to regulate group size and that the ceilings on group size should be lower when younger children are present. This lower ceiling is important for safety reasons—especially the threat of fire. The structural characteristics of family day care homes also should be considered when setting ceilings on group size and age mix. New data will be available in 2 years upon completion of the National Day Care Home Study. At that time, family day care regulatory policy should be reexamined.

Limitations on the number of children in a family day care home restrict providers' earning potential, a consequence that the new FIDCR need to take into account. The technical issue of how part-time children should be counted against the requirement must be explicitly resolved.

Age Mix. In the case of day care centers, the decision on whether to mix children of different ages should be left up to the provider. However, a formula should be established to help the facility determine which child-staff ratio and group size requirement, if any, applies when children of varying ages are mixed.

Volunteers. Although volunteerism should be encouraged, the FIDCR revision process should consider placing restrictions on how they are counted for purposes of computing child-staff ratios. Factors to be considered are the number of hours worked by a volunteer, staff turnover, and implications of using volunteers for the continuity of care needed especially by young children.

Handicapped Children. The present FIDCR do not address the need to adjust ratio or group size when handicapped children are in center care. It is recommended that the policy of the Bureau of Education for the Handicapped be followed. This requires that adjustments be made on a case-by-case basis after assessing the type and severity of the handicap and the special needs these may impose. The reimbursement implications of any change in policy affecting handicapped children should be considered.

### Caregiver Qualifications

The current FIDCR do not include a separate component for caregiver qualifications although elements of this subject are addressed briefly in several of the other components. The Educational Services component requires that educational activities be under the supervision of a staff member trained or experienced in child growth or development. The Administration and Coordination component requires that priority in employment be given to welfare recipients and other low-income people. The FIDCR also include a specific component on inservice training. The FIDCR do not address entry-level skills for either supervisory or caregiving staff. It is recommended that a component of the new FIDCR address caregiver qualifications and training.

Supervisory Staff. It appears to be important to differentiate between supervisory personnel and caregiving staff because the skills needed by these two groups differ. Supervisors need budgetary and management skills, in addition to child development skills. The revision process should consider the advisability of separate requirements for center directors, lead teachers, or directors of family day care home networks.

Qualifications of supervisory staff should be consistent with the ages of the children in care and with the size of the day care program.

Caregiving Staff. Research data and expert opinion clearly show that specialization in child development areas improves the ability of caregivers to promote child growth and development. Although inservice training of caregivers could be broadly regulated, such regulation should not cover the extent and type of training. Although rigid formulas and precise guidelines are neither possible nor desirable, a requirement might specify the general content of the training. The focus should be on child development appropriate to the age(s) of children being served and on nutrition, health (how to identify common illnesses, etc.), safety and sanitary practices in day care facilities, parent communication, arrangement of space in day care facilities, and skills needed to work with children, such as the handicapped, who have special needs. Such training should be flexible and responsive to the need of the caregiver and to the mode of care where the care is provided.

It is difficult to estimate the cost of such training. Cost depends in part on the type of training needed, which varies with the caregiver's previous training and experience. Cost also depends on whether caregivers are trained one-on-one where they provide the care or in a group setting away from the facility. In addition staff turnover can add to the training budget.

It is equally difficult to estimate what impact training, experience, and education requirements might eventually have on wage rates. At present there appears to be only a small wage differential between head teachers and aides. On the other hand, an extensive training requirement involving credentialing may increase the demands for higher wages.

A few States use Title XX funds to provide inservice training for caregiving staff, but many do not. It appears that some States that do not use such funds for training believe that they are not allowed to do so, which is a misconception. Other States apparently do not give caregiver training a high priority.

Career Advancement. One goal for training under the current FIDCR is career advancement for nonprofessionals. Such advancement is not a core element necessary for providing quality care for children. The goal of inservice training should be to prepare the adult to provide adequate care for the children in his or her charge. Career advancement should be removed as a day care regulatory goal. This activity could be better fostered using other program authority available to HEW.

Employment of Welfare Recipients. The present FIDCR, as well as HEW policy, recommend that "... priority in employment be given to welfare recipients ... and other low-income people." To insure the well-being

of children, the new FIDCR should require that welfare recipients hired to work in a day care program possess adequate skills, ability, and motivation to work with children, consistent with other entry-level caregiver qualifications.

### Educational or Developmental Services

HEW believes that developmental activities constitute a core component in day care. All children need developmental experiences whether at home or in day care. Experts believe that there should be clearly defined developmental goals and program objectives for children in day care facilities. Sufficient age-appropriate learning and play materials are also important. The success of this component depends on qualified caregivers and program supervisors. Goals and objectives also serve to inform the parent about the program and to support caregiver behavior.

A Developmental Services component should be different for children under 3 years of age than for older children. Care must be taken to stress that day care is not full-day nursery school, Head Start, or kindergarten to prevent too great an emphasis on school readiness to the detriment of the nurturing that is important in day care.

Developmental services will differ in center care and family day care homes. A great deal of technical assistance will be needed to support its implementation in both situations.

Developmental activities should be an integral part of the day care experience.

The present Educational Services component requires that day care programs provide appropriate "educational opportunities," "educational activities," and "daily activities." Misunderstanding of the term "educational" has narrowed the focus of the requirement in the eyes of policymakers from the overall development of the child to more structured experiences limited to more specific activity periods of the day. The wording of the requirement should be modified to reflect the broader intention of this requirement--the nurturance of the child over the entire day. The component should be renamed to reduce the likelihood of a narrow interpretation.

### Environmental Standards

Safety and Sanitation. This is a core element that assures the physical well-being of children while in care. The current FIDCR reference local codes in this area. However, local codes are often

contradictory and sometimes inappropriate to day care. Local codes also often focus on building safety but not on the safety of toys, playground materials, etc. One panel of experts suggested that the Federal Government adopt and promote a uniform safety and sanitation code for day care. Since such a code would not displace existing local codes, it should act as a guideline for local codes and attempt to fill holes not typically covered. It is recommended that consideration of such a code be part of the regulatory revision process. A major concern in drafting such a code is whether it should prescribe minimum standards that must be met by all FFP providers without exception or whether it should prescribe more stringent requirements with a waiver provision for certain cases that, for good and justifiable reason, cannot comply fully.

HEW should use technical assistance to help State and local governments to upgrade their codes to make them more appropriate for protection of children in day care.

Suitability of Facilities. In its present form, this requirement does not address the "arrangement of space" in a facility. Spatial arrangements significantly alter behaviors of children and their caregivers, but it is impossible to prescribe specific arrangements for all facilities. It is recommended that day care staff, especially directors and head teachers, be trained in the proper use of space in a day care facility. Technical assistance from supporting agencies may be another way of promoting improved arrangement of facilities.

### Health Services

All children need health services whether they are in day care or at home. It is essential for the well-being of children that both center and family care homes serve a "quality control" function in maintaining the health of the children in their care. The facility or administrative agency should establish a link with the health system through an individual doctor or clinic. Through this link, the facility can receive necessary health care information and emergency assistance. The provider should have a working knowledge of childhood illness, basic illness prevention skills, first aid, and appropriate techniques for informal health screening and for providing care. The provider also should keep basic health records, including information on allergies and immunizations, on all children in care. Isolation of all sick children, as is now recommended in the FIDCR, is not appropriate in some cases. The new regulations should take into account recent research as to when isolation is considered necessary.

An extensive health service is not a core element of a day care program. Additional medical care needed by some children can be obtained through other funding and program sources. Support for such coordination with other community services is an appropriate requirement for the administering agency.

## Nutrition Services

The provision of nutritious meals is a core element necessary for the well-being of a child in care. The current FIDCR do not describe how many meals or snacks must be served nor what criteria should be used to determine nutritional quality. Many experts recommend that standards be developed.

Several studies show that family day care homes offer poorer nutritional services to children than do centers. Training of caregivers may improve current practice. The cost of food and barriers to participation in the Department of Agriculture Food Program also should be examined. These have considerable impact on the nutritional quality of food provided in day care.

The issue of balance of responsibility between parent and caregiver for the overall nutritional well-being of the child should be considered during the regulatory revision process. Expanding the requirement to include parent education on nutrition also should be considered.

## Parent Involvement

Parent involvement in their children's care serves to enhance the day care experience for children and their families. Yet, approximately 20 percent of parents have almost no contact with their child's day care program. Before the FIDCR require regular communication between parent and staff, it must be determined how extensive an effort is needed to reach these parents and what should be the source of the necessary funds.

The present FIDCR stress parent involvement in policymaking in group facilities. Although parent involvement in policymaking should be encouraged, the emphasis should be on open two-way communication between parents and providers. Most parents do not have the time nor the inclination to join committees or to get involved in policymaking. To require it would penalize providers who are unable to get parents involved. Head Start has had some success with parent involvement in policy roles but spends between 12 and 16 percent of its budget to achieve this.

The current FIDCR allow parents to select a particular day care facility for their children. Such selection permits parents to exercise control over their children's care and may reduce their concern about the quality of the care when they have adequate information. Evidence suggests that there is an unmet need for information and referral services for day care. It is important in supporting informed parental choice and should receive considerable attention in the regulatory revision process.

Technical assistance should be given to administering agencies and providers to help them interest and involve parents in the day care program. Title XX moneys can be used to support parent workshops or for training to help caregivers work with parents.

### Social Services

Two components of this requirement—counseling and guidance of parents to determine the best day care facility for the child, and continuing assessment of the child's adjustment in the day care program—directly affect the well-being of the child while in care and might be included under the Parent Involvement component.

In general, the Social Services component should serve a "quality control" function. The day care agency or facility can be a link with social services agencies for severely disturbed or disadvantaged families. The agency and facility should also provide information and referral for parents requesting it.

### Administration and Coordination, and Evaluation

These two components are combined in this discussion. For the most part they apply to the administering agency, not to the provider.

The new FIDCR should completely separate requirements for administering agencies from requirements for the various modes of care. Furthermore, the FIDCR administrative requirements should be combined with the other Title XX requirements that specifically relate to the administration of day care.

Two major problems that must be resolved are definitions and the corresponding task of assigning responsibilities in the regulations to various administering agencies. There are many layers and combinations of layers of administration of Title XX day care between the Federal Government and the provider, depending on the particular State. The nature of the agency—for example a nonprofit day care coordinating system for a city or a human resources department for a State—will affect the amount of responsibility and accountability that can be expected by the Federal Government. A local day care association cannot reasonably be required (unless commensurate resources are provided) to assure that families, identified by providers as being in need of social or health services, are provided those services. State Title XX agencies can be. Reasonable and clear definition and identification of administering agencies are necessary. After that, specific assignment of administrative and coordination responsibilities must be a major priority in the rewriting of FIDCR.

The Evaluation component also contains provisions for the provider to do periodic self-evaluations. Organizational self-assessment such as this should continue to be encouraged. The extent of the self-assessment will have to be tailored to the size and nature of the day care provider. The major emphasis of evaluation should be to provide assistance and technical support, and should be placed on the States rather than providers.

### Continuity of Care: A Non-FIDCR Component

This component, currently not regulated, affects the quality of the day care experience for the child. It includes minimizing unnecessary shifts in arrangements (and personnel within an arrangement) as a result of changes in funding sources, poor management practices, or difficulty in locating one source of care for a child over the entire period the parent is absent. Exposure to too many adults who constantly turn over is especially detrimental to the child under 3 years of age. Continuity also includes parent involvement in their children's care to assure continuity between home and facility and vice versa.

Continuity cannot be easily mandated. Qualified caregivers cannot be forced to remain in their jobs and parents cannot be required to keep their children in one care arrangement. However, agency placement practices could be reexamined, reimbursement rates improved, and sliding fee schedules promoted to reduce unnecessary shifts in arrangements. "Roving" caregivers could be made available to facilities that are temporarily over ceiling and an educational effort could be mounted to inform parents about the importance of continuity of care.

Enforcement of regulations should be sensitive to the impact of abrupt changes in group size or personnel on the continuity of care for the particular children involved.

### IMPLEMENTATION AND ADMINISTRATION

Issues relating to the implementation and administration of the FIDCR affect both Federal and State governments. At the Federal level, the issues focus on HEW's role in enforcing the requirements, on the appropriateness of the sanctions for noncompliance, and on the relationship of the FIDCR to other Title XX requirements. State administrative issues include whether the States should continue to monitor and enforce provider compliance, and set reimbursement rates.

The FIDCR have not been enforced with consistency, equity, or commitment by HEW. On the contrary, HEW has shown a great reluctance to

enforce the FIDCR and, in fact, has never denied Title XX funds to States for noncompliance with the regulations. In their 10-year history the FIDCR have never been truly implemented.

It is extremely important for HEW to work to create a supportive climate for the FIDCR. HEW must be sensitive to the different interest groups concerned with day care regulation and work to establish and maintain public—parent, taxpayer, provider, legislator, and administrator—support.

Within HEW, and particularly in the Regional Offices, there is confusion over the roles and responsibilities of various agencies with respect to promoting, interpreting, enforcing, or waiving day care requirements. This situation must be rectified before new FIDCR are promulgated.

Other reasons related to the lack of enforcement are specific to the FIDCR and could be resolved if the regulations:

- o Included clearly stated goals,
- o Were written in clear, enforceable language,
- o Included clear guidance material,
- o Included a range of sanctions to fit a range of problems, and
- o Involved the public in their development.

Another major reason for the lack of enforcement is the relationship between severity of sanctions for noncompliance and the clarity of these requirements. Many of the problems of clarity can be eliminated in the rewriting. A broader range of incentives and sanctions should be explored and have been urged by those testifying at the public review meetings. For example, the range of penalties that could be imposed upon States for noncompliance with the Federal day care regulations might include:

- o Publicizing through local news media and meetings cases where there is grantee noncompliance.
- o Bringing suit against a grantee to compel the grantee to observe Federal requirements.
- o Disallowing program or project expenditures which do not conform to Federal requirements.
- o Imposing special administrative conditions or requirements on a grantee—for example, requesting retroactive payment for services purchased which did not comply with Federal regulations.

- o Gradually increasing from 1 to 25 percent the amount of money a State would lose from its Title XX allocation.
- o Denying prospectively as well as retroactively the expenditure of funds used to purchase day care services that are found to be out of compliance with the FIDCR.

Other Federal administrative issues relate to other Title XX requirements outside the FIDCR.

Eligibility requirements and the existence of fee schedules affect the continuity of care. Once a family is receiving Title XX day care, abrupt ineligibility or responsibility for payment of day care can require or cause families to terminate their day care arrangements. This termination may serve administrative purposes but may not be in the best interest of the child. These practices, as well as ways to encourage more parental choice, should be reassessed in light of their possible effects on the well-being of children in care.

The major administrative issue concerning the States involves what responsibilities they should continue to have for monitoring and enforcing provider compliance with the FIDCR. State enforcement of the FIDCR has been generally inadequate. But lack of HEW guidance and enforcement also have significantly contributed to the problem. While the Department is aware of little, if any, support for a new corps of Federal inspectors to monitor and enforce the FIDCR, HEW must improve its support of the States in administering the FIDCR by providing renewed leadership, training and technical assistance.

Family day care and in-home care present different and equally difficult administrative problems, which also must be resolved.

Another State issue involves State reimbursement rates for FIDCR-regulated care. Many day care center providers—even those opposed to the FIDCR—said they would provide FIDCR care if the reimbursement rates established by their States covered the full costs of providing the care. Reimbursement rates for family day care providers also should be re-examined to insure that these providers receive reasonable compensation for their services. It is important to pay rates that cover the cost of care; however, there are also concerns and experiences from other Federal programs, such as Medicaid, that caution against direct Federal involvement in State rate setting.

### III. RECOMMENDATIONS

The FIDCR should be revised to improve their ability to protect the well-being of children in center care, family care, and in-home care and to assure consistent and equitable interpretation. The revision should:

- o Reflect current research and expert judgment on elements critical to the well-being of children in care.
- o Clarify roles and responsibilities of providers and State and local administrators.
- o Educate as well as regulate. This can be done by writing the regulations in clear language, by clearly distinguishing between legal requirements and recommendations, by giving examples of satisfactory compliance, and by defining a common terminology.
- o Provide separate and unique requirements for:
  - Different forms of care: in-home, family home, group home, and center care.
  - Children of different ages in care.
  - Children with special needs or handicaps.
  - Different administering agencies.
- o Accommodate the rich diversity in childcare needs and arrangements which exist in our pluralistic society.
- o Include participation of all interested individuals in the process of writing and implementing the new regulations.

To minimize disruption, the Department also recommends that Congress should extend the current moratorium on the FIDCR until the Department publishes final day care regulations.

In addition, the FIDCR revision process may lead HEW to propose legislation addressing:

- o Clarification of the goals of federally regulated day care,
- o Desirability of one set of Federal regulations to apply to all federally funded day care,
- o Repeal of statutory provisions that require that particular Federal day care programs conform to the 1968 FIDCR,
- o Desirability of a wider range of sanctions than now exist for noncompliance with the FIDCR, and
- o Desirability of additional funds for training for caregivers.

#### IV. NEXT STEPS FOR THE DEPARTMENT

The publication of this report marks an important milestone in the development of new FIDCR. This report should spark substantial public

debate about the broad administrative considerations surrounding the new FIDCR.

In order to stimulate that debate, the Department will undertake two major activities:

- o Nationwide dissemination of this report for public review and comment, and
- o Discussions between HEW central and regional staff and State officials about administrative considerations.

The Department also expects to have the benefit of the final results of the National Day Care Study, the most extensive study of center care ever undertaken, during the summer. The data from that study are expected to add significantly to the sum of knowledge about children in center care.

By the end of the summer of 1978, the Department should have received congressional and public comment on the FIDCR appropriateness report. It should be in a position to make decisions on key administrative matters relating to the FIDCR, such as:

- o What should be the characteristics of the administrative model chosen to implement the new FIDCR?
- o Which Federal programs should be recommended to Congress for coverage by the FIDCR or for exemption from such coverage?
- o What approaches should be taken for dealing with the different modes of day care (such as family day care, center care, etc.)?
- o What should be the division of administrative responsibility among Federal, State, and local regulators and administrators?

With those decisions made, the Department intends to draft the proposed revised FIDCR for public comment. This approach carries out the Secretary's plan to obtain as many public and professional opinions on the FIDCR as possible before publishing proposed as well as final revisions.

Later in the year, the sequence of events for publication is expected to be as follows:

- o Briefing in Washington, D. C., and at regional meetings and workshops in all the States.
- o Publication of a Notice of Proposed Rulemaking (NPRM) in the Federal Register.

- o Nationwide dissemination of the NPRM through mailings and through placement in publications of organizations concerned with day care. HEW would seek to use innovative methods of dissemination of the NPRM.
- o Formal hearings on the NPRM in Washington, D.C., and on a regional basis.
- o Field briefings of representatives of the day care community about the proposed regulations.

When HEW has fully considered all public and professional views on the proposed new FIDCR, it will publish the final revised regulations in the Federal Register.

Other important issues lie beyond an evaluation of the appropriateness of the FIDCR and beyond the revision of HEW's day care regulatory policy. These issues were identified repeatedly by citizens at the public panel meetings held during the information-gathering effort for this report.

For example, many members of the public believe that decisions on day care regulation should follow rather than precede an overall national policy for children and families, for day care, and for other forms of support for families. The public identified a need for policy leadership in reaching decisions about such matters as the appropriate mix of Federal, State, and local financing for day care; sliding fee schedules; the appropriate Federal and State agency base for day care; the use of vouchers instead of cash to purchase day care; and information and referral systems to inform consumers about day care. The Department, the Congress, and the public will address these issues in the years ahead.

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NOTE: The scholarly papers commissioned for the FIDCR Appropriateness Report are cited herein as "Concept papers." Bibliographic data on all of these papers is essentially identical: They were published by the U.S. Department of Health, Education, and Welfare, Office of the Assistant Secretary for Planning and Evaluation, in Washington, D.C., in 1976 or 1977. Copies and summaries can be ordered through the Educational Resources Information Center (ERIC), National Institute of Education, Washington, D.C. 20208, and the National Technical Information Service (NTIS), Department of Commerce, 5825 Port Royal Road, Springfield, Va. 22161.

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## GLOSSARY OF TERMS 1/

### ACYF

Administration for Children, Youth, and Families, an agency within the Office of Human Development Services, HEW.

### ADMINISTERING AGENCY

The agency that receives Federal funds under Titles XX (Social Services), IV-A, IV-B (Child Welfare Services), and IV-A (WIN) for day care services and that has ultimate responsibility for the conduct of the day care services program. The administering agency may be the State Title XX public social service agency or the Child Welfare Services (Title IV-B) agency, if separate from the Title XX agency. The term "administering agency" may also refer, in some States, to the local public agencies authorized by law to administer the social services programs.

### AFDC WORK EXPENSE DISREGARD

The deduction of certain work expenses, such as the cost of day care services, in the computation of a person's income for the purpose of determining AFDC benefits.

### AGE OF ENTRY

Age at which a child enters a day care program.

### AGE MIX

The age composition of a group of children in a day care setting.

### AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM

A Federal financial assistance program, authorized under Title IV-A of the Social Security Act. The AFDC program provides money to

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1/ This Glossary defines terms in this report as they have been used in day care research or as they are commonly understood by the Department. HEW recognizes that few day care terms have a single, generally accepted definition. HEW recognizes, too, that States and various elements of the day care community use the terms in this Glossary in different ways, for different purposes. It is hoped that this Glossary can serve as a useful first step in the Department's effort to construct—with the day care community—a common terminology.

States, which provide services and distribute cash assistance to eligible needy families with dependent children, to cover costs of food, shelter, clothing, and other items. When the income of AFDC recipients is calculated in order to determine benefits, the cost of certain work-related expenses, including day care, may be deducted. See AFDC Work Expense Disregard.

