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THE IMPACT OF CHILD CARE POLICY: AN EVALUATION
AND ANALYSIS OF MADISON, WISCONSIN

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THE IMPACT OF CHILD CARE POLICY: AN EVALUATION
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THE IMPACT OF CHILD CARE POLICY: AN EVALUATION
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CHAPTER 1

INTRODUCTION AND REVIEW OF LITERATURE

All children receive some form of care, whoever the caregiver, whatever the quality of the care. The most common form of child care has been and still is, care by the child's mother in the child's home. Other forms of care by substitute care-givers are frequently employed to temporarily relieve the mother of her duties, e.g., baby-sitters, relatives, but the bulk of child care is provided by at-home mothers. However, this traditional method of allocating child care responsibility in our society is changing, primarily due to the increasing numbers of working mothers with young children.

In 1974, 13.6 million women with children under 18 were in the labor force. These women had 27 million children under 18 and over 6 million under school age.¹ These figures are indicative of a trend almost revolutionary in its scope.

¹Monthly Labor Review, Women's Bureau of the United States Department of Labor, May 1974.

At one time the woman employed outside the home was relatively rare, certainly it was commonly assumed that in most cases she would choose career over family. Today, more and more women are choosing both family and career.

This means that literally millions of families are forced to find alternative means of meeting their child care needs. These families do not require foster care and institutional care for their children, but for part of each 24-hour workday they do require substitute, generally out-of-home, care for their minor children. The remainder of the child's care is provided in his own home by his parents.

The term "child care" is generally used to refer to care on a regular basis by substitute care-givers, i.e., any care-giver other than the parent for a portion of any 24-hour period. The term "day care" is frequently used interchangeably, but more accurately is a less inclusive term referring to formal, group care situations required to be licensed or certified by the state or county.

The most popular form of child care arrangement is informal. Informal child care is simply a private arrangement made between two families for the care of a child of a working parent. Because these arrangements are privately made it is difficult to estimate their numbers with any degree of accuracy; however, indications are that the vast

majority of families employ this method of child care.²

The more formal types of child care include: the family day care home, the group day care home and the day care center. Definitions of what constitutes each of these types of care vary somewhat from state to state, according to licensing regulations. However, it is possible to make some general statements.

Family day care homes are private homes with a mother providing care to other women's children as well as her own. They usually serve no more than six children and licensing is generally required if more than four children, including the care-giver's own pre-school children, are offered care.

Group day care homes are similar to family day care homes except that the home and yard have generally been modified to accommodate a larger number of children, commonly up to 12 children. In most instances a number of helpers are hired to assist the principal care-giver.

Day care centers are formalized, structured environments serving groups of 12 or more children in a variety of settings, often in specially constructed facilities or in spaces provided by schools, churches, or community centers. Staff ratios and training vary according to state regulations.

Most sources agree that the capacity of present child care service providers to meet the needs of working parents is

² Florence Ruderman, Child Care and Working Mothers: A Study of Arrangements Made for Daytime Care of Children (New York: Child Welfare League of America, 1968).

inadequate, both in terms of the number of spaces available and the quality of care provided. However, because much of child care is provided informally it is difficult to state "need" in any precise way. Statistics indicate that only 1 million licensed day care slots exist to care for the approximately 6 million pre-school children of working parents. If, in fact, there is a need for 5 million more licensed day care slots involves a judgement that unlicensed care is substandard. Whether these informal arrangements result in poor quality care is a matter of conjecture. The Child Welfare League of America in 1974 estimated that 3 million of the existing child care spaces, including both formal and informal, were of either "fair" or "poor" quality.³ Because of the lack of a recent nationwide study of child care arrangements and service providers the accuracy of these estimates cannot be determined.

The Role of Government

Conventional values hold that parents should have the primary and major control over the care and rearing of their children. Given the increased demand for child care, a number of public policy questions have been raised concerning the ability of private suppliers to meet this demand

³Child and Family Services Act, Joint Hearings before the Senate Committee on Labor and Public Welfare and House Committee on Education and Labor (Washington, D. C.: United States Government Printing Office, 1975), p. 238.

with an adequate level of care. The problem is the extent to which government should become involved in child care and in what manner.

The traditional child welfare philosophy holds that, barring some type of crisis, the care of children is essentially a private concern. When politicians consider policy affecting children they do so hesitantly and reluctantly.⁴ The traditional idea that children are the "private property" of their parents and the corollary that parents are entitled to exclusive control is based on English common law. However, in recent times, the state has become more directly and actively involved in the parent-child relationships.⁵ State intervention is rare and occurs typically in what are viewed as high-risk populations. Instances in which the state is deemed to have a duty to care for the child include the child who is neglected or abused, the child who has special needs because of mental or physical handicaps, and the child who is a member of a family that is undergoing special trauma or crisis.

When the child's family is clearly unable to provide him with adequate care, justification for public intervention is relatively clear. The child may be placed in

⁴ Gilbert Steiner, The Children's Cause (Washington, D.C.: The Brookings Institute, 1976), p. 1.

⁵ Sanford N. Datz, When Parents Fail: The Law's Response to Family Breakdown (Boston: Beacon Press, 1971), p. 4.

institutional or foster care after appropriate legal procedures are carried out. Because the numbers of such cases are low, this type of intervention attracts little public attention. Most often, these actions involve the poor and legally undefended who are generally considered atypical or abnormal. These cases are, accordingly, seen as representing exceptions to the rule of nonintervention and this type of action does not appear to violate traditional concepts.⁶

Child labor laws and compulsory schooling reach a much larger population and thus are more clearly examples of the duty of the state in child rearing. Although they are readily accepted today, the first two statutes regulating child labor were struck down by the Supreme Court as exceeding Congressional power as recently as the 1920s.

Until the mid-sixties, the inclusion of the Aid to Dependent Children title in the Social Security Act of 1935 probably represented the most advanced stage of federal policy on behalf of children.⁷ Aid to families with dependent children has become the largest of the federal public assistance programs and the Social Security Act is still the major basis for federal policy on children.

Comprehensive child care legislation is still opposed

⁶Margaret O'Brien Steinfels, Who's Minding the Children? (New York: Simon and Schuster, 1973), p. 131.

⁷Gilbert Steiner, The Children's Cause (Washington, D.C.: The Brookings Institute, 1976), p. 6.

on the basis that the daily care and development of children is not a proper matter for public concern and that such legislation will foster the break-up of the nuclear family. It is doubtful that many people would argue with the position that the first six or seven years of a child's life are very important and that the ideal situation would allow a child to receive the emotional, intellectual and psychological security that he needs from a close parent-child relationship in the setting of his own home. However, opponents of child care tend to ignore the crucial fact that many millions of children are not being cared for in their homes by their mothers, because their mothers are in the labor force.

One of the major pressures for a change in attitudes toward the role of government in child care has come from the proponents of women's economic rights. The National Organization of Women claims that: "Women will never have the full opportunity to participate in America's economic, political or cultural life as long as they bear the sole responsibility for the care of children - entirely alone and isolated from the larger world."⁸

Although no major single change has taken place in child care policy, both the federal government and state

⁸ Catherine R. Stimpson, Discrimination Against Women (New York: R. R. Bowker Co., 1973), p. 427.

governments have made incremental changes that add up to a distinct movement away from the traditional child welfare philosophy. These changes will be documented in a later chapter.

Statement of Purpose

It is the purpose of this study: 1) to trace the growth of the demand for child care and set it in its social and political context; 2) to identify the policy responses of state, local and federal governments to this growing demand; 3) to present a case study of child care needs in Madison, Wisconsin; 4) to compare and evaluate alternate methods of designing child care delivery systems; and 5) to form general conclusions and recommendations from the case study findings.

The next three chapters will provide the background and history of child care policy. Chapter 2 will examine the social changes which have led to greater labor force participation rates of women which in turn created the perception of child care as an appropriate subject for public policy. Chapter 3 will describe the responses of federal, state and local governments to the increased need for child care policy and the expansion of traditional concepts about the appropriate role of government in the child care field. Chapter 4 will discuss the unresolved conflicts about the delivery of child care.

The subsequent chapters will analyze the Madison case study. Chapter 5 will provide an overview of the methodology used and tie it to relevant literature on evaluation research and needs assessment. Chapter 6 will present the findings from a local need assessment study of family choices in child care arrangements. Family choices will be tested for association with socio-economic-demographic variables in order to provide more information about why families make the choices they do. Chapter 7 will evaluate and compare alternate methods of meeting the child care needs in Madison as indicated by the survey results. Evaluation criteria will include consumer preference, costs, benefits, social impact and political feasibility.

The final chapter will relate the conclusions drawn from the Madison case study to other communities and summarize recommendations.

Review of Literature

After a review of the literature the need for a study of this sort becomes apparent. There is a little policy analysis, as such, on child care. The largest body of literature has been produced by psychologists and childhood development experts who are concerned about the impact of substitute care on the growth and development of the child. Their focus of concern is on the child, not the mother, family, community, or their psychological or economic needs. Thus, although they provide highly

relevant information for decision-makers in child care policy, they cover but one aspect of child care.⁹

Surveys of child care arrangements at the national, state and local levels have provided rather detailed information about child care practices, both in terms of types of child care used by parents and the quality and quantity of the services provided. These surveys indicate the general dimensions of the major problem in child care: the fact that there simply is not enough quality child care to meet the demand at a cost parents can afford.¹⁰ They do not, however, go beyond this simple, descriptive approach to analyze policy or make policy recommendations.

Child Care Policy

Since much of the impetus for public action on child care has been provided by women's movement, it is not surprising to find that a good bit of the policy literature on child care has been produced by women.¹¹ Many analyses

⁹Urie Bronfenbrenner, "Is Early Intervention Effective?" in Handbook of Evaluation Research, Vol. II ed. Elmer Struening and Marcia Guttentag (Beverly Hills: Sage Publications, 1975), pp. 519-605.

¹⁰Judith Chapman and Joyce Lazar, A Review of the Present Status and Future Needs in Day Care Research, a working paper prepared for the Interagency on Early Childhood Research and Development, 1971.

¹¹Pamela Roby, Child Care-Who Cares? (New York: Basic Books, 1973); Edith Grotberg, Day Care: Resources for Decision (Washington, D. C.: Office of Economic Opportunity, United States Department of Health, Education and

may be found in readers devoted primarily to women's issues.¹² In some cases the plight of the working mother takes precedence over more pragmatic social and political considerations so that the articles become more of a call to action than a basis for policy evaluation. Nevertheless, such literature has served the cause of child care advocates by focusing attention on the growing demand for child care services.

Just as there is little political policy analysis which is women specific,¹³ so it is with child care policy analysis. The literature provides a good historical description, traces legislative proposals, describes existing child care programs and identifies program delivery design issues, but does not offer much analysis.

A variety of books and articles provide a good historical description of child care in the United States

Welfare, 1971); Margaret O'Brien Steinfels, Who's Minding the Children? (New York: Simon and Schuster, 1973); and Stevanne Auerbach and James A. Rivaldo, Rationale for Child Care Services: Programs vs. Politics (New York: Human Sciences Press, Inc., 1975).

¹²Jo Freeman (ed.), Women: A Feminist Perspective (Palo Alto, California: Mayfield Publishing Co., 1976); Vivian Gornick and Barbara Moran (eds.), Woman in Sexist Society (New York: Basic Books, 1971); and Uta West, Women in a Changing World (New York: McGraw-Hill, 1975).

¹³Marian Palley, "Women and the Study of Public Policy," Policy Studies Journal 3 (Spring 1976):288-294.

beginning with the use of day nurseries in the early 1800s.¹⁴

There is descriptive literature of the administration and staffing of existing day care programs.¹⁵ Some go beyond simple description to identify the components in establishing quality day care programs: support services, such as health and nutrition, staff-child ratios, and staff qualifications.¹⁶

Several authors address the question of the relative costs involved in different types of child care. Blanche Bernstein and P. Giacchino conclude that the quality and level of services is the major determinant of cost, not the type of care utilized.¹⁷ This goes against conventional wisdom which accurately observes that fees for child care are generally higher in group day care situations than in informal arrangements. Vivian Lewis deals directly with this

¹⁴Steinfels; Dorothy Hewes, "Historical Precedents for Day Care," in Auerbach; and Virginia Kerr, "One Step Forward-Two Steps Back: Child Care's Long American History," in Roby.

¹⁵Margaret O'Brien Steinfels and Steveanne Auerbach, Alternatives in Quality Day Care, Day Care and Child Development Council of America, Washington, D. C., 1972.

¹⁶Edith Grotberg (ed.), Day Care: Resources for Decisions, report prepared for Office of Economic Opportunity, Department of Health, Education and Welfare, 1971.

¹⁷Blanche Bernstein and P. Giacchino, "Costs of Day Care: Implications for Public Policy," City Almanac (August 1971).

problem by pointing out the frequent lack of educational and developmental components in informal care.¹⁸ She describes the major problems in expanding child care provided in informal settings: the difficulty of recruiting and training day care mothers, problems connected with the licensing of private homes and the problems of keeping costs down while adequately compensating day care mothers. These articles, and others, make it clear that the problem of costs is directly related to the quality of care and that efforts to hold costs down must take into account the effect on the quality of care provided.

The major book on federal policy toward children, including child care, is The Children's Cause.¹⁹ This book describes policy development by examining federal legislative and administrative political processes. Focusing on committees, agencies and lobbyists groups, it is found they lack cohesion in their efforts to influence policy. Steiner concludes that insofar as comprehensive national policy on child care is concerned the outlook is grim, that public attitudes are sufficiently ambivalent and interest groups sufficiently disorganized that new

¹⁸Vivian Lewis, "Day Care Needs, Costs, Benefits, Alternatives," paper presented to Joint Economic Committee, Subcommittee on Fiscal Policy, Studies in Public Welfare, 1973.

¹⁹Gilbert Steiner, The Children's Cause (Washington, D.C.: The Brookings Institute, 1976).

legislation is unlikely. However, this book does not include a discussion of the 1974 Title XX Social Security Amendments which delegate child care program planning to the states while expanding eligibility definitions. This legislation will be discussed in a later chapter, but does appear to this author to offer at least the potential for a significant expansion of government policy in the area of child care.

Impact of Child Care on Childhood Development

A major concern of child psychologists and early childhood development experts has been the social and emotional consequences on young children of being deprived of maternal care. Early studies of institutionalized children conducted in the 1940s strongly suggested a wide range of negative effects - physical, social, emotional and cognitive - on children, particularly infants, deprived of maternal care. When present child care arrangements, consisting of substitute care for only part of the 24-hour day became prevalent child psychologists began to focus research on how these care arrangements affected the child's normal attachment to his mother. The assumption was that normal childhood development requires that infants and toddlers have a primary care-giver with whom they form a strong attachment. This attachment provides the security and love which the child needs to support him emotionally

in learning to cope with and function in his immediate environment. The primary care-giver also serves as a role-model to provide the child with a guide for developing social and cognitive skills appropriate to his culture.

Although there is some disagreement within the child care profession as to the degree to which children may be adversely affected by maternal deprivation during a large part of their waking day, there is general agreement that in special cases the substitute care-giver may provide better developmental care than the child can receive at home. Studies of these 'disadvantaged' children generally focus their research on intervention by trained child care professionals in the normal mother-child relationship and the subsequent effects of the cognitive, social and emotional development of the child.

Accepting that substitute child care is here to stay, a number of researchers have directed their efforts toward assessing the different types of child care currently used and their respective impacts on the development of children of different ages. Many of these results emphasize the benefits to be gained in informal arrangements, particularly for infants. Others point out that the educational and developmental components of a quality day care center can off-set the relative lack of attachment to a primary care-giver for older children.

Attachment. An attachment may be defined as an affectional tie between one person and another which endures over time and promotes a desire for proximity, either through actual physical contact in some circumstances or communication/interaction across some distance in other circumstances.²⁰

Some studies of infant-mother attachment have attempted to ascertain the possible disruption of normal attachment patterns through the use of substitute child care by observing the anxiety the child evidences at being separated from his mother. Two studies²¹ set up situations in which infants were separated from their mothers in a strange environment (i.e., a laboratory) and found a high degree of expressed anxiety. They concluded that separation from the mother, as in substitute child care, increases an infant's anxiety and decreases his ability to function. Another study compared infants who had been in group child care and home-reared infants in their abilities to function in a strange environment after being separated from their

²⁰Mary D. Salter Ainsworth and Silvia M. Bell, "Attachment, Exploration and Separation: Illustrated by the Behavior of One-Year-Olds in a Strange Situation," Child Development 41 (March 1970).

²¹Ainsworth and Bell; and Mary Curtis Blehar, "Anxious Attachment and Defensive Reactions Associated with Day Care," Child Development 45 (1974).

mothers, and found no differences.²²

Given that a total of only 137 children were observed in these three studies and that only one study actually compared group care and home-reared children, it is difficult to draw any definite conclusions. However, the general consensus seems to be that the negative consequences of maternal deprivation, if any, are greatest for children under the age of three.²³ Even for these children it appears that the effects are more in the social, emotional realm than in cognitive development and might or might not be judged to be negative.²⁴ Urie Bronfenbrenner, Professor of Human Development and Family Studies, Cornell University, has found that children raised in group care interact more with their peers, are somewhat less responsive to adult discipline and exhibit more aggression toward other children and adults.²⁵

In brief, research on attachment points to the

²²Betty Caldwell, D. M. Wright, A. S. Honig, and J. Tannebaum, "Infant Day Care and Attachment," American Journal of Orthopsychiatry (1970).

²³H. Papousek, "Effects of Group Rearing Conditions During The Preschool Years of Life," in Education of the Infant and Young Child, ed. V.H. Dennenberg (New York: Academic Press, 1970).

²⁴Statement by Betty Caldwell, Joint Hearings on the Child and Family Service Act, 1975, pp. 1788-91.

²⁵
Ibid., p. 1802.

importance of providing young children with substitute care-givers with whom they can develop close relationships. This means that all types of child care arrangements should maintain a high ratio of adults to children with as high a degree of continuity and stability in staffing as possible, particularly for children under three.²⁶

Intervention. Intervention simply refers to a process in which disadvantaged children, generally defined as being from low-income families, are provided with special out-of-the-home, educational and developmental services. Its purpose is not to provide a working parent with child care, but rather to actively promote the development of the child, particularly his cognitive development, by removing him from what is perceived as a poor home environment for part of the day and substituting care by experts.

A number of studies justify the process of intervention by claiming that certain families living under severe economic and social stresses have inadequate resources for providing their children with proper care.²⁷

²⁶H.N. Ricciuti, "Fear and the Development of Social Attachments in the First Year of Life," in The Origins of Fear, eds. M. Lewis and L.A. Rosenblum (New York, John Wiley, 1974).

²⁷E.S. Shaefer, "The Scope and Focus of Research Relevant to Intervention: A Socio-Econological Perspective," in Intervention Strategies with High Risk Infants, ed. T.D. Tjossen (Baltimore: University Park Press, 1975); and Urie Bronfenbrenner, "Children and Families at Greatest Risk," paper prepared for the Advisory Committee on Child Development of the National Academy of Sciences.

However, recent studies providing follow-up of long-term results of programs, such as Head Start, have found that developmental gains of participating children have decreased after they leave the programs.²⁸

As several writers have pointed out, an exception to this general trend occurs with programs emphasizing the direct involvement and education of parents as well as children.²⁹ Thus it appears that for intervention to be effective in the long run, it is necessary to alter and improve the child's home environment, rather than simply remove him from his home and put him into a rich, developmental environment for part of each day.

Findings of Child Care Surveys

Another salient area of child care literature pertains to surveys of the child care arrangements made by working parents that have been conducted throughout the country. Most of the studies are strictly surveys, containing no evaluative components. Many have been prepared by local areas for use in community decision-making about child care and attempt to project future need based on current

²⁸Westinghouse Learning Corporation, "The Impact of Head Start: An Evaluation of the Effects of Head Start on Children's Cognitive and Affective Development," (Ohio University, 1969).

²⁹Urie Bronfenbrenner, "Is Early Intervention Effective?" report prepared for the Office of Child Development, Department of Health, Education and Welfare (1974).

patterns of use. A very few are based on nation-wide sampling. Some will be mentioned here, but it should be recognized that many others exist. Unfortunately, most of them have little direct relevance to policy-making in any general sense because they emphasize description of existing child care arrangements with little attention to prediction or policy recommendations.

Types of Arrangements. A number of national surveys have found that the predominant mode of child care is care by someone other than the mother in the child's own home. The exact percentages vary from one study to another (see Table 1). The next most prevalent kind of care is in day care homes, with care in day care centers the least used. These patterns seems to hold true for both the general population as well as for lower-income families. A study conducted of families with incomes under \$8,000 found that all but a very small percentage of children were cared for in or out of the home by relatives, and that only 12 percent were in formal day care situations.³⁰

³⁰ Westinghouse Learning Corp. and Westat Research, Inc., Day Care Survey 1970, report prepared for Office of Economic Opportunity, U.S. Department of Health, Education and Welfare.

