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The percentage of working mothers using center-based care for their preschoolers grew from 13% to 29% from 1977 to 1994, according to the U.S. Bureau of the Census (1998). Along with the increasing use of child care have come questions about how children's development is affected by the quality of child care services available to parents. Defining high-quality child care is difficult; however, there is general agreement that the development of children should be enhanced rather than put at risk by their out-of-home care experiences. This Digest discusses child care research that addresses parents' questions about quality.

HOW DO RESEARCHERS ASSESS THE QUALITY OF CHILD CARE?

Researchers generally examine a variety of child care characteristics, such as structural and process features, and the relationship of these characteristics to effects on children.



Structural and process features.

Structural features include child-adult ratio, the qualifications of caregivers, and wages paid to caregivers/teachers (Whitebook et al., 1989; National Institute of Child Health and Human Development [NICHD], 1998; Cryer, 1999, p. 41). Process features--practices that affect how children experience child care--include the responsiveness of the caregiver, individualization of care, and the use of language in the classroom (Love, 1997; Love et al., 1996; Cryer, 1999; Helburn & Howes, 1996). The common element of these practices and conditions is their ability to contribute to certain desirable outcomes in children, including language acquisition and cognitive development, self-control, sociability, creativity, the ability to engage in cooperative play, and the ability to solve social conflicts (Love, 1997). Researchers compare the effects, if any, that programs employing varying conditions and practices have on the children attending them.



Correlation and causation.

To what extent are good developmental outcomes the result of the child care environment, and to what extent are they the product of other factors? To answer these questions, researchers try to isolate specific conditions or practices within a child care setting, and then confirm that those factors are actually correlated with certain positive or negative effects. But a correlation only shows that a change in one feature predicts a change; it does not show what has caused that change. To show effects requires difficult and expensive controlled experimental studies that raise many practical and

ethical issues.

DOES RESEARCH SHOW THAT QUALITY HAS IMPORTANT EFFECTS?

Evidence suggests some modest relationships between particular practices and conditions and better outcomes for children (Frede, 1995; NICHD, 1998). Few studies can state unequivocally that high quality causes positive effects. Generally, researchers suggest that other factors combine with child care quality to produce long-term effects on children, and that some other factors are stronger predictors of outcomes than is child care quality (NICHD, 1998).

For instance, findings in the NICHD study offered mixed support for the view that high-quality child care predicts positive outcomes. On the one hand, children attending child care centers that met American Public Health Association/American Academy of Pediatrics (APHA/AAP) standards (which are more stringent than accreditation standards) had greater school readiness, higher language test scores, and fewer behavioral problems than their peers in other centers. Child care quality also had a consistent positive correlation with children's cognitive and language development. However, the correlation was higher for a combination of family factors that included family income and maternal vocabulary (used in studies as a substitute for maternal intelligence). In fact, a combination of family factors was actually more closely correlated with developmental outcomes like behavior, compliance, and self-control than was child care quality (NICHD, 1998). This correlation suggests that families with certain characteristics tend to choose high-quality care and that positive outcomes may stem more from those characteristics than from high-quality care.

High quality is not the chief cause or predictor of positive outcomes, nor is low quality the chief cause or predictor of negative outcomes. Nonetheless, findings from the NICHD (1998) and the Cost, Quality and Child Outcomes in Child Care Centers (1995) studies indicate that high-quality care may offset risk factors for some negative outcomes. There is stronger evidence from longitudinal experimental studies to suggest that high-quality preschool has substantial, long-lasting, positive effects on the development of children from families living in poverty (Burchinal, 1999). The Abecedarian Project followed a group of 104 infants from low-income families, half of whom received high-quality, educational child care beginning in early infancy and half of whom did not. Those who had received high-quality child care had higher reading, math, and mental test scores from toddlerhood through age 21, and were more likely to be in school at age 21, than those in the non-treated group (Carolina Abecedarian Project, 1999, pp. 1-3). The High/Scope Perry Preschool study (Schweinhart et al., 1993) also compared individuals who had been part of a high-quality preschool in the 1960s with those who had not. Researchers documented a greater likelihood of responsible behaviors--including fewer arrests--and higher IQs, education levels, incomes, rates of home ownership, and rates of marriage among participants as

compared with non-participants, even after 27 years.

WHAT IS THE QUALITY OF CHILD CARE IN THE UNITED STATES?

High-quality child care is in short supply. Love et al.'s (1996) review of the research on child care quality found that the quality of experience in child care centers and in family child care homes in the United States is generally mediocre. The following major studies seem to substantiate Love's findings:



* The National Institute of Child Health and Human Development (NICHD) Study of Early Child Care found that most child care centers did not meet APHA/AAP standards (NICHD, 1998).



* The Cost, Quality and Child Outcomes in Child Care Centers (CQO) study, a study of center-based care in four states, found that 86% provided mediocre or poor-quality care. Infant and toddler care was particularly poor with fully 40% rated as low quality (Helburn & Howes, 1996, pp. 66-68).



* Only 9% of family child care homes in three states in the Study of Children in Family Child Care and Relative Care (Galinsky et al., 1994) were rated "good" quality, 56% of the homes were "adequate/custodial," and 35% of the homes in the study were rated "inadequate."

WHAT SHOULD PARENTS CONSIDER IN CHOOSING CHILD CARE?

Research has shown that as many as 65% of parents believe they have little choice among child care options (Galinsky et al., 1994). How can parents make the best choices among the available options? Firsthand observation is a good start, and child care resource and referral agencies (CCR&Rs) can assist parents in knowing what to look for in care arrangements, including:



* Process features: how staff respond to children, the way teachers talk with children, how staff approach discipline, and appropriateness of learning activities

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- * Structural features: group size, child-adult ratio, level of staff education/training, staff turnover rate, quality/quantity of space, and quality/quantity of materials

Since available evidence seems to suggest that family factors are at least as important as child care quality factors in how children develop, it is also important to consider other questions, such as:

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- * How do family members feel about using child care?

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- * How well do potential child care providers communicate with parents?

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- * How do parents' job conditions affect their use or choice of child care?

CCR&Rs often have resources on ways to maintain good relationships with child care programs and on how to talk to employers about implementing family-supportive benefits. Child Care Aware can help parents locate their local CCR&R agency (Web: <http://childcareaware.net/>; telephone: 1-800-424-2246).

FOR MORE INFORMATION

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