#### APS

Administration for Public Services, an agency within the Office of Human Development Services, HEW.

#### CAREGIVER

A person who provides direct care to children in a day care setting. Caregivers include teachers and aides in day care center classrooms; family day care providers and aides; and providers of in-home day care.

#### CASP

See Comprehensive Annual Services Program Plan.

#### CDA

See Child Development Associate.

#### CERTIFICATION

State endorsement or approval of a day care facility or provider for compliance with Federal and/or State day care regulations.

#### CETA

See Comprehensive Employment and Training Act.

#### CFR

See Code of Federal Regulations.

#### CHILD CARE FOOD PROGRAM

A Federal program, administered by the Department of Agriculture, to assist States, through grants and other means, to initiate, maintain, or expand nonprofit food service programs for children in facilities providing childcare, including day care centers, family day care homes, and Head Start centers.

#### CHILD DEVELOPMENT ASSOCIATE (CDA)

A person who has earned the early childhood education/child development credential awarded by the Child Development Associate Consortium. The CDA credential is a professional award that certifies that a "person is able to meet the specific needs of a group of children aged 3 to 5 in a child development setting by nurturing the children's physical, social, emotional, and intellectual growth, by establishing and maintaining a proper childcare environment, and by promoting good relations between parents and the child development center."

#### CHILD-STAFF RATIO

In a day care setting, the ratio of the number of children in a group to the number of caregivers assigned to the group. A high child-staff ratio (for example, 20:1) means that there are many children per caregiver in a group. A low child-staff ratio (5:1) means that there are relatively few children per caregiver in a group.

#### CHILD WELFARE SERVICES (CWS)

Public social services that supplement or substitute for parental care and supervision in order to prevent or remedy harm to children and to protect and promote the welfare of children. Child Welfare Services are authorized under Title IV-B of the Social Security Act. Among the services States provide under the program are foster care, protective services, health-related services, family counseling, homemaker services, child day care services, and emergency shelter services. Any child is eligible for services regardless of the social or economic status of the child or family.

#### CODE OF FEDERAL REGULATIONS (CFR)

Codification of the current general and permanent regulations of the various Federal agencies. The Federal Interagency Day Care Requirements are contained in part 71, subtitle A, of Title 45 (Public Welfare) of the Code of Federal Regulations.

#### COMPLIANCE

Conformity to regulations; behaving or operating in accordance with regulations.

## COMPONENT, DAY CARE

A major aspect or element of a day care services program; for example, a parent involvement component would comprise all the activities through which parents may be involved in the provision of day care.

## COMPREHENSIVE ANNUAL SERVICES PROGRAM PLAN (CASPP)

The State's annual services plan required under Section 2004 of the Social Security Act.

## COMPREHENSIVE EDUCATION AND TRAINING ACT OF 1973 (CETA)

Federal legislation authorizing funds to State and local governments to provide job training and employment opportunities for economically disadvantaged, unemployed, and underemployed persons and to assure that training and other services lead to maximum employment opportunities. Day care services are offered as a support service to participants in CETA programs. CETA workers may be employed by nonprofit day care providers and may participate in on-the-job training at for-profit facilities.

## COMPREHENSIVENESS

The breadth of coverage of day care standards, that is, the extent to which a set of standards contains different components of care.

## CONTINUITY OF CARE

The stability of the caregiving situation and the consistency and balance of care between the home and the day care facility.

## CORE COMPONENT

An element of day care services that is essential to the well-being of the child while in the day care setting. A noncore component is an element of day care services that affects the total well-being of the child, but is not essential to his or her immediate well-being in the day care setting.

## CURRICULUM

A planned set of activities and materials carried out with a group of children in a day care setting, designed to achieve certain goals for children in care, such as age-appropriate social, emotional, physical, and cognitive growth.

CWS

See Child Welfare Services.

#### DAY CARE

Care provided to a child inside or outside the child's home, by a person or persons other than a member of the child's immediate family, during some portion of a 24-hour day. Day care is usually associated with children whose parents work or carry out other productive tasks. However, components of day care, particularly for children 3 to 5 years of age, may have characteristics identical to preschool or nursery school programs.

#### DAY CARE, ALL-DAY OR FULL-DAY

Day care provided for more than 6 hours in 1 day.

#### DAY CARE, FULL-TIME

Care provided for 30 hours or more per week in periods of less than 24 hours per day. The HEW/APS FIDCR Monitoring Guide defines full-time care as care provided for 32 hours or more per week in periods of less than 24 hours per day.

#### DAY CARE, PART-TIME

Care provided for less than 30 hours per week in periods of less than 24 hours per day. The HEW/APS FIDCR Monitoring Guide defines part-time care as care provided for less than 32 hours per week in periods of less than 24 hours per day.

#### DAY CARE AIDE

A person who assists a lead or primary caregiver in the direct care of children in a day care setting.

#### DAY CARE CENTER

A facility in which care is provided part of a 24-hour day for a group of 13 or more children. The HEW/APS FIDCR Monitoring Guide defines a day care center as a licensed facility in which care is provided part of the day for a group of 12 or more children.

#### DAY CARE FACILITY

The place where day care is provided to children (e.g., a family day care home, a group day care home, or a day care center).

#### DAY CARE PROVIDER

An individual, organization, or corporation that provides day care services for children.

#### DEVELOPMENTAL SERVICES

A component of day care services that comprises the program activities, materials, and staff qualifications necessary to support the cognitive, social, emotional, and physical development of children in care. This component is not now regulated by the Federal Interagency Day Care Requirements.

#### EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT PROGRAM (EPSDT)

An element of the Medicaid program (authorized under Title XIX of the Social Security Act) that provides early screening and periodic diagnostic and testing services to children of AFDC recipients and other needy children for the purpose of detecting potentially crippling or disabling physical or mental health problems.

#### ELIGIBILITY FOR TITLE XX SOCIAL SERVICES

Persons eligible for social services, such as day care, provided under Title XX of the Social Security Act are: recipients of AFDC or Supplemental Security Income (SSI) programs, and, at State option, other persons who meet State and Federal income limitations. States may set income eligibility limits that do not exceed 115 percent of the State median income for a family of four, adjusted for family size. Any individual is eligible to receive the following services provided under Title XX without regard to income: family planning, information and referral, and any service directed at the goal of preventing or remedying neglect, abuse, or exploitation of children or adults unable to protect their own interests.

#### ENFORCEMENT MECHANISM

The process by which Federal, State, or local governments take action to compel observance of regulations.

#### FAMILY DAY CARE

Day care provided to a child in the home of another family or individual.

## FAMILY DAY CARE HOME

A private family home in which children receive day care during some part of a 24-hour day. The HEW/APS FIDCR Monitoring Guide defines a family day care home as a licensed or approved private family home in which children receive care, protection, and guidance during a part of the 24-hour day. A family day care home may serve no more than a total of six children (ages 3 through 14)—no more than five when the age range is infancy through 6—including the family day care mother's own children. Public Law 94-401 (1976) provides that States, in computing the number of children in a family day care home, need count only the children of the operator of the home who are under age 6.

## FEDERAL INTERAGENCY DAY CARE REQUIREMENTS (FIDCR)

Federal regulations, issued in September 1968, that specify requirements that must be met in the provision of day care funded under certain Federal programs. In 1968, the FIDCR applied to day care under: Title IV-A and IV-B of the Social Security Act; Title I, Title II, Title II-B, and Title V of the Economic Opportunity Act; the Manpower Development and Training Act; and, at State option, under Title I of the Elementary and Secondary Education Act. (Many of these programs no longer exist.)

The Social Services Amendments of 1974 (Public Law 93-647), which established Title XX of the Social Security Act, incorporated a modified form of the FIDCR into Title XX as a purchasing requirement for day care funded under Title XX, Title IV-A (WIN), and Title IV-B programs.

The FIDCR are organized according to nine categories or components of day care services, as follows: Day Care Facilities (including types of facilities; grouping of children and child-staff ratios; and licensing or approval of facilities); Environmental Standards (location of day care facilities; safety and sanitation; suitability of facilities); Educational Services (educational opportunities, activities, and materials; supervision by trained or experienced staff member); Social Services (coordinated provision of social services, counseling and guidance to parents, assessment of child's adjustment in day care program); Health and Nutrition Services; Training of Staff; Parent Involvement; Administration and Coordination; and Evaluation.

## FEE SCHEDULE

The rates charged by a day care provider to purchasers in full or partial compensation for services rendered. A fee schedule that varies—based on family income, family size, or age of the child in care—is used by many providers. A sliding fee schedule may be required of providers who serve children supported under Federal social services programs. Title XX requires that States impose fees reasonably related to income for services furnished to persons with incomes over 80 percent of the State's median income. States may impose fees for recipients and persons with incomes below the 80-percent level. In cases in which sliding fees are used, the social services agency in effect shares part of the cost of care with the child's family.

## FEDERAL FINANCIAL PARTICIPATION (FFP)

A designation indicating that some or all of a facility's funds are Federal. Non-FFP care is purchased entirely with private funds. Most FFP facilities are required to meet the FIDCR; if they fail to do so, the Government is obligated to withhold reimbursement to the State for care purchased during the period when they were not in compliance.

## FFP DAY CARE FACILITY

In this report, the term FFP facilities refers to facilities that receive funding under Title XX, IV-A (Social Services), IV-A (WIN) or IV-B programs.

## FIDCR

See Federal Interagency Day Care Requirements.

## FOLLOW-THROUGH

A Federal program, administered by the Office of Education of the Department of Health, Education, and Welfare, that offers specific programs of instruction, health, nutrition, and related services that aid in the continued development of elementary school children from low-income families who participated in Head Start and other qualified preschool programs.

## FULL-TIME EQUIVALENT (FTE)

A term used in personnel management to denote the amount of time, effort, or cost expended in one full-time position.

General Accounting Office.

#### GROUP DAY CARE HOME

An extended or modified, licensed or approved family residence in which family-like care is provided, usually to school-age children, and usually for up to 12 children.

#### GROUP SIZE

The number of children in a day care center classroom or cluster, or in a family day care home or group day care home. Maximum allowable group sizes for different forms of care are specified by State licensing standards and the Federal Interagency Day Care Requirements.

#### HEAD START

A Federal program that provides comprehensive health, education, nutrition, social, and other services primarily to economically disadvantaged preschool children and their families. The program emphasizes the importance of local community control and parent involvement in the activities of their preschool children.

#### INCOME TAX CREDIT FOR CHILD CARE EXPENSES

A credit against tax due for 20 percent of qualified child care expenses, up to a maximum of \$2,000 in expenses for one dependent and \$4,000 for two or more. The maximum credit is \$400 for one dependent and \$800 for two or more.

#### INFANTS

Children under 18 months of age.

#### INFORMATION AND REFERRAL SERVICES, DAY CARE

A resource that provides information to individuals about day care services available in the community. They usually provide the names, addresses, and phone numbers of several day care centers or family day care homes that would be convenient to the home or place of work of the family making the inquiry (Travis and Perreault, 1977).

#### IN-HOME DAY CARE

Care provided for a portion of the day in the child's home by a nonrelative or by a relative who is not a member of the child's immediate family.

## IN-HOME DAY CARE

Care provided for a portion of the day in the child's home by a nonrelative or by a relative who is not a member of the child's immediate family.

## INSERVICE TRAINING

Job-related learning activities for caregivers, including advice on and criticism of daily performance, on-the-job training, and formal or informal academic experience.

## LICENSING

The granting by a State of a license, or permission to operate a day care facility, to a provider who has shown evidence of compliance with the State's licensing code, licensing standards, or minimum requirements for the license.

## LICENSING CODE

Specified standards in State law that must be met before a license or permission to operate is granted by the State.

## LICENSING STANDARDS

State-established standards that must be met before official approval to operate is granted or before a license to operate is issued.

## MEDIAN FAMILY INCOME.

The income level in a State that represents the level below which half of the incomes of households fall. The median income for a family of four (adjusted for family size) in each State and the District of Columbia is used to determine eligibility of individuals for Title XX services on the basis of income. See Eligibility for Title XX Social Services.

## MINIMUM WAGE

The lowest wage per hour permitted by Federal law in industries governed by the Fair Labor Standards Act. The current minimum wage, \$2.65 per hour, applies to day care center workers and in-home caregivers. It also applies to family day care homes when the caregiver is regarded as an employee.

## MONITORING

The observance and overseeing of day care programs by a government agency responsible for enforcing applicable regulations.

## MONITORING GUIDE, HEW/APS FIDCR

Publication of the Administration for Public Services that provides guidelines for use by State agencies in monitoring out-of-home child care facilities for the purpose of determining whether or not the facilities meet Federal and State standards.

## MORATORIA ON FIDCR CHILD-STAFF RATIOS

Congressional amendments to Title XX of the Social Security Act that suspended or waived the FIDCR child-staff ratios under certain conditions:

- Public Law 94-120, sec. 3 (Oct. 1975) suspended FIDCR Title XX child-staff ratios for children between the ages of 6 weeks and 6 years in day care centers and group day care homes if the staffing standards actually being applied (a) complied with applicable State law, (b) were no lower than corresponding standards imposed by State law on Sept. 15, 1975, and (c) were no lower than corresponding standards actually being applied in the centers or homes on Sept. 15, 1975. The suspension authorized by this law was in effect from October 1975 to February 1976.
- Public Law 94-401, sec. 2 (Sept. 1976) extended the suspension of staffing standards allowed by Public Law 94-120 to Sept. 30, 1977.
- Public Law 95-171, sec. 1(d) (Nov. 1977) extended suspension of the staffing standards to Sept. 30, 1978.

## NDCS

National Day Care Study.

## NONCORE COMPONENT

See Core Component.

## NONPROFIT DAY CARE

Day care provided by a public or private agency or organization not organized for profit.

## NPRM

Notice of Proposed Rulemaking.

## POVERTY LEVEL

The low-income level based on the Social Security Administration's poverty thresholds, adjusted annually in accordance with changes in the Consumer Price Index. Poverty levels reported by the Bureau of the Census, U.S. Department of Commerce, for 1976 and estimated figures for 1977 are:

	1976	1977 (estimated)
One person under age 65	\$2,959	\$3,150
Two persons, head of household under age 65	3,826	4,070
Three persons	4,540	4,830
Four persons	5,815	6,190

## PFVT

Peabody Picture Vocabulary Test, a measure of a child's vocabulary and verbal skills.

## PRESCHOOLERS

Children aged 3 years or older and under 6 years of age.

## PRESERVICE TRAINING

Training and education acquired by a caregiver before entering the day care field.

## PRIVATE-PAY DAY CARE

Day care supported by parent fees.

## PROFESSIONALISM

In the National Day Care Study, professionalism was defined as the total years and type of formal education and child-related training and experience of a caregiver. It is often thought of in a broader context related to the performance capability of a caregiver as measured by professional standards (e.g., award of the Child Development Associate credential).

## PROGRAM SIZE

The number of children enrolled in a day care facility.

## PROPRIETARY DAY CARE

Day care provided on a for-profit basis by an individual or business concern.

## PSI

Preschool Inventory, a test instrument of certain cognitive skills and knowledge of preschool children. The PSI is used to measure some aspects of school readiness.

## PURCHASE-OF-SERVICE REQUIREMENTS

Requirements that specify the conditions under which the administering agency agrees to purchase services on behalf of Title XX, Title IV-A (Social Services to Guam, Puerto Rico, and the Virgin Islands), Title IV-A(WIN), or Title IV-B programs. The FIDCR and related administrative regulations in parts 200, 226, and 228 of Title 45 of the Code of Federal Regulations are the purchase-of-service requirements for day care services funded under the Social Security Act.

## REGISTRATION

A process whereby a provider or potential provider makes known to the appropriate State or local agency his or her intent to engage in family day care. Registration may take several forms and may include the provider's certification of meeting appropriate State standards. Generally, HEW does not consider registration to be a form of licensure. Registration as a form of licensure is being used or experimented with in several States. The process differs somewhat from State to State. The term registration is sometimes used to refer to a simple listing of existing family day care homes compiled by an information and referral agency (Travis and Perreault, 1977).

## REGULATIONS

Statement of a government agency of general or particular applicability and future effect, designed to implement, interpret, or prescribe law or policy, or describing the organization, procedure, or practice requirements of an agency. Federal regulations have the force of law and may include sanctions for noncompliance. The Federal Interagency Day Care Requirements are Federal regulations (codified in part 71 of Title 45 of the Code of Federal Regulations). They were developed to implement a congressional mandate issued in sec. 107(a) of Public Law 90-222 that the Secretary of Health, Education, and Welfare and the Director of the Office of Economic Opportunity "coordinate programs under their jurisdictions which provide day care, with a view to establishing, insofar as possible, a common set of program standards and regulations, and mechanisms for coordination at the State and local levels."

Regulations implementing Title XX of the Social Security Act are contained in part 228 of Title 45 of the Code of Federal Regulations. The day care requirements imposed by sec. 2002(a)(9)(A) of Title XX appear in part 228.42 and incorporate by reference the 1968 FIDCR, with some modifications, into the Title XX regulations.

## REIMBURSEMENT RATES

The amounts by which a State will reimburse a day care provider for day care services purchased under a Federal program. Reimbursement rates are set by the States.

## SANCTIONS

Actions taken by a Government agency to enforce regulations or to punish violation of them. Sanctions include (1) prohibition, requirement, limitation, or other condition affecting the freedom of a person; (2) withholding of funds; (3) imposition of a penalty or fine; and (4) charge of reimbursement, restitution, or compensation.

## SCHOOL-AGE CHILDREN

Children aged 6 years or more and under 14.

## SCHOOL-AGE-DAY CARE

Care provided to children of school age before or after school hours.

## SMSA

Standard Metropolitan Statistical Area. This is a Federal Government designation of a geographical area that is an integrated economic and social unit with a large population.

## SOCIAL SERVICES PROGRAM

A Federal program, authorized by Title XX of the Social Security Act, to enable States to provide social services to public assistance recipients and other low-income persons. The services must be directed to one of five legislative goals: (1) economic self-support; (2) personal self-sufficiency; (3) protection of children and handicapped adults from abuse, neglect, and exploitation; (4) prevention and reduction of inappropriate institutionalization; and (5) arrangement for appropriate institutionalization and services when in the best interest of the individual. Services offered by most States include day care, foster care, homemaker services, health-related services, and services to the mentally retarded and to drug and alcohol abusers. Many other services are also offered.

## SSI

See Supplemental Security Income.

## STAFF-CHILD RATIO

See Child-Staff Ratio.

## STAFF TURNOVER RATE

The percentage of caregivers terminating employment at a facility over a given period of time. For example, in a day care center employing a total of five caregivers during a given year, the annual staff turnover rate for that year would be 40 percent if two caregivers terminated employment during the year.

## STANDARDS

The word "standards" has many definitions in this report; the term is used in several of its generally accepted meanings: (1) a "rule or principle used as a basis for judgment"; (2) "an average or normal requirement, quality, quantity, level, grade, etc."; or (3) "a model, goal, or example to be followed" (Random House Dictionary, 1966, cited in Morgan, 1977).

## STANDARDS (continued)

The Federal Interagency Day Care Requirements are Federal funding standards, containing specific requirements to be met as a condition of Federal funding or purchase of day care services. State licensing codes contain day care standards that specify the conditions that must be met before a license or permission to operate is granted. Funding standards and licensing standards can be enforced by the responsible Government agency through a variety of sanctions: withholding or withdrawal of Federal money, in the case of the FIDCR; and denial, suspension, or revocation of a license, in the case of State licensing standards. The Child Development Associate Consortium has established professional standards of competent child care, by which applicants for the CDA credential are judged.

Goal standards embody ideals or present models of day care program performance. Goal standards are not legal requirements and are not designed to be enforced.

## STATE PLAN

A permanent administrative plan, in which the State designates the administering agency for Title XX services and pledges itself to meet the compliance requirements of section 2003 of the Social Security Act.

## SUPPLEMENTAL SECURITY INCOME (SSI) PROGRAM

Federal program that provides supplemental income to indigent persons aged 65 and over or who are blind or disabled. States are required to provide at least three services for SSI recipients as part of their Title XX program.

## TITLE IV-A, SOCIAL SECURITY ACT

See Aid to Families with Dependent Children and AFDC Work Expense Disregard.

## TITLE IV-B, SOCIAL SECURITY ACT

See Child Welfare Services.

## TITLE XX, SOCIAL SECURITY ACT

See Social Services Program.

**TODDLERS**

Children aged 18 months or more and under 36 months.

**WAIVER**

Suspension of the application of the Federal Interagency Day Care Requirements by HEW, as allowed by the FIDCR under certain conditions.

This term may also refer to the suspension of the FIDCR allowed by Public Law 94-401 (1976), which provides that States may waive staffing standards otherwise applicable to day care centers or group day care homes in which not more than 20 percent of the children in care (or, in a center, not more than five children in the center, whichever is less) are children whose care was being paid for under Title XX, if the facilities met applicable State staffing standards.

**WISC**

Weschler Intelligence Scale for Children. Test instrument, developed from the Weschler-Bellevue scale, that measures the intelligence of children with regard to performance under given conditions, not "native ability."

**WORK INCENTIVE PROGRAM (WIN)**

A Federal program designed to help recipients of AFDC become self-supporting by providing training, job placement, and employment opportunities, and related services. The WIN program is authorized under Title IV-C of the Social Security Act. Supportive services for WIN participants, authorized under Title IV-A of the Social Security Act, include day care services.