TABLE 1

COMPARISON OF STUDY RESULTS ON TYPE OF
CHILD CARE ARRANGEMENTS, NATION-WIDE

Type of Care	Study A ¹	Study B ²
	Percent of Children	
Care in own home	63.0%	67.2%
Care in someone else's home	31.0	19.7
Care in day care center	6.0	2.9
No care	.5	9.6
Total	100.0%	100.0%

¹Profiles on Children, report of White House Conference on Children, 1969.

²Seth Low and Pearl Spindler, Child Care Arrangements of Working Mothers in the United States, a report for the Departments of Labor and Health, Education and Welfare, 1968.

However, these studies are seven to fifteen years old and more recent statistics show significant increases in the capacity of licensed child care, bringing into question previous conclusions that the prime source of child care is the use of relatives or sitters in the child's home. Licensed family day care homes had a reported capacity for 81,900 children in 1967, compared with 215,841 spaces in 1972. In the same time period capacity of day care centers increased from 393,300 to 805,361.³¹

³¹Child Care, Data and Materials, staff report prepared for the United States Senate Committee on Finance, (October, 1974), pp. 9-12.

A study conducted in California in 1974 of 810 families who used child care found rankings of use types similar to those described above. However, there was a significant increase in the use of day care centers recorded. Sixty-two percent of families arranged for care in the child's home, 18 percent arranged for care in someone else's home, but 15 percent used day care centers.³² This increase from the national studies in the use of day care centers can probably be accounted for to a large extent by the increased federal subsidization of day care for low income families in recent years. The California report indicates that the highest usage of day care centers is by the lowest-income families.³³

Although it is difficult to compare the California study with a study done in North Carolina because of the use of different methodology the two studies taken together suggest that family income and age of the child both play significant parts in determining the type of child care arrangements that families use (see Table 2).

³²Publicly Subsidized Child Care Services in California, report prepared by the Office of Legislative Analyst, 1974, p. 209.

³³Ibid.

TABLE 2
TYPE OF CARE ARRANGEMENT BY AGE OF CHILD

Type of Care	Pre-school	School-age
In own home	18.6%	42.3%
In someone else's home	39.9	19.5
Day care center	27.5	1.3
Other	14.0	36.9
Total	100.0%	100.0%

SOURCE: Child Care in North Carolina: A Survey of Parents, 1975. Reports 1 and 2 prepared by the staff of the North Carolina Office for Children from a survey conducted by the Learning Institute of North Carolina.

Most commonly, community surveys have attempted to estimate the need for child care on the basis of data regarding the percentage of women in the labor force, the number of children of pre-school and school age, and numbers of children on welfare.³⁴ Census and welfare statistics alone, however, can provide only a rough and sometimes misleading measure of need.³⁵

Quality of Care. There is considerable disagreement among researchers as to the quality of care provided in family and group day care homes. The most graphic and

³⁴Child Care Study, Central Los Angeles Region, United Way, Inc., 1973; Day Care Study, Dane County Social Planning Agency, 1970.

³⁵Richard B. Zamoff, Guide to the Assessment of Day Care Services and Needs at the Community Level, Urban Institute paper, 1970, pp. 5-6.

widely quoted description of poor quality child care conditions is undoubtedly Windows on Day Care.³⁶ This survey was conducted by on-site observations in 77 communities by local chapters of the National Council of Jewish Women. Other studies point to the ability of home care arrangements to provide a level of warmth and security to the child in a home-like atmosphere that is not possible in day care centers.³⁷

One issue on which there is unanimous agreement by all researchers is that the staff of the day care center is the single most important determinant of the quality of care provided.³⁸ On the other hand, quality of services is hard to insure and monitor when large numbers of children are served, as is often the case in day care centers. Large centers tend to become more impersonal, and the directors have less contact with parents, children and staff.³⁹

Given the difficulty of assessing the quality of care

³⁶ Mary D. Keyserling, Windows on Day Care, report by the National Council of Jewish Women, 1972.

³⁷ Abt Associates, Inc., A Study in Child Care, 1970-71, a report for the Office of Equal Opportunity, United States Department of Health, Education and Welfare; and Alice H. Collins, "Some Efforts to Improve Private Family Day Care," Children 13 (July-August, 1966).

³⁸ Chapman and Lazar, p. 37.

³⁹ E. Prescott, and E. Jones, An Institutional Analysis of Day Care Programs, report for the Office of Child Development, U. S. Department of Health, Education and Welfare, 1970.

children are receiving due to problems of operationalizing concepts such as "warmth," "affection," and "concern for the child's well-being," one approach has been to ask parents if they are satisfied with the quality of care their children are receiving. This has been done most frequently in local surveys and reported satisfaction is often high.⁴⁰ However, a study utilizing in-depth personal interviews of parent-consumers suggests that parents have many unmet child care needs and that satisfaction is related to levels of expectations.⁴¹ A study in North Carolina suggests that level of satisfaction varies with the type of child care used.⁴² The case study presented later in this paper suggests that, even though parents may respond affirmatively to direct questions about satisfaction, they may implicitly acknowledge dissatisfaction by indicating a preference for a type of child care arrangement other than the one they are currently using (Chapter 5).

Until working parents have more child care alternatives available to them, the choices they are presently

⁴⁰Menlo Park Child Care Needs Survey, Diridon Research Corp., 1973.

⁴¹Stevanne Auerbach-Fink, Parents and Child Care, A Report on Child Care Consumers in San Francisco (San Francisco: Far West Laboratory for Educational Research and Development, 1974).

⁴²Child Care in North Carolina: A Survey of Parents prepared by the staff of the North Carolina Office for Children, 1975.

making may be influenced more by availability than by preference for one type or another of child care.⁴³

Policy which merely extends existing facilities may or may not be what parents would really prefer. It is hoped that this study will help to fill this gap in our knowledge about parental preference and assist in the task of designing delivery systems appropriate to family needs.

⁴³Chapman and Lazar, p. 81.

CHAPTER 2

THE POLICY ENVIRONMENT

This chapter will first identify the major social and value changes since World War II as they relate to women's economic and child-rearing roles; it will then indicate the impact of these changes by describing the changes in women's labor force participation rates; finally, it will discuss how both of these types of changes have led to yet another change--the perception of child care as the proper concern of public policy.

The most obvious factor in the demand for increased levels of substitute child care is the increasing rate of maternal employment outside the home. Simply stating the obvious, however, does not tell us how this state of affairs came about. A number of rather complex social changes have taken place in the last 30 years, altering values and attitudes about women's proper economic and familial roles. These changes, in turn, have supported the entrance into the labor market by women with young children. As public acceptance of working mothers increases, concomitant changes are occurring in public attitudes about

the appropriate balance between private and public responsibility for child care.

An Era of Social Conflict and Change:

World War II to the Present

Few would challenge the contention that in modern industrially advanced countries the primary causal agent of social change is technological innovation. Many technological innovations, as such, are relatively visible; we can all observe these changes on television - from biodegradable laundry soap to the Mars photographs. Much less obvious, however, are the social changes due to both specific technological changes. These changes have greatly altered and diminished women's traditional, historical economic role.

The old division of labor between the sexes decreed that women had the major responsibility for child care and that this duty was best fulfilled by women staying at home to care for their children. So long as the household tasks of cooking and cleaning required relatively high levels of skill and effort, women were needed to work full-time in the home. Large families and short life expectancies meant that most women, in addition to performing time-consuming household tasks, spent most of their adult lives bearing and rearing children. Despite the lack of an active public economic role, their activities within the home were urgently needed by society and their families.

Rapidly accelerated improvements in technology after World War II produced a multitude of "labor-saving" devices designed to minimize the burdens of housekeeping. The value of the labor of the housewife was further threatened as market goods, such as canned, frozen and quick foods, replaced home produced goods and the welfare state inaugurated during the Great Depression supplanted the duties of the wife in the care of the elderly, the poor and the sick.¹

As child labor laws came into being and the center of economic activity moved from the family farm to the city, smaller families became more desirable. Large numbers of children became an economic disadvantage; the costs of having children went up as higher levels of education for the young became essential to their participation in the labor force. Child care responsibilities for women diminished as technological developments in birth control, especially the birth control pill developed in the 1960s, permitted women to plan their families, to have fewer children, spaced farther apart.

Improvements in medical technology decreased the danger of child birth and increased life expectancies. Maternal deaths dropped from an estimated 69.1 per 10,000

¹Nona Glazer-Malbin and Helen Youngelson Waehrer, (eds.), Woman in a Man-Made World (Chicago: Rand McNally and Co., 1972), p. 8.

births in 1915 to 2.9 by 1956. Life expectancy for women increased from 40 years in 1850 to over 70 years in 1950.² Women today have many more years without the responsibilities of child birth and child care than they do with them. Women's release from unplanned parenthood, combined with other major social changes, threatens an ideology which would keep women at home and out of the labor force by emphasizing the significance of the mother-child relationship.

Major Social Changes

For our purposes, the most significant changes in the United States since the end of World War II have been:

1. The development of the United States as a predominantly interdependent urbanized society. This growth of urbanism has created a separation of work and place that maroons the conventional housewife physically and emotionally on a suburban island. It has been suggested that this isolation is one major incentive for women to seek work outside the home environment.

2. The shift in importance from the manual worker to the knowledge worker in the American work force. This shift has been accompanied by a movement from the production of goods to the provision of services as the most important factor in the American economy. This switch in importance

² Glazer-Malbin, p. 82.

from brawn to brains has opened up new possibilities for women's economic participation.

3. The growing centralization of our economy due to the increasing importance of hierarchically organized, large, powerful, highly professionalized institutions, both public and private. The effect on women has been twofold. It has frequently resulted in their exclusion from significant public decision-making because of their handicaps in rising to positions of power in large organizations. These handicaps are related to corporate practices which make it difficult for women to combine child care responsibilities with career advancement. In addition, the growth of large organizations has created a new role for women as consumption managers. This new responsibility adds to pressures which working mothers encounter.

4. The development of new forms of federalism. This expansion of the public role of both private and public organizations is a potentially powerful source of support for women's economic rights.

Urbanism. As our economy has changed from being predominantly agricultural and therefore rural to primarily technological and industrial, it has become necessary for the great majority of the people to live in a fairly small number of large, densely populated metropolitan areas. When the first census was taken in the United States in 1790, only about 200,000 were classified

as urban. Every census since that time has shown a steady increase in urban population. As farms became mechanized and wartime jobs in industry and business opened up, this trend accelerated. By 1970, seventy-one percent of the people in the United States were classified as urban dwellers. Population experts predict that by the year 2000 eighty-five percent of our population will be urban.³

Urbanism has become the new way of life for the overwhelming majority of our citizens, not just for central city dwellers, but also for suburbanites. Because it requires whole new life styles, this new urban orientation also requires new values, attitudes and mores; in effect, a new culture.

Woman's "place" has not always been in the home. Historically, she has always played a role in the production of goods and services for both family consumption and exchange in the market. Before the 17th century and the beginnings of industrialization, women were usually co-workers with men in farm work or home centered crafts. In addition, some women were guild members and worked as traders, tavern-keepers, and domestic workers; they ran farm estates, breweries and sometimes even newspapers and blacksmith shops. Although with the introduction of machinery ~~women~~ as well as men left the household for

³ Commission on Population Growth and the American Future, Population Distribution (Washington, D.C.: United States Government Printing Office, 1972), p. 1.

factory wage labor, most married women remained in the household since their labor was needed there.⁴

At this point in our history, the division of labor by sex, common in most societies, produced a sharp contrast in the roles relegated to men and women. A division of labor allocating primary responsibility for time-consuming household tasks and child care duties to the female was necessary if her husband and other family members were to be free to pursue careers in industry outside the home. The man was allocated the primary responsibility for the economic support of the family and the quality of this support depended on the relationships he established with groups outside the family circle. Thus, the arena for the self-actualization of the man moved from the private to the public sphere; the woman's remained private.

The movement from the farms to the cities acted to break up the extended family and its economic significance and to promote the development of the nuclear family. This break-up, combined with the necessity for women to remain in the home to attend to household chores and child-rearing, served to make the married woman economically dependent on her husband. Thus, although the industrial revolution eventually resulted in higher living standards for men and women, one of its initial effects was to deprive women of

⁴Glazer-Malbin, p. 3.

the economic independence and prestige gained by working productively with their husbands and other family members.

The most recent development in urban population patterns has been the movement from the central city to the suburbs. In 1970, over half of the urban population lived in suburbs and many central cities were losing population.⁵ Suburbs are typically heavily single family residential. Business and industry are either located in the central city or at the periphery of the metropolitan area.⁶ This separation of work and place leaves the suburban housewife physically and socially isolated.

Segregated in the suburbs, isolated from the world of work, committed to rearing a few small children, women are frequently unable to take advantage of their relative freedom from household drudgery due to new time-saving devices. The typical housewife lives and works in a residential area, in housing highly segregated by income and status levels, separated from the on-going world of public activities. She can no longer look out her window and see life in the streets--the noise, excitement and

⁵ Commission on Population Growth and the American Future, p. 6.

⁶ Scott Greer, Governing the Metropolis (New York: John Wiley and Sons, Inc., 1962), p. 83.

vibrancy of the urban scene.⁷ Instead, she sees only her yard and her neighbor's yard, children on tricycles, and the tract home across the street.

The time necessary for commuting to work, the lack of available work in her neighborhood and the lack of adequate child care facilities all conspire to make it difficult to combine outside work with family responsibilities. Despite these obstacles many women feel that work outside the home offers the major opportunity for them to escape a frustrating existence. The growth of urbanism has contributed to women's losing their traditional economic status and independence, and isolated them in an environment in which their work in the home is not generally in high regard. Work outside the home provides them with a chance to gain prestige in a society which denigrates housework, and to participate in the world of adults.⁸

The Knowledge Worker. Most observers agree that we are moving from an industrial to an increasingly technological society. The primary concern of industrial society was to increase production as much as possible by the exploitation of natural resources. This concern

⁷ Jane Jacobs, "Downtown is for People," in The Exploding Metropolis, by the editors of Fortune (New York: Doubleday and Co., Inc., 1958), pp. 140-168.

⁸ Betty Friedan, The Feminine Mystique (New York: W. W. Norton, 1963).

required large numbers of skilled workers to man the factories and mines. Increasingly, the post-industrial or technological society is concerned with the systematic creation, exploitation and application of scientific knowledge, with consumption as well as production becoming the dominant goals.⁹ This preoccupation shifts employment demands from brawn to brains. The central person in the economy becomes the professional; he sells his education and training - in a word, his knowledge. The requirements of technology, planning and specialization have greatly increased the demands for highly educated and specialized manpower.¹⁰

This shift in emphasis from manual worker to knowledge worker offers greater opportunity for female participation in the labor market. Women need no longer be handicapped by their lesser physical strength. The numbers of women taking advantage of this opportunity have increased enormously, especially if the presence of young children in the home and educational achievement are taken into account. The more education women have, the more likely they are to be in the labor force. In 1968, only 24% of the women with an 8th grade education were

⁹Kenneth Keniston, The Uncommitted: Alienated Youth in American Society (New York: Harcourt, Brace and World, Inc., 1956), p. 241.

¹⁰John Kenneth Galbraith, The New Industrial State (Boston: Houghton Mifflin Co., 1967) p. 68.

working, compared with 45 percent of female high school graduates, 54 percent of female college graduates and 71 percent of women with five or more years of higher education.¹¹

Yet, despite the increase of women in the labor force, they are disproportionately represented in the lower-status, lower-income occupations. Teaching is the largest single professional occupation for women. The 1.7 million women non-college teachers in 1968 represented 42 percent of all professional women. About 85 percent of all elementary school teachers were women and 45 percent of all secondary school teachers. Only 22 percent of the elementary school principals were women and 4 per percent of the high school principals.¹²

For women, the relationship between levels of income and number employed in any occupational category is clearly a negative one: as the proportion of workers being female in any occupational category increased, the relative income of women has declined over the past quarter century. It is a strong, if not perfect, negative correlation with the greatest gains in one measure offset by the greatest losses in the other.¹³

¹¹Wage and Labor Standards Administration, United States Department of Labor, "Trends in Educational Attainment of Women," 1968.

¹²Catharine R. Stimpson, Discrimination Against Women (New York: R. R. Bowker Co., 1973), pp. 10 and 427.

¹³Cynthia Fuchs Epstein and William J. Goode, The Other Half: Roads to Women's Equality (Englewood Cliffs, N. J.: Prentice-Hall, 1971), p. 105.

Growth of Big Organizations. Technology is not merely a matter of tools, implements, machines or even ideas; it is also an approach - a way of organizing human skills and roles in order to achieve a desired end. The United States has rapidly become a society of large, semi-autonomous and tightly organized institutions. The industrial corporation was the first giant organization, but others have followed on its heels. The exigencies of a market based on technological innovation were responsible for bringing about the growth of large industrial concerns. As the economy changed, the role of government changed until it too mushroomed in size to handle its new duties. The task of modern education is to provide labor for the specialized requirements of industry; as industry needed more and more specialized manpower, educational institutions grew apace. Labor had to become highly organized with a highly powerful and capitalized management. We subsidize all manner of scientific research, in effect institutionalizing innovative change.¹⁴

With power gravitating to large corporations and the state through their regulation of the production of private and public goods and services, it is necessary to have access to policy-making positions in these organizations in order to exercise significant societal decision making

¹⁴Galbraith, p. 296.

power. Many corporate practices, public and private, limit the ability of women to rise in the large organization. Rigid adherence to schedules of working hours and practices which produce extreme pressure on the individual aged 25 to 40 (child-bearing years) to compete vigorously in order to advance in the corporate structure make it almost impossible for women who have child care duties to compete successfully.

The prevalence of "two-person" careers at top management and professional levels also handicaps women's advancement opportunities. Two-person careers are careers in which one person, usually the man, is freed from most family and consumption management responsibilities in order to concentrate all of his physical and psychic energies on his career. The second person in this two-person career, usually the "woman behind the man," provides emotional support and attends to the more mundane chores of running the household.¹⁵ Since most women do not have this kind of support from their partner, they encounter far greater difficulties than men do in combining family and career and generally must make some choices between the two. The choice of family first does not necessarily mean the young wife and mother will not work, but rather that she will have a job, not a career.

¹⁵Hannah Papenek, "The Two-Person Career," in Changing Women in a Changing Society, ed. Jane Huber (Chicago: University of Chicago Press, 1973).

"The servant role of women is critical for the expansion of consumption in the modern economy."¹⁶ The consumption levels required for the expansion of production in the world of large corporations require large chunks of the consumer's time. Goods and services must be selected, purchased, transported, maintained. These services are generally provided by the housewife. They are usually thought of as services that she provides for her private family, but in fact they serve a larger purpose. The consumption levels required to power our national economy necessitate that someone take on the task of managing family consumption. Women have done so, to the great benefit of an economic and planning system dominated by large corporations.

The New Federalism. Philip Kurland states flatly that "federalism is dead."¹⁷ Other commentators are not quite so rash, but there is no doubt that the nature of the partnership between the national government and the states has altered significantly. Various terms have been used to indicate these new patterns - new federalism, creative federalism, cooperative federalism, functional

¹⁶ John Kenneth Galbraith, "The Economics of the American Housewife," The Atlantic Monthly (August 1973), p. 79.

¹⁷ Philip Kurland, Politics, The Constitution and the Warren Court (Chicago: University of Chicago Press, 1970), p. 97.

federalism, contractual federalism. Whatever the terms employed, three major trends are apparent: 1) the increasing dominance of the federal government in the formal structure of dual federalism as envisioned by the United States Constitution; 2) the growth of cooperative federalism in which the states and localities administer programs established and funded by the federal government; and 3) federalism by contract wherein authority is delegated to private organizations to administer federal programs.

In a society in which the actions of government are more and more important in the economic sphere, the support or nonsupport of government agencies becomes increasingly relevant to determining the relative economic position of various sectors of society. The United States government has spent billions of dollars in subsidies to farmers, in management assistance and technical development for business and industry, in research and training grants for academics; yet it has not spent even a fraction of that amount in assisting women to become economically independent.

The federal government has taken steps in terms of passing legislation designed to achieve equal pay for women. The Equal Pay Act of 1963, Title VII of the 1964 Civil Rights Act and the 1967 Amendment to Presidential Executive Order 11246 have been used extensively to fight job discrimination against women, but enforcement remains

a problem. Even if strict compliance were achieved, it is likely that an earnings gap between men and women would still exist, because of the lack of genuine equal opportunity.

One of the major reasons women do not have equal opportunity has to do with the practice of job segregation mentioned earlier. At the U. S. House of Representatives Hearings on the Economic Problems of Women, 1973, University of Maryland economist Barbara Bergmann testified:

The demand for women's labor is kept artificially low because of their virtual exclusion from certain fields...and the supply of women to the few fields where they are welcomed is artificially increased thereby. Under current discriminatory employment and promotion practices, the law of supply and demand forbids equal pay for men and women, and the law of supply and demand is stronger than the Equal Pay Act.

The spread of contractual federalism presents a potentially powerful tool for the federal government to prevent inequitable practices by refusing government contracts to organizations that discriminate against women. The expansion of social service programs which has accompanied the growth of federalism also offers government the opportunity to enhance women's economic position by supporting such programs as child care, higher education grants and job training for women. All that remains is for these tools to be fully utilized.