APPENDIX A

TEXT OF THE FIDCR

**FEDERAL  
INTERAGENCY  
DAY CARE  
REQUIREMENTS**

PURSUANT TO SEC. 522 (d)  
OF THE ECONOMIC OPPORTUNITY ACT



as approved by

**U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE**

**U. S. OFFICE OF ECONOMIC OPPORTUNITY**

**U. S. DEPARTMENT OF LABOR**

September 23, 1968

DHEW Publication No. (OHDS) 78-3101

NOTE:

The Federal Interagency Day Care Requirements, when applied in relation to use of Title XX, Social Security Act, funds, have been amended as follows:

- (1) Page 6, Part I.B.3., Child/staff ratios for children under 3 years and for school age children receiving care in day care centers:

<u>Age</u>	<u>Ratio</u>
Under 6 weeks	1:1
6 weeks to 3 years	1:4
School age 6-10 years	1:15
School age 10-14 years	1:20

- (2) Page 9, Part III, Educational Services are no longer requirements, but are recommended.

DISCRIMINATION PROHIBITED--Title VI of the Civil Rights Act of 1964 states: "No person in the United States . . . shall, on the ground of race, color, or national origin, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the programs covered in this publication must be operated in compliance with this law.

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## PREFACE

Day care is a service for the child, the family, and the community and is based on the demonstrated needs of children and their families. It depends for its efficacy on the commitment, the skill, and the spirit with which it is provided.

Day care services supplement parental care by providing for the care and protection of children who must be outside of their own homes for a substantial portion of a 24-hour day. These services may be provided when parents are employed, are in training programs, or, for other reasons, need these services for their children.

Day care services should be developed and carried out as part of a comprehensive community plan designed to promote and maintain a stable family environment for children. Day care can serve most effectively and appropriately as a supplement to care in the child's own family when other services support family care, such as homemaker service. Only then can the plan of care for a child be based on what is best for him and his particular family. Communities planning coordinated child care programs need to develop a wide range of services, including, but not limited to, day care services.

## DEFINITIONS

**DAY CARE SERVICES** -- comprehensive and coordinated sets of activities providing direct care and protection of infants, preschool and school-age children outside of their own homes during a portion of a 24-hour day.<sup>1/</sup> Comprehensive services include, but are not limited to, educational, social, health, and nutritional services and parent participation. Such services require provision of supporting activities including administration, coordination, admissions, training, and evaluation.

**ADMINISTERING AGENCY** -- any agency which either directly or indirectly receives Federal funds for day care services subject to the Federal Interagency Day Care Standards and which has ultimate responsibility for the conduct of such a program. Administering agencies may receive Federal funds through a State agency or directly from the Federal Government. There may be more than one administering agency in a single community.

**OPERATING AGENCY** -- an agency directly providing day care services with funding from an administering agency. In some cases, the administering and operating agencies may be the same, e.g., public welfare departments or community action agencies which directly operate programs. Portions of the required services may be performed by the administering agency.

**DAY CARE FACILITY** -- the place where day care services are provided to children, e.g., family day care homes, group day care homes, and day care centers. Facilities do not necessarily provide the full range of day care services. Certain services may be provided by the administering or operating agency.

<sup>1/</sup> The Office of Economic Opportunity uses 7 hours as the minimum time period for its preschool day care programs; however, most of the Standards in this document are also applicable to part-day Head Start programs.

**STANDARDS** -- Standards consist of both Interagency Requirements and Recommendations. The Requirements only are presented in this document; the Recommendations will be issued separately.

Interagency Requirements -- a mandatory policy which is applicable to all programs and facilities funded in whole or in part through Federal appropriations.

Interagency Recommendations -- an optional policy based on what is known or generally held to be valid for child growth and development which is recommended by the Federal agencies and which administering agencies should strive to achieve.

# FEDERAL INTERAGENCY DAY CARE REQUIREMENTS

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## INTRODUCTION

The legislative mandates of the Economic Opportunity Amendments of 1967 require that the Secretary of Health, Education, and Welfare and the Director of the Office of Economic Opportunity coordinate programs under their jurisdictions which provide day care so as to obtain, if possible, a common set of program standards and regulations and to establish mechanisms for coordination at State and local levels. The Secretary of Labor has joined with the Director of the Office of Economic Opportunity and the Secretary of Health, Education, and Welfare in approving these standards. Accordingly, this document sets forth Federal Interagency Requirements which day care programs must meet if they are receiving funds under any of the following programs:

Title IV of the Social Security Act

Part A--Aid to Families With Dependent Children

Part B--Child Welfare Services

Title I of the Economic Opportunity Act--Youth Programs

Title M of the Economic Opportunity Act--Urban and Rural Community Action Programs

Title VIII of the Economic Opportunity Act

Part B--Assistance for Migrant, and other Seasonally Employed, Farmworkers and Their Families (These Federal Interagency Requirements will not apply in full to migrant programs until July 1, 1969.)

Title V of the Economic Opportunity Act

Part B--Day Care Projects

## Manpower Development and Training Act

Title I of the Elementary and Secondary Education Act  
(Programs funded under this title may be subject to these  
Requirements at the discretion of the State and local  
education agencies administering these funds.)

These Requirements will be supplemented by a series of Federal Inter-agency Recommendations which are not mandatory but represent highly desirable objectives. The Requirements and Recommendations taken together constitute the Federal Interagency Day Care Standards.

As a condition for Federal funding, agencies administering day care programs must assure that the Requirements are met in all facilities which the agencies establish, operate, or utilize with Federal support. If a facility does not provide all of the required services, the administering agency must assure that those that are lacking are otherwise provided.

Administering agencies must develop specific requirements and procedures within the framework of the Federal Interagency Requirements and Recommendations to maintain, extend, and improve their day care services. Additional standards developed locally may be higher than the Federal Requirements and must be at least equal to those required for licensing or approval as meeting the standards established for such licensing. Under no circumstances, may they be lower. It is the intent of the Federal Government to raise and never to lower the level of day care services in any State.

The Interagency Requirements will be utilized by Federal agencies in the evaluation of operating programs.

### Application of Requirements.

These Requirements cover all day care programs and facilities utilized by the administering agencies which receive Federal funds, whether these facilities are operated directly by the administering agencies or whether contracted to other agencies. Such programs and facilities must also be licensed or meet the standards of licensing applicable in the State. Day care may be provided:

In a day care facility operated by the administering agency.

In a day care facility operated by a public, voluntary, or proprietary organization which enters into a contract to accept children from the administering agency and to provide

care for them under the latter's policies. (The operating organization may also serve children who are not supported by the administering agency.)

Through some other contractual or other arrangement, including the use of an intermediary organization designed to provide coordinated day care services, or the use of facilities provided by employers, labor unions, or joint employer-union organizations.

Through the purchase of care by an individual receiving aid to families with dependent children or child welfare services funds for the service.

#### Waiver of Requirements

Requirements can be waived when the administering agency can show that the requested waiver may advance innovation and experimentation and extend services without loss of quality in the facility. Waivers must be consistent with the provisions of law. Requests for waivers should be addressed to the regional office of the Federal agency which is providing the funds. Requirements of the licensing authority in a State cannot be waived by the Federal regional office.

#### Effective Date of Requirements

The Requirements apply to all day care programs initially funded and to those refunded after July 1, 1968. Administering agencies are expected to immediately initiate planning and action to achieve full compliance within a reasonable time. Except where noted, up to 1 year may be allowed for compliance provided there is evidence of progress and good intent to comply.

#### Enforcement of Requirements

The basic responsibility for enforcement of the Requirements lies with the administering agency. Acceptance of Federal funds is an agreement to abide by the Requirements. State agencies are expected to review programs and facilities at the local level for which they have responsibility and make sure that the Requirements are met. Noncompliance may be grounds for suspension or termination of Federal funds.

The Federal agencies acting in concert will also plan to review the operation of selected facilities.

## COMPREHENSIVE AND COORDINATED SERVICES

The material which follows is, for convenience, arranged according to certain categories of activities or service. Day care works well, however, only when there is a unity to the program. The educator must be concerned with health matters, the nurse with social service activities, and the parent coordinator with helping professionals. Program design must take into account these complex interrelationships.

### I. DAY CARE FACILITIES

#### A. Types of Facilities

It is expected that a community program of day care services will require more than one type of day care facility if the particular needs of each child and his parents are to be taken into consideration. Listed below are the three major types of day care facilities to which the Federal Requirements apply. They are defined in terms of the nature of care offered. While it is preferable that the three types of facilities be available, this is not a Requirement.

1. The family day care home serves only as many children as it can integrate into its own physical setting and pattern of living. It is especially suitable for infants, toddlers, and sibling groups and for neighborhood-based day care programs, including those for children needing after-school care. A family day care home may serve no more than six children (3 through 14) in total (no more than five when the age range is infancy through 6), including the family day care mother's own children.
2. The group day care home offers family-like care, usually to school-age children, in an extended or modified family residence. It utilizes one or several employees and provides care for up to 12 children. It is suitable for children who need before- and after-school care, who do

not require a great deal of mothering or individual care, and who can profit from considerable association with their peers.

3. The day care center serves groups of 12 or more children. It utilizes subgroupings on the basis of age and special need but provides opportunity for the experience and learning that accompanies a mixing of ages. Day care centers should not accept children under 3 years of age unless the care available approximates the mothering in the family home. Centers do not usually attempt to simulate family living. Centers may be established in a variety of places: private dwellings, settlement houses, schools, churches, social centers, public housing units, specially constructed facilities, etc.

## B. Grouping of Children

### Interagency Requirements

The administering agency, after determining the kind of facility to be used, must ensure that the following limits on size of groups and child-to-adult ratios are observed. All new facilities must meet the requirements prior to Federal funding. Existing programs may be granted up to 3 years to meet this requirement, if evidence of progress and good intent is shown.

#### 1. Family day care home <sup>1/</sup>

- a. Infancy through 6 years. No more than two children under 2 and no more than

<sup>1/</sup> In the use of a family day care home, there must always be provision for another adult on whom the family day care mother can call in case of an emergency or illness.

There are circumstances where it would be necessary to have on a regular basis two adults in a family day care home; for example, if one or more of the children were retarded, emotionally disturbed, or handicapped and need more than usual care.

The use of volunteers is very appropriate in family day care. Volunteers may include older children who are often very successful in working with younger children when under adequate supervision.

five in total, including the family day care mother's own children under 14 years old.

- b. Three through 14 years. No more than six children, including the family day care mother's children, under 14 years old.

2. Group day care home 2/-

- a. Three through 14 years. Groups may range up to 12 children but the child-staff ratio never exceeds 6 to 1. No child under 3 should be in this type of care. When pre-school children are cared for, the child-staff ratio should not exceed 5 to 1.

3. Day care center 3/

- a. Three to 4 years. No more than 15 in a group with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 5 to 1.

2/ Volunteers and aides may be used to assist the adult responsible for the group. Teenagers are often highly successful in working with younger children, but caution should be exercised in giving them supervisory responsibility over their peers.

As in family day care, provision must be made for other adults to be called in case of an emergency or illness.

3/ The adult is directly responsible for supervising the daily program for the children in her group and the work of the assistants and volunteers assigned to her. She also works directly with the children and their parents, giving as much individual attention as possible.

Volunteers may be used to supplement the paid staff responsible for the group. They may include older children who are often highly successful in working with younger children. Caution should be exercised in assigning teenagers supervisory responsibility over their peers.

- b. Four to 6 years. No more than 20 in a group with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 7 to 1.
- c. Six through 14 years. No more than 25 in a group with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 10 to 1.

Federal Interagency Requirements have not been set for center care of children under 3 years of age. If programs offer center care for children younger than 3, State licensing regulations and requirements must be met. Center care for children under 3 cannot be offered if the State authority has not established acceptable standards for such care.

C. Licensing or Approval of Facilities as Meeting the Standards for Such Licensing

Interagency Requirements

Day care facilities (i.e., family day care homes, group day care homes, and day care centers) must be licensed or approved as meeting the standards for such licensing. If the State licensing law does not fully cover the licensing of these facilities, acceptable standards must be developed by the licensing authority or the State welfare department and each facility must meet these standards if they are to receive Federal funds.

II. ENVIRONMENTAL STANDARDS

A. Location of Day Care Facilities

Interagency Requirements

1. Members of low-income or other groups in the population and geographic areas who (a) are eligible under the regulations of the funding agency and (b) have the greatest relative need must be given priority in the provision of day care services.

2. In establishing or utilizing a day care facility, all the following factors must be taken into consideration: 4/
  - a. Travel time for both the children and their parents.
  - b. Convenience to the home or work site of parents to enable them to participate in the program.
  - c. Provision of equal opportunities for people of all racial, cultural, and economic groups to make use of the facility.
  - d. Accessibility of other resources which enhance the day care program.
  - e. Opportunities for involvement of the parents and the neighborhood.
3. Title VI of the Civil Rights Act of 1964 requires that services in programs receiving Federal funds are used and available without discrimination on the basis of race, color, or national origin.

B. Safety and Sanitation

Interagency Requirements

1. The facility and grounds used by the children must meet the requirements of the appropriate safety and sanitation authorities.
2. Where safety and sanitation codes applicable to family day care homes, group day care homes, or day care centers do not exist or are not being implemented, the operating agency or the administering agency must work with the appropriate safety and sanitation authorities to secure technical advice which will enable them to provide adequate safeguards.

4/ No universal requirements can be established to govern every local situation. There must, however, be consideration of each of these factors in light of the overall objectives of the day care program and the legal requirements which exist, such as title VI of the Civil Rights Act of 1964 and title IV, part B, of the Social Security Act.

### C. Suitability of Facilities

#### Interagency Requirements

1. Each facility must provide space and equipment for free play, rest, privacy, and a range of indoor and outdoor program activities suited to the children's ages and the size of the group. There must be provisions for meeting the particular needs of those handicapped children enrolled in the program. Minimum requirements include:
  - a. Adequate indoor and outdoor space for children, appropriate to their ages, with separate rooms or areas for cooking, toilets, and other purposes.
  - b. Floors and walls which can be fully cleaned and maintained and which are nonhazardous to the children's clothes and health.
  - c. Ventilation and temperature adequate for each child's safety and comfort.
  - d. Safe and comfortable arrangements for naps for young children.
  - e. Space for isolation of the child who becomes ill; to provide him with quiet and rest and reduce the risk of infection or contagion to others.

### III. EDUCATIONAL SERVICES

#### Interagency Requirements

1. Educational opportunities must be provided every child. Such opportunities should be appropriate to the child's age regardless of the type of facility in which he is enrolled, i.e., family day care home, group day care home, or day care center.
2. Educational activities must be under the supervision and direction of a staff member trained or experienced in child growth and development. Such supervision may be provided from a central point for day care homes.

3. The persons providing direct care for children in the facility must have had training or demonstrated ability in working with children.
4. Each facility must have toys, games, equipment and material, books, etc., for educational development and creative expression appropriate to the particular type of facility and age level of the children.
5. The daily activities for each child in the facility must be designed to influence a positive concept of self, and motivation, and to enhance his social, cognitive, and communication skills. 5/

#### IV. SOCIAL SERVICES

##### Interagency Requirements

1. Provision must be made for social services which are under the supervision of a staff member trained or experienced in the field. Services may be provided in the facility or by the administering or operating agency.
2. Nonprofessionals must be used in productive roles to provide social services.
3. Counseling and guidance must be available to the family to help it determine the appropriateness of day care, the best facility for a particular child, and the possibility

5/ For school-age children, it is desirable that the policies at the day care facility be flexible enough to allow the children to go and come from the day care facility in accordance with their ability to become independent and to accept appropriate responsibility. School-age children also must have opportunities to take part in activities away from the day care facility and to choose their own friends.

The day care staff must keep in mind that for school-age children the school is providing the formal educational component. The day care staff are more nearly "parent supplements." They have responsibility, however, to supervise homework and broaden the children's educational, cultural, and recreational horizons.

of alternative plans for care. The staff must also develop effective programs of referral to additional resources which meet family needs.

4. Continuing assessment must be made with the parents of the child's adjustment in the day care program and of the family situation.
5. There must be procedures for coordination and cooperation with other organizations offering those resources which may be required by the child and his family.
6. Where permitted by Federal agencies providing funds, provision should be made for an objective system to determine the ability of families to pay for part or all of the cost of day care and for payment.

## V. HEALTH AND NUTRITION SERVICES

### Interagency Requirements

1. The operating or administering agency must assure that the health of the children and the safety of the environment are supervised by a qualified physician. 6/
2. Each child must receive dental, medical, and other health evaluation appropriate to his age upon entering day care and subsequently at intervals appropriate to his age and state of health. 7/
3. Arrangements must be made for medical and dental care and other health related treatment for each child using existing

6/ While nurses or others with appropriate training and experience may plan and supervise the health aspects of a day care program, the total plan should be reviewed by a pediatrician or a physician especially interested in child health. Ideally, such a physician should participate in planning the total day care program and should be continuously involved as the program is carried out. Consultation on technical safety and environmental matters may be provided by other specialists. Individual health evaluations and medical and dental care should be carried out only by highly qualified physicians and dentists.

7/ If the child entering day care has not recently had a comprehensive health evaluation by a physician, this should be provided promptly after he enters a day care program.

community resources. In the absence of other financial resources, the operating or administering agency must provide, whenever authorized by law, such treatment with its own funds. 8/

4. The facility must provide a daily evaluation of each child for indications of illness.
5. The administering or operating agency must ensure that each child has available to him all immunizations appropriate to his age.
6. Advance arrangements must be made for the care of a child who is injured or becomes ill, including isolation if necessary, notification of his parents, and provisions for emergency medical care or first aid.
7. The facility must provide adequate and nutritious meals and snacks prepared in a safe and sanitary manner. Consultation should be available from a qualified nutritionist or food service specialist.
8. All staff members of the facility must be aware of the hazards of infection and accidents and how they can minimize such hazards.

8/ Because day care is designed to supplement parental care and strengthen families, the agency should help parents to plan and carry out a program for medical and dental care for the children. Agencies should not make the arrangements unless the parents are unable to do so. The agency should help to find funds and services and help parents to make use of these resources. Such help may include making appointments; obtaining transportation; giving reminders and checking to be sure appointments are kept, prescriptions filled, medication and treatments administered. Educational programs and social services should be available to help families carry out health plans.

The day care agency, however, in those instances where the Federal funds are legally available to be expended for health services, has the ultimate responsibility of ensuring that no child is denied health services because his parents are unable to carry out an adequate health plan. Aid to families with dependent children and child welfare services funds are not legally available for health care, but States are encouraged to use Medicaid funds whenever possible.

9. Staff of the facility and volunteers must have periodic assessments of their physical and mental competence to care for children. 9/
10. The operating or administering agency must ensure that adequate health records are maintained on every child and every staff member who has contact with children.

## VI. TRAINING OF STAFF

### Interagency Requirements

1. The operating or administering agency must provide or arrange for the provision of orientation, continuous inservice training, and supervision for all staff involved in a day care program -- professionals, nonprofessionals, and volunteers -- in general program goals as well as specific program areas; i.e., nutrition, health, child growth and development, including the meaning of supplementary care to the child, educational guidance and remedial techniques, and the relation of the community to the child. 10/
2. Staff must be assigned responsibility for organizing and coordinating the training program. 11/

9/ Tuberculin tests or chest X-rays should ensure that all persons having contact with the children are free of tuberculosis. Physical and mental competence are better assured by regular visiting and supervision by competent supervisors than by routine medical tests or examinations.

10/ Special techniques for training of day care mothers in family day care homes may need to be developed. One example of such technique is the use of a "roving trainer" who would have responsibility for working on a continuous basis with several day care mothers in their own homes. Volunteers could also be used as substitutes in family day care homes to allow day care mothers to participate in group training sessions at other locations.

11/ Persons from colleges and universities, public schools, voluntary organizations, professional groups, government agencies, and similar organizations can offer valuable contributions to the total training program.

3. Nonprofessional staff must be given career progression opportunities which include job upgrading and work related training and education.

## VII. PARENT INVOLVEMENT

### Interagency Requirements

1. Opportunities must be provided parents at times convenient to them to work with the program and, whenever possible, observe their children in the day care facility.
2. Parents must have the opportunity to become involved themselves in the making of decisions concerning the nature and operation of the day care facility.
3. Whenever an agency (i.e., an operating or an administering agency) provides day care for 40 or more children, there must be a policy advisory committee or its equivalent at that administrative level where most decisions are made. 12/ The committee membership should include not less than 50 percent parents or parent representatives, selected by the parents themselves in a democratic fashion. Other members should include representatives of professional organizations or individuals who have particular knowledge or skills in children's and family programs.
4. Policy advisory committees 13/ must perform productive functions, including, but not limited, to:
  - a. Assisting in the development of the programs and approving applications for funding.

12/ That level, where decisions are made on the kinds of programs to be operated, the hiring of staff, the budgeting of funds, and the submission of applications to funding agencies.

13/ Policy advisory committees, the structure providing a formal means for involving parents in decisions about the program, will vary depending upon the administering agencies and facilities involved.

- b. Participating in the nomination and selection of the program director at the operating and/or administering level.
- c. Advising on the recruitment and selection of staff and volunteers.
- d. Initiating suggestions and ideas for program improvements.
- e. Serving as a channel for hearing complaints on the program.
- f. Assisting in organizing activities for parents.
- g. Assuming a degree of responsibility for communicating with parents and encouraging their participation in the program.

## VIII. ADMINISTRATION AND COORDINATION

### A. Administration 14/

#### Interagency Requirements

1. The personnel policies of the operating agency must be governed by written policies which provide for job descriptions, qualification requirements, objective review of grievances and complaints, a sound compensation plan, and statements of employee benefits and responsibilities.
2. The methods of recruiting and selecting personnel must ensure equal opportunity for all interested persons to file an application and have it considered within reasonable criteria. By no later than July 1, 1969, the methods for recruitment and selection must provide for the effective use of nonprofessional positions and for priority in employment to welfare recipients and other low-income people filling these positions.