Value Changes

Underlying all of the social changes in the past few decades has been a growing tension between traditional

values and newer values. It has been suggested that the rate of change itself makes it almost impossible to replace old values with newer ones that will have any degree of permanency. "As the rate of change increases, in each generation there are fewer and fewer enduring values, fewer practices that have a feeling of solidity, fewer ways of life that have a ring of endurance."¹⁸ Others point out the growing emphasis on converging sex roles and rejection of materialism, particularly in the younger segments of society, and claim that a movement is afoot to create new and relevant values.¹⁹

There can be little doubt that the United States is in a transitional period, that social changes have undermined traditional values and beliefs and that there is a lack of consensus as to how to replace them. Woman of course, shares with man the disabilities of living in a world in which traditional values are in a state of flux. Yet, precisely because this is an era of changing norms and uncertain values, she has the opportunity to free herself from the one-dimensional stereotyped images of the past.

Women's Role. The main impetus toward keeping

¹⁸Keniston, p. 241.

¹⁹Elizabeth Janeway, Between Myth and Morning: Women Awakening (New York: William Morrow and Co., Inc., 1974).

women at home and out of the labor force is provided by a value system which stresses the importance of the nurturing role of women in the mother-child relationship. The history of women in the industrialized sector of the economy suggests that women function as a reserve army of labor. When labor is scarce, as for example during World War II, women become an important part of the labor force. When they are no longer needed, the emphasis on the home and the mother-child relationship reasserts itself. Thus we see the adherence to child raising techniques promulgated by Dr. Spock;²⁰ and the "togetherness" syndrome promoted by women's magazines in the 1950s, facilitating the return of World War II's "Rosie the Riveter" to more domestic activities, leaving the industrial labor market to returning veterans.

Despite such pressures many women did not return to home and hearth, however, as evidenced by labor force statistics. But an examination of occupations that are conventionally considered to be women's fields suggests that even when working outside the home the traditional image of women's proper role has not changed significantly. Teaching, nursing, and secretarial work are the most popular occupational areas for women. It is interesting to conjecture as to why these particular fields are thought

²⁰Baby and Child Care was first published in 1946.

to be "female." Teaching and nursing clearly are related to two of women's most traditional roles - training young children and attending the old and the sick. The reason for the prevalence of large numbers of women as secretaries is less apparent. Originally, secretaries were male; the typewriter was considered too mechanical for women to understand. If one begins to think, not in terms of traditional female functions, but in terms of traditional male-female relationships, a possible reason becomes apparent.

Many accepted occupations for women show a striking similarity, they involve what Hannah Papenek has called "male-female complementary pairs."²¹ The female secretary assists the male executive; the nurse, the doctor; the teacher, the principal. All of these female-dominated occupations are secondary to a male-dominated occupation in the same field. Thus, the mere entrance into the labor market by women does not necessarily mean that conceptions about their abilities have changed in any major way.

One of the more interesting ideas that has recently come to light through the wider public discussion of women's rights in the last few years has to do with people's perceptions of what constitutes a mentally healthy person. Apparently both men and women's views of mental health coincide more closely with their views of the character-

²¹Papenek, p. 137.

istics of a mentally healthy man than those of a mentally healthy woman. Qualities that are usually accorded to normal women, such as passivity and dependency, are considered unhealthy when applied not only to a man, but to any adult when sex is unspecified.²²

There is a great deal of present conflict over whether women naturally possess characteristics which make them unsuitable for high pressure, high performance, and highly rewarded occupations or whether they are simply socialized into thinking they do and then fit actions to words. So long as present patterns of socialization continue, there is no way to settle this controversy. However, we are beginning to critically examine our educational systems and textbooks for sexist bias and make some changes.

There can be no doubt that women pay a high price for society's ambivalence over their proper role in the economic and family spheres. Since World War II, women's rates of mental illness have exceeded men's.²³ Women who try to integrate family life, parenthood and work are made to feel guilty for neglecting their children and competing with their husbands. Women who stay home are "Just" housewives and have less prestige due to their lesser economic

²²Salu Feinman, "Why Its Better to Be a Tomboy Than a Sissy," Psychological Reports (August 1974).

²³Gove and Tudor, "Sex Roles and Mental Illness," American Journal of Sociology 78 (1973):812-935.

function. Whether a married woman chooses to work or to stay at home, she may find that society has failed to give her effective supports.²⁴

Family Structure. The nature and function of the family has changed drastically in modern technological society. Over one in three marriages end in divorce; mobility and urbanism have shattered the extended family; and single parenthood is on the increase. In 1976 for the first time in a major city, Washington, D.C., the number of illegitimate births outnumbered legitimate births.²⁵ Women have modified their traditional child caring roles within the family to work outside the home and, in doing so, have affected values and expectations about the purposes of the nuclear family.

Female Labor Force Participation Rates

The impact of social changes and concomitant value changes are causing mothers and wives to enter the work force at unprecedented rates.

In 1974 almost 35 percent of all married women with husbands present who had pre-school children were in the work force. Only 18 percent of these women were working in 1960. About 50 percent of married women

²⁴Mirra Komarovsky, "Cultural Contradictions and Sex Roles," American Journal of Sociology 78 (1973).

²⁵The Capital Times, January 27, 1977.

with children under 18 were working in 1974. Rates of labor force participation were even higher for unmarried women: 54 percent of women with pre-school children and two-thirds of women with children under 18 were in the work force in 1974.²⁶

Women are no longer postponing work outside the home until their youngest child is grown, or indeed even school-age. From 1950 to 1973 the percentage of women with children participating in the labor force doubled, and the percentage of women with children under 6 years of age more than doubled (see Table 3).

TABLE 3
LABOR FORCE PARTICIPATION RATES OF MOTHERS
(data apply only to ever-married women)

	All Mothers	Mothers with children	
		Under 6	6-17 only
Percentage of mothers participating in the labor force:			
1950	22%	14%	33%
1960	30	20	43
1964	34	25	46
1967	38	29	49
1970	42	32	52
1973	44	34	53

SOURCE: United States Department of Labor

²⁶Monthly Labor Review, Women's Bureau of the United States Department of Labor, May 1974.

Predictions indicate that this trend will continue and by 1985 there will be 6.6 million mothers, aged 20 to 44, with pre-school children who will be working or looking for work.²⁷

Economic Motivation

Of the variety of reasons which seem to account for the changes in women's labor force participation, a major factor has to do with economic motivation. Economic need, coupled with changing attitudes about women's proper role and changes in family structure, has provided the impetus for many women to enter the work force.

Low-income Families. Forty-four percent of the married women who were in the labor force in March 1968 and who had children under 18 years of age, were living with husbands whose incomes were less than \$5,000 per year.²⁸ A number of choices are available to lower-middle income working families who need more income to meet their reasonable costs of living. The husbands may take a second job; they may work through unions for a long-run increase in wages; or they may encourage their wives to enter the labor force.²⁹

²⁷ Ms. Maymi, Women's Bureau Director, Congressional Quarterly (December 6, 1975):2636.

²⁸ "Why Women Work," Women's Bureau, U. S. Department of Labor, January 1970 .

²⁹ Larry Wade, The Elements of Public Policy (Columbus, Ohio: Charles E. Merrill Publishing Co., 1972), p. 159.

TABLE 4

LABOR FORCE PARTICIPATION RATES
OF MARRIED WOMEN WITH CHILDREN;
BY INCOME OF HUSBAND, March 1973

Husband's Income	Labor force participation rates of mothers with children		
	Under 18 years	6-17 years only	under 6 years
Under \$3,000	48.0%	50.9%	44.6%
\$3,000 to \$4,999	44.4	55.4	35.7
\$5,000 to \$6,999	46.0	57.1	38.6
\$7,000 to \$9,999	46.6	56.8	37.8
\$10,000 and over	37.7	46.1	26.3

SOURCE: United States Department of Labor

Although relatively little variation exists in labor force participation rates by mothers in families with husband's income ranging from \$3,000 to \$10,000, there is a decided drop when husband's income exceeds \$10,000. This suggests that even where economic need exists, there is a maximum percentage of families willing to accept the woman working outside the home. It is difficult to explain this with any degree of certainty. However, it seems reasonable not only that values about the role of women are a factor, but also that women whose husbands are low income earners are likely to be low income earners themselves and the costs of their working outside the home, such as child care and increased household expenses, transportation, clothing, etc., may offset the value of the increased income.

That the presence of a working mother in a two-parent working family can alter the family's standard of living is quite apparent. In 1959, an intact family in which the wife had no earnings was almost twice as likely to have an income below \$4,000 as a family with a working wife. By 1972, the likelihood of a family without a working wife having an income below \$4,000 was nearly four times as great as in families where the wife was working. Median family income in two-parent families in 1972 was \$14,198 when the mother was working, only \$12,441 when she was not.³⁰

Female-headed Families. Women with children under 18 who are heads of their families have a significantly higher labor force participation rate than mothers in two-parent families. In March 1973, approximately 59 percent of mothers in female-headed households were in the work force, as contrasted with approximately 42 percent of mothers in husband-wife families. The numbers of female-headed households are increasing rapidly; there was an increase of 30% in just three years, from March 1970 to March 1973.³¹ This suggests not only that part of the increase in labor force participation rates by women with minor children has been due to the increase in the number of female-headed

³⁰Child Care Data and Materials, staff report prepared for the United States Senate Finance Committee, 1974, pp. 5-6.

³¹Ibid., p. 5.

families, but also that this trend will continue.

Judging from family separation and divorce rates, it is clear that many women are going to continue to be the sole support of their dependent children. One year after divorce only 38 percent of ex-husbands are complying fully with court-ordered support payments; within 5 years, this figure drops to 19 percent.³² As long as women are disadvantaged in the labor market, they will pay the price socially through high welfare costs and poverty; they and their families will also pay a high price physically and emotionally. More families' breaking apart means a greater complexity of individual needs in the area of family services in general, and child care in particular. This public policy issue can only become more complex and problematic if present trends continue.

Perception of Child Care as a Public Responsibility

Although day care in the United States began in the early 1800s with day nurseries, child care is still not generally perceived as integral to the American working society. Current pressures are bringing about some changes in public perceptions of child care as a public responsibility; yet a look at relatively recent history indicates that the federal government, when motivated to do so, can provide far more comprehensive child care policy than it does currently.

³²K. Eckhard, "Deviance, Visibility and Legal Action: The Duty to Support," Social Problems (Spring 1968), p. 470.

Lanham Act Period

It was not until during World War II that major public funds were invested in day care. The massive mobilization of industry required by the entry of the U. S. into World War II demanded that women join the work force. Many of these women were mothers with young children. The Lanham Act, passed in 1942, provided federal assistance to states in supporting child care centers for working mothers. During the Lanham period (funds were withdrawn in February of 1946) the federal government spent almost 51 million dollars on over 3,000 centers which served a total of 600,000 children.³³ Forty-seven of the 48 states participated in the program, matching federal funds with over twenty-six million dollars in state monies. Obviously, when the need arose, the federal government was quite capable of setting in motion machinery for War and child care needs.

Little effort was made to disguise the fact that child care was suddenly a focus of national concern because of the war-time need for working women. In hearings on the Lanham Act day care provisions Carl Hayden stated: "It is entirely proper that the Federal Government should appropriate child care money because Congress declared war,

³³Virginia Kerr, "One Step Forward-Two Steps Back: Child Care's Long American History," in Child Care-Who Cares?, ed. Pamela Roby (New York: Basic Books, 1973), p. 131.

child care is a war problem, support will cease with the end."³⁴ And so it did, but the need didn't.

Public attitudes concerning the needs of children for full time, at-home, maternal care were temporarily suspended in favor of more patriotic considerations during the War, but returned in full force after its conclusion. Therefore, those women who chose to remain in or enter the work force after World War II did so with the burden of arranging care for their children almost completely unaided by federal or state governments. Indeed, it is somewhat astonishing to consider the statistics from the 1940s to the 1960s and note the large numbers of working women and realize that during this same time period official doctrine seemed to assume that all women were "happy homemakers." Given the somewhat sub rosa standing accorded their working status, it is not too surprising that working mothers failed to press for needed child care legislation. This factor, combined with the relatively low socio-economic and political standing of most working women, allowed the general public to continue to ignore the major labor market changes taking place. From 1946 to the early sixties, child care was a marginal child welfare service which did not even contemplate meeting the needs of children with working parents.

³⁴Ibid., p. 165.

Women's Movement

Only a few short years ago the movement for women's rights was either disregarded or considered a joke - an uprising of frustrated, frigid man-haters. Today, it has broad-based support for its ideas; the First Lady campaigns actively in behalf of the Equal Rights Amendment; and media representations of women are beginning to change. In 1971, seventy percent of the women depicted on television were housewives, cooks, domestics and secretaries; three years later, in 1974, this percentage had dropped to 50 percent.³⁵

Radical political action, particularly of that sort branded "Women's Lib," is still frequently viewed with suspicion by both men and women; but there can be little doubt that, all around the country, women's (and men's) consciousness is being raised. Even a cursory glance at current women's magazines reveals a large number of articles supportive of working mothers and freer sex roles. The young women of today will spend the major portion of their lives in the work force, and it seems certain that their sheer numbers will contribute to the already blossoming perception of the need for public child care policy.

Although there is, even now, a growing base of support for state and federally supported child care, the reality is that good quality child care is not readily

³⁵Susan Edminston, "Out From Under: A Major Report On Women Today," Redbook (May 1975), p. 49.

available at reasonable cost to all. Many vocal members of the women's movement deplore the idea that access to publicly supported child care should be limited by income regulations. They propose that programs be universally available so that participation will not depend upon economic or social criteria, including the mother's employment status.

A good indication of the position of the women's movement on child care is a statement by Mary Grace Plaskett, the Child Care Task Force Coordinator for the National Organization of Women. Ms. Plaskett affirms:

1. That every child deserves the highest quality education and care that our society can provide from infancy through preparation for a career. This is a basic right of each child in America and should be demonstrated by national support and funding for early childhood education and development schools, in which each child is encouraged to explore her or his environment and to learn independence and the democratic process of decisionmaking. Each child must be encouraged to develop to her or his full and individual potential free from sex role stereotyping, racial, ethnic, cultural and economic basis.

2. That the development of such schools will offer all parents the opportunity to support their families, to pursue their own education, careers or the development of their own individual potential without guilt or fear that their children are not being adequately cared for.

3. That such publicly supported early childhood education schools must be available at flexible hours to meet the needs of families.

4. That such schools provide adequate nutritional and health services to meet the needs of the children that are enrolled.

5. That parents of children enrolled in these schools have some decisionmaking and control of the administration, curriculum and operation of that school.

6. That such schools be open to all children, regardless of financial standing of parents. These should contain a cross section of children of poor, middle and upper incomes so that no child is "ghettoized" because of the economic background of her/his parents.

7. That licensing and regulatory procedures on the Federal, State and local levels must be revised so they foster, rather than impede, the rapid growth of high quality child care and development programs.

8. That Government support of a coordinated network of developmental and educational early child schools be an immediate national priority. Funds need to be available for operation, training, technical assistance, research and demonstration, renovation and, especially, construction.³⁶

NOW, of course, is only part of the diverse women's movement, but probably represents a broader consensus than any other group. The above statement implies that day care as envisioned by NOW would in effect fulfill the child rearing functions that women presently fill. For now, day care offers a means of encouraging basic social changes, with which many people, even working women, are not necessarily in agreement. The emphasis on formal schools, as opposed to informal private arrangement, alienates many low-income working women who are reluctant to give over the care of their children to middle class professionals.³⁷

Main Objections. The provision of comprehensive child care, let alone universal child care, would require

³⁶Child and Family Services Act, Joint Hearings before the Senate Committee on Labor and Public Welfare and House Committee on Education and Labor (Washington, D.C.: U.S. Government Printing Office, 1975).

³⁷Steinfels, pp. 25-26.

an enormous commitment of national resources at a time when even the most liberal are questioning the amount of governmental expenditures. Any attempt to increase levels of federal spending on child care must compete with other social services.

In addition, the public continues to be ambivalent over the appropriate role of government in child care. Those who advocate that "a mother's place is in the home" favor providing child care only for those children from low-income families where mothers have to work or for children from negligent or inadequate families. This group prefers a patchwork approach to child care, and thus far has dominated public policy on child care.

Summary

The problem of child care has come to the attention of the public as increasing numbers of women have begun to place their children in substitute care arrangements in order to work outside the home. While there is no direct cause and effect relationship between the changes in the social and economic structure of the United States since World War II and increases in women's labor force participation rates, it appears that certain changes have encouraged women to seek outside employment.

Urbanism and the growth of suburbs have contributed to the dissatisfaction of many housewives with their isolation from the outside world. Technology has created

more time for them, free from child rearing and household duties. The growing emphasis on education and knowledge as valuable items in the labor market has offered women the opportunity to use their extra time to escape from their isolated world and enter the work force. Certain organizational practices and continuing images of women as being unsuitable for high level jobs have served to limit their labor force participation to areas considered to be primarily "women's fields," but government legislation encouraging equal pay and opportunity offers at least the hope that occupational barriers will be broken down.

As these changes have taken place women have been increasingly accepted in the labor force, and changes have also taken place in attitudes about women's economic and familial roles. For many families it is increasingly acceptable for mothers with young children to seek outside employment. In 1950 only 14 percent of mothers with pre-school children were working outside the home; by 1973, 34 percent of these mothers were working.³⁸ Evidence on labor force participation rates suggests that when families experience financial difficulties, either because the male head of household has a low-income or because the family is headed by a female, women are more likely to join the labor force.

By and large, families with working mothers have had to arrange and pay for their own methods of substitute child

³⁸See Table 3 supra.

care. However, the federal government at one time promulgated a comprehensive child care policy. During World War II when many women were employed in war-related industries, the public readily perceived child care as a public responsibility, and over a half-million children were enrolled in government supported child care centers. This period of active, comprehensive government involvement in child care was relatively brief; however, it suggests that under the right circumstances child care can be perceived as a legitimate concern of public policy. One of the goals of the Women's Movement has been to promote such a perception. Conventional values still favor the ideal of full-time maternal care, but the reality of employed mothers delegating the care of their children to others threatens this ideal. The resolution of the conflict between the ideal and the reality is something which all levels of government are beginning to face. How they are coping with this problem is the subject of the next chapter.

CHAPTER 3

GOVERNMENTAL RESPONSE

It is the purpose of this chapter to describe the response of state, local and federal governments to the growing need for child care services by focusing on legislation. Most states have limited their child care legislation to setting licensing standards and providing funds to match federal monies. A few local communities have developed their own child care programs and some of these will be discussed here. Federal legislation has just recently expanded eligibility requirements for child care subsidy and the history behind this step will be traced.

In the last 15 years many changes have taken place in the attitudes of the general public and public policy-makers, as evidenced by legislation aimed at providing the children of working parents with good substitute care and easing the financial burdens of such care. A comprehensive national policy on child care has yet to be established, but incremental steps have been taken in that direction. This examination of child care policy in the

United States will make it clear that we are moving toward greater and greater participation by the government in what were previously considered to be private child care concerns.

Role of State Governments

Funding

"Child-development policy, like most social policy is made in Washington. This is true for legislative authorization, administrative rules and funding of major programs."¹ A few states, most notably California and New York, have a long history of public support for child care. However, these states are the exception rather than the rule (see Table 1, especially column "S/L Unmatched."). For example, in 1968 there were no publicly state funded day care centers in the entire state of Illinois.²

The fact that states do not provide the major funding for child care programs does not necessarily mean that they play no significant role in child care policy. It is possible for states to build around existing federal

¹Child Development Policy for Texas, A report by the Child Development Policy Research Project, Lyndon B. John School of Public Affairs, University of Texas-Austin, 1973, p. iv.

²Rosalyn Baxandall, "Who Shall Care for our Children?" Women: A Feminist Perspective, ed. Jo Freeman (Palo Alto, California: Mayfield Publishing Co., 1975), p. 92.

programs and design a state-wide system of child care delivery tailored to specific state needs. The states can increase the number and quality of services offered by increasing the amount of matching funds they provide under certain federal programs, e.g., from FY 1971 to FY 1972 states increased by 76 percent the amount of federal and non-federal matching funds for child care under Title IV-A of the Social Security Act.³ States can also overcome the present separation of services provided under federal funding by developing their own schemes to unify and coordinate the development of comprehensive programs.⁴ Title XX of the Social Security Act, discussed in a later section of this chapter, provides probably the greatest funding opportunity for states to develop their own comprehensive programs. Because this legislation is new, it is too soon to know to what extent states will take advantage of this opportunity. Title XX, passed in 1974, permits states to plan social services programs within broad federal guidelines defining general goals to be met by the programs. The principle is similar to that in revenue-sharing in terms of providing federal monies for state designed programs.

³Child Care, Data and Materials, staff report prepared for the United States Senate Committee on Finance, October 1974, Table 24, p. 64.

⁴Child Development Policy for Texas, p. 4.