14/ Where the administering agency contracts for services with private individuals or proprietary organizations, it must include contractual requirements designed to achieve the objectives of this section.

3. The staffing pattern of the facility, reinforced by the staffing pattern of the operating and administering agency must be in reasonable accord with the staffing patterns outlined in the Head Start Manual of Policies and Instructions 15/ and/or recommended standards developed by national standard-setting organizations.
4. In providing day care through purchase of care arrangements or through use of intermediary organizations, the administering agency should allow waivers by the operating agency only with respect to such administrative matters and procedures as are related to their other functions as profit-making or private nonprofit organizations; provided, that in order for substantial Federal funds to be used, such organizations must include provisions for parent participation and opportunities for employment of low-income persons. Similarly, there must be arrangements to provide the total range of required services. All waivers must be consistent with law.
5. The operating or administering agency must provide for the development and publication of policies and procedures governing:
  - a. Required program services (i.e., health, education, social services, nutrition, parent participation, etc.) and their integration within the total program.
  - b. Intake, including eligibility for care and services, and assurance that the program reaches those who need it.
  - c. Financing, including fees, expenditures, budgeting, and procedures needed to coordinate or combine funding within and/or between day care programs.
  - d. Relations with the community, including a system of providing education about the program.

15/ HEAD START CHILD DEVELOPMENT PROGRAM: A Manual of Policies and Instructions. Office of Economic Opportunity, Community Action Program, Washington, D.C. 20506. September 1967.

- e. Continuous evaluation, improvement, and development of the program for quality of service and for the expansion of its usefulness.
  - f. Recording and reporting of information required by State and Federal agencies.
6. The administering and operating agencies and all facilities used by them must comply with title VI of the Civil Rights Act of 1964, which requires that services in programs receiving Federal funds are used and available without discrimination on the basis of race, color, or national origin.

## B. COORDINATION

### Interagency Requirements

1. Administering agencies must coordinate their program planning to avoid duplication in service and to promote continuity in the care and service for each child.
2. State administering agencies have a responsibility to develop procedures which will facilitate coordination with other State agencies and with local agencies using Federal funds.
3. Agencies which operate more than one type of program, e.g., a group day care home as well as day care center program, are encouraged to share appropriate personnel and resources to gain maximum productivity and efficiency of operation.

## IX. EVALUATION

### Interagency Requirements

1. Day care facilities must be periodically evaluated in terms of the Federal Interagency Day Care Standards.
2. Local operators must evaluate their own program activities according to outlines, forms, etc., provided by the operating and administering agencies. This self-evaluation must be periodically planned and scheduled so that results of evaluation can be incorporated into the preparation of the succeeding year's plan.

APPENDIX B

LEGISLATIVE HISTORY OF THE FIDCR

LEGISLATIVE HISTORY  
FEDERAL INTERAGENCY DAY CARE REQUIREMENTS AND  
TITLE XX DAY CARE REQUIREMENTS

Legislative Authority in the  
Economic Opportunity Act

1968 FIDCR

Economic Opportunity Amendments of 1967  
Public Law 90-222, sec. 107(a) (Dec. 23, 1967)

42 USC 2932(d)

- o Added sec. 522(d) to the Economic Opportunity Act of 1964, which directed the Secretary of Health, Education, and Welfare and the Director of the Office of Economic Opportunity to establish a common set of day care program standards and regulations.

Economic Opportunity Amendments of 1972  
Public Law 92-424, sec. 19 (Sept. 19, 1972)

- o Added to the original FIDCR mandate the condition that "such standards [for day care programs] must be no less comprehensive than" the 1968 FIDCR.

Community Services Act of 1974  
Public Law 93-644, sec. 8(b) (Jan. 4, 1975)

- o Removed the word "Director" (of the Office of Economic Opportunity) from the FIDCR mandate, making the Secretary of Health, Education, and Welfare solely responsible for carrying it out.

Legislative Authority in  
Title XX of the Social Security Act:

Title XX FIDCR

Social Services Amendments of 1974  
Public Law 93-647, sec. 2 (Jan. 4, 1975)

- o Established Title XX of the Social Security Act.

- o Incorporated a modified form of FIDCR as funding requirements for day care services, sec. 2002(a) (9)(A) of Title XX.

42 USC 1397a

- o Sec. 2002(a)(9)(B) called for report of appropriateness of the requirements imposed by subparagraph (A) and gave Secretary of Health, Education, and Welfare authority to change the requirements.
- o Sec. 2002(a)(9)(C) specifically superseded the requirements of sec. 522(d) of the Economic Opportunity Act, the original FIDCR mandate.
- o Sec. 3(f) of Public Law 93-647 imposed the requirements of sec. 2002(a)(9)(A) on Title IV-A and IV-B (Social Security Act) day care services, superseding requirements of sec. 522(d) of the Economic Opportunity Act.

Public Law 94-120, sec. 3 (Oct. 21, 1975)

- o Suspended FIDCR staffing standards for children aged 6 weeks to 6 years, under certain conditions, effective to February 1976.

Public Law 94-401, sec. 2 (Sept. 7, 1976)

- o Sec. 2 extended suspension of staffing standards to Sept. 30, 1977.
- o Sec. 3 provided an additional \$40 million in Title XX funds at 100 percent match for day care services for the period July 1 to Sept. 30, 1976, and an additional \$200 million, under the same provision, for the period Oct. 1, 1976, to Sept. 30, 1977.
- o Sec. 5 permitted waiving of staffing standards when fewer than 20 percent Title XX children are in care.
- o Sec. 5 determined that in calculating the child-staff ratio for family day care homes, the number of children in care shall include the children of the caregiver under 6 years of age.

Public Law 95-171 (Nov. 12, 1977)

- o Sec. 1(a) made an additional \$200 million in Title XX funds available at 100 percent match for day care services for the period Oct. 1, 1977, to Sept. 30, 1978.
- o Sec. 1(b) extended provision for calculation of child-staff ratio in family day care homes to Sept. 30, 1978.
- o Sec. 1(d) extended suspension of staffing standards to Sept. 30, 1978.

APPENDIX C

SUMMARY OF COMMENTS FROM PANEL MEMBERS

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FIDCR APPROPRIATENESS REPORT  
REVIEW PANEL MEETINGS

INTRODUCTION

In order to get broad public comment on the Department's Report on the Appropriateness of the FIDCR Regulations, several public meetings were held after the first public draft of the Report was available in late February, 1978.

Three public meetings were held—one in Washington, D.C. and two in the field (Dallas, Tex., and Seattle, Wash.). A panel was selected for each meeting. The 78 panel members selected represented almost every aspect of citizen interest in childcare, from seasoned experts with more than 30 years of experience in the childcare field to parents who have had children in day care for less than a year. The academic community, public and private providers, State and local administrators, regulators, users, etc. were represented on the panels. (See Appendix C for list of panel members). In addition, broad national representation was sought, and the members of the panels came from 29 States. Time at each meeting was set aside for discussion by the general public. Following 5 hours of discussion by the panel members, there was at least 2 hours of discussion by the general public.

The discussions on the draft report were as articulate as they were many sided and sometimes contradictory. There was no clear consensus on what the final public policy should be, although there was a general belief that there should be some sort of Federal day care standards. Remarks that included comments on the report itself also described ideas to be included in revised regulations, or told how the review process could have been more efficiently organized. This summary was prepared from the notes taken by individuals selected to act as reporters of the meetings. A formal transcription of the meetings was not taken.

This report has been substantially revised as a result of the criticisms and suggestions made by the public. The authors have tried to be as responsive to the comments as possible and believe that the report benefited significantly from public review.

A much broader public outreach effort is planned for the development of new regulations following the submission of the Appropriateness Report to Congress. In the fall, the Office of Human Development Services plans to hold workshops and/or hearings in every State. This summary serves as a useful early indicator of public concerns that HEW should anticipate.

Panel Members FIDCR Appropriateness Report Public Meeting  
Washington, D.C. - February 27, 1978

Chaired by: Henry Aaron, Assistant Secretary for Planning  
and Evaluation  
Peter Schuck, Principal Deputy Assistant  
Secretary for Planning and Evaluation

Lupe Anguiano	President, National Women's Program Development, San Antonio, Texas
Art Armijo	Executive Director, State of New Mexico Commission on Children and Youth, Albuquerque, N.M.
Fred Banks	Representative, State of Mississippi Jackson, Mississippi
Robert Benson	President, Children's World, Inc., Evergreen, Colorado
Gerald Benowitz	President, Mini-Skools Limited, Newport Beach, California
Christine Branche	Director, Division of Early Childhood Education, Cleveland Public Schools, Cleveland, Ohio
Lisle Carter	President, University of the District of Columbia, Washington, D.C.
Norris Class	Professor Emeritus, University of Southern California, Topeka, Kansas
Gregory Coler	Associate Commissioner, N.Y. State Division of Services, N.Y. State Dept. of Social Services, Albany, N.Y.
Sylvia Cotton	President, Day Care Crisis Council, Chicago, Illinois
Patricia Cox	Family Home Day Care Provider, Cincinnati, Ohio
Doreen Der	Social Worker, Cameron House, San Francisco, California

## Summary of Comments

- o The report was "confusing, ambiguous, limited in scope since it did not include information on three of the most crucial areas in day care--infant and school-age and in-home."
- o Too many important points were "alluded to"; too many important facts were "buried."
- o The report contained many factual errors; some information was misleading.
- o The report did not present a comprehensive view of the implementation of the current FIDCR.
- o The report seemed hurriedly compiled since much important new data was not referenced or documented.
- o The report failed to assert a strong Federal role in establishing necessary policy leadership for day care.
- o The report does not cover key economic issues involved in implementation of FIDCR. Using CETA is a distortion of the real staff costs in day care. Costs for all supportive programs (school lunch program; health programs, etc.) must be included in day care estimates.
- o The report does not clearly state that the purpose of FIDCR was the protection and welfare of children in federally supported centers.
- o The report does not give guidance and/or direction in the development of future Federal regulations.

## II. The Review Process

Many panelists said they did not receive the report early enough to review the document and prepare an adequate response. In the first meeting, several complained that the panel should have been used more effectively: the panel should have been involved throughout the report development to:

- o Discuss differences in policy options.
- o Refine final report language.

## Summary of Comments

Several comments were made in all of the meetings regarding the poor geographic representation of the panels. HEW was urged to involve the public more broadly in future FIDCR activities. Local meetings in more locations were suggested to increase citizen input. Some panelists at the Washington, D.C., session felt the meeting could have been better structured to gain conciliation or consensus on many of the complex questions surrounding the FIDCR.

### III. Recommendations on the New FIDCR

There seemed to be broad agreement with the idea that the Federal Government has a responsibility to regulate the child care it purchases. Further, it was indicated that adequate funding for implementation and enforcement must accompany any new standards.

Several suggestions were made regarding the process to be utilized during the development of the new FIDCR. The major points included:

- o Plan and broadly publicize strategies for developing new FIDCR.
- o Utilize States' Administrative Procedures Act to assure public involvement in reviewing new FIDCR.
- o Involve the public during the entire developmental process.
- o Circulate drafts of developing FIDCR early for comment.

Other recommendations concerning the content of the new regulations are listed below:

#### 1. Family Day Care

- o Federal regulations for family day care should be established.
- o Family day care providers and consumers should be involved in the regulation development.
- o Technical assistance should be made available for implementation of regulations.
- o Supportive services, inclusive of training and professional incentives for providers, must be made available.

## Summary of Comments

- o Regulatory options, such as registration for family day care homes rather than traditional licensing, should be an acceptable standard.
  - o The established rate for care must assure providers a fair income.
- 2. New FIDCR should be developed utilizing a continuum approach of Federal minimum standards and goal guidelines. New regulations should establish timeliness to permit states to develop strategies for reaching benchmarks and to accomplish goals within a given timeframe. Differential funding based on the degree of compliance should be a part of the plan. Incentives as well as sanctions should be considered.
- 3. New regulations must be realistic--not so costly that private providers are forced out of business trying to meet the regulations.
- 4. New FIDCR should be enforceable. Clear language is necessary, and implementation requirements must be spelled out.
- 5. A creative Federal-state partnership for implementation of new regulations is important and should be spelled out. The relationship of FIDCR to state licensing requirements must be clearly defined. How FIDCR will be administered should be detailed.
- 6. New Federal requirements must ensure conformity but must not impose uniformity. Implementation should provide for latitude to permit a degree of diversity as well as parent options; a degree of local autonomy should be spelled out in the regulations.
- 7. Caregiver "professionalism" needs to be redefined more broadly to assure that (a) the definition of competency is not equated with formal academic training; (b) the equality of the parent and professional in the relationship is preserved; and (3) members of the child's community are encouraged to be part of the program.
- 8. Separate standards are needed for in-home, school-age and infant day care.
- 9. New FIDCR must be enforceable for any federally supported day care (DOL, HUD, DOD, etc.).

## Summary of Comments

10. A strong parent involvement requirement should be a part of the new FIDCR.
11. New regulations should be focused on ensuring the protection and welfare of children receiving care in federally supported day care programs.
13. New regulations should not continue to promote socio-economic segregation.
14. Parent options and choices for care should be encouraged in new regulations.
15. New regulations should include the CDA concept as a mechanism for meeting staff training requirements.
16. Although staff-child ratios that are now suspended were considered "impossible" to implement, only one suggestion was made concerning new staff-child ratios. New staff-child ratios should represent average state ratios with mandatory six-month training.
17. Within the new requirements, the definition of "education" needs to be broadened to reflect the concept as it is used in the day care field--an integral part of the overall day care program.
18. Children's need for continuity of care should be reflected in a requirement that the administrative agency keep a child in the same day care relationship, as long as needed.

## Policy Issues

The recommendations listed in this section reflect the review panelists' feelings that an overall policy framework must be established for understanding the current FIDCR as well as for designing and implementing the new FIDCR.

- o There is a need for HEW to take leadership in developing a national policy for all children and families, of which a national day care policy is one part. Incorporated within this would be nationally legislated standards, sanctions and adequate funding, including maintenance of effort on the part of the states. If the nation cares about all its children, then the Federal Government must set floors for minimally acceptable quality.

## Summary of Comments

- o In a national policy statement, parents must be seen as the most important people in children's lives. Parenting skills must be valued, and parents must be given options in the care and nurturing of their children. If a parent chooses to stay home and care for his or her children, there must be public support for that action. A clear statement that this is an appropriate choice and one that deserves to be respected and approved rather than subjected to negative attitudes must be made.
- o Day care policy and standards should not be developed in isolation from other services to children and families.
- o Day care should be viewed as a preventive program supportive of the family and recognized as being cost effective if provided adequately, and as a service to permit families as a unit in society to make their contribution.
- o When a family chooses to use child care as a resource, there should be a variety of types and alternatives to ensure that the parents have a choice of environments with nurturing and enrichment consistent with their values and life styles.
- o One person felt that alternatives to Federal requirements should be considered as methods for establishing a minimum level, with good training, technical assistance, and public education available to improve the quality.

### Other Comments

- o There should be a provision for a waiver process in FIDCR to allow for unique situations and special problems.
- o Staff-child ratios should be flexible enough to respond to unique needs.
- o Requirements should allow for volunteers to be counted as staff where volunteer planning and training is implemented properly.

## Summary of Comments

- o "Levels of care" should be specified within the new FIDCR. Higher levels should be specified at the top as superior. Facilities would have the option of raising their levels of care to receive various incentives (e.g., higher rates of pay, staff training, and technical assistance). With this method, a facility could enter the system at any level it chose and stay at that level or upgrade. However, all federally funded programs would be required to meet a minimum level.
- o Information and referral services should be available for parents.
- o Regulatory administration is concerned with one thing: minimum risk reduction under due process.
- o HEW needs to deal separately with goal-setting, funding and special programs through a series of grants to the states and localities.

Panel Members FIDCR Appropriateness Report Public Meeting  
Washington, D.C. - February 27, 1978

Chaired by: Henry Aaron, Assistant Secretary for Planning  
and Evaluation  
Peter Schuck, Principal Deputy Assistant  
Secretary for Planning and Evaluation

Lupe Anguiano	President, National Women's Program Development, San Antonio, Texas
Art Armijo	Executive Director, State of New Mexico Commission on Children and Youth, Albuquerque, N.M.
Fred Banks	Representative, State of Mississippi Jackson, Mississippi
Robert Benson	President, Children's World, Inc., Evergreen, Colorado
Gerald Benowitz	President, Mini-Skools Limited, Newport Beach, California
Christine Branche	Director, Division of Early Childhood Education, Cleveland Public Schools, Cleveland, Ohio
Lisle Carter	President, University of the District of Columbia, Washington, D.C.
Norris Class	Professor Emeritus, University of Southern California, Topeka, Kansas
Gregory Coler	Associate Commissioner, N.Y. State Division of Services, N.Y. State Dept. of Social Services, Albany, N.Y.
Sylvia Cotton	President, Day Care Crisis Council, Chicago, Illinois
Patricia Cox	Family Home Day Care Provider, Cincinnati, Ohio
Doreen Der	Social Worker, Cameron House, San Francisco, California

Marian Wright Edelman	Director, Children's Defense Fund, Washington, D.C.
Naomi Fujimoto	Board Member, Asian-American Counseling and Referral Services, Seattle, Washington
Harold Gazan	Acting Director, Bureau of Regulatory Services, Michigan Dept. of Social Services, Lansing, Michigan
Sophia Bracey Harris	Executive Director, FOCAL (Federation of Child Care Centers of Alabama), Montgomery, Alabama
Mary Dublin Keyserling	Consulting Economist, Former Director, U.S. Women's Bureau, Washington, D.C.
Mae Lorber	Assistant Chief, Voluntary Agency Section, Division of Family Services, Milwaukee, Wisconsin
Christine Marston	Social Welfare Specialist, Neighborhood House, Seattle, Wash.
Maurine McKinley	Associate Director, Black Child Development Institute, Washington, D.C.
Mamie Moore	Program and Planning Consultant, Somerset Community Action Program, Somerville, New Jersey
Raquel Orendain	Parent Involvement Coordinator, Colonias Del Valle Child Development Center, San Juan, Texas
The Honorable Stanley Paytiamo	Governor, Pueblo of Acoma, Acoma, New Mexico
J.N. Peet	Administrator of Children's Services Division, Oregon Dept. of Human Resources, Salem, Oregon
William Pierce	Assistant Executive Director, Child Welfare League of America, Inc., Washington, D.C.

Edward Pitt	Director, Health and Social Welfare Div., National Urban League New York, New York
Elizabeth Prescott	Director of Research, Pacific Oaks College, Los Angeles, California
Mary Jane Roy	Director, Har-Lin Day Care Program, Erie, Pennsylvania
Polly Shackleton	Member, District of Columbia City Council, Washington, D.C.
Irma Serrano	Clinic Coordinator - Child and Adolescence Services, Soundview-Throgs Neck Community Mental Health Center, Forest Hills, N.Y.
David Sweitzer	Executive Director, Southeast Tennessee Development District, Melisha Gibson Foundation for the Prevention of Child Abuse, Cleveland, Tennessee
Merle Springer	Deputy Commissioner, Office of Financial & Social Service Programs, Department of Public Welfare, Austin, Texas
James Walsh	Director, Pueblo County Dept. of Social Service, Pueblo, Colorado
Docia Zavitkovsky	Director, Children's Center, Santa Monica Unified School District, Santa Monica, California
Edward Zigler	Professor, Psychology Department, Yale University, New Haven, Connecticut

REPORTER:

Gwen Morgan	Writer, Independent Consultant, and Instructor in Day Care and Social Policy, Wheelock College, Boston, Massachusetts
-------------	---

PANEL MEMBERS NOT ABLE TO ATTEND

Hannah Atkins

Representative, State of Oklahoma,  
Oklahoma City, Oklahoma

Bettye Caldwell

Director, Department of Education,  
Center for Child Development and  
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at Little Rock, Little Rock, Arkansas

Frederick Green

Associate Director, Children's  
Hospital, Washington, D.C.

Clarence Mitchell

Director, Washington Bureau of  
NAACP (National Association for the  
Advancement of Colored People) &  
Chairperson of Leadership Conference  
on Civil Rights, Washington, D.C.