TABLE 5

INCOME SOURCES FOR CHILD CARE (74-75)

DOLLARS IN MILLIONS						
	Title IV-A (F/S/L)	WIN (F/S/L)	CWS (F/S/L)	S/L Unmatched	Other Federal	Total
Total	518.1	37.92	2.22	11.17***		
Alabama	8.4	.4	0	0	0	8.8
Alaska	.4	.3	0	0	0	.7
Arizona	3.5	.7	0	0	0	4.2
Arkansas		Figures Not Available				
California	62.5	Unk	Unk	Unk	Unk	Unk
Colorado	6.2	.6	.3	0	0	7.1
Connecticut	8.9	.5	0	0	0	9.4
D.C.	2.3	0	0	7.0	0	9.3
Delaware	3.7	.01	0	0	0	3.7
Florida	10.9	1.5	0	0	0	12.4
Georgia	15.0	1.0	1.3	0	0	17.3
Hawaii	2.8	.08	0	0	0	2.9
Idaho	.28	0	0	0	0	.28
Illinois	41.0	1.0	0	0	0	41.0
Indiana	2.6	.5	0	0	0	3.1
Iowa		Figures Not Available				
Kansas	3.5	.5	0	0	0	4.0
Kentucky	2.3	.4	0	0	0	2.7
Louisiana		Figures Not Available				
Maine	2.2	.3	.3	.8	0	3.6
Maryland	7.9	.9	0	0	0	8.8
Massachusetts	21.6	0	0	0	2.5*	24.1
Michigan	26.8	1.9	0	.6	0	29.3
Minnesota		Figures Not Available				
Mississippi	2.7	.06	0	0	0	2.8
Missouri	6.9	1.2	0	0	0	8.1
Montana	.74	.35	.02	0	0	1.1
Nebraska	4.6	.1	0	0	0	4.7
Nevada	.17	.03	0	0	Unk	Unk
New Hamp.	2.2	Unk	Unk	Unk	Unk	Unk
New Jersey	31.3	8.3	0	0	0	39.6
New Mexico	2.1	.2	.01	0	0	2.31
New York	120.3	5.5	Unk	Unk	13.2 IM	Unk
N. Car.	9.6	0	0	0	0	9.6
N. Dak.	.13	.13	.006	0	.36 IM	.62
Ohio	23.4	2.0	0	0	0	NA
Oklahoma	7.7	.2	0	0	0	7.9

TABLE 5-Continued

DOLLARS IN MILLIONS						
	Title IV-A (F/S/L)	WIN (F/S/L)	CWS (F/S/L)	S/L Unmatched	Other Federal	Total
Oregon	7.7	2.7	0	2.0	0	13.6
Penn.		Figures Not Available ****				
Rhode Is.	1.2	.1	0	0	0	1.3
S. Car.	3.0	.2		.7	2.7**	6.6
S. Dak.		Figures Not Available				
Tennessee	10.9	.7	0	.07	0	11.7
Texas	20.0	2.6	0	0	0	22.6
Utah	1.4	.4	0	0	0	1.8
Vermont	2.0	.2	0	0	0	2.2
Virginia	7.4	.9	.1	0	0	8.4
Washington	6.7	.8	0	0	0	7.5
West Vir.	3.7	Unk	0	0	Unk	Unk
Wisconsin	8.1	0	0	0	0	8.1
Wyoming	.14	.15	.13	0	0	.42

* Privately-donated funds matched by Federal funds.

** ARC/CETA.

*** Total state/local unmatched funds are significantly reduced by the omission of California and New York figures in this column.

**** Pennsylvania did provide percentage figures for 74-75, which showed Title IV-A as the dominant source, augmented by a sizeable proportion of unmatched state and local funds.

Explanation of columns:

Col. 1 - Title IV-A (F/S/L): funds received under Title IV-A of the Social Security Amendments for former, current and potential welfare recipients, including the federal share of 75% and the 25% state and local match.

Col. 2 - WIN: funds received specifically to care for children of parents enrolled in the Work Incentive Program; the federal share of these funds was 90%.

Col. 3 - CWS: Child Welfare Service funds, received under Title IV-B of the Social Security Amendments, for children who were in danger of neglect or abuse.

Col. 4 - S/L UNMATCHED: funds contributed or local jurisdictions which were not matched by federal dollars.

Col. 5 - Other FEDERAL: Appalachian Regional Commission funds, Vocational Rehabilitation funds, Comprehensive Employment Training Act funds, funds for day care for children of migrant workers.

Col. 6 - TOTAL: the total of all preceding columns and presumed total of all funds available for governmentally subsidized child day care, with the exception of funds deriving from AFDC which are used by clients for child care.

SOURCE: Child Day Care Management Study. Prepared for Social and Rehabilitative Service, U. S. Department of HEW, 1976 by Pacific Consultants Staff.

It is significant that Title XX was enacted to a large extent because of the pressure from states to continue federal funding for child care. Until the passage of Title XX, funds granted to states under Title IV-A and IV-B of the Social Security Act were the major source of day care support. Originally there was no limit on the amount of federal support that could be gained by matching. But in 1972, after states increased the amount of federal money spent on social services programs at a rapid rate, Congress placed a ceiling on funds of \$2.5 billion, limiting each state to a share based on its proportionate population. This meant that child care services had to compete for funds with other social services provided by the states. Yet, in 1974, approximately 1/4 of the total social services money received by states still went for child care purposes.⁵

Licensing

The states have played the major role in the area of

⁵Child Care, Data and Materials, p. 23.

licensing, although the Federal Government has provided some advisory standards. According to most licensing standards, a well-run day care center, group day care center, or family day care home must meet the physical needs of children by providing adequate space, out-door activities and well-balanced meals. Psychological needs for affection and acceptance should be met by consistent behavior on the part of the care-giver, and the intellectual needs of children should be met by stimulating and absorbing play, activities that enlarge their imaginations and curiosity.⁶

There has been some concern about the nature and effect of various state licensing requirements. License laws by their very nature must attempt to quantify standards. It is often difficult to see the relationship of this quantification effort to the quality of child care provided, e.g. standards for light are often such that readily available and low-cost housing for child care centers, such as church basements, is unacceptable. This difficulty is particularly acute when the demand for child care greatly exceeds supply. One of the results of this kind of pressure is that there is an enormous variation in licensing standards from state to state, and few compare favorably with the high standards set by the federal government (see Tables 2 and 3).

⁶Margaret O'Brien Steinfelds, Who's Minding the Children? (New York: Simon and Schuster, 1973), p. 93.

Enforcement. Enforcement of licensing standards by states faces a number of problems. There are frequently political efforts by some care-givers and parents to relax standards in order to expand supply. For licensing to be realistically enforceable, there must be a number of care-givers both willing and able to meet requirements, so that it is possible to phase out non-complying facilities over time.

TABLE 6
1974 STATE LICENSING REGULATIONS FOR CHILD CARE CENTERS
BY AGE AND NUMBER OF CHILDREN CARED FOR

State	If number of children exceeds:	If age of children is Between:	And:
Alabama	6	3	21
Alaska	6	2	16
Arizona	4	NS	16
Arkansas	NS	3	NS
California	10	2	18
Colorado	12	2½	16
Connecticut	4	4 weeks	NS
Delaware	11	NS	18
D. C.	5	NS	15
Florida	5	0	17
Georgia	6	NS	18
Hawaii	5	2	NS
Idaho	4	NS	18
Illinois	4	NS	18
Indiana	NS	6 weeks	NS
Iowa	5	2	NS
Kansas	6	2 weeks	16
Kentucky	6	NS	18
Louisiana	4	NS	17
Maine	12	2½	16
Maryland	4	2	16
Massachusetts	NS	3	7
Michigan	6	2½	18
Minnesota	5	6 weeks	13
Mississippi	5	NS	6
Missouri	6	2	17

TABLE 6-Continued

State	If number of children exceeds:		If age of children is	
			Between:	And:
Montana	6		2	12
Nebraska	7		2	16
Nevada	4		NS	18
New Hampshire	6		3	16
New Jersey	5		2	6
New Mexico	4		NS	NS
New York	6		8 weeks	15
North Carolina	5		NS	13
North Dakota	NS		3	NS
Ohio	4		NS	NS
Oklahoma	5		NS	18
Oregon	4		2	15
Pennsylvania	6		3	16
Rhode Island	2		3	14
South Carolina	NS		NS	NS
South Dakota	5		NS	14
Tennessee	12		6 weeks	17
Texas	6		NS	14
Utah	6		2	14
Vermont	11		NS	16
Virginia	9		NS	18
Washington	NS		4 weeks	NS
West Virginia	5		2	NS
Wisconsin	3		0	7
Wyoming	11		2	17

NS - Not specified.

SOURCE: Child Care, Data and Materials, staff report prepared for the use of the United States Committee on Finance, October 1974, pp. 103-119.

TABLE 7

STAFF/CHILD RATIOS FOR CHILD CARE CENTERS
UNDER STATE LICENSING REGULATIONS, 1974

State	Maximum number of children per staff if age of children is:					
	under 2	2 to 3	3 to 4	4 to 5	5 to 6	over 6
Alabama		20	20	20	20	25
Alaska	5	5	10	10	10	10
Arizona	8	10	15	20	25	25
Arkansas			12	12	12	12
California			12	12	12	12
Colorado		8	10	12	15	15
Connecticut	4	4				
Delaware	8	15	15	20	20	25
D. C.	10	10	10	10	10	
Florida	5	10	10	10	10	15
Georgia	10	10	15	18	20	25
Hawaii		10	15	20	25	25
Idaho	8	10	10	10	10	
Illinois	6	8	10	10	25	25
Iowa		6	12	15	18	25
Kansas	5	7	10	10	10	16
Kentucky	6	8	10	12	15	15
Louisiana	14	14	14	14	14	14
Maine		8	10	15	18	20
Maryland		6	10	10	13	
Massachusetts			10	10	15	
Michigan		10	10	12	20	
Minnesota	7	10	10	10	10	15
Mississippi	NS	NS	NS	NS	NS	NS
Missouri		5	10	10	15	15
Montana		8	8	10	13	13
Nebraska		5	7	7	7	12
Nevada	2	10	10	10	10	15
New Hampshire			10	15	18	20
New Jersey		8	10	12	20	
New Mexico	10	10	15	15	15	15
New York	5	5	5	7	7	10
North Carolina	8	12	15	20	25	25
North Dakota	4	4	10	10	12	12
Ohio	10	10	15	15	20	20
Oklahoma	6	8	12	15	15	20
Oregon		10	10	10	10	15
Pennsylvania			8	10	10	13
Rhode Island			10	15	25	

TABLE 7-Continued

State	Maximum number of children per staff if age of children is:					
	under 2	2 to 3	3 to 4	4 to 5	5 to 6	over 6
South Carolina	6	8	10	14	15	15
South Dakota	5	5	8	8	8	10
Tennessee	6	8	10	15	25	30
Texas	6	8	12	15	18	20
Utah		10	15	15	20	25
Vermont	4	5	10	10	10	12
Virginia	3	10	10	10	10	10
Washington	7	10	10	10	10	10
West Virginia		8	10	15	18	20
Wisconsin	4	8	10	12	16	16
Wyoming		8	10	15	20	25
HEW Recommended Guides	4	5	10	10	12	12

NB: in most instances, blanks indicate either children of that age group are not accepted, or only under special circumstances.

NS - Not specified.

SOURCE: Child Care, Data and Materials, staff report prepared for the use of the United States Senate Committee on Finance, October 1974, pp. 103-119.

In six communities surveyed by the Westinghouse Learning Corporation in 1970, it was found that licensing agencies have neither the authority, the staff or the funds to enforce standards.⁷ Complicated, contradictory and frequently over detailed and rigid requirements discourage licensing, especially of innovative programs. Changing life-styles have contributed to parents' efforts to find

⁷Westinghouse Learning Corporation, Day Care Survey, report prepared for Office of Economic Opportunity, United States Department of Health, Education and Welfare, 1971.

new ways to share child-rearing. The licensing laws passed in the early sixties were designed to prevent harm to children in day care. Today, the public is balancing that legitimate state concern against the harm done to millions of children because there are not enough regulated day care slots available, and questioning the viability of present licensing laws.

Segregated Facilities. One consequence of the inter-related problems of funding and enforcement of standards is that day care centers have a tendency to have either a preponderance of low-income and minority children whose fees are paid by public subsidy, or no such children at all. Meeting licensing standards often requires a relatively high level of cost and effort. This means that parents' fees must go up to cover these administrative costs. Parents who are not receiving public subsidy may be forced to look for a lower priced child care arrangement. This kind of de facto segregation by social and economic class of children in day care centers raises very serious questions about the quality of experience and developmental care that children in segregated facilities are receiving. This is certainly not to say that licensing standards should be dropped, but rather that licensing policy should take care not to foster segregation in day care centers.

Role of Local Governments

The major role of local governments has been, like that of the states, in setting licensing standards. Generally, these standards have to do with building codes, zoning, fire and sanitation regulations, and the like. These codes have faced the same type of criticisms as state licensing, e.g., they discourage innovative approaches to child care and are difficult to enforce.

Funding

Some communities have developed their own child care programs, building on state and federal funding, but adding municipal funds to extend services. This author has been unable to obtain a complete list of such communities, but will discuss a few of them here.

New York City. New York City has a special history of child care policy. Because New York City was not designated a "war-impact" area, it never received funds from the Lanham Act.⁸ However, active groups of parents, child care professionals and labor union representatives brought pressure to bear on public officials as early as the 1930s to support city-subsidized day nurseries.⁹ Their campaign was successful; in New York City the Department of Social

⁸See Chapter 2, *supra*.

⁹Baxandall, p. 92.

Services operates a large number of day care centers.¹⁰

New York has also had in operation for several years a project designed to recruit family day care mothers and thereby expand the supply of informal care arrangements. This program has had only limited success, due to the problem of finding suitable physical facilities and the high costs of developing a supportive system, including administration, training, and special resource personnel.¹¹

Cambridge, Massachusetts. On November 2, 1971, by an overwhelming majority of almost 3-to-2, residents of Cambridge voted in support of free, 24 hour, community-controlled child care. This vote made it the official policy of the City of Cambridge to provide child care for "all residents who feel that they have need of this service."¹²

Cambridge's child care program still faces funding problems in actually providing such service, but the principle has been established and represents a great step forward not only for the residents of Cambridge but also for the proponents of universal, free child care.

Monroe County, New York. The Division of Child

¹⁰Ibid., p. 93.

¹¹Child Care, Data and Materials, p. 13.

¹²Vicki Breitbart (ed.), The Day Care Book: The Why, What and How of Community Day Care (New York: Alfred A. Knopf, 1974), p. 105.

Welfare of Monroe County found, that by cooperation between the public assistance and child welfare divisions of the local welfare department, they could expand child care services. No new funds were made available, but new administrative procedures made it possible to extend a service originally offered only to mothers in the public assistance program to families throughout the community, on a casework determination of social need.¹³

The Evolution of Federal Child Care Goals

This section will trace the recent history of the evolution of federal child care philosophy. Four major goal areas can be discerned, each more far-reaching than the last: 1) a concern with low-income and welfare families; 2) a concern with compensatory education for disadvantaged children; 3) a concern with child care assistance for median income families; and 4) attempts to provide comprehensive child care legislation for all children of working parents.

Legislation has been passed and funded under each of the first three goals and this legislation will be presented in detail. The last goal has yet to be achieved, but legislation attempting to do so has been repeatedly proposed and these efforts will be discussed. Table 8 indicates federal

¹³Alfred Kadushin, Child Welfare Services: A Sourcebook (New York: The Macmillan Co., 1970), pp. 121-127.

child care expenditures in 1974 and 1975. Only the major programs in this table will be presented.

Because the purpose of this section is to demonstrate the expansion of federal child care policy to include more broadly defined target populations, each piece of major legislation will be discussed under goal sub-headings. At present, the most significant national legislative step toward policy that will reach the child care needs of the average working family has been the enactment of Title XX of the Social Security Amendments of 1974. This Act has a history of conflict that aptly illustrates the continuing ambivalence of many about the appropriate role of the federal government in child care policy. Because it is also the most progressive piece of child care legislation to be passed and offers the greatest potential for expansion of child care services, the story of its enactment will receive more attention than other earlier legislation.

Child Care for Low-Income & Welfare Families

Beginning in the middle 1960s there was a growing effort on the part of many government officials, policy-makers, and legislators to control the rising costs of welfare by having women on welfare go to work. In 1962 President Kennedy sent a welfare message to Congress proposing legislation for day care programs for "children of working mothers and of parents who for one reason and another cannot provide

TABLE 8

FEDERAL CHILD CARE EXPENDITURES (in millions)

Agency Program	Fiscal Year 1974	Fiscal Year 1975
Dept. of Agriculture Headstart	\$13.3	\$25.0
Dept. of HEW		
IV-A Social Services	474.3	487.6
IV-A Income Disregard	85.0	89.3
IV-A Work Incentive	45.0	47.3
IV-B Child Welfare	1.8	1.8
Head Start	392.1	430.0
Office of Education	48.9	51.3
Dept. of Housing and Urban Development		
Model Cities	14.2	6.7
Dept. of Interior	10.2	11.3
Dept. of Labor	16.3	17.6
Office of Economic Opportunity	2.4	2.4
Small Business Administration	3.8	NA
Dept. of the Treasury: IRS Child Care Deductions	<u>208.6</u>	<u>208.6</u>
Total	1,348.2	1,425.2

Based on Department of Health, Education and Welfare
 Estimate of National Child Care Funding, Fiscal Years
 1974-75, Child Care, Data and Materials, staff report pre-
 pared for the United States Finance Committee, October 1974,
 pp. 70-75.

adequate care during the day."¹⁴ The point was that people on public assistance ought to be receiving some kind of service which would help them become self-supporting. The goal of getting the family off welfare was more important than the question of the impact on the child of substitute care.

In 1962, amendments to Title IV-A of the Social Security Act were passed providing for a small authorization for child care programs. This represented the first federal financial assistance for child-care purposes since 1946, when the Lanham Act lapsed. As the costs of public assistance continued to increase, more political leaders were willing to support programs providing day care for the children of welfare mothers. However, a reluctance to encourage any but the most poverty-stricken mothers to work appeared even in the statements of such strong child care advocates as Senators Javits and Ribicoff.¹⁵

In the following years a number of national programs on child care were enacted, but the case for publicly supported child care continued to be tied to the low-income mother. In each case the publicly stated objective was to enable part of the welfare population to work, not to improve child development.

¹⁴ Gilbert Steiner, The Children's Cause (Washington, D. C.: The Brookings Institute, 1976), p. 21.

¹⁵ Steiner, p. 22.

Title IV-A, Social Security Act. Legislation in 1962

provided for 75 percent federal matching funds to states for social services, including child care services for current, former, and potential welfare recipients to be purchased through the state welfare agency. In 1967, an amendment extended the conditions under which this authority could be used to purchase child care services from sources other than the welfare agency itself. Care is most often purchased from private providers of day care or under contract with an agency other than the welfare agency, although in some states care may be provided by the agency. A child may receive care in an institutional day care center or in a family day care home, so long as the care meets federal standards regarding quality (see Table 4).¹⁶

Originally there was no limit on the amount of federal support that could be gained by matching funds.

In practice, the quality of care provided and the cost of care provided vary widely from state to state. There is little monitoring by the federal government to insure that requirements have in fact been met. Service is generally provided to eligible recipients at no cost, although some states have sliding scale fees.

A further provision in the 1967 Amendments had to do with welfare applicants. No direct subsidy is provided to

¹⁶Child Care, Data and Materials, pp. 22-23.

TABLE 9

FEDERAL STANDARDS ON CHILD/STAFF RATIOS
BY TYPE OF CHILD CARE ARRANGEMENT AND
AGE OF CHILD

Family Day Care Home:	Infancy through children 6 years of age: no more than 2 children under the age of 2 and no more than 5 in total, including the family day care provider's own children under 14.
Group Day Care Home:	Children aged three through 14: no more than 12 children with child-staff ratio not to exceed 6 children to 1 adult.
Day Care Centers:	<p>Children aged 3 to 14 years: no more than 15 in a group with child-staff ratio not to exceed 5 children to 1 adult, under normal conditions.</p> <p>Children aged 4 to 6 years: no more than 20 in a group with ratio of children to adults not to exceed 7 to 1, under normal conditions.</p> <p>Children aged 6 through 14: no more than 25 in a group with child-staff ratio not to exceed 10 children to 1 adult, under normal conditions.</p>

SOURCE: Code of Federal Regulations, Title 45, Subtitle A, Part 71, Federal Interagency Day Care Requirements, Subpart B, Section 71.11, Grouping of Children.

parents or child care providers through this legislation, but provisions are made to benefit low-income families applying for welfare. In determining eligibility for Aid to Families with Dependent Children, states must deduct the parental cost of child care arrangements in assessing income.

Work Incentive Program. The Social Security Amendments of 1967 also authorized federal aid for child care for single parents enrolled in job training under Title IV-C's Work Incentive Program. Mothers receiving Aid to Families with Dependent Children who have no pre-school age children are required to register for manpower services, training and employment. Mothers with pre-school children may register voluntarily. Aid is provided without limit on a matching basis of 90 percent federal money to 10 percent state money. The provision of child care is incidental to the program's main purpose, that of preparing welfare recipients for economic self-sufficiency. The Work Incentive Program has received severe criticism because of the inability of many trainees to obtain employment even after completing the program. Median hourly earnings for females who graduated the Work Incentive Program through September 1971, were below \$2.00 an hour.¹⁷ As a result, WIN earnings seldom enabled female graduates to leave public assistance, although in some cases they were able to combine working and welfare.

Model Cities Program. Under Title I of the Demonstration Cities and Metropolitan Development Act of 1966 part of the funds made available to local model cities agencies could be used to establish community child care

¹⁷ Martin Rein, "The Welfare Crisis," Inequality and Justice, ed. Lee Rainwater (Chicago: Aldine Publishing Co., 1974), pp. 90-91.

centers as part of a community development program. Frequently the only eligibility requirement to receive child care services was residence in a model cities area.

Curtailement of Funds. While federal legislation continued to tie the rationale for child care services to efforts to decrease the costs of welfare, the states took advantage of loosely enforced standards and definitions of eligibility to greatly extend their provision of services under Title IV-A. Both the range of social services and eligibility standards to include the working poor were expanded by states. Federal expenditures in social services matching programs increased from 235 million dollars in fiscal year 1967 to 1.75 billion dollars in 1972.¹⁸ Administration officials claimed that the states' administration of social services programs had been allowed to finance a broad range of services without much regard for whether services were restricted to public assistance recipients or whether services were designed to make welfare families economically independent, thus violating the intent of the legislation.¹⁹

In 1972, Congress placed a ceiling on funds of

¹⁸Social Services Regulations Hearings, statement of Caspar Weinberger, Secretary of the Department of Health, Education and Welfare, Committee on Finance, United States Senate, 1973, p. 6.

¹⁹Ibid., p. 88.

\$2.5 billion, limiting each state to a share based on its proportionate population. This ceiling meant that child care services had to compete for funds with other social services provided by the states.

Compensatory Education

A major step forward in focusing on the value of child care to children themselves, rather than the value to the state in minimizing the long-range costs of welfare, was taken in the 1960s with the acknowledgment that benefits could accrue to children in a well-designed developmental child care program. The emphasis was on so-called disadvantaged children, generally interpreted to mean children from low-income families, so programs were still tied to traditional welfare goals. It was felt that disadvantaged children had special needs for pre-school education in order to compete favorably with their middle-class peers when they reached school age.

This concept was in part a result of studies which gave early childhood education a previously unknown respectability and justification. But the knowledge provided by these studies would have had no appropriate vehicle for public policy without the war on poverty. "The pre-existence of the antipoverty program provided the environment for creating programs for compensatory education."²⁰ The idea

²⁰Steiner, p. 28.

was that the child of poverty-stricken parents is handicapped even before he begins school. Since education is the primary method for gaining upward mobility in this society such children had to receive special attention if they were to have equal opportunity in later years.

Head Start. The beginning of Head Start under the Economic Opportunity Act of 1964 did much to popularize the importance of early childhood learning. Head Start was extremely popular in contrast with some of the other programs administered by the Office of Equal Opportunity (it is now under the Office of Child Development of the Department of Health, Education and Welfare). Instead of the original enrollment of 100,000 planned by OEO for 1965, 561,359 children were enrolled in 11,068 centers across the country.²¹

Federal funding provides up to 80% of the cost of programs. Grants may be given to either public or private nonprofit agencies; most are given to local community action agencies. Ninety percent of enrollees are required to be from poverty-level families, and 10 percent must be handicapped.

That Head Start did much to legitimize the use of out-of-the-home care for children is seen by reference to a recent trend toward more full-year, full-day Head Start programs serving the needs of working mothers as well as the needs

²¹Steiner, pp. 29-30.

of children. In fiscal year 1973 there were 118,347 children in full-year, full-day Head Start Programs, at a Federal cost of \$123.2 million.²²

Title I of the Elementary and Secondary Education Act of 1965. This legislation makes funds available for child care or pre-school programs designed to provide compensatory education for educationally deprived children living in low income areas, as well as special assistance to handicapped, neglected or migrant children.

Disillusionment. A Westinghouse Learning Corporation study of Head Start in 1969 concluded that the cognitive gains anticipated by its developers were not lasting.²³ It was found that although the program had significant initial effects on cognitive development that this effect dissipated over the first few years of formal schooling, leaving enrollees in much the same disadvantaged position as their control group who had not attended Head Start.

Later studies have criticized the methodology used by Westinghouse and suggested that although across the board statistics might tend to devalue the effect of Head Start that the impact of participation in a Head Start

²²Child Care, Data and Materials, p. 25.

²³Westinghouse Learning Corp., "The Impact of Head Start: An Evaluation of the Effects of Head Start on Children's Cognitive and Affective Development," (Ohio University, 1969), p. 5.

program is not constant across all program sites.²⁴

Response to the Westinghouse study in policy circles was mixed. Head Start remained popular among its participants and local communities and acceptable to Congress. However, it was enough to transform a planned strong endorsement of Head Start by President Nixon into an ambiguous endorsement.²⁵

Child Care for Median-Income Families

The most striking evidence that there has been a change in public attitudes about child care is the stormy history of the passage of Title XX of the Social Security Amendments to the Social Security Act of 1974.

Proponents of publicly supported child care for middle-income families point out that many families have financial difficulty in obtaining quality care for their children when it is economically necessary for the mother to work, either because she is the head of the household or because the husband's income is so low that the family cannot support itself without the wife's income. The focus of concern is the family in which the mother's decision to work is not for vague desires for self-fulfillment, but

²⁴Richard Light and Paul Smith, "Choosing a Future: Strategies for Designing and Evaluating New Programs," Harvard Education Review 40 (Winter 1970):1-28.

²⁵Steiner, p. 13.

rather through clear economic need.

Those who advocate the expansion of target populations for child care policy to include above poverty-level families stress the need for supportive services, such as information and referral systems and staff training programs, in addition to direct subsidy payments. They believe that subsidy should be based on the ability to pay and have no objection to sliding scale fees. Increasingly, the climate of public opinion is favorable to such views.

This is due to some extent to the relative success of the child care programs carried out during the 1960s. They have provided a base of information about such diverse considerations as cost, administration, staffing and cognitive and psychological impacts of group care on young children. This information has served to draw more child care professionals to the side of day care proponents and helped to create a climate of public opinion more accepting of the concept of substitute care.

In strictly economic terms, the need for child care is greatest among single-parent families and in two-parent working class families. Present child care policy does not begin to meet these needs, or even directly address itself to them. There are many families where both parents work because they want to and who could and would pay for quality day care if it were available. Thus, child care policy directed towards median-income families may be thought of

as a vehicle for broadening the range of family choices rather than an instrument to be feared because it will intervene with normal parent-child relationships.

Title XX, Social Security Act, 1974

In 1973, the Department of Health, Education and Welfare, under its legislative authority to define the scope of social services, proposed new regulations. Briefly, these proposed regulations would have changed the basic nature of the federal social services program by greatly curtailing the types of services which could be provided as well as restricting eligibility for services. HEW received more than 200,000 protests on the new regulations, and Congress twice postponed their effective date.²⁶ The consequence of this out-pouring of protest was an unprecedented series of negotiations and compromises between governmental agencies and interest groups which resulted in a new piece of legislation--Title XX.

Proposed Social Services Regulations, 1973.

Social services legislation prior to 1972 included no definition of social services. The Secretary of Health, Education and Welfare was given specific authority to limit the contracting authority for social services and to limit the extent of services to potential (as opposed

²⁶National Journal Reports (December 7, 1974), p. 1840.

to actual) welfare recipients.

HEW regulations prior to 1973 relevant to child care required states to provide child care to enable persons to achieve employment and self-sufficiency. Child care services could be provided to persons formerly on welfare, or likely to become dependent on welfare within 5 years, as well as to current recipients of welfare. Potential welfare recipients were to be subjected only to an income test, with no examination of assets.

On February 16, 1973, the Department of Health, Education and Welfare, in response to increased state spending on social services, published a notice of proposed rule-making with respect to social services under the Social Security Act. These regulations, which were never enacted, are described below. The comparison of these regulations with ones previously in effect indicates why they encountered so much opposition.

1. Eligibility of Services. Social services were still to be provided to former and potential welfare recipients; however, the definition of former and potential were much narrower than previously. Former recipients had to receive services initially no longer than 3 months after the termination of their welfare assistance, as opposed to a prior standard of two years. Former regulations permitting services to be made available to individuals likely to become welfare recipients within 5 years were changed to limit the

time period to 6 months, and provided that the potential recipient's income could be no larger than 150 percent of the state's cash assistance payment standards. Some provision was made for income-related fees for child care services for potential recipients whose income exceeded the 150 percent standard but did not exceed it by more than 233 1/3 percent. In addition, the new regulations eliminated the former provision that permitted eligibility to be established on a group, as opposed to an individual basis, e.g., residence in a low-income neighborhood. Finally, former and potential recipients had to meet the same assets test as they would if they were applying for welfare.

2. Scope of Services. The new regulations shifted from a former emphasis on a mandatory services which states were required to offer to a limitation on the number of services which they could offer. Eighteen specifically defined services were stated, and only a few were required. Services for mentally retarded individuals, drug addicts and alcoholics were not specifically included in the list of 18 services, but could be offered under certain limitations, e.g., child day care services for eligible mentally retarded children.

3. Procedural Provisions. Administrative requirements imposed upon the states having to do with advisory committees and recipient participation were dropped. A fair hearing procedure was also eliminated. More frequent

review of the effectiveness of services provided was required, and purchase of service contracts had to be in writing and subject to HEW approval.

4. Refinancing of Service. Purchase of service contracts from agencies other than the state welfare department could no longer receive federal matching funds, to the extent that the services thus provided were being provided without federal funds as of fiscal year 1972. This provision was temporary and would cease to apply after July 1, 1976.

5. Donated Private Funds. The new regulations left unchanged previous requirements concerning the State's use of donated private funds to meet its matching share of services costs. Basically, these requirements allow the private donor to specify the type of service and the community in which the service will be provided, but do not permit it to designate the agency which will provide the service.

An example of the protesting communications regarding the proposed regulations follows:

Dear Mr. Chairman,

We want to indicate our concern about the revised regulations for the social services program issued by the Department of Health, Education and Welfare on May 1.

After reviewing these latest regulations together with the earlier version published on February 16, it appears to us that HEW has lost sight of the original objective of the social services program - the prevention of welfare dependency.

The new regulations, in effect, convert social services from a program intended to keep people off welfare to one which is targeted almost exclusively on welfare recipients.

In some areas, the regulations are actually counterproductive. Welfare dependency, in fact, will be encouraged rather than discouraged. A good case in point is the new income eligibility standards. The May 1 regulations state that with the exception of day care, potential welfare recipients will be eligible for services only if their gross income does not exceed 150 percent of their State's welfare payment standard. This means that in every state, many welfare recipients with outside earnings will be eligible for services while nonrecipients at the same income level will be ineligible. The accompanying chart documents this point.

Clearly, HEW will have difficulty justifying an arrangement in which a nonrecipient finds that he cannot qualify for free day care service, for example, while his welfare recipient neighbor with an equal if not higher income can obtain the free service.

What HEW is really telling people through these new regulations is that you can do much better for yourself if you stay on welfare so why bother trying to make it on your own.

The new assets requirement will also tend to discourage economic independence. Under the revised regulations, potential recipients will have to meet the same assets test used for cash assistance recipients. In most states, this means that low income homeowners, farmers and people with modest savings will be effectively cut off from the program. Here again, we will be penalizing those people who are struggling to maintain their self-sufficiency at poverty level incomes.

We are also concerned about the extremely restrictive definition of services eligible for Federal reimbursement. Funding will be cut off for a wide range of programs, including education, mental health, medical treatment, and nutritional services.

A number of states have used social service funds to establish drug treatment and alcoholism

control centers. By treating an individual's drug problem, a community agency is doing much to keep this person off the welfare rolls. Yet, drug treatment programs will no longer be fundable under the new regulations.

Many older people have maintained their independence and avoided institutionalization with the aid of programs such as "meals on wheels." But many of these efforts, as well, will now be terminated as a result of the new regulations.

These new federally imposed restrictions run counter to efforts underway throughout the Federal Government to give states more flexibility in dealing with their own locally identified needs. For some reason, the objectives of the New Federalism have been abandoned when it comes to social services.

Clearly, additional revisions of the May 1 regulations are necessary if the social service program is to meet the major goal laid out for it by Congress--the prevention of welfare dependency. If the necessary adjustments are not made on an administrative level, we urge the Finance Committee to consider legislative action to deal with the concerns we have just outlined.

We would appreciate having this letter made part of your committee's official hearing record on social service regulations.

With best wishes.

Sincerely,

Ogden R. Reid
Donald M. Fraser
(plus 79 other co-signers,
all members of the U. S.²⁷
House of Representative)

²⁷ Hearings on Social Services Regulations, United States Senate, Committee on Finance (May 16, 1974), p. 259.

Negotiations over new legislation. The Department of Health, Education and Welfare dropped their attempt to establish tight federal control over federal funding of social services through regulations in favor of an attempt to influence new legislation. State governors, state and local public welfare and social services agencies, local and county governments, a number of interested national legislators, Administration personnel and private social service organizations hashed out a piece of compromise legislation, later enacted as the Social Services Amendments of 1974 (Title XX of the Social Security Act).

The three major areas of controversy in the negotiations over this legislation were: 1) the extent to which states were to have autonomy in planning social service programs; 2) the income eligibility requirements of individuals to receive social services; and 3) standards for day care.

Despite much trepidation by concerned social service organizations that states would not be responsive to the needs of potential social service clients and the fear of some local governments that they would not have adequate input into the state's social services planning process, the compromise legislation placed virtually all responsibility on the states. States were required to report their use of federal social services funds to HEW and to maintain program efforts at existing levels. HEW was empowered to

terminate payments or reduce them by three percent if states did not meet these requirements.

States were further required to submit their plans for social services programs to HEW. Such plans had to be established in a manner which gave citizens an opportunity to comment. If appropriate procedures were not followed, HEW was given the power to terminate payment. As a followup measure states were further required to publish reports indicating the extent to which their plans were carried out, within three months of the completion of each fiscal year. Federal oversight of state plans was basically limited to procedural and income eligibility requirements. HEW was specifically barred from denying payments on the grounds that certain programs were not directed to the specified goals.

Income eligibility standards provided for two methods of assessing recipients of social security for the cost of such services. Fifty percent of state expenditures were to be used to provide service to welfare recipients, with families with incomes less than 80 percent of either the state median income for a family of four or the national median, whichever is lower, receiving free service. Families with incomes up to 115 percent of the state median income can receive services if they pay income-related, sliding-scale fees for them. This approach represents the first national legislative step away from the concept that

only poverty-level families should receive social services and was stoutly resisted by the Administration.²⁸

Provisions of Title XX. In January 1976, President Ford signed the Social Security Amendments of 1974, adding Title XX to the Social Security Act, with an effective date of October 1, 1975 for the new guidelines.

The new legislation authorized federal payments to the states for provision of social services directed toward the goals of:

1. Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency
2. Achieving or maintaining self-sufficiency including reduction or prevention of dependency
3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care
5. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

States are required to offer at least one service directed at each of these goals. The goals are sufficiently

²⁸Congressional Quarterly (Jan. 11, 1975), p. 95.

inclusive and vague that any number of programs may be determined by the state to fall within any particular goal category. Day care, for example, has been included in all goal categories except the last one, institutional care.²⁹

State responsibility. In effect, this bill put federal assistance to social services programs on a special revenue-sharing basis. States would generally receive federal payments on three-to-one matching basis for providing whatever services they felt were needed, within certain limits.

It is too soon to tell what states will do with this freedom of choice, although first indications are that most efforts are directed toward maintaining programs which were already on-going at the time of the new funding rather than the initiation of new programs. "Allocation of funds typically paralleled previous programs and service expenditures."³⁰ This is probably due to the fact that appropriation levels have remained low.

In the annual plans which states are required to submit under Title XX they have not thus far prepared any

²⁹Final Comprehensive Social Services Plan for State of Wisconsin, prepared by State of Wisconsin Department of Health and Social Services, 1975.

³⁰The Research Group, Inc., State Experiences in Social Services Planning: Eight Case Studies on Social Services Planning in Response to Title XX of the Social Security Act (Atlanta, Georgia, 1976), p. 64.

statement of state goals in addition to the national goals specified in the bill, but simply "plug in" programs into appropriate national goal categories.³¹ This practice may be due to the time limits that states have been working under in preparing their plans.

Section 228.31 of the Title XX Regulations requires that state plans must be based on an assessment of the needs of the people of the state. That section reads:

(a) The services plan shall describe how the needs of all residents of, and all geographic areas in the state were taken into account in developing the services plan. The description of the needs assessment process shall include at least the following:

1. Data sources used (or to be used);
2. Public and private organizations consulted (or to be consulted);
3. The manner in which the results of the needs assessment were utilized in development of the service plan.

Because of time restrictions,³² few states attempted a formal needs assessment in the preparation of their first year plans. In addition, there was some confusion about what constituted a formal needs assessment. It was recognized that a needs assessment methodology and approach was necessary as a key component in the overall planning system, but most states took advantage of the

³¹Ibid., p. 41.

³²HEW regulations governing plan preparations were published June 27, 1975. State plans had to be in effect by October 1, 1975.

waiver possible under Federal guidelines and postponed their attention to developing needs assessments to the second year planning cycle.³³

A study of the experience of eight states in conducting needs assessments in the preparation of their planning document found that ten techniques were used, with varying degrees of popularity:

1. All eight states consulted with state human services agencies, including the agency charged with preparation of the plan

2. Seven states formed advisory councils or consulted with key state and local experts

3. Six states reviewed previous needs surveys and plans and held public meetings

4. Four states consulted regional and local public services providers, and analyzed management information and budgets as well as secondary data and social indicators

5. Three states consulted private state and local service providers and clients and consumers

6. Two states made provisions for input from the general population³⁴

Estimates of the distribution of Title XX Social Services expenditures by the type of service made by HEW

³³Ibid., p. 18.

³⁴Ibid., p. 20.

based on state plans submitted for fiscal year 1976 show the following patterns: 33 percent of funds to be used for services to alcohol and drug abusers, health and mental health services, adoption, emergency shelter and services to the developmentally disabled and blind; 25 percent for day care services for children; 20 percent for information and referral, protective services for both children and adults; 12 percent for home based services; three percent for family planning; two percent each for transportation services, day care services for adults and legal services; and one percent for congregate/home delivered meals.³⁵

Title XX directed HEW to withhold child care payments from states that did not meet the 1968 Federal Interagency Staffing Standards (see Table 1) by October 1, 1975. Since that time the effective date of the standards has been repeatedly postponed in the face of conflicting opposition.

One view holds that the standards are arbitrary, costly and not demonstrably related to quality child care. The proponents of this view generally feel that, given the lack of hard data supporting the benefits of particular child-staff ratios and the possibility of driving up child care costs, federal standards should not be imposed until

³⁵Social Services Proposals, prepared by the staff for the use of the Committee on Finance, United States Senate (Washington, D. C.: U. S. Government Printing Office, 1976), p. 31.

HEW has completed a study of their appropriateness.

Another view maintains that the standards are appropriate, but points to the cost problem involved in meeting the standards. Their solution is to maintain standards, but provide additional monies to the states to meet these costs. The Administration suggests a compromise, allowing states who are making "good faith" efforts to comply with staffing standards to continue to receive payments. This compromise seems to please no one, its implication being that in actual practice staffing standards would be given only lip-service.³⁶

In Section 2002.(a)(9)(B) of Title XX, the Secretary of Health, Education and Welfare is required to submit to the President of the Senate and the Speaker of the House of Representatives an evaluation of the appropriateness of day care staffing standards by July 1, 1977. Ninety days after the submission of such report, the Secretary may by regulation make such modifications in day care staffing requirements incorporated into Title XX as he determines to be appropriate. Whether this will settle the issue or raise a new flurry of protest remains to be seen.

Tax Breaks

Indirect tax subsidies for child care meet the demands of child care opponents that parents retain

³⁶Congressional Quarterly (December 6, 1975), pp. 2636-2638.

complete control over the type of child care their children receive and also provides some relief for middle income families. Existing law allows parents to deduct some work-related child care expenses from taxable income when they itemize deductions. The deduction is limited to a maximum of \$400 per month for three or more children, and both parents must be employed at least three-fourths time.

In September 1976, a House-Senate conference committee approved a major expansion of child care tax deductions. The new provision, if signed into law, will allow all working parents who must pay child care expenses for children under the age of fifteen to claim an annual tax credit of 20 percent of their actual child care expenses up to a maximum of \$2,000 for one child and \$4,000 for two or more. This credit would be available to all income levels and would not require itemizing deductions. It is estimated that this proposal will double the number of families eligible for child care tax deductions from two million to four million.³⁷ Passage is likely.