Panel Members FIDCR Appropriateness Report Public Meeting  
Dallas, Texas - March 8, 1978

Chaired by: Jim Parham, Deputy Assistant Director  
for Office of Human Development Services

PARENTS

Mary Andrews	Parent using small private day care center Houston, Texas
Suzanne Barrett	Proprietary - day care center Title XX parent Atlanta, Georgia
Shirley Byndom	Day home user Dallas, Texas
Andreas Dibble	Parent who works odd-hour shift San Antonio, Texas
Marva Harvey	Head Start parent St. Louis, Missouri
Judy Kaufman	Family day home user Denver, Colorado
Lupe Pacheco	Large multi-center, private day care program, Title XX parent Las Cruces, New Mexico
Joetta Rhone	Parent Spencer, Oklahoma
Beverly Rougemont	Parent of handicapped child Santa Fe, New Mexico
Deborah Waddle	Parent of handicapped child Houston, Texas
Dorothy Walker	Head Start parent Little Rock, Arkansas
Mary Wakefield	Head Start parent Houston, Texas
Marcie Williams	Non-profit day care center parent Lansing, Michigan

PROVIDERS

Marilyn Langdon	Teacher, small non-profit program Dallas, Texas
Virginia Morris	Small proprietary center owner Sherman, Texas
Shirley Parker	Large non-profit program East Alabama Planning Commission Anniston, Alabama
Dale Siseley	Proprietary multi-center program Lafayette, Louisiana

OTHER

Jane Bell (Administrator)	Tennessee Department of Human Services Nashville, Tennessee
Debbie Dawson (Licensing Representative)	State Department of Public Welfare Lincoln, Nebraska
Nancy Edwards (Title XX Administrator)	Contract Services Section Atlanta, Georgia
Dr. Harriet K. Light (Child Development Specialist)	North Dakota State University Fargo, North Carolina
Lillian Tauber (Director)	Head Start Children's Services Chicago Department of Human Services Chicago, Illinois
Mildred Vance (Training, and Staff Development)	State University, Arkansas
Thomas Villager (Title XX Administrator)	Illinois Department of Children and Family Services Springfield, Illinois

Panel Members FIDCR Appropriateness Report Public Meeting  
Seattle, Washington - March 14, 1978

Chaired by: Peter Schuck, Principal Deputy Assistant Secretary  
for Planning and Evaluation

PARENTS

Mildred Aiken	Family day care parent Rosenburg, Oregon
Jane Allen	Private center parent Boise, Idaho
Chris Arnold	Private center parent Portland, Oregon
Jo Kuykendall	Center parent Fairbanks, Alaska
Micki Scully	Non-profit-center parent Olympia, Washington
Patty Siegel	Non-profit center parent San Francisco, California
June Smith	Non-profit center parent Spokane, Washington

PROVIDERS

Beverly Cuevas	Washington State Family Day Care Association Seattle, Washington
Pat Decker	Montana Day Care Association Helena, Montana
Joan Dunn	Non-profit center director Portland, Oregon
Ann Eddington	Non-profit provider Pocatello, Idaho
Geneva Enriquez	Migrant day care provider Connell, Washington

Darla Grubman

Oregon State 4-C Day Care  
Advisory Board  
Bend, Oregon

Della Jolley

Idaho Day Care Association  
Pocatello, Idaho

Martha Sherry

Sherry's Young World  
Maryville, Washington

OTHER

Jim Anderson (Administrator)

Washington State Department of  
Social & Health Services  
Olympia, Washington

Sam Granato (Administrator)

Alaska State Department of  
Human Services  
Juneau, Alaska

Audrey Gruger  
(State Representative)

Seattle, Washington

Dorothy Hollingsworth  
(Director)

Seattle Department of Human Resources,  
Division of Child Care  
Seattle, Washington

APPENDIX D

PRELIMINARY FINDINGS OF THE NATIONAL DAY CARE STUDY

# National Day Care Study

Day Care Division • Administration for Children, Youth and Families  
Office of Human Development Services • U.S. Department of Health, Education and Welfare • Washington, D.C.

## Preliminary Findings and their Implications

31 January 1978

Prepared by Abt Associates • Cambridge, Massachusetts



This report contains preliminary findings based on data from Phase II and Phase III of the National Day Care Study (NDCS). The statements and conclusions contained herein are those of Abt Associates and do not necessarily reflect the views of the sponsoring agency.

The basic policy framework and study design are reported in the *National Day Care Study First Annual Report, Volume I: An Overview of the Study* and *Volume II: Phase II Design* (Cambridge, MA: Abt Associates, 1976). Phase II results and the design for Phase III are presented in the *National Day Care Study Second Annual Report* (Cambridge, MA: Abt Associates, 1977). Final results from Phase III as well as the results from the National Day Care Supply Study and the Infant Day Care Study will be presented in reports published during summer 1978.

Single copies of the NDCS *First* and *Second Annual Reports* may be ordered from:

- Day Care Division  
Administration for Children, Youth and Families  
Office of Human Development Services  
Department of Health, Education and Welfare  
400 6th Street, S.W.  
Washington, D.C. 20024
- Educational Resources Information Center  
805 West Pennsylvania Avenue  
Urbana, Illinois 61801
- Abt Associates  
55 Wheeler Street  
Cambridge, Massachusetts 02138

# **National Day Care Study**

## **Preliminary Findings and their Implications**

**31 January 1978**

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Day Care Division  
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## PREFACE AND ACKNOWLEDGMENTS

The National Day Care Study (NDCS) is scheduled for completion on 31 July 1978. This report of preliminary NDCS findings was prepared during January 1978. This early release date has made the study's preliminary results available to writers of a report on the appropriateness of the current Federal Inter-agency Day Care Requirements (FIDCR), which govern day care centers and family day care homes serving federally subsidized children.

That report is being prepared by a task force of the Department of Health, Education and Welfare (HEW) for Secretary Califano's April delivery to Congress. It is part of a series of events planned to provide a better information base than has previously existed for clarifying the federal government's role in day care and for revising current federal day care regulations.

The NDCS was initiated by the Administration for Children, Youth and Families prior to the Congressional mandate for a report on the appropriateness of the FIDCR. Thus the study has a design and timetable of its own. However, given the importance of using the best information available for imminent policy and legislative decisions the study's analytic plans were structured to provide early findings relevant to the appropriateness of the FIDCR. These findings address the controversial issue of whether day care center characteristics that can be controlled by federal regulation make a meaningful difference for children.

Many additional analyses will be completed in February and March. These will be interpreted, made available for review in May and June, and published in final form by August. Results of these expanded and refined analyses will aid the drafters of revised federal day care regulations in formulating precise regulatory language and setting appropriate levels for regulated center characteristics. At the current stage of analysis, presentation of specific numbers and greater statistical detail would be premature. The purpose of this report is to sketch, as clearly and responsibly as possible, the picture that has thus far emerged of the elements that contribute to the quality of children's day care experiences.

Many people participated in the preparation of this document under the technical coordination of the study's Associate Project Director, Jeffrey Travers. In addition to those shown on the title page, representatives of the twenty-five person NDCS consultant group, on very short notice, reviewed several drafts: Jean Carew, John Dill, Asa Hilliard, Richard Light, William Meyer, Daniel Ogilvie, Elizabeth Prescott, Mary Rowe, Nancy Travis and James Young. Gwen Morgan provided writing support in addition to review, especially in the summary which follows.

Richard R. Ruopp  
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## SUMMARY OF PRELIMINARY FINDINGS, 31 JANUARY 1978

### Overview

The National Day Care Study (NDCS) is a four-year study of center-based preschool day care. It was initiated in 1974 by the Office of Child Development (now Administration for Children, Youth and Families) for completion in 1978. The major objective of the NDCS is to determine the impact of variations in staff/child ratio, number of caregivers, group size and staff qualifications on both the development of preschool children and the costs of center care. In addition, the study is exploring the impact of other center characteristics (e.g., educational program and physical environment) on the quality and cost of day care.

As of January 1978, the study's staff have observed and tested 1800 children, interviewed 1100 parents, observed and interviewed caregivers in 120 classroom groups, and gathered program and cost data from 57 centers located in Atlanta, Detroit and Seattle (sites selected to represent both geographic and center diversity). A small substudy, the Infant Day Care Study, has focused on group care for children under three. In addition, the NDCS Supply Study, a national survey of center-based care across 3100 day care centers, has provided a profile of care available nationally and by state.

The first stage of data analysis is currently being completed. While many more analytic tasks are to be completed prior to publication of the final report in August 1978, clear patterns have begun to emerge:

## Major Findings

1. **Different centers have different effects on children.** The quality of the human environment in day care varies significantly from center to center. These differences are linked to center characteristics currently regulated by the federal government.
2. **Small groups work best.** The size of the group in which the preschool child spends her/his day care hours makes the most difference. Small numbers of children and small numbers of adults, interacting with each other, make up the kind of groups that are associated with better care for children.
3. **Staff specialization in child-related fields also makes a difference.** While formal education per se does not make a difference, specialization in a child-related area is linked to quality care.
4. **For preschoolers, minor variations in staff/child ratio have less effect than group size.** If the group is too large, adding caregivers will not help. In groups with small numbers of children and caregivers, minor variations in ratio have little or no impact.
5. **Costs are not necessarily affected significantly by group size.** They are, however, affected by staff/child ratio, by the amount of education caregivers have, and by the length of time caregivers have worked in the center.
6. **Some determinants of quality in center care for infants are different from those for preschool children.** High staff/child ratios, not just small groups, are associated with less stress on children and staff. As with preschool care, staff qualifications influence the quality of infant care.
7. **Centers that receive some or all of their income from the federal government are different from centers that rely on parent fees.** Centers serving federally subsidized children have higher staff/child ratios, offer a broader range of supplementary services to children and families, and use more staff providing specialized services, such as nurses or nutritionists.
8. **Racial and economic segregation is not more prevalent in federally subsidized centers than in parent-fee centers.** However, most of the center-based care used by low-income and minority families is provided in subsidized centers.
9. **Almost two-thirds of the federally subsidized centers have sufficient classroom staff to comply with federal ratio requirements.**

## Implications of Results

These preliminary findings constitute only a small part of the contribution that will ultimately be made by the NDCS when it is completed. However, because current findings are focused on the critical factors most often regulated, they have implications for standards and regulations in general and, more specifically, for the appropriateness of the Federal Interagency Day Care Requirements (FIDCR).

First and most fundamentally, any regulatory strategy designed to foster maximum developmental benefits for children should specify allowable numbers of children and caregivers in each classroom group and should also require that at least one caregiver per classroom have specialized preparation in a child-related field. To achieve maximum effects, regulations cannot focus on any one component of group composition, caregiver qualifications, or any other factor that may be found important for quality of care, *in isolation*. Every day care classroom has one or more caregivers at some level(s) of qualifications and has a group composition that can be described in terms of any two of three elements — number of caregivers, number of children (group size), and the resulting staff/child ratio.\* To be effective, regulations should specify *configurations* of children and caregivers, with minimum qualifications defined for at least one caregiver per group.

Second, although staff/child ratio regulations have been the focus of most public attention and controversy, clear findings on the importance of group size in preschool classrooms suggest a shift in regulatory emphasis toward this more easily understood and measured factor. This shift in emphasis does not mean that ratio requirements should be omitted from future versions of state and federal regulations, but rather that ratio should be seen as the outcome of setting limits on the number of children and caregivers in the group and not as the principal means of ensuring quality. There is little indication that final NDCS results will lead to recommendations more stringent than the current FIDCR ratio requirements. On the contrary, current findings appear to indicate that ratios slightly above or below those permitted by the present FIDCR can be consistent with positive day care environments for children, if group size limits are appropriately set.

Third, even in effective centers, group sizes and staff/child ratios vary by time of day, type of activity, season of the year and often by children's ages. Therefore, while the standards themselves must be specific, regulatory codes and monitoring practices should be designed to take this dynamic aspect of center care into account.

Fourth and finally, because no major differences in effects from site to site have emerged so far, the study offers no evidence that the key FIDCR components should not be included in a single set of nationally applicable standards.

\*When any two of these elements are specified, the third is fixed mathematically.

## INTRODUCTION

This report outlines the policy context within which the NDCS has been conducted, discusses the study's major objectives and overall design and concludes with a presentation of preliminary findings. These findings have important implications for the Congressionally mandated report on the appropriateness of the Federal Interagency Day Care Requirements (FIDCR) and for the directions taken by the Secretary of Health, Education and Welfare in revising the FIDCR. Subsequent analyses will provide more detailed information, useful in formulating new regulations, on the cost/effects trade-offs associated with specific configurations of regulatable characteristics.

## POLICY CONTEXT

In recent years the federal government's role as a purchaser of child care has expanded. With this expansion, increasing public and governmental attention focused on the quality of care purchased with federal dollars. The Federal Interagency Day Care Requirements, first established in 1968, were a direct response to this concern for quality. Designed to prevent harm and promote the development of children in federally subsidized care, the FIDCR cover a wide variety of center characteristics, including groupings of staff and children, staff qualifications, suitability and safety of facilities, parent involvement, and supplementary services to children and families.

In 1975, a modified version of the FIDCR was attached to Title XX of the Social Security Act. Under this 1975 law, states were permitted to spend Title XX child care funds only in facilities that met the FIDCR. Severe financial penalties were to be levied for non-compliance. The impending enforcement of the FIDCR provoked a storm of controversy, particularly over the FIDCR's high\* staff/child ratio requirements.

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\*In this report, as in other NDCS documents, "high" staff/child ratios mean fewer children per caregiver, while "low" staff/child ratios mean larger numbers of children per caregiver. Except where specifically noted, "staff" refers to classroom caregivers and not to non-caregivers such as administrators or support staff.

It became clear that implementation of the FIDCR would have cost consequences for providers, states and/or the federal government. Congress suspended enforcement of the ratio requirement (though it also prohibited expenditure of federal funds in centers that allowed their staff/child ratios to fall below actual 1975 levels) and directed the Secretary of Health, Education and Welfare to prepare a report on the appropriateness of the FIDCR.

Both the 1968 FIDCR and the Title XX revision relied heavily on the opinions of child care and child development specialists — opinions based on experience and the best research data available. Available data, however, did not fully meet the needs of policymakers, for several reasons.

First, previous studies on the effects of child care tended to be narrow in scope. Few covered a wide variety of centers or tried to assess the impacts of a wide variety of center characteristics — such as staff/child ratio, group size and staff qualifications — thought to be critical in producing a healthy environment for young children. Most previous studies focused on only a small part of the day care environment. Many studies were performed in university or laboratory settings, or examined nursery school rather than full-day care. Few focused on children from family or socioeconomic backgrounds like those of most children affected by Title XX care — principally children from low-income families using publicly subsidized, work-related care in licensed facilities. Such studies could not and did not address the issue of whether particular center characteristics would be linked to similar outcomes for children across regions, states, cities, socioeconomic backgrounds and sponsoring agencies under Title XX legislation.

Second, very little previous research on day care costs has been systematic. Cost data were usually taken from whatever records were available. Studies generally lacked reliable cost assessment systems, comparable definitions of terms or representative sampling frames. Often they failed to take account of in-kind contributions. Even fewer previous efforts were designed to evaluate the quality or effects of programs relative to their costs. The few cost/quality studies focused primarily

on "input" measures of quality, such as scope of services offered, or on "process" measures, such as caregiver attentiveness and responsiveness or classroom activity, but did not measure changes in children resulting from exposure to a specific day care environment.

The issue of what constitutes *quality* day care is a complex one, and the difficulty of defining quality is compounded by the diverse opinions held by parents, policy makers, providers and advocacy groups. Each group has a distinct philosophy about what day care should accomplish for children and their families. Some groups define quality in terms of the scope of services and activities provided for the children (educational, social, medical, nutritional, physical). Some are concerned with the climate of the day care classroom (caregiver behavior, caregiver stability, social structure, warm and stimulating interaction patterns, psychological health). Others define quality in terms of how the child changes as a result of her/his experience and the degree to which the environment promotes healthy development. Still others combine several or all of these factors in their description of quality day care.

Staff/child ratio, group size and caregiver qualifications have long been considered key determinants of quality in center care; all have been central factors in both state licensing requirements and federal fiscal regulations. Taken together, these regulatable center characteristics have been widely assumed to influence the nature and the number of contacts between caregiver and child and among children on a day-to-day basis within the day care center. It has been assumed that, within limits, a smaller number of children per caregiver lowers the risk of damage and increases the opportunity for successful stimulation of the child's cognitive, emotional and social development. It has also been assumed that an upper limit on group size is required both for safety and for the creation of a properly supportive environment for growth. Finally, it has been thought that a well-trained, experienced caregiver will, through her or his classroom behavior, produce positive outcomes for children while minimizing negative outcomes. In addition, many other regulatable and non-regulatable characteristics of centers have also been assumed to contribute to quality. Among

these characteristics are the amount and type of space, materials and equipment; qualifications and skills of the director and of staff other than caregivers; the amount and nature of parent involvement; availability of supplementary services to children and families; center philosophy and educational programs.

The Administration for Children, Youth and Families (ACYF) recognized the need to test these assumptions through empirical research relating regulatable center characteristics to the quality and costs of care. ACYF initiated the National Day Care Study prior to the enactment of the Title XX FIDCR. As will become clear in the next section on the objectives and design of the study, the NDCS was not intended to address all aspects of the current FIDCR debate. Nevertheless, relevant preliminary data from this large-scale policy-oriented study have been made available to assist HEW in its evaluation of the appropriateness of the FIDCR.

#### THE NATIONAL DAY CARE STUDY OBJECTIVES AND DESIGN

The National Day Care Study is primarily concerned with center-based day care for preschool children. By far the largest number of subsidized children in licensed care are urban preschoolers attending centers. Nationally, centers enroll some 900,000 children — over two-thirds of whom are preschool age (ages three, four and five) and over half of whom live in major metropolitan areas. The NDCS does not address policy issues related to the care of school-age children, in-home and family day care, and the special needs of bilingual and handicapped children in day care settings, nor does it address the complex issues of health and nutrition of preschool children. Some of these issues, however, are addressed by other studies now in progress.

The Administration for Children, Youth and Families funded two research organizations to conduct the NDCS. Abt Associates Inc. of Cambridge, Massachusetts, and Stanford Research Institute of Menlo Park, California. Abt Associates has overall administrative and technical responsibility for the study, while Stanford Research Institute, as testing contractor, was responsible for selecting and

administering measures both of day care classroom processes and children's development.

The NDCS consists of a major Cost/Effects Study of center-based day care and two sub-studies: a Supply Study and an Infant Day Care Study. The cost/effects component focuses on the center environment of the preschool child, the quality of the child's experience and some of the consequences of that experience both for the child's development and for costs. Most of the preliminary findings presented in this report are based on data gathered for the Cost/Effects Study.

The Supply Study is a national telephone survey designed to collect information about enrollment, staffing, costs and other characteristics of centers. Unlike the Cost/Effects Study, the Supply Study is not limited to those centers primarily serving preschool children. It is based on a national probability sample of over 3,100 centers, stratified by state. The data provide a profile of available care, nationally and by state. This supporting study has been completed, and a separate published report of findings titled *Characteristics of Center-based Day Care in the United States: 1976-1977* will be available in March 1978. A summary of findings from the Supply Study begins on page 21.

Data from the Supply Study play an important role in the interpretation and generalization of the results of the cost/effects component of the NDCS. Using these data, the NDCS will be able to estimate the national implications of its effects and cost findings. The data will also be used to estimate the impact of alternative regulations, funding policies and monitoring practices on key center characteristics — staff/child ratio, group size, staff qualifications, number and characteristics of children enrolled, cost per child, salaries paid by centers, fees charged to parents, and the distribution of capacity between public and private, profit and non-profit centers.

The second substudy of the NDCS is the Infant Day Care Study, a study of center day care arrangements for children under three. The Infant Day Care Study was initiated when staff/child ratios for infants and toddlers were included in the Title XX FIDCR. This

effort was designed to provide policymakers with three kinds of data which were not previously available.\* First, centers caring for infants and toddlers were surveyed nationally to provide data about their distribution and characteristics (e.g., equipment, staff/child ratios, group sizes, program schedules and activities). Second, on-site interviews were conducted with center directors, caregivers and parents to gather more detailed data on these center characteristics, as well as opinions about infant and toddler care. Third, staff were observed as they cared for infants and toddlers. These first-hand data were used to develop a profile of caregiver behavior. Staff/child ratio and caregiver qualifications were of central concern in the Infant Day Care Study; center characteristics and caregiver behavior were examined in relation to these variables. The Infant Day Care Study will be published concurrently with the final NDCS report in July. A summary of preliminary findings from the Infant Study begins on page 18.

#### COST/EFFECTS STUDY DESIGN

The Cost/Effects Study of preschool center-based care was designed to answer the following major policy questions:

1. How is the development of preschool children in center day care affected by variation in staff/child ratio, number of classroom caregivers, group size, caregiver qualifications and other regulatable center characteristics?
2. How is the per-child cost of center day care affected by variation in staff/child ratio, number of classroom caregivers, group size, caregiver qualifications and other regulatable center characteristics?
3. How does the cost-effectiveness of center day care change when adjustments are made in staff/child ratio, number of classroom caregivers, group size, caregiver qualifications and other regulatable center characteristics?

The Cost/Effects Study was conducted in three phases. *Phase I*,\* from July 1974 to September

\*Phase I results are presented in the NDCS First Annual Report, prepared by Abt Associates, and in a report entitled Phase II Instruments for the National Day Care Study, prepared by Stanford Research Institute and Abt Associates.

1975, was a period of planning and implementation. The design of Phase II was developed and center selection criteria were formulated. Data collected through telephone interviews with licensed centers in 17 cities resulted in the selection of Atlanta, Detroit and Seattle as the study sites. A total of 64 centers at the three sites were subsequently selected for participation in Phase II.

*Phase II\** was conducted from September 1975 through September 1976. The overall goal of Phase II was to build a substantive and methodological base for conducting Phase III, when definitive answers to the policy questions identified above could be provided.

In the absence of prior large-scale research on effects of variations in day care arrangements, it was not feasible at the outset of the study to design an experiment that took full account of the complexities of the day care world. Therefore, instead of proceeding directly from design and instrument development (Phase I) to the experimental study (Phase III), ACYF mandated an intervening descriptive phase in which center characteristics would not be altered but rather would be studied as they occurred naturally (Phase II). During this study phase, relationships among regulatable center characteristics, day-to-day behavior of children and caregivers, and developmental changes in children were explored, and hypotheses to be tested in Phase III were developed. All relationships discovered in Phase II required careful scrutiny before any could be accepted or rejected as definitive statements about the effects of federal policy on day care.

Analytic efforts in Phase II were devoted to refinement of data-gathering techniques, development of measures of daily behavior and developmental change, and statistical disentangling of the complex relations among regulatable center characteristics, caregiver and child behavior and developmental outcomes which exist naturally in the day care world.