Comprehensive Approaches to Child Care

Despite the easing of income eligibility standards for child care services through Title XX, the 1972 annual limit of \$2.5 billion on social services funding still stands. Thus, in actual practice most of the money for

³⁷ New York Times, September 9, 1976.

child care still goes to families well below the median income.³⁸ A number of efforts have been made to separate child care services from other social services and provide a comprehensive approach.

Comprehensive Child Development Act of 1971. In 1971, a bill calling for two billion dollars for fiscal year 1972 to plan, develop and operate comprehensive physical and mental health, social and cognitive development services necessary for children participating in developmental child care programs was introduced in the United States Senate. After a series of compromises in a Senate-House Conference Committee, the Comprehensive Child Development Act finally passed on December 6, 1971. The expansion of child care services begun in the 1960s, the relative success of programs such as Head Start, the growing support of child development researchers and a favorable public climate all seemed to indicate the appropriate timing for such a bill.

In 1969, for example, when announcing the Manpower Training Act, President Nixon stated that "There is no single ideal to which this Administration is more firmly committed than to the enriching of a child's first five years of life, and thus helping the poor out of misery

³⁸Testimony by Patricia Maltz, Chairperson, Minnesota Licensed Family Child Care Association, before Joint Hearings on the Child and Family Services Act, 1975.

at a time when a lift can help the most." In that same year, Nixon called for a "national commitment to providing all American children an opportunity for healthful and stimulating development during the first five years of life."³⁹

Yet, in 1971 President Nixon vetoed the Comprehensive Child Development Act, saying: "For the Federal Government to plunge headlong financially into supporting child development would commit the vast moral authority of the National Government to the side of communal approaches to child-rearing over against the family-centered approach."⁴⁰

This veto struck a blow to proponents of comprehensive child care policy from which they have yet to recover. A variety of explanations have been offered for Nixon's about-face, the most persuasive of which seems to be Gilbert Steiner's suggestion that an already conservative President was offered a ready excuse by reports indicating that Head Start programs had not fulfilled their promise of promoting childhood development.⁴¹

The contrast between Nixon's veto message of the Comprehensive Child Development Act with its strong support of traditional in-home maternal child care and his prior

³⁹"Message on Reorganization of the War on Poverty," Congressional Quarterly Almanac (1969), p. 34-A

⁴⁰New York Times, December 11, 1971, p. 20, col. 3.

⁴¹Steiner, pp. 33-35.

statements regarding the benefits of substitute care for the children of welfare mothers implied to many that some kind of "double standard" was operating in national child care policy. Programs aimed at child care for the economically disadvantaged seemed to assume that those children could receive adequate care outside their own homes in direct conflict with assumptions that middle class children were best cared for in their own homes. The implicit assumption that the quality of care that a child receives in his home is dependent on the financial standing of that child's family, particularly if the family is receiving or may potentially receive welfare payments, certainly raises the question of whether it is justified to assume that simply because families have financial problems they also have child rearing problems.

Child and Family Services Act of 1975. This piece of proposed legislation represents a continuing attempt to get the basic provisions of the Comprehensive Child Development Act passed into law. A number of changes have been made to deal with the fear expressed by many that the national government is getting too heavily involved in child rearing.

The bill specifically acknowledges the problems that single and working parents face in obtaining adequate substitute care for their children and emphasizes its intent to strengthen family life through a "partnership"

of parents, federal, state and local governments and private agencies. The title change to include "family," and the switch from the use of the word "development" to "services" reflect an attempt to dress up the bill to make it more acceptable to critics. The changes are primarily symbolic, but not merely cosmetic.

Care has been taken to reassure the public that participation in any program would be voluntary, and provisions are made for parental participation. The bill states that no interference with "the moral and legal rights and responsibilities of parents" will be allowed. The following is a quote from the Statement of Findings and Purpose in Section 2 of the bill.

- (a) The Congress finds that -
 - (1) the family is the primary and the most fundamental influence on children;
 - (2) child and family service programs must build upon and strengthen the role of the family and must be provided on a voluntary basis only to children whose parents or legal guardians request such services, with a view toward offering families the options they believe to be most appropriate for their particular needs;
 - (3) although there have been increased services for children of working mothers and single parents and although Headstart and similar programs have provided supplemental educational and other services for children, such services have not been made available to families to the extent that parents consider necessary; there are many parents who are working full or part time without adequate arrangements for their children, and there are many children whose families lack sufficient resources to obtain adequate health, nutritional, educational and other services;
 - (4) it is essential that the planning and operation of programs be undertaken as a partnership of

parents, community, private agencies, and State and local government with appropriate supportive assistance from the Federal Government.

- (b) It is the purpose of this Act to provide a variety of quality child and family services in order to assist parents who request such services, with priority to those pre-school children and families with the greatest need, in a manner designed to strengthen family life and to insure decision-making at the community level, with direct participation of the parents of the children served and other individuals and organizations in the community interested in child and family service (making the best possible use of public and private resources), through a partnership of parents, State and local government, and the Federal Government, building upon the experience and success of Headstart and other existing programs.

More specific provisions of this bill are referred to in Chapter 4 (Unresolved Issues and Conflicts). The Child and Family Services Act never emerged from committee, although joint hearings were held in both 1974 and 1975. Its failure to emerge from committee is no doubt due to the recognition by its sponsors of major obstacles to its passage, despite widespread support by women's, labor, educational and religious groups. To date, the primary obstacle has been lack of executive support. The success of the Carter-Mondale ticket in the 1976 presidential elections may conceivably hasten its enactment, since it carried one of the major supporters of comprehensive child care into the office of Vice-President. It is also possible, however, that if states take advantage of Title XX to design their own comprehensive child care systems that much of the impetus for a comprehensive national child care policy may be lost.

Summary

Despite the failure of comprehensive child care legislation to be enacted, the history of child care policy in the last 15 years indicates significant progress. There is a clear movement away from the tie-in of child care goals with welfare goals. There is a growth of support for child care from both public and private groups. There is increasing evidence that child care provided by care-givers other than the mother need not be detrimental to the child's development. The collection of this evidence was made possible by programs in the 1960s which emphasized the developmental gains which children could obtain in well designed child care programs. This evidence has helped to alleviate public concern over the welfare of children in substitute care. The increase in working mothers who use child care has provided a base of support for expanded public policy on child care; and state, local and federal governments have been responsive to these expressed needs. Title XX offers a unique opportunity for states to continue their already well-established concern with the child care needs of working parents and to design their own programs. Questions about how such programs should be designed are still unresolved and will serve as the focus for the next chapter.

CHAPTER 4

UNRESOLVED ISSUES AND CONFLICTS

The field of child care abounds with philosophical differences. Legislation, both proposed and enacted, reflects these differences. Experts in the child care field are far from unanimous in their recommendations regarding child care and its virtues. Major questions about the goals and purposes of child care programs remain, despite the enormous commitment of public funds. Yet, under Title XX of the Social Security Act, states have been charged with designing plans for the delivery of social services, including child care. National legislation has established guides on income eligibility and levels of spending, but a variety of issues must still be dealt with.

This chapter shall seek to address very specifically those issues central to the design of child care delivery systems: 1) should public policy promote formal or informal child care arrangements? 2) what kinds and levels of support services should be provided? 3) what agencies should be designated prime sponsors? 4) what kinds of requirements

for training and education should be imposed on child care personnel? and 5) what type and degree of parental participation should be provided for in decision-making on child care?

As this discussion develops, it will become clear the major issues revolve around the central question of how care is to be allocated between formal and informal arrangements. Thus, this chapter will both begin and end with an examination of the advantages and disadvantages of formal and informal care.

Formal Versus Informal Child Care Arrangements

One of the most inflammatory and political questions in the child care field has to do with the issue of what type of child care arrangement is most suitable for young children. To a great extent all other issues revolve around this central question. Discussion centers on whether unlicensed, entirely informal, private arrangements are less likely to provide quality care than those involving licensed, institutional day care centers with a professional staff and a formal structured program.

Little is known about the quality of care that children receive in informal arrangements; even less is known about the numbers of children receiving such care. Some children are being taken care of, without pay, by neighbors, relatives and friends. Others may be receiving

no care at all. Neither of these two groups can, or perhaps even should be, reached by conventional licensing and regulating procedures. However, a significant percentage of children in informal arrangements are in family or group day care homes which could be (although they rarely are) regulated by public policy. The central question to be considered is whether such care is to be encouraged and supported by policy designed to upgrade the developmental quality of informal child care, or whether it should be phased out in favor of more formal and developmental day care services.

If present usage patterns are any indication of parental preference, it would appear that most parents prefer family or group day care homes to day care centers. One way of determining if this expressed usage is in line with what parents might choose if other options were more readily available is to weigh the available evidence on the relative merits of formal and informal care.

Cost

According to some estimates creating day care center spaces for the six million pre-school children of working mothers would cost a minimum of 9.6 billion dollars.¹

Erika Streuer, "Current Legislative Proposals and Public Policy Questions for Child Care," Child Care-Who Cares? ed. Pamela Roby (New York: Basic Books, 1972), p. 87.

Given the present \$2.5 billion ceiling on all social services funding, it seems highly unlikely that such a sum will be forthcoming. One distinct advantage of family day care arrangements is their relatively low cost. In informal arrangements parent fees are much lower as care is provided in already existing homes and yards. In fact, family day care providers can hardly be in business for the money, as the average wage per child-hour, after allowing for overhead, is only about 30 cents.²

Of course, unlike staff members in day care centers, family day care mothers offer care in their own homes; they may attend to household duties and the care of their own children while supervising the other children in their care. Assuming that the family care provided is of sufficiently high quality, it seems much more efficient for the community to assign the care of other families' children to those mothers who have elected to remain at home. Certainly, insofar as parents who pay the costs of child care themselves are concerned, the relatively low cost of informal arrangements is a decided factor in their choice of child care. Indeed, for many low-income working families, it may be the deciding factor.

²Child and Family Services Act, Joint hearings before the United States Senate Committee on Labor and Public Welfare and the United States House of Representatives Committee on Education and Labor (Washington, D.C.: U.S. Government Printing Office, 1975), p. 857.

Convenience

Besides being relatively inexpensive, family day care can offer parents advantages in terms of location and availability. Most family day care homes can offer children care within their own neighborhoods and school districts. School age children receiving before and/or after school care can walk to and from the day care home and school. Pre-school children can be conveniently delivered to neighborhood family day care homes by parents on their way to work and just as readily retrieved on their way home. Both pre-schoolers and school age children can maintain their friendships with other similarly aged children in their own neighborhoods.

In contrast, day care centers are more likely to be centrally located, and local zoning laws frequently do not permit their operation in residential areas. Day care centers are, however, more likely to be situated on public transportation routes and along main thoroughfares used for travel to and from work. For parents who prefer this type of location, day care centers may be more convenient. It is not uncommon for day care centers in one area to have waiting lists while others in less convenient, less attractive locations have vacancies. This trend suggests that location can be a prime factor in the success of any given child care venture. Overall, family day care homes are more likely to offer greater convenience of location.

Family day care homes generally offer greater convenience to parents in terms of hours of operation. Parents working weekends or odd hours are often not able to leave their children in day care centers, even when they prefer to do so, because most centers gear their hours of operation to the needs of the majority of people who work a standard 8-to-5 day and a 40-hour week. Financial considerations, no doubt, dictate this policy. On the other hand, family day care, which has a minimum overhead, can accept children on a more flexible basis. Children can be left overnight and weekends while parents are working, and, in many cases, while parents are pursuing leisure time activities. Thus, the family day care mother may also serve as a part-time baby sitter in addition to providing regular daily care. Not only does this practice afford the children continuity of substitute care, but it is also a distinct convenience for parents who would otherwise have to rely on an often hit-or-miss system of locating qualified sitters for an occasional evening out. It is a rare day care center that permits parents to use its facilities on a "drop-in" basis. Their methods of operation require that they be able to predict more or less accurately the given number of children that will need care at any given time.

Special Needs

Family day care homes are usually more flexible

than day care centers in their policies about sick children. Most day care centers refuse to accept even a mildly ill child. Many family day care providers readily accept the mildly ill child and may even accept more seriously ill children, depending on the private arrangements that may have been settled on between the parents and the family day care mother. Again, this is largely a function of different methods of operation. Day care centers care for far more children than family day care homes. They must be concerned with the possibility of spreading illness to healthy children. In addition, the ill child requires more attention and special care, disrupting the routine for other, healthy children. This is a lesser problem for the family day care mother insofar as she has fewer children to care for and a more flexible routine.

The advantages of family day care homes are even more pronounced with children who require special attention on a daily basis. This need may be due to physical, mental or emotional handicaps. Although some centers, particularly those model developmental centers receiving federal support, attempt to provide programs that can meet the specialized needs of such children, they are few in number. The costs involved in the administering of such programs are often prohibitive, as are the requirements for professionally trained staff. If the parents of handicapped children are fortunate enough to find the right

day care mother, one who is loving and concerned about their particular child, not only is the cost likely to be less, but they may have more input into the nature of the care that their child will receive. In the case of severely handicapped children, of course, professional care may be necessary whatever the cost.

It is generally acknowledged that very young children, primarily those under three years of age, are most appropriately cared for in the more individualized, homelike atmosphere of family day care. Some parents, and experts, feel that such an atmosphere is best for most children of pre-school age.

There seems little doubt that a formal, organized program for developmental child care can provide a range of services and variety of stimulating experiences that would be difficult to provide in a family home. Disadvantaged children have been presumed to need such care after, if not before, the age of three. What about the non-disadvantaged 3 to 5 year old? Audrey Nayler maintains that the average 3 or 4 year old "has interests which even a devoted, conscientious mother ... may not have the time or skill to help him with as well as could a good nurse school or day care staff."³ Still, probably because of the expense involved in providing center care, there is a great deal of support for the use of more informal

³Audrey Nayler, "A Position Paper on Day Care," Joint Hearings on Child and Family Services Act, 1975, p. 345.

arrangements for the 3 to 5 year old group.⁴

When there are a number of siblings of different ages in one family, parents may prefer to place them all with the same care-giver, either for the sake of convenience or because they feel that their children may gain by being together. Day care centers typically separate children into age groups, making it impossible for siblings in different age groups to stay together throughout the day. In family day care homes brothers and sisters may stay together without creating any problems. The age segregation policy generally followed in day care centers may also prevent the single child from having an opportunity to interact with children of different ages which might be provided him in a family day care home.

Child-Staff Ratios

Many of the advantages of family day care homes over day care centers are related to the differences in child-staff ratios. The average number of children per adult in informal arrangements is three, whereas the average non-developmental day care facility has a ratio of one adult to fourteen children.⁵ Both types of

⁴Arthur Emlen, "Slogans, Slots, and Slander: the Myth of Day Care Need," American Journal of Orthopsychiatry (Jan. 1973); Arthur Emlen, "Realistic Planning for the Day Care Consumer," Social Work Practice (New York: Columbia University, 1970).

⁵Arthur Emlen, "Day Care for Whom," Children and Decent People, ed. Alvin Schorr (New York: Basic Books, 1974).

facilities encounter the problem of continuity of care.

Staff turn-over rates in day care centers are often high, probably due to the marginal status of day care as a profession. High mobility rates contribute to families switching their children from one family day care situation to another; this problem is obviously compounded when parents have difficulty in finding a family day care mother with whom they are satisfied, and move their child around on a trial and error basis until they find a satisfactory arrangement. Thus, for any given family and its children, achieving a desirable continuity of care may be more a consequence of individual circumstances than a matter of what type of care arrangement is chosen.

Summary

In short, many families may favor family day care because this system puts children into small groups, allows siblings to remain together, encourages children of different ages to interact, gives more individualized attention to very young children and children with special needs, simplifies transportation and generally costs the consumer less. It is, however, difficult to ascertain the general quality of care that children receive in family day care homes. Violations may be flagrant, but, because facilities are rarely licensed or regulated, parents may have little knowledge of actual conditions, especially

if their children are too young to verbalize their complaints.

In contrast, day care centers are required to meet licensing standards and have professionals on their staff. Besides offering supervised peer group learning experiences valuable to children three years of age or older, they may provide educational programs which will promote school achievement and developmental services such as medical and nutritional attention. Counterbalancing these advantages are the facts that not enough care center slots are available; center care is often more costly, sometimes less convenient; and center hours of operation are less flexible.

Support Services

The National Council of Organizations for Children and Youth, a coalition of over 200 national, state and local organizations with the common goal of improving the quality of life of our Nation's children, defines quality day care as having a number of essential elements:

- 1) early intervention, diagnosis and treatment of medical ailments;
- 2) a balanced diet for children so that malnutrition does not cause permanent physical and mental damage;
- 3) nutritional counseling for mothers to prevent birth defects;
- 4) educational experience during crucial learning years;
- 5) assurance that the child is being well cared for;
- 6) assurance to families that need help that

help is available; and 7) an emphasis on preventive rather than remedial programs.⁶

A rapid expansion of child care services without adequate provision for strong support services runs the risk of increasing the quantity of child care spaces without needed assurances of quality control.

Information and Referral

The first step in any community effort to create a viable network of child care services must be to compile information about already existing resources for meeting the needs of young children and their families and to provide a means of disseminating such information to both families and professionals. One of the major problems that any family faces in obtaining child care is finding out what choices exist within the community. Although some family day care mothers place advertisements in local newspapers, informal arrangements are typically made by word of mouth. This is an inefficient procedure at best, particularly for newcomers to a community. Even day care centers are not so easy to locate as one might assume. In Dane County, Wisconsin, out of a total of 70 day care centers in the community, only nine are listed in the yellow pages of the telephone directory.⁷ Not only parents, but also

⁶Joint Hearings on Child and Family Services Act, 1975, pp. 435-436.

⁷Day Care Study, Social Planning Agency, Dane County, 1970, p. 19.

many professionals in schools, hospitals and social agencies who might be expected to assist parents in selecting substitute care for their children, are often poorly informed about what kinds of child care are available in the community.⁸

Health and Nutrition

Support services, including the provision of medical, dental, and mental health services, and nutritional and social services, have, to some extent, been incorporated into many quality day care centers. Present and proposed federal programs recognize the value of these supplementary services and stress the need for them, particularly for low-income families who are most at risk. Standards and procedures for these critical services are relatively well established.

The Child Welfare League and the Office of Child Development recommend that every day care center provide

- 1) an initial physical and dental examination of all children to be completed within 30 days of enrollment and to include records of immunization and a tuberculin test;
- 2) daily evaluation of the health of each child;
- 3) maintenance of a health record for each child;
- 4) emergency medical care by a physician;
- 5) the name, address and telephone number of a physician to be called in the event

⁸Naylor, p. 319.

of serious illness or injury to a child; 6) special arrangements to the care and feeding of any infants enrolled; 7) periodic health consultation with the staff by medical and mental health professionals in the community; 8) essential first aid materials, 9) space for isolating ill or injured children; 10) records of staff health examinations and tuberculin tests; 11) a safe learning and play environment inside and outside; and 12) a disaster plan to cover such emergencies as fire, earthquake or flood.⁹

Nutritional services should provide children with a well-balanced diet, foster nutritionally sound eating habits and educate their parents about the nutritional needs of their children. Most full day centers provide lunches and snacks each day. The Federal Interagency Day Care Requirements state that meals must be planned by a trained nutritionist or other person with a knowledge of sound nutrition.

A recent state-wide survey of subsidized day care centers in California indicates that some of these services are provided, with the most notable exceptions being the lack of dental examinations and on-call physicians.¹⁰

⁹Publicly Subsidized Child Care Services in California, report prepared by the Office of Legislative Analyst, 1974, p. 83.

¹⁰Ibid., pp. 61-63.

Whether children in non-subsidized day care centers and family day care homes are receiving adequate health and nutrition services is unknown. Assuredly, financing such services is a problem for most child care providers, and many lack the trained personnel to provide services. If adequate services are to become widely available, standards must be established, research and development programs set up and provisions made for personnel training and parent education.

Technical Assistance

Technical assistance can take two forms. Groups and individuals setting up new child care programs or wanting to improve existing ones need information about such practical matters as licensing requirements and sources of funding, as well as advice about the components of a quality program. At present, such information can usually be obtained from local human services agencies, especially the licensing agency. The quality of such information varies from one community to another. Licensing requirements are pretty straightforward, but other information may be hard to obtain.

In addition, in most communities there is no communication or cooperation between the formal, funded programs and the family day care homes upon which most

families rely.¹¹ Child development centers could serve as centers of demonstration, research, service development and cultural enrichment while providing the context for specialized treatment services or other intensive multiple-impact programs.¹²

Model Programs

An example of the services that might be offered by an agency designed to provide coordination and support for a child care network composed of both formal and informal care arrangements may be found in the Day Care Child Development Council of Tompkins County, New York. This is a private, non-profit agency funded by the United Way and the Appalachian Regional Commission.

The Council provides: 1) information and referral services to "match-up" parents seeking child care and parents seeking special services for their children with individual care-givers and group and agency programs; 2) consultation and training for both family day care mothers and day care center staff, utilizing the services of other agencies, such as the Public Health Department,

¹¹Margaret O'Brien Steinfelds, Who's Minding the Children? (New York: Simon and Schuster, 1973), pp. 238-239.

¹²Arthur Emlen, "Slogans, Slots, and Slander: The Myth of Day Care Need," American Journal of Orthopsychiatry. (January 1973).

as well as offering workshops conducted by the Council itself; 3) technical assistance for groups and individuals needing information about such matters as funding, licensing and curriculum in order to set up day care centers or improve existing programs; 4) coordination and planning with other community agencies to better plan ways to utilize existing and future resources for needed services; 5) a resource center for both family day care mothers and professional child development experts, with services ranging from a library, to used toys and books, to personal consultation; and 6) an outreach program designed to extend all resources and services to rural areas.¹³

Other model programs, and there are only about a dozen in the country,¹⁴ focus more directly on re-enforcing natural systems of informal care. The Day Care Neighbor Service in Portland, Oregon, funded by the U.S. Children's Bureau through demonstration grants, is an example of intervention at the neighborhood level where families privately and without the assistance of a social agency make child care arrangements with neighborhood family day care mothers. The Day Care Neighborhood Service staff

¹³Testimony of June R. Rogers, Executive Director of the Day Care Child Development Council of Tompkins County, in Joint Hearings on Child and Family Services Act, 1975, pp. 908-910.

¹⁴Interview with Diane Adams, Assistant Director, Community Coordinated Child Care of Dane County, Wisconsin, November 8, 1976.

avoids working directly with parents or child care providers but instead locates and advises "day care neighbors" who, in turn, provide matching services to potential users and care-givers. Day care neighbors receive a nominal fee for their efforts.

The Service operates on the principle of making maximum use of the least possible expenditure to strengthen ongoing social processes without disturbing the neighborhood status of the behavior involved. The "natural" neighboring role in day care matters is capitalized on as the basis for building the service. Day care neighbors were selected because of their ties to other families in the neighborhood and in many cases were already providing matching services through the common word-of-mouth.

The emphasis in the Service is on four major functions: information and referral, recruitment, matchmaking, and maintenance and education.¹⁵

Prime Sponsors

Child care may be provided through day care centers; administered directly by states or localities; operated through contract by states or localities; operated on a non-profit basis by local religious, philanthropic or

¹⁵ Alice Collins, Arthur Emlen, and Eunice Watson, "The Day Care Neighborhood Service: An Interventive Experiment," Community Mental Health Journal 5 (1969): 219-224.

parent-cooperative organizations; operated by private proprietors on a for-profit basis; or run by public schools. Child care may also be provided by family day care homes, licensed and unlicensed; by group day care homes, licensed and unlicensed; and with or without pay by neighbors, friends and relatives.

Given the variety of child care arrangements possible, the question for public policy-makers is how and to whom funds are to be distributed. What should be the role of the federal government, of states, of cities, of school districts, of neighborhood groups, of parents, and of profit and non-profit organizations in administering programs and assuring quality control? These questions have been examined in a variety of ways by currently funded programs, by legislatively-proposed programs and by suggestions from the concerned public.

Present Legislation

Present legislation does not use the term "prime sponsor", but instead refers to administering and operating agencies. The theory is similar. The Code of Federal Regulations, Title 45, Subtitle A says:

(b) "Administering Agency" means 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. (c) "Operating Agency" means 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.

The most commonly used procedure for federal funding of day care is for the appropriate state agency to approve both participants, the care-givers and the care-receivers. The family receiving subsidized care must meet the eligibility requirements established by federal legislation. The care provider must meet federal standards, as well as state licensing requirements. Funds generally go directly to the care-giver in the form of payment of fees for children of eligible families. No funds are devoted to establishing programs, building facilities, paying staff, and so on unless the facility is operated directly or through contract by the administering agency.

What this set-up means, in practice, is that a state agency, usually the welfare department, has the basic responsibility for enforcement of federal requirements for out-of-home care. (Interestingly enough, in-home care by relatives, friends or neighbors need not meet federal standards, but must meet only requirements established by the appropriate state welfare agency.) Assuming that facilities meet these requirements, there are no restrictions

as to organizational structure, i.e., day care facilities receiving funds may be public or private, profit or non-profit, family day care or center day care. The emphasis is on the program, not the sponsor.

Proposed Legislation

The major proposal on child care currently being debated, the Child and Family Services Act, stipulates that funds be made available to prime sponsors, including educational agencies, and to other public and private non-profit agencies and organizations, under certain circumstances, after approval by the Secretary of the Department of Health, Education and Welfare of an application.

Title I, Section 104(a) requires that the applicant:

- (1) describes the prime sponsorship area to be served;
- (2) demonstrates the applicant's capability of administering a child and family service program meeting the requirements of this title, including the coordination of delivery of services within the prime sponsorship area of other public agencies operating programs relating to child care necessary for efficient delivery of services under this Act;
- (3) provides assurances satisfactory to the Secretary that the non-Federal share requirements of the Act will be met;
- (4) sets forth satisfactory provisions for establishing and maintaining a Child and Family Service Council which meets the requirements of Section 105;
- (5) provides that the prime sponsor shall be responsible for developing and preparing for each fiscal year a plan in accordance with Section 106 and any modification thereof and for selecting or

establishing an agency or agencies to administer and coordinate child and family service programs in the prime sponsorship area;

(6) sets forth arrangements under which the Child and Family Service Council will be responsible for approving child and family service plans, basic goals, policies, procedures, overall budget policies and project fundings, and the selection or establishment and annual renewal of any agency or agencies under paragraph (5) of this subsection and will be responsible for annual and ongoing evaluation of child and family service programs conducted in the prime sponsorship area according to criteria established by the Secretary;

(7) provides assurances that staff and other administrative expenses for the Child and Family Service Councils and Local Program Councils and Project Policy Committees will not exceed five per centum of the total cost of child and family service programs administered by the prime sponsors unless such per centum limitation is increased to give special consideration to initial cost in the first operational year, in accordance with regulations which the Secretary shall prescribe.

Prime sponsors may be states, localities or combinations of localities whose programs and plans meet specified requirements and are approved by HEW. Contracts for the operation of programs through public or private non-profit agencies and organizations may be entered into only if they have been previously approved by the local program council, and are composed of not less than 50 percent of members who have been chosen by parents who are, themselves, recipients of federally assisted day care services.

The hearings on this bill held in February 1975 accepted testimony which focused on the conflicts over the designation of prime sponsors. The two major areas of

conflict had to do with the role of profit-oriented child care centers and public schools.

Profit vs. non-profit centers. A great deal of data exists to support the contention that profit-oriented child care agencies do not provide the same quality of care that non-profit agencies do.¹⁶ Adversaries of franchised child care centers have coined a rather catchy phrase, Kentucky Fried Children, which aptly sums up their objections. Studies indicate that profit margins for private profit day care centers run from 10 to 20 percent.¹⁷ Considering the inadequacy of public funding for child care, it is obviously tempting to channel what money there is into facilities that cost as little as is feasible to meet quality standards.

In rebuttal, opponents of restricting prime sponsorship to non-profit agencies point out a number of salient factors. At present, the most obvious problem in the field of child care is the sad fact that there are simply not enough licensed day care providers to meet the needs of children with working parents. A large proportion (exact numbers are unknown) of presently existing licensed facilities are operated for profit. The danger of eliminat-

¹⁶Mary D. Keyserling, Windows on Day Care (New York: The National Council of Jewish Women, 1972).

¹⁷Report prepared by Bank of America, Joint Hearings on Child and Family Services Act, 1975, p. 812.

ing these presently existing facilities from eligibility for federal funds is that many of them may go out of business, further exacerbating the problem of too few day care spaces to meet the demand.

Even if new comprehensive child care legislation is passed and additional funding provided, it seems unlikely that funding will be at a high enough level to replace existing profit-oriented centers and still provide new spaces for unmet needs. The initial effect could, then, actually be to reduce the number of available slots. Even granting that many of the existing slots are substandard and should be replaced and/or upgraded, it is still possible that a relatively short time in terms of public policy, but a relatively long time in terms of the life of a child, would pass before this was accomplished. In the meantime, an unknown number of children might be forced into even more inadequate child care arrangements, or none at all.¹⁸ Ideally, this problem of a period of adjustment could be handled by appropriate planning and funding.

Public schools. The question of the role of public schools is perhaps less controversial than the role of for-profit child care. Under the proposed legislation

¹⁸Statement by Wayne J. Smith, Executive Director National Association for Child Development and Education, Joint Hearings on Child and Family Services Act, 1975, pp. 782-833.

school districts applying for funds would be subjected to intense scrutiny, but would be eligible.

The major criticism of the designation of school districts as prime sponsors has to do with the history of the public school system's lack of encouragement of parental involvement in policy-making and decision-making. The requirement for local program councils under the proposed Child and Family Services Act would serve to alleviate this problem. The doubt concerning the appropriateness of extending the rather authoritarian stance of public school administrators into the realm of pre-school developmental and educational programs must also be weighed against the obvious financial benefits of utilizing already existing facilities and playgrounds.

In practical political terms, support for comprehensive child care legislation may be enhanced by allowing a role for public schools. Albert Shanker, President of the AFL-CIO's American Federation of Teachers, makes it clear that teachers see child development programs as a means of meeting the job needs of teachers when he says: "We now have the teachers and the classroom space for early child education because of the declining student population. It has to become part of the American public education system."¹⁹

¹⁹Gilbert Steiner, The Children's Cause (Washington, D.C.: The Brookings Institute, 1976), p. 245.

The Voucher System

Suggestions are often made that one way of avoiding the whole question of prime sponsors is to employ the voucher system. Under this system payments would be made directly to parents eligible for publicly subsidized child care. They would be free to choose whatever arrangements for child care that they preferred. The voucher system is simple and easily administered, but by avoiding the issue of prime sponsors, it eliminates a major means of controlling quality of care.

Licensing has already been shown to be inadequate to enforce standards. Complete freedom of parental choice sounds good in theory, but in practice, in a seller's market, it could cause the same difficulties that licensing has. The theory of free competition would dictate that only quality programs would be chosen by parent-consumers and substandard programs would simply go out of business. But when not enough quality programs exist and parents have few sources of information about those that do exist, it seems realistic to assume that many parents would be forced to enroll their children in substandard programs and thereby perpetuate them.

Professional vs. Non-Professional Staff

Qualifications

What qualifications should an individual have in

order to work successfully with young children? Patience, stamina, consistency, flexibility, and an affectionate nature--all these personality characteristics are, no doubt, useful in child care-givers, but difficult to impose as job qualifications. Similarly, a knowledge of child psychology, and early child development are useful qualifications, but of limited value without requisite personality characteristics. In addition, there is the very serious question of how knowledge of and about children by prospective child care workers should be evaluated: ten years of "mothering," or two years of child-related course work? Professional training is certainly no guarantee of competence in working with young children, but extensive experience as a mother may be an equally dubious qualification.

Day care centers present an environment and organizational structure in which it is appropriate to impose specific hiring practices, but how can requirements for training and education be imposed on baby-sitters and family day care providers? Should they be? These are only a few of the very pertinent factors which must be considered in establishing a system of monitoring the quality of care which children may receive at the hands of care-givers.

HEW guidelines. As of March 15, 1974, the Department of Health, Education and Welfare guidelines for

qualifications of child care center staff suggested that directors of centers have the "necessary day care facility management skills, plus ability to effectively relate to parents and community, plus ability and willingness to provide child care programs" which meet the standards established by the 1968 Federal Interagency Day Care Requirements.²⁰ Care-givers should have the ability to read and write plus qualifications or experience to carry out a program emphasizing child development. In centers with an enrollment of 30 or more children, it is recommended that at least one staff member, to be present at least 50 percent of the time that the center is open, have a B.A. or A.A. degree plus 12 hours of child development courses, or a high school diploma plus three years of experience in child care, or certification as a Child Development Associate, where such programs exist.²¹

State requirements. State licensing requirements for staff qualifications range from four years of college plus two years of experience for directors, and a Bachelor's Degree with either coursework in early childhood development or equivalent experience for other staff members (Hawaii) to a simple requirement for literacy (North Caro-

²⁰Child Care, Data and Materials, staff report prepared for the United States Senate, Committee on Finance, October 1974, p. 136.

²¹Ibid.

lina), with many states specifying only that staff be "equipped for work required" (District of Columbia, Idaho, Iowa, Kentucky, Montana, New Mexico, South Carolina, Utah and Wyoming).²²

Proposed Training Programs

Recognizing the lack of sufficiently trained and prepared professional and para-professional staff, Title IV of the Child and Family Services Act proposes that training grants be established to help meet future staffing needs. Title I, Section 102 provides for pre-service and in-service training of volunteer and paid staff. Both provisions also stress the advisability of parent education and information programs.

However, Title I, Section 106, requiring prime sponsors to hire low-income and unemployed persons, provides that "no person will be denied employment in any program solely on the grounds that such person fails to meet state or local teacher certification standards." This seeming contradiction between an emphasis on training of child care workers and the explicit exemption of low income and unemployed applicants from teacher certification standards may be accounted for in two ways.

One, it is accepted that, considering present levels of availability of professionally trained staff, it

²²Ibid., pp. 124-137.

is much more realistic to think in terms of the majority of staff members being para-professionals, by training or experience, with professionals being available as back-up, resource personnel.

Second, there is a movement back to the old concern with providing employment for welfare mothers and thereby diminishing welfare expenditures. This connection between child care and welfare has in the past focused on simply providing child care for welfare or potential welfare recipients in order for them to obtain employment or training. The current proposal carries this concept one step further and reasons, "there is a great need for staff in the child care field, why not kill two birds with one stone and create jobs for welfare mothers in the area of child care?"

Low Pay

The issue of child care staff training and education is, like most issues in child care, very much related to the problem of inadequate funding. Staff salaries are the single largest cost items in the budget of most child care centers.²³ Since other items of overhead, such as rent, are fixed, it is only logical that inadequately financed centers offer low salaries in an attempt to minimize costs. In 1972 annual salaries for child care personnel

²³ Joint Hearings on Child and Family Services Act, 1975, p. 800.

ranged from \$3,500 to \$6,000.²⁴ Clearly, salaries are not competitive with those in the public school system. As a consequence, it seems unrealistic to impose the same levels of qualifications as those required by public schools and equivalent jobs. Jobs would simply go unfilled.

The choice is between modifying standards or increasing salaries. So long as the nation remains unwilling to commit larger sums to public support of child care, some compromise must be struck between extensive use of professional personnel and the use of non-professionals. The proposed Child and Family Service Act attempts to effect that compromise by providing support for training and educational programs, while promoting employment of women experienced in mothering who do not have professional training.

Parental Control

One of the major criticisms of federal subsidization of child care is the contention that imposing federal standards will reduce the degree of parental choice in child care arrangements. Critics often suggest that private, informal arrangements are preferable to federally supported child care because parents may more freely select the nature of the care and the individual who is to provide the care for their children. This concern for parental freedom of choice can be met in a number of ways.

²⁴Steinfels, p. 107.

Formal Provisions

Formal provision may be made for parental participation in community policymaking on child care. Parental participation may be required in administrative and personnel decisions at day care centers. In some cooperative centers parental participation extends to direct care of the children enrolled in the center.

The proposed Child and Family Services Act would create two levels of parent participation: a Child and Family Service Council to be established by each prime sponsor, composed of not less than 50 percent membership of parents of children enrolled in programs and local program councils for each geographical area under the jurisdiction of the prime sponsor when the prime sponsor is a state, with 50 percent of members selected by parents of children enrolled in programs. These councils would be responsible for approving child and family service plans, basic goals, policies, procedures, overall budget policies and project funding, and the selection or establishment and annual renewal of an administering agency or agencies. They would also be responsible for annual and ongoing evaluation of child and family service programs according to criteria established by the Secretary of Health, Education and Welfare.

Informal Child Care Arrangements

Studies have indicated that mothers frequently have

a high degree of rapport with family day care mothers and are thus able to have a high degree of participation in the style of care their children receive.²⁵ That is, when private child care arrangements are successful, parents and family day care providers exchange information and views about all types of matters pertinent to child care: discipline, toilet training, educational and experiential activities, emotional well-being, anecdotes, and the like. This exchange is facilitated by the one-to-one contact between the parent and the care-giver. There is no intervening bureaucracy; there is only one care-giver.

In day care centers, parents may not even know the individual or individuals who have the primary care-taking responsibility for their children. They may be given tours of the facilities, discuss child care philosophy with the director, meet staff members on parent-teacher days, etc., but it is the rare center that has parent boards. A staff member caring for from five to 15 children is not really able to respond to each of the children in her/his charge on the basis of parental instruction. The parent may know the kind of program that her child follows, but not know the personal characteristics of the individual guiding the program. Obviously, the attitudes of the care-giver will

²⁵Alice H. Collins, "Some Efforts to Improve Private Family Day Care," Children 13 (July-August 1966): 135.

have significant impact on the child, whatever the program followed.

Summary

This chapter has presented five major issues in the area of child care policy: 1) formal versus informal child care arrangements; 2) support services; 3) prime sponsors; 4) professional versus non-professional staff; and 5) parental control. Each of these issues is concerned with the larger problem of insuring that children receive quality care without abrogating parental freedom of choice. Conflict centers on how best to provide that assurance. To a large extent the resolution of this conflict depends on determining the value of two seemingly opposed types of child care: formal and informal.

There are those who maintain that informal care arrangements provide conveniences, attention to special needs and child/adult ratios at a low cost that cannot be met by more formal arrangements. Proponents of day care centers point out that it is difficult to regulate the quality of family day care, and that many special, support services can be much more readily provided in formal settings with professionally trained staffs.

Support services, including information and referral services, health and nutritional services and technical assistance, seem to be generally recognized as necessary

components of quality child care. A few model programs have attempted to offer these services to providers of both formal and informal child care. However, it is not clear whether these programs could serve as prototypes for large-scale programs designed to upgrade the level of care in unlicensed homes.

CHAPTER 5

OVERVIEW OF METHODOLOGY : PROGRAM ANALYSIS AND NEEDS ASSESSMENT

Social changes leading to changes in values and attitudes about women's role, the impact of urbanization on the breakdown of nuclear families, the increasing number of single-parent families, the growing numbers of working women with pre-school and young school-aged children, all point to a need for public action on child care. The growth of the women's movement has focused attention on the role and needs of women, including the need for public child care. In public policy discussions focused on child care conflict centers around how and to whom child care services are to be offered.

Currently, most child care services are provided by private enterprise. To the extent that it is involved, government's roles are as licensing regulators and subsidizers of eligible families. However, the vast bulk of child care arrangements are hardly touched by public policy, much less subsidy. The number of day care slots totally or partially supported through federal and state

funds is less than 10 percent of the number of pre-school children of working mothers. Similarly, the bulk of child care is unaffected by governmental regulation. Less than 10 percent of family day care is licensed or regulated. Although the majority of day care centers are licensed many of these regulatory requirements are more nominal than real. Most states have given little support to staffing licensing agencies, and the federal government has failed to establish any monitoring system for enforcing its requirements for funding.¹

Recent federal legislation has made it possible for states to subsidize more child care by making more families eligible. States develop their own programs within minimal federal guidelines. Consequently, states make the basic decisions as to the types of child care options that will be made available and the manner in which services will be provided. Systematic and detailed information about the preferences and satisfaction of families using child care and the nature of the supply and demand for child care arrangements must be developed in order for effective child care delivery systems to be planned and coordinated.²

Although still limited, more information about

¹D.R. Young and R.R. Nelson, Public Policy for Day Care of Young Children (Lexington, Mass.: D. C. Heath and Co., 1973), pp. 19-20.

²Ibid., p. 71.

critical matters in child care, such as the psychological, emotional and intellectual effects of substitute care on children's development, the costs and components of quality child care and the appropriate supportive services which ought be a part of a quality child care system is becoming available. This information helps professional and policy makers estimate the magnitude of child care needs and suggests ways to go about the design of systems to deliver quality care. However, one big question remains unanswered. What do parents prefer? A recent Health, Education and Welfare Department report states that:

Little reliable information exists to describe... consumer preference patterns among various groups using day care, the actual and perceived barriers to the use of different kinds of day care, and the trade-offs parents would make between...different types of arrangements.³

Yet, with the increasing possibility of larger public appropriations for child care through Title XX of the Social Security Act of 1935, it is important that policy makers know more about how adequately present systems of child care meet the needs and preferences of parent-consumers.

In the next three chapters, the child care program in one community, Madison, Wisconsin, will be described, evaluated and analyzed. The purpose of this examination

³U.S. Department of Health, Education and Welfare, Report on Day Care for the House Committee on Appropriations 1975.

of the effectiveness of a specific child care program in meeting the expressed preferences of parent-consumers is to provide some insight into child care needs with which public officials may design more appropriate delivery systems. A needs assessment survey conducted in Madison will form the basis for both evaluating an existing program and analyzing possible program alternatives.

This chapter will provide an overview and rationale for the methods used in the following two chapters, the needs assessment in Chapter 6 and program evaluation and comparison techniques in Chapter 7.