In addition, Phase II explored alternative ways of measuring the study's major policy vari-

\*Phase II results and the Phase III design are presented in the *NDCS Second Annual Report* (Cambridge, MA: Abt Associates, 1976).

ables — group size, number of classroom staff, staff/child ratio, caregiver education and experience. These explorations clarified measurement issues important to the study as well as to policymakers. Implications of these Phase II findings for refining both the language of future day care regulations and techniques for monitoring compliance are discussed in the *NDCS Second Annual Report*; final recommendations will appear in the NDCS final report.

*Phase III*, extending from October 1976 through July 1978, is designed to test hypotheses based on the results of Phase II and to answer definitively the study's three major policy questions. The design has two components: a 49-center quasi-experiment and an experiment being conducted in eight centers in the Atlanta Public Schools.

In the quasi-experiment, staff/child ratios were increased in 14 centers that had low ratios in Phase II (Group I). The effects of this treatment on caregivers and children were compared with those from a matched group of 14 untreated low-ratio centers (Group II) and with a group of 21 centers that had high ratios in Phase II (Group III). The Group I treatment simulates one potential effect of full enforcement of the FIDCR under Title XX — namely an increase in ratios in centers serving publicly funded children but operating below FIDCR ratios.

The Atlanta Public School (APS) Study is an eight-center, 29-classroom experiment in which children have been randomly assigned, within centers, to classrooms which differ systematically in level of staff education and staff/child ratio. Group size and caregiver experience were balanced in the design as far as feasible within existing enrollments, physical facilities and staff resources. This study makes possible a relatively clearcut assessment of the effects and interactions of staff education and staff/child ratio for children of different ages (three- and four-year-olds). Also, the existing homogeneity of both staff and child characteristics in the APS centers and the random assignment of children to classrooms permit a particularly clear separation of effects attributable to entering characteristics of the children from those due to center characteristics.

A major strength of the Cost/Effects Study is its use of two different designs to address the same policy questions. The quasi-experiment provides broad-based, generalizable data on the impact of regulatable center characteristics because it includes a large and diverse group of centers at three different sites. The APS Study provides a greater degree of experimental control. Thus the capacity of the NDCS to detect effects is enhanced by the number of centers in the quasi-experiment and by the more precise, experimentally created contrasts in the APS component. Consistent results from the two study components constitute a far sounder basis for policy conclusions than would results from either component alone.

### **COST/EFFECTS STUDY: SITE AND SAMPLE SELECTION**

The study was conducted at three sites — Atlanta, Detroit and Seattle — in order to determine whether regulatable center characteristics have different costs or effects in different geographic, demographic and regulatory environments. A deliberate effort was made to enlist centers that varied widely not only in staff/child ratios, group size and staff qualifications but also in other characteristics. Centers were selected in which the range of regulated characteristics fell between levels incorporated in state licensing requirements and those required by the FIDCR. Centers were also selected to vary as much as possible in non-regulatable characteristics. For example, an effort was made to recruit centers that operated under a variety of auspices and drew their funds from different sources.

Diversity was also sought among the children and families served. Centers serving substantial numbers of both black and white children were selected, including integrated centers and those serving predominantly black or white groups of children. Similarly, centers were sought that served both low- and middle-income families and therefore included substantial numbers of children supported by public subsidy as well as children supported by parent fees. Preliminary results indicate that a significant proportion of the total day care center population and an even larger proportion of the policy-relevant day care market is represented in the NDCS sample.

### **COST EFFECTS STUDY: VARIABLES AND MEASURES**

The principal independent variables of the NDCS — staff/child ratio, group size, caregiver qualifications and other regulatable center characteristics — were conceptually clear from the outset, although many technical problems had to be solved before they could be measured successfully. Much that is useful for regulation and monitoring was learned in the process of developing adequate measures. Dependent cost variables were also conceptually clear. In contrast, for reasons already indicated, dependent variables associated with quality or effects were not clear at the start; the meaning of the study's effects measures evolved as the study progressed and as more and more was learned about the instruments initially selected to measure effects.

#### **Independent Variables and Measures**

Independent variables were of two types: *policy* variables, or center characteristics subject to regulatory control, and *background* variables, such as age, sex and race of children, and socioeconomic characteristics of families and of the community served by the particular center. Background variables can be influenced by regulation only indirectly if at all, yet their measurement and analysis is essential to a full understanding of the effects of the policy variables.

The major policy variables discussed in this report were defined as follows:

- *Number of caregivers* — the total number of caregivers assigned to each classroom or group.\*
- *Group size* — the total number of children assigned to a class or a principally responsible caregiver.

\*In most cases the term "group" refers to the number of children in a classroom. However, in a few centers organized in an "open classroom" pattern, there were several clusters of children and caregivers in a single large space. The NDCS treated each of these clusters as a separate group. Current analyses seem to indicate that results in such situations are similar to those obtained for small groups in separate classrooms.

- *Staff/child ratio* – number of caregivers divided by group size.
- *Caregiver qualifications* – total years of formal education, presence or absence of specialized preparation related to child care, and day care experience (both prior to current job and time in current center).\*

Measures of these policy variables were chosen according to three criteria: reliability, validity and potential utility in monitoring and regulating. Information on caregiver qualifications was gathered from interviews with caregivers. Information on variables related to classroom composition (number of caregivers, group size, ratio) was gathered by two methods, one based on schedule or roster data and the other on direct observation.

Among the most important results of Phase II were findings about different measures of group composition. Very different values of staff/child ratio could be calculated for exactly the same real situation, depending on the formula used for calculation. Observed values of all three classroom composition variables fluctuated appreciably over the day and slightly over the year, also varying with activities, presence or absence of volunteers and attendance of children and staff.\*\* Observed group sizes were generally smaller than scheduled ones, and observed staff/child ratios were higher (fewer children per caregiver) than scheduled ratios, principally because of child absences.

The implication of these findings for monitoring and regulation is that some flexibility must be used in applying group size and/or ratio standards. While the standards themselves must be specific, centers should be allowed minor variations at a given moment. For example, group sizes at lunch and nap times are often large, and ratios are usually low during nap, as staff take the opportunity for a break in their routine. This sort of variation

\*The NDCS also collected data on various forms of training offered by the study centers. These data will be analyzed in the future and discussed in the study's final report.

\*\*For a detailed discussion of measures of classroom composition, see the NDCS Second Annual Report (Cambridge, MA: Abt Associates, 1977), Chapter 2.

within the center does not appear to affect children, as long as required group sizes and ratios are maintained during the major portion of the day.

Phase II findings also had implications for NDCS research decisions. It was necessary to choose measures of classroom composition that were reliable enough for quantitative analysis and likely to show maximum impact on the behavior of caregivers and children. For these reasons, observation-based measures were taken at many time points over the day and year. Because the measures were based on observation, they reflected classroom reality more directly than did schedules. Moreover, because they were averaged over many time points, they proved to be stable, reliable descriptors of centers. About 95 percent of the variation in these measures was linked to true center-to-center differences, and only 5 percent to fluctuation and error.

As intended when the study was designed, levels of the policy variables in the NDCS sample spanned a wide range. Most centers in the sample maintained observed staff/child ratios between 1:5 and 1:10 for three- and four-year-olds. (Observed ratios in this range correspond roughly to scheduled ratios of 1:6-1:11.) Licensing requirements for 35 states mandate ratios of at least 1:10 or higher, and 60 percent of centers nationally maintain ratios in this range.<sup>5</sup> Most NDCS centers maintained group sizes between 10 and 20; over half of the centers in the country maintain group sizes in this range. The sample also included several centers with staff/child ratios between 1:10 and 1:20, and with group sizes as large as 30. About 70 percent of centers in the country maintain ratios within the total range of the NDCS sample, while 90 percent maintain group sizes from 10 to 30 for pre-school children.

Information on background characteristics of children and their families was gathered through interviews with over 1,100 parents. Background information included family income, sources of income, parents' education and occupation, length of parents' employment, number of siblings and number of

<sup>5</sup> National figures are based on the NDCS Supply Study.

adults living in the house. Age, sex and race of child were verified. In addition, census data were used to provide background information on demographic characteristics of the community, chiefly its socioeconomic and racial composition.

A great deal of additional information on center characteristics, attitudes and backgrounds of directors and caregivers, and attitudes and behavior of parents was gathered through interviews and observation. Analyses based on the additional data are still to be performed; these analyses are described briefly in a later section.

### Dependent Variables and Measures

Selection of dependent variables and measures is closely linked to the definition of quality. However, as indicated earlier, definitions of quality vary, and the research literature offers no clear guidance as to how quality should be measured.

The NDCS gathered a broad range of information relevant to many different definitions of quality. Day-to-day behaviors of children and caregivers were observed in considerable detail. The resulting records were not used to form judgments about individuals, but about the dynamics of different classrooms.\* No value judgment was placed on any particular behavior in isolation. Rather, an effort was made to identify *patterns* of behavior that, taken as wholes, could be reasonably judged as developmentally beneficial for children.

For example, one item of information collected was the frequency with which children gave opinions. This information was not used to characterize individual children as shy or opinionated, nor was a high frequency of opinion-giving prejudged to be a good or bad sign for the classroom as a whole. (Clearly, there can be too much or too little opinion-giving, and there is no way to specify how much is optimal.) Rather, as explained later in more detail, opinion-giving was one of many behaviors that formed a pattern related to

*\*Children were observed individually, but all child observations in a given classroom were averaged to develop a general behavioral profile of that classroom. All analyses reported here are based on these class averages.*

group size and other regulatable center characteristics. A positive value judgment was placed on the pattern as a whole, but not on opinion-giving alone.

A similar approach was taken in using caregiver-observation data as indicators of classroom quality. No attempt was made to place value judgments on isolated caregiver behaviors, such as praising children, correcting children or watching children. Caregiver behaviors such as these were evaluated as part of a total classroom pattern.

In addition to the observational measures, standardized tests of selected school readiness skills were administered to children. Gains in test scores over the six-month period in which the child attended the center were the dependent measures of interest.\*\* Again, however, test score gains were not taken in isolation as measures of quality. While there is general agreement that higher gains are better than lower gains, there is far less agreement about the breadth of school readiness skills captured by such tests. Thus test scores also were evaluated as part of an overall picture that included behavioral measures as well.

As shown later, one of the most striking preliminary findings of the NDCS is that the many different dependent measures converge. It was possible to find classrooms that seemed to be better or worse for children on a variety of dimensions and, moreover, to link these variations in quality to regulatable center characteristics.

**Adult Variables and Instruments:** The system selected for observing caregivers and the classroom environment – the Adult-Focus Instrument – had been used previously by Stanford Research Institute in evaluating the Follow Through and Head Start Planned Variation projects. The system was modified for the NDCS to record adult behavior in day care centers.

The Adult-Focus Instrument includes a Physical Environment Inventory, which describes space,

*\*\*Calculations of these gain scores involved certain technical adjustments which are discussed further on page 13.*

materials and equipment in the classroom; a Classroom Snapshot, which describes general activity patterns at a point in time; and a Five-Minute Interaction record, which describes the behavior of a particular caregiver in detail. The Five-Minute Interaction data are of primary interest here.

The instrument categorizes caregiver behavior in terms of codes that are fairly self-explanatory (e.g., "commands," "corrects," "instructs"). It also records whether the caregiver's behavior was directed to a single child, a small group (defined as 2-7 children), a medium to large group (defined as 8 or more children) or to other adults. In current analyses these behavioral records have been grouped into broader categories, as follows:

- *Interaction* with children comprising:
  - management* activities (commanding and correcting), and
  - social interaction* (questioning, responding, instructing, praising and comforting)
- *Observing* children
- *Interaction with adults*

Other data on caregiver behavior and attitudes were collected by a second observation instrument, based on the caregiver competence areas specified in the Child Development Associate certification system, and by a rating scale called the Day Care Forces Inventory. These instruments are described in a later section on future analyses.

**Child Variables and Instruments:** The system selected for observing children in the classroom environment — The Child-Focus Observation Instrument — was modified from a system used in a study of day care by Elizabeth Prescott and her colleagues. The instrument provided a fairly fine-grained description of child behavior in the day care setting. Observers coded child behavior in three areas: the degree to which the child was involved in group activities and the nature of those activities; the degree to which the child initiated interchange with other children and how she/he did so; the degree to which the child received input from others, the nature of the input and the child's reaction to it. Examples of the 54 behavior codes included in the instrument are: "considers, contemplates;"

"offers to help or share;" "cries;" "asks for comfort;" "refuses to comply". Observers also coded the object of the child's attention (environment, other child, group of children, or adult) and the duration of the child's activities.

In addition to observations, measures of aspects of school readiness were obtained by the NDCS. Given the difficulty of finding instruments that assess the broad range of skills connoted by the term "school readiness," the NDCS reviewed the literature and field-tested several instruments before settling on the Preschool Inventory (PSI) and the modified Peabody Picture Vocabulary Test (PPVT) as tests providing a sample of items associated with important aspects of school readiness. The PPVT is principally a measure of vocabulary. The PSI is designed to measure a range of skills including the child's knowledge of colors, shapes, sizes and spatial relationships (e.g., the child's ability to use prepositions such as "under," "over," "in"). In the Head Start Longitudinal Study, conducted by the Educational Testing Service, children's PSI scores, measured before any child entered a preschool program, were significant predictors of children's achievement scores on third-grade tests of math and reading, as well as on the Raven Colored Progressive Matrices, a measure of perceptual problem-solving ability.\*

**Research Cost Accounting System (RCAS):** The RCAS was designed to collect monthly financial data from each center according to standardized accounting categories of income and expenditures. The core of the data collection system is a Statement of Current Income and Expense, used to record cash income and in-kind donations as well as cash and imputed expenses. Four categories of income were recorded — parent fees, government payments, gifts and contributions, and other income. Expenditures also fell into four categories — personnel, supplies, occupancy costs and other expenses.

\*See Virginia Shipman, J. David McKee and Brent Bridgeman, "Stability and Change in Family Status, Situational and Process Variables and Their Relationship to Children's Cognitive Performance," *Disadvantaged Children and Their First School Experiences*, ETS-Head Start Longitudinal Study (Princeton, NJ: Educational Testing Service, 1976).

To minimize the reporting burden imposed on centers and to ensure reliability of recorded information, data collection forms were tailored to the financial recordkeeping systems of individual centers. However, data were reclassified into the standardized income and expenditure categories listed above. The procedures ensured that data within each category would be comparable across centers.

### **COST/EFFECTS STUDY: FUTURE ANALYSES**

Although the NDCS was not specifically intended to examine the appropriateness of the FIDCR, data from the study are relevant both for HEW staff charged with preparing the report on the appropriateness of the current regulations and for those responsible for formulating new or revised federal regulations. Because the NDCS is not scheduled for completion until July 1978, analyses of the data gathered during this four-year study are not yet completed. However, in recognition of the need for data bearing on the appropriateness of current regulations, analyses of NDCS data were organized into two stages.

The first stage explored the relationship between the major NDCS policy variables — staff/child ratio, number of caregivers per group, group size, and staff qualifications — and caregiver behaviors, child behaviors, and children's test score gains. Findings based on these analyses, although preliminary in nature, permit conclusions to be drawn regarding the *general direction* for regulations of the policy variables. These preliminary findings are the basis for this report and are presented in greater detail in the sections that follow.

The second stage of analysis is still underway. Its purpose is to provide precise information to aid those responsible for formulating new or revised regulations. During this stage, ranges for each of the major policy variables that are most clearly associated with quality will be established. For instance, the impact of various types and amounts of staff education and experience will be examined. Such analyses will help in refining FIDCR specifications regarding staff qualifications.

The relationship between various center and caregiver characteristics and the rate of occur-

rence of rare but critical events, such as physical punishment or accidents, will be explored. These critical incidents may be the study's best indicators of harm in day care. This analysis will address the question of how regulations can be formulated so that harmful experiences for children can be minimized. Knowledge about relationships between regulated center characteristics and harm indicators is crucial to establishing specific regulatory levels for the number of staff and children assigned to groups.

A detailed analysis of links among caregiver behavior, child behavior and child test scores will also be completed. This picture of caregiver performance and the relationships of performance to child outcomes will be further rounded out in the second stage of analysis with data from two additional instruments mentioned earlier — the Child Development Associate (CDA) checklist and the Day Care Forces Inventory (DCFII). The CDA checklist is an observation instrument developed by SRI to record caregiver behavior relevant to the categories of competence specified in the CDA certification system. Preliminary analyses of the CDA checklist data indicate that the competence areas specified in it appear as well-defined, coherent "clusters" of caregiver behavior. Thus this instrument provides an independent view of caregiver competence that can be used to cross-validate and expand the picture of center process that emerges from the adult-focus and child-focus observation data. The DCFII measures the caregiver's perception of the impact various center characteristics have on her/his job. As such, it is an important adjunct to behavioral observations and testing.

Investigation of regulatable center characteristics other than the major policy variables has been part of the NDCS mandate from the study's inception. The following variables emerged from Phase I as potentially regulatable center characteristics:

- physical facilities (space, materials and equipment)
- availability of specialists and services
- availability of opportunities for parent involvement
- aspects of center philosophy and program orientation

- stability of caregiver/child relationships
- director qualifications

Data on these center characteristics were collected by observation and interviews with staff and directors in Phases II and III. The characteristics are being investigated both as possible independent contributors to center effects and as factors that may condition the effects of the major policy variables. Results of these analyses will suggest other possible elements for regulatory consideration.

Parent involvement is considered an important component of center process, and parent satisfaction is an important outcome of day care. A determination will be made during the second stage of analysis about those center characteristics which are associated most clearly with parent involvement and satisfaction.

Test data are available for a subset of 110 children over a 20-month period (Phases II and III). These longitudinal data will provide a much more complete picture of the developmental patterns associated with the test scores and a chance to assess the effects of day care over a much longer period than the six-month fall-to-spring changes in either Phase II or Phase III. Also, because data on parental attitudes and child-rearing practices are available for children in the longitudinal sample, it will be possible to examine interactions between the home environment and characteristics of the day care setting for this subgroup.

Effects associated with alternative measures of the major policy variables will be explored during the second stage of analysis. As discussed above, in Phase II the NDCS devoted considerable effort to developing a highly reliable, observation-based system for measuring numbers of caregivers, group size and staff/ratio. Such a system is costly and not practical for regulatory and monitoring purposes. Selected effects analyses will be re-run using measures that are more realistic for regulatory purposes.

Future analyses will also amplify NDCS cost findings. Currently the costs associated with variations in the major policy variables have

been identified. For example, the cost impact of raising staff/child ratio can be estimated if the levels of the other variables are not changed. Such analyses do not allow prediction of all the cost implications associated with changes in ratio. For instance, if centers were required to increase their staffs, they might respond by hiring less educated (and therefore less expensive) caregivers. Additional analyses drawing on both RCAS and Supply Study data will attempt to deal with the cost impacts of reactions or compensations to changes in levels of the policy variables.

Understanding the cost/quality trade-offs of varying federal regulations is essential to the NDCS and to the formulation of specific day care regulations. Cost data from the NDCS Supply Study are available and linkages between those data and NDCS cost/effects data will be examined in the final stage of analysis.

Finally, as indicated earlier, a significant strength of the NDCS is that it incorporates several partially independent investigations of the same policy questions. Comparisons of results from Phases II and III and from the 49-center quasi-experiment and eight-center Atlanta Public Schools study are underway. Convergent results will greatly enhance the credibility of all conclusions. However, if results diverge, the inconsistencies will have to be resolved before regulatory conclusions can be reached. This process cannot be completed until a reasonably full picture of results from the component studies has emerged.

All of the analyses outlined in the foregoing paragraphs will help to build a fuller understanding of the ways in which regulatable center characteristics affect the quality of care for children. The analyses will aid in the formulation of precise regulatory language and in the selection of specific regulatory levels for those center characteristics found to be most effective in controlling the quality of care. Analyses already performed have identified some key center characteristics and have indicated the general directions in which regulations should go. Results of these early analyses are presented in the remainder of this report.

## COST/EFFECTS STUDY: PRELIMINARY EFFECTS FINDINGS

Patterns have begun to emerge, in broad outline, from effects analyses completed by January 1978. Until the further analyses identified above are performed, some caution must be exercised when policy and regulatory implications are drawn. Nevertheless, there is sufficient consistency in the emerging picture to warrant preliminary interpretation.

In brief, the data provide clear evidence that the composition of the day care classroom — the number of caregivers and the number of children grouped together — is linked both to day-to-day behavior of children and caregivers and to children's gains on the PSI and PPVT. Control of group size and number of caregivers appears to be a potentially effective way to promote quality in center care.\* Moreover, there is evidence that certain aspects of caregiver qualifications also are related to caregiver behavior and children's test scores. The data indicate that specifications regarding caregiver preparation more precise than those embodied in either current federal regulations or state licensing requirements may increase the likelihood of positive outcomes in day care. These broad conclusions are amplified and supported in the remainder of this section.

### Center-to-Center Differences

Before turning to specific findings, it is useful to ask what impact regulation might reasonably be expected to have on caregivers and children, and also to ask what kinds of results might reasonably be expected from any large-scale study of the effects of variations in child care programs. The word "variations" is critical here. The National Day Care Study addresses the effects not of day care per se but of *differences* in day care programs, particularly the differential effects of center characteristics that are or can be controlled by state and federal regulation.

Previous national evaluations of outcomes associated with different levels of resource

\**Whether control should be exercised through regulation and whether regulations should be set at the federal or state level are separate issues not addressed by this study.*

outlay in education, or with program variations within early intervention projects, give some indication of what to expect, although no previous study is precisely analogous to the NDCS in purpose, scope and method. Such studies have typically shown that measured effects of variations in programs or resources are small. Often effects due to program differences cannot be detected at all. This situation can arise for any of several reasons. First, available outcome measures may lack the breadth or sensitivity needed to detect effects of variations in programs or resources. Second, program differences may be poorly defined, implemented or measured. Finally, *differences* in outcomes may be genuinely small relative to the effects of the program per se (e.g., of school itself, or of early intervention itself) and relative to other factors, such as the socioeconomic backgrounds of the children served.

Thus, earlier studies might lead one to expect that center characteristics controlled or controllable by regulation may play a somewhat limited role in determining the quality of care, defined in terms of daily interactions and developmental changes in children. Moreover, previous findings caution that such effects may be difficult to measure even when they do exist.

On the other hand, the NDCS had advantages over previous studies. The independent variables of the NDCS, particularly those relating to classroom composition (number of children and number of caregivers) were defined clearly and measured precisely. In addition, the study's dependent variables included observational measures of an unusually broad range of child and caregiver behaviors, as well as test scores. Therefore the chances of finding effects in this study were significantly greater than in studies that used narrow sets of outcome measures, or that focused on effects of programs that may have differed less in reality than in theory.

Against this backdrop of previous research, the first major finding of the NDCS is that day care centers in fact differ measurably and systematically in patterns of caregiver and child behavior and in child test score gains. Not surprisingly, variations from child to child

within centers are far larger than differences between centers in average behavior patterns or average test score gains. That is, differences linked to individual children and their home environments outweigh those linked to centers. Nevertheless, variation associated with the center is quite significant, in both a statistical and a practical sense.

Statistical analyses were conducted to establish the precise magnitude of center-to-center differences for PSI and PPVT gain score measures. Results for the two measures were virtually identical. In the case of the PSI, children in different centers showed differences in rates of gain equivalent to one to two months of normal growth over a five- to six-month period — a difference in rate of growth that is potentially of educational significance.\* Similarly precise calculations of overall center-to-center differences have not yet been performed for the observational measures of behavior; however, the existence of such differences is clearly implied by other data reported below.

#### Differences Associated with Regulatable Center Characteristics

Once it is established that there are significant differences in effects from center to center, the question arises whether these differences are associated with center characteristics that are the subject of federal regulation. Again, NDCS results give an affirmative answer. A substantial portion of the center-to-center variation in both test scores and behavioral measures is associated with two clusters of center characteristics that fall under current regulation. The first of these clusters relates to classroom composition and the second to caregiver qualifications. Each cluster is discussed in a separate section below.

It should also be recalled that future NDCS analyses will address other potentially regulatable center characteristics, including, but not limited to, physical facilities, center philosophy and stability of caregiving arrangements

\*As indicated earlier, PSI scores are known to be associated with achievement in elementary school. Whether gains in the rate of PSI growth due to particular day care experiences are also associated with gains in elementary school achievement is not known.

Thus there is a possibility that the fraction of center-to-center variation potentially susceptible to regulatory control may actually exceed current estimates and that other effective regulatory variables will be discovered as the analysis proceeds.

The findings reported in the following two sections have been subjected to extensive methodological scrutiny. Potential statistical pitfalls have been examined and shown not to threaten the findings. In particular, the basic results hold when various alternative combinations of independent variables are used in analyses. They hold when different units of analysis — child, class or center — are used. They are not attributable to extreme, atypical cases (except possibly in one instance noted later). The reliabilities of most of the independent and dependent measures are known and are adequate to allow detection of most effects of practical importance. Finally, attrition, or change in the composition of the sample of children from fall to spring, does not account for the results obtained.

#### Classroom Composition

NDCS results indicate that positive outcomes\*\* are associated with small classroom groupings, defined in terms of both numbers of children and numbers of caregivers. However, study results at present do not permit precise specification of group sizes, numbers of caregivers, and resulting staff/child ratios that are linked to optimum benefits for children, nor do they permit judgment about whether these classroom parameters should be different for three- and four-year-olds. Future analyses will help to specify optimal ranges and configurations for these center characteristics and to assess whether these ranges are age-specific. At this point, it is clear that groups of 15 or fewer children, with correspondingly small numbers of caregivers, are associated with higher frequencies of desirable child and caregiver behavior and higher gains on the PSI and PPVT than groups of 25 or more children. However, it is not possible at this stage

\*\*As indicated in the earlier discussion of quality in day care, universal agreement about which outcomes are "positive" does not exist. The rationale for making this value judgment is presented in a later section on the policy implications of the preliminary findings.

of analysis to pinpoint a clear ceiling within this range that could serve as an empirically based standard for regulation. Future analyses will narrow the acceptable ranges for both group size and numbers of caregivers.

The benefits of small groups were observed even when caregiver/child ratios were constant within the policy-relevant range included in this study. For example, groups of 12-14 children with two caregivers had, on the average, better outcomes than groups of 24-28 children with four caregivers. These results make it clear that staff/child ratio cannot by itself be the principal mechanism for guaranteeing benefits to children, although it may be an important indicator of staff burden.

**Caregiver Behavior:** Lead teachers in smaller groups engaged in more social interaction with children (questioning, responding, instructing, praising and comforting) than did teachers in larger groups. In contrast, teachers in larger groups spent more time observing children and interacting with other adults than did teachers in smaller groups. The effects of staff/child ratio were minor when compared with those of group size. Caregivers tended to interact more with children when ratios were low, i.e., when there were more children per caregiver. However, the additional interaction primarily took the form of management behavior, e.g., commanding and correcting.

**Child Behavior:** Children in smaller groups showed higher frequencies of such behaviors as considering/contemplating, contributing ideas, giving opinions, persisting at tasks and cooperating than did children in large groups. In general, smaller groups were characterized by high levels of interest and participation on the part of children. In large groups, children showed higher frequencies of wandering, noninvolvement, apathy and withdrawal. Regardless of group size, small variations in staff/child ratio showed no systematic relationships to child behavior.

**PSI and PPVT Gains:** As indicated earlier, the NDCS cognitive effects analysis has focused on children's fall to spring gains on the PSI and PPVT. The gain scores used in the analysis were not simple differences of

spring and fall scores, but adjusted values calculated so as to avoid well-known technical problems with simple difference scores.\* These adjusted gain scores were found to have an extremely important property: they were not dependent on the child's age, sex, race, family income, mother's education and other socioeconomic background characteristics.\*\* They seemed to be affected primarily by variations in the individual child's environment that were independent of these socioeconomic and demographic factors — e.g., variations in children's home environments and in the day care centers they attended. This property was important because it removed any need to perform further statistical adjustments to compensate for effects of socioeconomic and demographic background variables. (Such adjustments are controversial and best avoided when possible.)

Children's gains on the PSI and PPVT were higher in centers that maintained smaller groups of caregivers and children than in centers with larger groups. High staff/child ratios by themselves were not associated with high gains on these tests in the 49-center quasi-experiment. No effect of ratio was observed across all 49 centers together, and none was observed when "treated" centers with ratios averaging 1:6<sup>§</sup> were compared with

\*A preliminary discussion of the adjustment technique was provided by Robert Goodrich in Appendix A of the NDCS Phase II Research Report (Cambridge, MA: Abt Associates, 1977); a full treatment will be given in a forthcoming technical memo by the same author.

\*\*As expected from the results of other studies, there was a slight influence of race on PPVT gain scores. However, the effect was so small as to have virtually no effect on policy analyses. Scores were nevertheless statistically adjusted prior to analysis to remove the minor difference associated with race.

§All figures shown in this paragraph refer to observed average ratios in the designated groups of centers or classrooms. As noted earlier, observed ratios fluctuate over time and are generally higher than scheduled contact-hour ratios. Observed ratios in both the quasi-experiment and Atlanta Public School experiment were therefore expected to be, and were, somewhat different from the scheduled ratios established by contract between the centers and the NDCS. These scheduled ratios were previously reported as elements of the study design in the NDCS Second Annual Report.

matched, untreated centers with ratios averaging 1:9. However, in the Atlanta Public School study, where children were assigned randomly to classes with contrasting high (1:5.5) and low (1:7.8) ratios, there was some association between high ratios and high PSI gains. This association was much weaker than that between group size and PSI gains in the APS study; moreover, no link between ratio and PPVT gains was found.

While the links between group size and test score gains are well established, further analyses are necessary to determine how and why group size works as it does. For example, it may be the case (and it is consistent with the data) that educational activities are relatively ineffective in large groups because children are allowed to "tune out," with eventual ill effects on their gain scores. But it is also possible that educational activities simply take place less frequently in large groups; caregivers may not try to teach children when they have large numbers to contend with. Detailed exploration of the connections among classroom composition variables, activity patterns and gain scores may help to explain the effects of the composition variables in a way that will be credible to day care practitioners.

### Caregiver Qualifications

Thus far the NDCS has examined the correlates of four components of caregiver qualifications: (1) years of formal education (regardless of subject matter or specialization); (2) presence or absence of specialization in subject matter related to children and child care; (3) amount of day care work experience prior to the caregiver's beginning work at her/his current center; and (4) length of service in current center. The results can be summarized as follows.

First, years of formal education, by itself, independent of child-related educational content, had no detectable relation to child behavior or test scores. It showed only a few weak relationships to caregiver behavior.

Second, previous day care experience showed signs of relationships to test scores and caregiver behavior. Previous experience appeared

to have correlates different from those of length of service in current center. However, results regarding experience cannot be regarded as conclusive at this time because the results from the 49-center study may be due to a few extreme, atypical centers, and there were some anomalous outcomes in the Atlanta Public School study. Therefore, caregiver experience is not discussed further here, pending the results of further investigation.

Finally, caregiver specialization in child-related fields such as developmental psychology, early childhood education or special education was associated with distinctive patterns of caregiver behavior and with higher gains in test scores for children. Results on specialization are elaborated below for each of the major classes of dependent variables — caregiver behavior, child behavior, and PSI and PPVT gain scores. However, these results must be interpreted carefully, for the following reason. Many caregivers in the sample who had specialized in a child-related area did so in the context of a program of postsecondary education. Some, however, received their training in the context of a high school program, and a number of caregivers in Atlanta took a state-required 60-hour training course after high school but outside of any formal degree program. It is obviously important for policy-makers to know whether specialization is effective for individuals with relatively little formal education and to know what type of specialization and training is most effective. To address these issues, and to understand the meaning of specialization more fully, it is necessary to perform more detailed analyses than have been completed to date.

The results reported below are based on the 49-center study and on all 57 Phase III centers taken as a group. Within the Atlanta Public School (APS) study, effects of the presence or absence of specialization could not be investigated because the vast majority of caregivers in that study have specialized in a child-related area either formally or by taking the state-required course. However, in the Atlanta Public School study, specialization can be contrasted on three levels — the 60-hour state-required course, a local two-year postsecondary vocational program in day care, and graduate education. Further comparison of APS caregivers across these widely varying yet well-

defined levels and kinds of education will help clarify the meaning and consequences of specialization.

**Caregiver Behavior:** In the 49-center study, caregivers who had specialized in child-related fields engaged in more social interaction with children (questioning, responding, instructing, praising and comforting) and spent less time than other caregivers in interaction with other adults. There was also some tendency for those caregivers to engage in less management behavior (i.e., commanding and correcting) than other caregivers.

**Child Behavior:** Preliminary analyses showed virtually no systematic effects of caregiver qualifications on any of the child observation variables. However, analysis of the child-focus data is continuing, and it is too soon to declare that such effects are absent.

One important ongoing analysis attempts to link caregiver behavior to child behaviors. It is likely that child behaviors are more directly linked to caregiver *behaviors* than to caregiver *qualifications*, which are associated with but do not fully determine caregiver behaviors. If this plausible proposition proves true, it will help to explain the apparent absence of an association between caregiver qualifications and child behavior. More important, it will help to specify further the behavioral characteristics of effective caregivers.

**PSI and PPVT Gains:** Caregiver specialization in child-related fields was associated with higher gains on the PSI for children in the 49-center quasi-experiment and for children in all 57 Phase III centers, analyzed as a single group. Specialization had a weak positive relationship to PPVT gains for all 57 centers.

#### Interactions of Structure and Qualifications

An important issue to consider in framing child care regulations is whether optimum group structures and optimum caregiver qualifications can be specified independently, or whether they are mutually contingent. For example, consider whether the optimum group size is the same for caregivers with and without specialization in a child-related field. Both of these variables, taken separately,

contribute to quality in child care. It might be the case that caregivers with specialized education or training can effectively handle groups of widely varying sizes, while less qualified caregivers are effective only with smaller groups. (Such a situation would appear in the data as a statistical interaction effect involving specialization and group size.) Alternatively, it might be the case that *all* caregivers, with and without specialization, are more effective with smaller groups, and that caregivers with specialization are more effective than others with groups of any size. This, in fact, is the case in the NDCS. Phase III data show no hint of an interaction between specialization and group size — the strongest qualifications and structure variables to emerge thus far. (It is unlikely, though conceivable, that interactions might emerge for other qualifications and structure variables in the future.)

#### Policy Implications of Effects Findings

The implications drawn here are based on the assumption that fairly clear positive value can be placed on the pattern of outcomes found in the NDCS to be associated with small group sizes and with staff specialization in child-related fields. Most parents, day care providers, child advocates, developmental psychologists and policymakers would agree that it is good for caregivers to interact with children in the ways described earlier, good for children to show interest and participation in center activities, and good for children to make higher gains on tests. Admittedly, there is room for a great deal of disagreement about how important these different elements are for quality in child care, or about how much of a particular behavior is good. It is questionable whether sound policy recommendations could be based on any one or two of the study's dependent variables in isolation, and it is hard to see how any recommendations could be reached if these indicators pointed in different directions (e.g., some suggesting that large groups are beneficial, and others suggesting that small groups are associated with higher quality). However, the consistency of results that have actually emerged in the study across different instruments and areas of measurement thus far allows unambiguous conclusions about which regulatable characteristics of centers are the best predictors of quality for a child.

In light of the convergence of effects and the value that can be placed on the pattern of effects that emerged in the study, the following policy conclusions appear to be warranted:

First and most fundamentally, any regulatory strategy designed to ensure maximum developmental benefits for children should specify allowable numbers of children and caregivers in each classroom group, and should also require that at least one caregiver per classroom have specialized preparation in a child-related field. To achieve maximum effects, regulations cannot focus on any one component of group composition, caregiver qualifications, or any other factor that may be found important for quality of care, *in isolation*. Every day care classroom has one or more caregivers at some level(s) of qualifications and a group composition that can be described in terms of any two of three elements — number of caregivers, number of children (group size), and the resulting staff/child ratio.\* To be effective, regulations should specify *configurations* of children and caregivers, with minimum qualifications defined for at least one caregiver.

Second, although staff/child ratio regulations have been the focus of most public attention and controversy, clear findings on the importance of group size suggest a shift in emphasis toward this more easily understood and measured factor. This shift in emphasis does not mean that ratio requirements can be omitted from future versions of state and federal regulations, but rather that ratio should be seen as the outcome of setting limits on the number of children and caregivers in the classroom and not as the principal means of ensuring quality. There is little indication that NDCS results will lead to recommendations more stringent than the current FIDCR ratio requirements. On the contrary, current findings appear to indicate that ratios slightly above or below those permitted by the present FIDCR can be consistent with positive day care environments for children if group size limits are appropriately set.

Third, even in effective centers, group sizes and staff/child ratios vary by time of day,

\*When any two of these elements are specified, the third is fixed mathematically.

type of activity, season of the year and often by children's ages. Therefore, while the standards themselves must be specific, regulatory codes and monitoring practices should be designed to take this dynamic aspect of center care into account.

Fourth, and finally, because no major differences in effects from site to site have emerged so far, the study offers no evidence that the key FIDCR components should not be included in a single set of nationally applicable standards.

#### COST/EFFECTS STUDY: PRELIMINARY COST FINDINGS

The primary focus of the NDCS financial analysis was to determine how the per-child cost of center-based day care is affected by variations in staff/child ratio, group size, staff qualifications and other regulatable center characteristics. Detailed financial data were collected monthly from each of the participating study centers. The data reflect *resource use rather than cash outlay*, meaning that the cash value of donated goods and services and an estimate of depreciation were included in the income and expense figures.

In order to ensure the reliability of financial data used in the cost analysis, these data and the instrument used to collect them were reviewed by an independent accounting firm. This review concluded that the NDCS Research Cost Accounting System (RCAS)\*\* provides reliable financial representations of the day care centers included in the study.

The RCAS was designed to predict changes in the financial status of day care centers (e.g., cost per child) which would result from an actual change in regulatable center characteristics. Data from the Supply Study will be used to forecast the changes in centers which are likely to occur as a result of changes in government day care regulations, monitoring procedures and reimbursement policies. The combination of RCAS and Supply Study forecasting models will complete the link

\*\*Further description and discussion of the RCAS can be found in the NDCS First Annual Report (Cambridge, MA: Abt Associates, 1976), and the NDCS Second Annual Report (Cambridge, MA: Abt Associates, 1977).

between policy and administrative decisions, on the one hand, and changes in the characteristics and costs of center care on the other hand. Combined with NDCS findings on effects of variations in center characteristics on the safety and development of children, the complete financial model will provide the basis for the cost-effectiveness analysis to be included in the NDCS final report.

The present report reviews the financial characteristics of the Cost/Effects Study centers, reports on the cost impact of key regulatable center characteristics — staff/child ratio, group size and staff qualifications — and discusses differences in costs between federally funded and privately funded centers.

### Summary of Financial Characteristics

In the 57 Phase III centers, average monthly resource cost per full-time-equivalent (FTE) child was about \$161.\* There was, however, considerable variation across centers, with resource cost per child ranging from a low of \$80 per month to a high of \$310 per month. Not surprisingly, personnel expenses accounted for the bulk of center expenses. Centers spent an average \$107 monthly per child, or about two out of every three dollars spent per month, on personnel. Fourteen percent of monthly expenses (\$22 per child) was spent for occupancy, and the remaining 19 percent (\$32 per child) was spent for supplies, equipment and other operating costs.

Average monthly resource income was about \$165 per child in the study centers. Excluding gifts and contributions, the NDCS centers were almost evenly divided on the basis of primary sources of income. Slightly more than half of the centers were dependent on parent fees as their primary source of income, while the rest depended primarily on government payments.

\*Figures on cost per child reported here differ from those published earlier in the NDCS Second Annual Report. The present figures incorporate a correction in the number of FTE children used to calculate per-child cost. The earlier report used 30 hours per week as the standard for an FTE child. Subsequent analyses indicated that the standard should be 40 hours per week. It should be noted that while the change in the FTE standard increased cost per FTE child, the change does not affect cost per child hour.

### Cost Analyses

Statistical analyses showed that three factors — the ratio of caregivers to children, the ratio of non-caregiving staff to children, and average center wage rates — account for nearly three-quarters of the observed variation across centers in cost per child. This result is not at all surprising in light of the large proportion of resources devoted to personnel expenditures in the day care industry. Group size does not appear to have an impact on cost per child, when other factors, particularly caregiver/child ratios and wage rates, are held constant. Caregiver qualifications have an influence on wage rates and thus have a modest effect on overall cost per child. Federally funded centers have higher costs per child than do parent-fee centers, but the difference appears to be wholly attributable to the three factors cited above.

**Caregiver/Child Ratio:** Taken by itself, caregiver/child ratio\*\* appears to have the most substantial impact on cost per child of any single factor studied. Within the policy relevant range of ratios from 1:5 to 1:10, even small differences in the caregiver/child ratio can have a large impact on costs.

**Ratio of Non-caregiving Staff to Children:** Non-caregiving staff include directors and other administrative staff, in addition to the staff who provide supplementary services to children and families. While the ratio of non-caregivers to children is significantly related to per-child costs, no link has yet been established between the provision of specific services and cost per child. (Links between specific services and effects on children and parents also have not yet been established.) Further analysis of these relationships is being performed.

**Wage Rates.** The average wage rate paid by a center has a significant effect on center costs. The average wage rate of a center is in turn significantly affected by the educational attainment and tenure of its staff and its mix of teachers and aides. Wages are higher for staff members with more formal education and

\*\*The cost analyses were conducted at the center level. The caregiver/child ratio has been measured as the ratio of scheduled caregiver hours to scheduled child hours for all caregivers and children at the center.

longer tenure in their current center than are wages paid to staff with less education or longevity on the job. Teachers tend to have more education and experience than aides; moreover, as expected, wage rates for teachers are higher than those of aides even after adjusting for differences in education and experience. As a result, average wage rates tend to be relatively high where the ratio of teachers to aides is high. The presence or absence of specialization in a child related area does not appear to have a significant impact on the wage rate, over and above the impact of formal education. It does not appear that caregiver's day care work experience prior to beginning work at the current center is related to the wage rate received. However, this issue is being explored further.

**Group Size:** Cost per child is not affected by variations in group size per se – as long as staff/child ratio, wages paid to classroom staff and the teacher/aide composition of classroom staff remain unchanged. If centers add children to groups without increasing the number of caregivers, cost per child will fall, but only because staff/child ratio has changed, not because of the addition of children per se. If caregivers were also added, keeping ratio constant, cost would not change. Similarly, if centers with large groups use a single teacher and several lower paid aides to supervise each group, cost per child will be lower than in centers that maintain smaller groups, each supervised by a single teacher or by a teacher and only one aide. However, costs will differ only because average wage rates differ across the two types of centers, due to the different mixes of teachers and aides. If the mix did not differ, or if teachers and aides were paid the same, group size itself would not affect costs.

**Federally Funded vs. Parent-fee Centers.** The more a center depends on federal funding as opposed to parent fees, the higher its costs are likely to be. This difference between federally funded and parent fee centers is due to higher ratios of caregivers and non caregiving staff to children and higher wage rates that prevail in federally funded centers. When ratios and wage rates are held constant, there are no differences in cost per child between federally funded and parent fee centers. However, wages are higher in federally funded

centers than in parent-fee centers even when staff qualifications are held constant.

At this point, the reasons for the high ratios and wages in federally funded centers are partially matters of conjecture. However, some plausible explanations suggest themselves. First, the high caregiver/child ratios in federally funded centers are probably due in part to the FIDCR. Second, the high ratios of non-caregiving staff to children are probably associated with the relatively broad range of supplementary services offered to children and families in federally funded centers. Finally, the high wages paid by federally funded centers may be due to either or both of two factors: To a certain extent, centers receiving a relatively large share of their total income from government payments may be able to pass costs through to the government and may therefore be under relatively less pressure to control costs. In contrast, market pressure may act as a restraint on cost in centers relying primarily on parent fees. Alternatively, the higher wages paid in centers receiving proportionately large amounts of government funds may reflect a more rigorous enforcement of the minimum wage law in these centers. While the causes of the cost differential between federally funded and parent-fee centers were not a focus of the NDSCS, it is clear from even the preliminary cost analyses presented here that cost factors of the kind just discussed warrant consideration in establishing policy or reimbursement rates at both the federal and state levels.

#### THE INFANT DAY CARE STUDY: PRELIMINARY FINDINGS AND IMPLICATIONS

The Infant Day Care Study was subsidiary to the main Cost/Effects Study of preschoolers. It was primarily intended to describe the day care arrangements currently available for children under three and not to examine the effects of alternative regulations on the quality of care. Nevertheless, the descriptive work has raised important regulatory issues. Some of these issues arose in the course of interviews with directors, staff and parents from 54 centers serving infants and toddlers. Others grew out of systematic observations of caregivers in infant and toddler classrooms in 38 of the 54 centers. The interviews and observations focused particularly on issues related to

group composition and staff qualifications. Some additional issues, on which the study provides only tangentially relevant data, are also briefly discussed at the end of this section.

### Group Composition

Observations of staff/child ratio and group size in 54 centers showed that, on the average, centers maintained ratios for infant classrooms\* that were higher than state-required minimums: observed ratios averaged 1:3.9, compared with an average required ratio of 1:5.3 for the states from which centers were sampled. In general, subsidized centers maintained ratios that were somewhat (but not dramatically) higher than centers funded by parent fees. A similar pattern was found for toddlers (an average observed ratio of 1:5.9 versus an average required ratio of 1:7.8).

Observed group sizes were smaller in infant groups (7.1 children) than in toddler groups (11.3 children). Group sizes for both infants and toddlers were significantly smaller than the maximum group sizes permitted by the FIDCR for three- and four-year-old children. (The FIDCR do not specify group sizes for children under three.)

Observations of day care classrooms indicated that the behavior of children and caregivers varied with both staff/child ratio and group size. Overt child distress was greater in low-ratio infant and toddler classrooms. Larger group size was associated with more overt distress in toddler classrooms, though not in infant classrooms. In low-ratio infant and toddler classrooms, staff spent more time managing and controlling children, more time silently monitoring children's activities, and less time in teaching of any kind. In large infant groups, caregivers spent less time on any kind of social interaction with children; teachers talked to children less, and there was less teaching. In general, these relationships were stronger for infant than toddler groups, particularly the relationship between ratio and distress.

\*Children under approximately 18 months of age were grouped in infant rooms in the study centers. Children between 18 and 30 months of age were grouped in toddler classrooms.

In short, both prevailing practices and NDCS observational data are consistent with the position that small group sizes and high staff/child ratios are associated with quality care for infants and toddlers. More specific discussion regarding particular levels of ratio and group size associated with quality care will be included in the NDCS final report.

### Staff Qualifications

Many directors expressed concern about the quality of staff in their infant/toddler programs. Data from both the Supply Study survey and the Infant Study center visits show that infant and toddler caregivers have less formal education than preschool caregivers in the same centers. Few state regulations set separate staff qualifications specifically for this age group. Also, while regulations specify higher staff/child ratios for infants and toddlers, centers generally receive the same reimbursement from public agencies for these groups as they do for preschoolers, except in states where reimbursement is based directly on cost. To maintain equal costs for infant groups, centers may hire less-qualified (and thus lower-paid) staff, substitute administrative staff or provide less equipment and fewer materials.

The study examined relationships between caregiver qualifications and observed classroom behavior. Qualifications included years of education, degree to which education or training was specialized in early childhood, previous experience with young children, and time in current job. Education and specialization had stronger effects on caregiver's classroom behavior than did experience. Although education and degree of specialization were not highly correlated with each other, their relations to caregiver behavior tended to be highly similar. Greater education and more specialization (relatively rare in infant/toddler care) were associated with higher frequencies of social interaction and lower frequencies of observing and administrative activities. Caregiver education and specialization were also related to more teaching of language and verbal concepts and more extended conversation with children. In toddler groups, caregivers with more education and specialization exhibited more positive affect and touching. In infant groups, more

education and specialization for caregivers were associated with less severe distress exhibited by the infants in care. Although the staff who were interviewed stated that experience was more relevant to developing skill in working with children than was education, neither previous experience nor tenure in current job predicted differences in caregiver behavior.

### Other Regulatory Issues

**Parent Involvement:** While neither center staff nor parents expressed a wish to see parents more involved in center administration, the data show that directors and caregivers perceive a need for more direct contact between parents and caregivers of very young children. Although parents were generally satisfied with the level of communication with staff, both directors and staff expressed a desire for parents to show more interest and to be better informed about their child's progress. In addition, directors and staff reported areas of potential disagreement (feeding, toileting, sleeping) between caregivers and parents that might be resolved by regular communication. Mechanisms for such communication between parents and caregivers are generally lacking.

**Developmental Program:** Parents choose to place their infants and toddlers in particular group care arrangements for a variety of reasons. They select center care, as opposed to family day care or in-home care, because of the adequacy and dependability of supervision, and the location and cost of the center, as well as for the developmental or educational nature of the program.

Parents' interest in an educational program for young children was shared by directors. Most directors, particularly in the South, felt that an educational program for infants and toddlers is desirable. Such a program, it was felt, should focus on an appropriate level of stimulation for children; on individual, adult/child or small group activities supervised by adults; and on provision of age-appropriate equipment and materials rather than a structured curriculum or periods of formal instruction. While directors, in general, support regulations aimed at specifying appropriate experiences for infants and toddlers, several indicated a feeling that specification of a rigid educational requirement is inappro-

priate for this age group. Many feel that it would be a mistake to formulate regulations for a program for infants and toddlers that are simple downward extensions of preschool standards.

Few centers had a well-articulated educational program for infants and toddlers. Also, the equipment in the infant and toddler rooms tended to be sparse, compared with equipment for older preschoolers. Interest in a developmental program for young children exists side-by-side with uncertainty about the contents of such a program.

**Caregiver "Burnout" vs. Continuity of Care:** Continuity of caregiver/child relationships is frequently discussed in the psychological literature and required in state regulations. It is widely believed that very young children need a single caregiver throughout the entire period of early development. To achieve such stability in the day care setting would require that caregivers work extended hours each week and remain at their jobs for several years. While the Infant Study was not designed to address the issue of continuity of care, data from the survey indicate that infant and toddler caregivers do work about three hours more each week than the caregivers of older children.

Unfortunately there may exist a trade-off between continuity of care and staff "burnout" — a detachment process related to the excessive demands of the task. Infant and toddler classrooms potentially require more energy from staff because of the relative lack of organized activities and the need for continuous attention to the children. The data indicate that larger groups and lower ratios further reduce the potential for time off from child care classroom duties (i.e., more time is spent in child management and observation of children, and less time in administrative tasks). It seems reasonable to assert that concern for the continuity of care must be balanced with a concern for the quality of life for center staff, particularly in infant and toddler rooms where the quality of care is very likely related to the responsiveness of staff to subtle cues from children. However, no data currently exist to aid the policymaker in formulating regulations that strike the best achievable balance.

## THE SUPPLY STUDY: PRELIMINARY FINDINGS AND IMPLICATIONS

A national survey of center-based day care is part of the research design of the NDCS. In addition to describing variations in programs, staff, finances and children across states and types of centers, the survey data are being used to extrapolate the national implications of the NDCS cost/effects analyses and to develop an econometric model of the impact of government regulations, funding policies and monitoring practices on the day care market. Between April 1976 and March 1977, over 3,100 day care center directors were interviewed by telephone. These centers constitute a stratified random sample of day care centers in the fifty states and the District of Columbia.

Preliminary analysis of survey data has been completed, and descriptive statistical profiles of center characteristics will soon be available.<sup>2</sup> Development of an econometric model to predict the impact of government regulations and funding policies on center behavior is now underway.\* \* Reported below are those preliminary findings which are most relevant to the impact of federal regulations on the day care market. Only descriptive statistical results are presented, and they must be interpreted with some caution. Since a thorough testing of causal relationships remains to be completed, the effects of government regulations cannot yet be isolated from other potential determinants of center behavior.

### Differences between FFP and non-FFP Centers

The term "federal financial participation" (FFP) is used to denote those day care centers which enroll children whose care is paid for under one of the sections of the Social Security Act (largely, Title XX). Of the 18,300 centers<sup>5</sup> in the United States, ap-

<sup>2</sup> *Characteristics of Center-based Day Care in the United States, 1976-1977* (Cambridge, MA: Abt Associates, March 1978).

\* \* *The Supply Study econometric model will appear as part of the NDCS final report.*

<sup>5</sup> *This number is preliminary and subject to upward revision as estimates of new centers starting up during the period of the survey are calculated.*

*"Center" is defined here as a facility with capacity to*

proximately 8,000 are FFP centers and are required to comply with the FIDCR. The 10,300 non-FFP centers are not subject to the FIDCR but must satisfy state day care regulations. There are over 400,000 children enrolled in FFP centers — about 45 percent of national center enrollment. Care for 225,000 of these children is paid for, at least in part, by direct government reimbursement. Care for the remaining 175,000 children in FFP centers is paid for primarily by parent fees.

The characteristics of children and families served are somewhat different between FFP and non-FFP centers. About half the children in FFP centers are members of minority groups, compared to one quarter of the children in non-FFP centers. Half of the families served by FFP centers have incomes below \$6,000 per year, compared to only 14 percent of the families served by non-FFP centers. Three-, four- and five-year-olds comprise about 72 percent of center enrollment nationally; the remaining 28 percent is split evenly between infant/toddlers and school-age children. In FFP centers, three-, four- and five-year-olds constitute a slightly higher than average percentage of enrollment and infant/toddlers a slightly lower than average percentage. The reverse is true in non-FFP centers.

The most significant differences between FFP and non-FFP centers are in the area of program characteristics. A much higher percentage of FFP centers than non-FFP centers offer supplementary services to children and parents — health and developmental examinations as well as transportation for children, counseling or other social services for parents. In general, the children and families served by FFP centers have about twice as high a probability of receiving such services as their counterparts in non-FFP centers. Parents serve more frequently as volunteers in FFP centers and participate more frequently in selection of staff and in decisions on budgets and programs. Children in all day care centers are grouped very homogeneously by age, but the age range of children in classrooms tends to be slightly

*provide non-live-in child care services to 13 or more predominantly non-handicapped children, having at least one child enrolled 25 or more hours per week and open at least nine months each year.*

higher in FFP centers than in non-FFP centers. Class size tends to be larger in FFP centers than in non-FFP centers for children of the same age, but the frequency of multiple-caregiver classrooms is also higher in FFP centers.

Staff/child ratios are significantly lower (i.e., there are more children per caregiver) in non-FFP centers than in FFP centers. In FFP centers the center-level ratio of full-time-equivalent children to full-time-equivalent caregivers is 1:5.9, compared to 1:7.6 in non-FFP centers. These ratio estimates are based on a reported average daily attendance rate for children of 88 percent and represent an average staff/child ratio across all ages of children. About 45 percent of FFP centers have an average of fewer than five children per caregiver, compared to only 21 percent of non-FFP centers. At the other extreme, only four percent of FFP centers have an average of more than 11 children per caregiver, compared to 13 percent of non-FFP centers.

The qualifications of staff with similar responsibilities are not significantly different between FFP and non-FFP centers, but the composition of staff is quite different. Although average enrollment is only slightly higher in FFP centers than in non-FFP centers (50 children vs. 47), the total average number of staff available in FFP centers is 14, versus 9 in the non-FFP centers. A larger percentage of the staff in FFP centers volunteer their time and a larger percentage work only part time. The ratio of non-caregiver staff to children, like the ratio of caregivers to children, is significantly higher in FFP centers. Among the non-caregiver staff in FFP centers there is a higher frequency of direct service specialists — social workers, nurses and psychologists. The educational attainment and previous work experience of directors and caregivers are not significantly different between the two types of centers. Directors in FFP centers have completed slightly more years of education than their counterparts in non-FFP centers but have somewhat less previous day-care-related experience. There is no difference in the educational attainment of caregivers between the two types of centers, but caregivers in non-FFP centers do have slightly more job-related work experience.

Given these differences in services offered, staff size and staff composition, it is not surprising to find a significant difference in expenditures per child between FFP and non-FFP centers. FFP centers on the average spend \$147 per child per month to provide day care services compared to \$91 per child per month in non-FFP centers — a difference of 60 percent. These figures reflect differences only in actual cash expenditures and do not include differences in the value of donated time, space and equipment.\* Since the frequency and dollar value of donated time and material are higher in FFP centers than in non-FFP centers, the difference in resource cost per child per month between the two categories of centers is higher than 60 percent. Because of the complications introduced by the presence of partially subsidized children in FFP centers (fees paid partly by parents and partly by government), it is not yet possible to translate differences in expenditures per child into differences in fee structure between the two categories of centers.

#### Degree of Racial and Economic Segregation

The degree of racial and economic segregation in subsidized day care is an important policy issue. Further analysis will be required before any definitive conclusions can be reached on the relative degree of racial and economic mixing between FFP and non-FFP centers. Analysis is underway on the degree to which differences in the level of segregation are due to federal regulations as opposed to being the natural consequences of government subsidies going primarily to low-income families, most of whom live in low-income neighborhoods. Nevertheless, the analyses that have been completed to date do have some relevance to the segregation issue.

One would expect higher concentrations of low-income and minority children in FFP centers. FFP centers, by definition, serve at least some children from welfare families, whereas non-FFP centers, again by definition, enroll no subsidized children. Since the

\*Note that the estimate of resource costs per child presented on page 17 for the 57 study centers (\$161 per month) includes the value of donated time, space and material.

incidence of poverty is higher among minority than among non-minority families, higher concentrations of low-income families in FFP centers should be accompanied by higher concentrations of minority families. Compounding the influence of government subsidies, the relatively small size of the catchment areas served by centers limits the degree of integration that is feasible in FFP centers located in low-income neighborhoods. Finally, in most states, federal funding regulations require more expensive day care than do state licensing regulations. As a result, FFP day care may be too expensive to attract many parent-fee children from middle-income families. All of these factors lead one to expect that low-income and minority children will be relatively isolated in FFP centers. In fact, however, the evidence available to date indicates that the degree of racial and/or socioeconomic segregation in FFP day care centers is not higher than in non-FFP centers.

FFP centers are less racially segregated than non-FFP centers. About 65 percent of non-FFP centers have enrollments that are 90 percent or more white children; another 12 percent have enrollments that are 90 percent or more minority group children. The remaining 23 percent of non-FFP centers have better than a 90/10 racial mixture. In contrast, 41 percent of FFP centers have a better than 90/10 racial mixture. Using 80/20 and 70/30 definitions of racial mix, one still finds significant differences between FFP and non-FFP centers. Thus it appears that, contrary to the expectation of a higher degree of racial segregation in FFP centers, the racial mix in subsidized centers is actually more balanced than in non-FFP centers.

The income distribution of families served by FFP centers is quite different from the income distribution of families served by non-FFP centers. The following statistics indicate, however, that the degree of socioeconomic mixing in day care centers is higher than one might expect.

- Virtually all FFP centers serve low-income families. However, only 24 percent of FFP centers draw 90 percent or more of their enrollments from families with annual incomes below \$6,000 and more than half serve some families with incomes above \$15,000.

- Half of the nation's non-FFP centers enroll some children from families with incomes below \$6,000 per year. About eight percent of non-FFP centers draw 90 percent or more of their enrollment from families with incomes below \$6,000.

Most of the income mixing in FFP centers is between the under-\$6,000 and \$6,000-to-\$15,000 income categories. In non-FFP centers the income mix is generally between the \$6,000-to-\$15,000 and \$15,000-and-above categories. Further analysis will be required to determine the degree to which the socioeconomic composition of enrollment in FFP centers is due to government regulations as opposed to the socioeconomic characteristics of the catchment areas that FFP centers serve.

#### Degree of Compliance with Regulations

As noted above, non-FFP centers are required to comply only with state day care regulations, while FFP centers must comply with the FIDCR as well as state regulations. Under current federal guidelines (*Federal Register*, 31 January 1977), state day care agencies are permitted to waive FIDCR compliance in those FFP centers serving no more than five subsidized children or 20 percent of enrollment, whichever is lower. Some states have chosen not to issue waivers, and others have chosen to issue waivers for only some of their waiver-eligible centers. For purposes of the following discussion on the degree of regulatory compliance, FFP centers have been separated into two categories — those ineligible for FIDCR waivers (FFP/NW) and those who are eligible for waivers (FFP/WE). Of the 8000 FFP centers, about 1500 (19 percent) are in the FFP/WE category.

Much of the previous debate on the appropriateness of the FIDCR has focused on staff/child ratio requirements. Averaged across all centers, all states and all ages of children, current state regulations permit a maximum of about 12 children per caregiver, while the maximum permitted by FIDCR is about six children per caregiver. The variability of ratio requirements across states is quite large. The average requirement across all ages of children in Arizona and Hawaii is about 17.5 children per caregiver; in Connecti-

cut and New York an average of about 6.3 children per caregiver is the legal maximum. Mississippi imposes no ratio requirement at all on non-FFP centers. The major disparities between federal and state ratio requirements occur for children between the ages of two and five years. For children under two years of age and for school-age children, federal and state ratio requirements are relatively similar.

The degree of compliance with state licensing requirements regarding staff/child ratio is very high, regardless of type of center.\* About 94 percent of all centers have sufficient classroom staff to comply with state staffing requirements. The degree of compliance is slightly higher than average among FFP/NW centers (96 percent) and slightly lower than average among non-FFP centers (92 percent). Most of the centers which are not in compliance with state requirements are in those states in which the state requirements are very high. For those centers not currently in compliance, a total of only 1400 additional caregivers would be required to achieve compliance. In contrast, those centers which currently comply with state regulations have about 51,000 full-time-equivalent caregivers in excess of the minimum numbers required to satisfy state regulations.

The degree of compliance with the FIDCR staff/child ratio requirement varies widely across categories of centers. About 72 percent of FFP/NW centers have sufficient classroom staff to comply with the FIDCR. Among FFP/WE and non-FFP centers only 45 and 38 percent, respectively, of centers have sufficient caregivers to satisfy the FIDCR. Within the FFP/NW category, the degree of compliance varies by type of center — 79 percent among

\*The minimum number of caregiver hours required for children in each age category was determined by taking the number of hours of care provided for a specific age group (scheduled hours adjusted to reflect average daily attendance) and multiplying that number by the ratio of staff hours to child hours required by state or federal regulations. For example, for every 200 hours of care provided to three-year-olds, the FIDCR require 40 hours of caregiver time (200 hours x a 1:5 ratio of staff hours to child hours.) Adding the required number of caregiver hours for all age groups served by a center and dividing by the total hours of child care provided gave a center-level measure of compliance with the ratio mandated by state or federal regulations.

non-profit centers versus only 45 percent among proprietary centers. To bring all non-complying FFP centers up to FIDCR standards, about 5,500 additional full-time-equivalent caregivers would be required — an average of about two full-time persons per non-complying center. Among those FFP centers currently satisfying FIDCR, however, about 12,500 full-time-equivalent caregivers are currently available in excess of the minimum numbers required.

There are various other provisions of the FIDCR for which measures of the degree of compliance are available. The FIDCR specify the maximum number of children that can be placed in a single group or classroom. About 60 percent of FFP centers reported groups or classrooms which met the FIDCR limits. Of the remaining 40 percent, many centers appear to be organized on an open-classroom basis, for which reported group size may well be much larger than effective group size (a cluster of children under the direct supervision of one or more caregivers at a given time of day). As a result, it appears that more than 60 percent of FFP centers are currently in compliance with the FIDCR group size provisions. About 68 percent of non-FFP centers reported groups or classrooms which met the FIDCR limits. Since the frequency of open-classroom arrangements is lower among non-FFP centers, measures of compliance based on effective group sizes should show no differences between FFP and non-FFP centers.

The FIDCR require that FFP centers with more than 40 children enrolled allow parents an active voice in center decision-making. If parent involvement is defined as participation in staff selection or review of programs and budgets, it is estimated that 69 percent of FFP/NW and 45 percent of FFP/WE centers comply with this FIDCR provision. This definition of participation is much narrower than the definition currently recommended by HEW's Administration for Public Services for monitoring purposes. The Administration's definition includes volunteer work by parents and/or opportunity for parents to observe their children in center classrooms as alternative evidence of FIDCR compliance. Virtually all centers comply with this definition of parent participation.

The FIDCR, as well as most state day care regulations, require that children have a medical examination at the time they enroll in day care centers. About 90 percent of all day care centers comply with this requirement. The degree of compliance is slightly higher for non-FFP centers (92 percent) than for FFP

centers (89 percent). In addition, the FIDCR require that children undergo periodic health examinations during the time they are enrolled in centers. About half of FFP centers versus about 20 percent of non-FFP centers provide or facilitate such examinations for the children they enroll.