First, a discussion of standard methods of evaluating policy outputs in social service programs will be presented; second, the major steps generally employed in local program analysis will be described and related to the present study; finally, the rationale for the use of the Madison needs assessment survey and the main questions addressed by the survey will be discussed.

Methods of Evaluating Policy Output in Social Services

Selection of Indicators

One of the major problems in program evaluation is that of determining what data ought to be collected for use in evaluating outcome.⁴ A useful evaluation must recognize

⁴Robert B. Ellsworth, "Measuring the Effectiveness of Mental Health Programs," in Handbook of Evaluation Research, Volume II, ed. Elmer Struening and Marcia Guttentag (Beverly Hills: Sage Publications, 1975), p. 240.

the distinctive content of the program being evaluated and the context within which the program exists. A common method of evaluating policy output is to rely on indicators such as per capita expenditures or numbers of clients served.⁵ In the study of agencies providing a physical output or performing an observable and quantifiable operation, e.g., trash collection, one may move directly to questions of how much output is produced, what level of service is provided and at what cost.⁶

However, when one is studying social services programs the selection of policy output criteria is less apparent. The selection of indicators should "clarify the condition of the target population, the operating characteristics of programs intended to reach that population and the consequences of human policy choice."⁷ A number of case studies have been done in the field of mental health services which illustrate the difficulty in establishing generally accepted measurement criteria for evaluating the

⁵Elinor Ostrom, "The Need for Multiple Indicators in Measuring the Output of Public Agencies," Policy Studies Journal 2 (Winter 1973):88.

⁶Roger B. Parks, "Complementary Measures of Police Performance," in Public Policy Evaluation, ed. Kenneth Dolbeare (Beverly Hills: Sage Publications, Inc., 1975), p. 186.

⁷Ronald Johnson, "Research Objectives for Policy Analysis," in Public Policy Evaluation, ed. Kenneth Dolbeare, p. 85.

policy outcome of services aimed at improving the human condition.⁸ Purely descriptive statistics directed at answering the questions of "what is" or "how many" provide little basis for the important questions of "why" and "of what relative importance are causal factors?"⁹

This same sort of difficulty is also apparent in studies of police performance. Performance could be measured in terms of the numbers of tickets or warrants issued, the numbers of officers employed per 1,000 population or the numbers of calls for service answered, but these indicators would not necessarily produce information about the actual quality of the police services provided.¹⁰

Need Assessments

The actual consumer of policy outputs has generally been given short shrift in policy evaluation.¹¹ Yet: "many quality aspects of government services cannot be measured in any practical way other than through citizen

⁸ See Part IV, "Evaluation of Mental Health Programs," in Struening and Guttentag, pp. 125-519.

⁹ Elmer Struening, "Social Area Analysis of a Method of Evaluation" in Struening and Guttentag, p. 529.

¹⁰ Roger Parks, p. 187.

¹¹ David Caputo, "The Citizen Component of Policy Evaluation," in Methodologies for Analyzing Public Policies, ed. Frank Scioli and Thomas Cook (Lexington, Mass.: D.C. Mental Heath and Co., 1975), pp. 25-29.

surveys. For many local government services, citizen perceptions constitute a major aspect of service effectiveness."¹² Some researchers claim that even when objective indicators show a program to be highly effective "the perception and ultimate evaluation of the policy by the citizen must be taken into account."¹³ There are a number of studies which attempt evaluation of the performance of government services from the viewpoint of the individual citizen. Utilizing survey methodology these studies assess citizen perceptions of the delivery of goods and services by national, state and local governments.¹⁴

Another way of discussing citizen feedback is to say that evaluation criteria should address the question of how well the service is doing in terms of meeting the needs of the citizens using or affected by the service. The academic community tends to speak in terms of citizen components of policy evaluation, whereas practitioners speak

¹²K. Webb and H.P. Hatry, Obtaining Citizen Feedback (Washington, D.C.: The Urban Institute, 1973), p. 17.

¹³David Caputo, "The Evaluation of Urban Public Policy: A Developmental Model and Some Reservations," Public Administration Review 33 (March-April 1973):113.

¹⁴Herbert Jacob, "Contact with Government Agencies: A Preliminary Analysis of the Distribution of Government Services," Midwest Journal of Political Science 16 (Feb. 1972):123-146; Jay Schmiedeskamp and George Katano, "Phase II: No Big Change in the Outlook for Consumer Demand," Consumer Perspectives (Ann Arbor, Michigan: Institute for Social Research, 1971); and Elinor Ostrom, et al., Community Organization and the Provision of the Police Services (Political Science Department, University of Indiana, 1971).

in terms of needs assessment. Needs assessment simply refers to the general process by which unmet human needs are identified and measured.¹⁵

A variety of sources may provide information on human needs for specific services: 1) data on current past incidence of problems; 2) basic demographic information; 3) technical indicators of conditions; 4) data on past expressed demand, e.g., waiting lists; 5) complaint data; and 6) citizen surveys.¹⁶

Traditional Methods of Assessing Child Care Needs

Child care needs assessments studies have traditionally relied heavily on most of the sources indicated above, with the exception of citizen surveys.

Researchers conducting child care needs assessments have most frequently used basic demographic data on the numbers of working mothers with pre-school and young school age children (6 to 10 or 14 years old) as raw indicators of need. They have also collected data on past expressed demand by surveying licensed service providers and their unfilled capacities and waiting lists. Often these two indicators are then compared and need is determined to be the number of children who are not in licensed facilities.¹⁷

¹⁵Wayne Chess and Julia Norlin, County Needs Assessment Guide for Social Services Planning in Oklahoma (The School of Social Work, The University of Oklahoma, 1976), p. 10.

¹⁶Hatry, pp. 87-88.

¹⁷See p. 24 supra.

Other evaluation criteria commonly used in child care needs assessment studies are technical indicators of conditions, that is, the number of illegal providers and/or observations of substandard care provided by either legal or illegal providers.

A number of citizen-consumer surveys have been conducted in child care, and some of them are discussed in an earlier chapter of this paper. Many of these studies contain several major flaws: 1) they tend to discuss need in terms of day care center slots, ignoring informal, unlicensed arrangements; 2) they tend to concentrate on lower-income families, ignoring the need for child care by other segments of the population; 3) they focus primarily on present, as opposed to potential need; and 4) they provide rough estimates of current need in the communities surveyed, but provide no basis for predicting future demand.

These approaches are useful in terms of providing raw estimates of need, but have little utility in and of themselves for evaluating policy. In practice, the next step in program analysis is rarely taken, i.e., to compare and evaluate alternate choices using evaluation criteria. The tendency is to assume that present patterns of use of child care arrangements will continue into the future, without considering the changes that might occur if other child care choices were made available through alternate

policies or programs. Policy recommendations are thus frequently stated in terms of x numbers of child care slots of a particular type that will be "needed" x years hence, given stated maternal employment and birth rates.

Basic Steps in Program Analysis

One of the first steps that an analyst must normally take is to determine the scope of the analysis. How should the problem be defined? The scope will be limited by such factors as the resources and time available and the amount of information that is available or can be developed within time limits.¹⁸

The next step in program analysis is to identify relevant objectives, establish evaluation criteria and determine client groups. These procedures should be undertaken jointly.¹⁹ Objectives refer to the purposes of the government service. Evaluation criteria indicate the extent to which the program is achieving its objectives. Client groups are those population groups which the program is directed toward and any groups which the program unintentionally affects.

The history of state and national child care

¹⁸Harry Hatry, Louis Blair, Donald Fisk and Wayne Kimmel, Program Analysis for State and Local Governments (Washington, D.C.: The Urban Institute, 1976), pp. 34-35.

¹⁹*Ibid.*, p. 37.

legislation indicates the difficulty which policymakers have had in identifying both the goals and target populations of publicly subsidized child care. It is perhaps to be expected that the only federal child care program which has been extensively evaluated is the Head Start program. This program, unlike others offered under the auspices of the Social Security Act, has a more or less explicitly stated objective, i.e., to provide compensatory education, and a definite target group, i.e., disadvantaged children. This explicitness facilitated the development of evaluation or effectiveness measurements.

This analysis will assume that the objectives of child care programs are: 1) to provide acceptable levels of child care based on national standards of quality care; 2) to service all families with young children who do not have a full-time, at-home parent to provide care; 3) to subsidize child care expenses of families who meet Title XX income eligibility standards; 4) to meet the preferences of parent-consumers; and 5) to consider public opinion and support.

Title XX of the Social Services Amendments of 1974, because of its expansion of eligibility requirements for social services, has been used to identify the intended target group of child care policy to include all families who use substitute child care due to the absence of both parents, or one parent in the case of single-parent families,

during part of the workday. Low and median income families are included because they are eligible for either free or income-related, sliding scale fee service. Higher income families are also included because even though they are not eligible for public subsidy, they are nevertheless affected by (and affect) the delivery of child care programs.

Five evaluation criteria are used to measure the effectiveness of the program alternatives in meeting the stated objectives: 1) meeting the preferences of parent-consumers as indicated by a needs assessment survey; 2) quality of care as defined by HEW standards; 3) the costs of providing each mode of child care; 4) the public support likely to be attendant to different methods of child care delivery; and 5) the long-range impact of different programs on the child care industry and the public school system.

The next step in program analysis is to identify and compare alternative courses of action on the basis of selected evaluation criteria. Alternatives may include such activities as: extension of the present program at the same level of effort; extension of the existing program, but at a different level of effort; variations of the present program; new programs based on traditional concepts; and new programs based on new concepts.²⁰

²⁰Ibid., p. 51.

Child care alternatives to be evaluated and compared in Chapter 6 will include: 1) continuation of the present program at the same level of effort; 2) two variations of the present program: further development of supportive services, and expansion of pre-school and after-school day care center programs; and 3) a new program based on traditional concepts: a combination of formal and informal arrangements utilizing features of both.

The final step in program analysis is to present findings and, if relevant, recommended courses of action.

Rationale for Needs Assessment Approach in this Study

The selection of evaluation criteria based on needs assessments has already been shown to be a valid indicator for use in social services program evaluations. It is felt by this author to be particularly relevant in the field of child care policy for two main reasons: 1) the general distrust of government intervention into family matters, and 2) the fact that child care is by and large provided by the private sector.

Because of the widely held belief that government has no general right to intervene in parent-child relationships, it is especially important that child care programs take into account the values and attitudes of not only parent-consumers, but the general public. One way of assuring this is to design delivery systems with citizen

input at all levels and to carefully assess the needs and preferences of potential consumers.

In addition, because child care is provided by the private sector and attempts to meet the needs of groups other than target populations as specified in government legislation, it is important to the economic viability of the child care delivery network that the needs of all potential consumers be met. Most of the consumers of child care services are voluntary participants, even those who receive public subsidy. Some element of coercion is present in the Work Incentive Program, in that parents may be faced with losing welfare assistance if they do not place their school-age children in child care programs and participate in training or educational programs. However, technically at least, they may choose not to place their children with substitute care-givers. Thus, if the private child care sector is to remain economically stable it must, as any other private service area, meet the needs of consumers.

It may well be that changes in public policy toward child care might produce changes in the choices that parents are now making about child care. As discussed earlier, because demand exceeds supply, it may be assumed that many parents are choosing child care arrangements based on what is the best possible (or least objectionable) choice in a marketplace which often offers few alternatives.

If government is to become more active in the field of child care policy, more and viable alternatives may become available. At present we have little information about how this possibility may affect the pattern of current usage of child care services. "For future program planning it is necessary to know the extent to which parents with children in all types of day care programs are satisfied with their present arrangements, and if they would make other choices if there were greater availability of services."²¹

Main Questions to be Addressed by Case Study

The next chapter will attempt to provide a base of information about consumer preference to be used in the evaluation and analysis of the child care delivery system in Madison, Wisconsin, by using a needs assessment survey.

The results from this survey are used to deal with the following general questions:

1. What are the actual child care arrangements currently being used?
2. Are family choices about current child care arrangements associated with socio-economic-demographic variables?

²¹Judith Chapman and Joyce Lazar, A Review of the Present Status and Future Needs in Day Care Research, a working paper prepared for the Interagency on Early Childhood Research and Development, 1971, p. 115.

3. Do present patterns of child care arrangements accurately reflect parental preference?

4. What are patterns of parent preference in child care arrangements?

5. Are family preferences about child care arrangements associated with socio-economic-demographic variables?

CHAPTER 6

A CASE STUDY OF MADISON, WISCONSIN

The major purpose of this chapter is to analyze the results of a survey of child care arrangements and parental preferences for child care in the City of Madison, Wisconsin, in order to determine if present child care programs are meeting the needs and preferences of parent-consumers.

Although, ideally, a nation-wide study might have been conducted, time and financial considerations limited the present study to one community. Madison was chosen for a number of reasons: 1) because data on a needs assessment survey were made available to this author; 2) because Madison offered the opportunity to examine the needs of middle income families; and 3) because the City of Madison has a city day care program.

Most other studies have concentrated on urban, low-income "at-risk" populations. With the expansion of eligibility standards for public child care subsidy to include median income families, it is important to know if these families have different child care uses and/or preferences from other types of families. The Madison sample provides

the opportunity for such a comparison. In addition, the City of Madison is unusual in that it has a locally funded city day care program. This made it possible to consider the combined efforts of national, state and local child care policies in meeting consumer preferences.

This chapter will first present briefly the history of child care policy in the State of Wisconsin and the City of Madison; then findings from an analysis of a needs assessment survey will be presented. The chapter will end with a brief summary of findings.

History of Child Care Policy

State of Wisconsin

Licensing

Like most states, Wisconsin's major policy contribution to child care has been in the area of licensing.¹ Wisconsin is somewhat unusual in that it does not license family day care homes, although such homes must be certified by the County Welfare Department if they are to receive federal subsidy. Wisconsin is also somewhat unusual in that it does not require licensing of day care centers that provide care to children over the age of seven. With these exceptions, Wisconsin compares favorably with most states in its licensing requirements. Requirements are listed as follows:

¹See Chapter 4.

1. Facility requirements for day care centers offering full-day care. Wisconsin facility requirements meet or exceed HEW recommended guidelines. A minimum of 35 square feet per child is required for indoor care, and a minimum of 75 square feet per child per group occupying outdoor space at any one time. Child care may be provided only on building floors having two exits on the ground level. Outdoor space must be enclosed. Space for isolation of ill children is required. Individual cots for naps are required for pre-school children receiving care and for school-aged children who receive care for more than four hours a day. Hot meals need not be served.²

2. Staff training requirements. Wisconsin qualifications for the director of a day care center are more specific than HEW recommended guidelines. HEW states that the director should have "necessary" management skills, be able to communicate effectively with parents and be willing to provide a quality child care program. Wisconsin requires the director to have a high school diploma or its equivalent plus one approved course in child development. If nine or more children are enrolled in the center, the director must have two years of higher education with one course in child development, or an approved in-service training course plus one course in child development.

²Child Care Data and Materials, staff report prepared for the United States Senate Committee of Finance (October 1974), p. 141.

Wisconsin requirements for other staff are lower than HEW standards. HEW recommends that staff in centers serving more than 30 children have bachelor's degrees. Wisconsin requires only that staff of day-care centers complete a child care course. Parents on the staff of a parent cooperative must have four hours of training. If the staff are employed at a nursery school, they are required to meet the qualifications for a Wisconsin nursery teaching certificate. An annual medical exam is required.³

3. Staff/child ratios. Wisconsin is somewhat below HEW recommended guidelines for staff/child ratios for children ages 4 and over. Wisconsin requires one staff member for every 12 children ages 4-5 and every 16 children 5 and over. HEW recommends a staff/child ratio of 1/10 for children ages 4-5 and 1/12 for children 5 and over.

4. Exemptions. Care by relatives or guardians, care in public or parochial schools, care provided in YMCAs and care in the child's own home for less than 24 hours per day are all exempted from licensing requirements. Children under the age of 2 may be accepted in day care centers only if the center has no more than eight children in the group.

³Ibid., p. 135.

⁴Ibid., p. 118.

Funding

Like most states, Wisconsin funds for child care are primarily matched to federal funds and programs. However, Wisconsin does have a "Start-Up" program to encourage new and innovative child care programs. The state is divided into five regions, each of which receives \$28,000 per year for this program. There are eleven counties in the Madison region, so it is evident that these monies do not go very far. In order to apply for these funds, a program must meet all state licensing requirements and have been in operation not more than 18 months. Priority is given to innovative programs, or programs in the area of greatest need. In the City of Madison, family day care homes are given highest priority.⁵

Wisconsin compares favorably with other states in its willingness to spend matching funds for federal programs. In 1974, the national average cost per child in Head Start programs was \$1,249 (federal share, 80 percent; state share, 20 percent). The average cost of Head Start per child in Wisconsin was \$1,402. In the same year the national average cost per child in Title IV-A programs was \$1,103 (federal and state shares combined); in Wisconsin the average cost per child was \$1,516.⁶ Twenty-two

⁵Interview with Maureen Scigaj, Department of Health and Social Services, Family Services Division, Day Care Licensing Section, State of Wisconsin, May 6, 1977.

⁶Child Care, Data and Materials, pp. 83 and 99.

programs are proposed in the Final Comprehensive Social Services Plan for the State of Wisconsin, prepared under the provisions of Title XX, Social Security Act. Day Care Services rank fourth in the proposed expenditures for all programs.

City of Madison

Madison is a city of 172,000, governed by a mayor and 22 aldermen and has a tradition of liberal, progressive leadership. The City is in the unique position of offering Day Care from within a City Department of Public Health. In 1973 the Mayor created an Ad Hoc Committee on Day Care Needs to assess the current problems confronting day care facilities and present a report to the Council. The major outcome of this report was the creation of a permanent Day Care Committee to create a proposal for a Family and Child Care Services Support System. Despite a taxpayer's suit seeking an injunction against the implementation of the Mayor's Human Resources Budget for 1975, including day care, the City Day Care Program was approved on September 9, 1975. The program is administered by the Director of Public Health and gives him the authority to disburse tuition aids to eligible families, to implement a program of technical assistance to service providers and to certify quality day care centers and family day care homes.⁷ Due primarily to

⁷City of Madison Child Care Needs Assessment, report prepared by Community Coordinated Child Care in Dane County, 1976, p. 6.

lack of adequate publicity, this program spent only a small portion of its funding the first year of operation. At present, 33 families are receiving subsidy for child care.⁸ (Eligibility requirements are listed in the questionnaire in the Appendix.)

The future of the City's child care program is uncertain in terms of how major a contribution it will make to the growing needs of child care consumers. However, its continued existence seems assured.⁹ The framework exists, little public opposition has been encountered, but the success of the program is contingent on adequate funding.

Methodology

Data presented in this study are taken from a child care needs assessment survey conducted by Community Coordinated Child Care of Dane County under contract to the City of Madison. The survey data collected by 4C's have been coded and analyzed by this author for purposes of this study. The Dane County Community Coordinated Child Care Program is a quasi-governmental agency established locally under federally developed guidelines. A 4C's Program involves a formalized organization in which child care agencies cooperate with one another on program services,

⁸ Ibid., p. 8.

⁹ Interview with Mary Berryman, Director, Madison City Day Care Program, January 7, 1972.

staff development and administrative activities. In developing a 4C's program, considerable flexibility is built into the federal guidelines to allow communities to develop programs that will be optimally effective in meeting special local needs. Among the criteria to be met for federal recognition are agreements among participating agencies which establish a continuing policy board, an administrative structure, bylaws and a plan for financing activities. Some financing is provided by federal and local governments, some by private or charitable donations and some by charging for services.¹⁰

There are five major differences between this study and most others. In this study: 1) data are presented with family choice as the basic unit of analysis; 2) emphasis is on preference as well as use; 3) pre-school children are separated into two age groups--0-2 and 3-5; 4) socio-economic-demographic variables are tested for association with family choices about child care; and 5) all income levels are included.

Sample

A random sample of 2,041 Madison parents were mailed questionnaires. Names and addresses were drawn from the Madison Public Schools' Census of families with children ages 0 to 10 years old. Families with children in

¹⁰Day Care Study, Dane County Social Planning Agency, 1970, pp. 10-12.

kindergarten, first and second grades were oversampled in order to insure that a significant number of families in the sample would have pre-school children. Eighty percent of the sample were drawn from families with children in kindergarten and the first two grades; 10 percent from families with children in the third grade; 7 percent from families with children in the fourth grade, and 3 percent from families with children enrolled in the fifth grade. A 40 percent return of usable questionnaires was obtained from the original sample, with one mail-out, resulting in 792 usable responses.

Almost all respondents had school age children; nearly half had children ages 3-5; but less than 20 percent had children ages 0-2. Ninety-one percent (657) of families surveyed had a total of 878 children in the 6-10 age group; 44 percent (321) had 346 children in the 3-5 age group; and 19 percent (136) had 142 children ages 0-2. Forty-nine percent (352) of the families had children in two or more age groups.

A significant percentage of all families used substitute child care. Thirty-six percent (49) of families with children under 3 chose some form of child care; 49 percent (156) of families with children ages 3-5 and 40 percent (260) of families with children 6-10 years of age used substitute child care.

The remaining families utilized full time at-home parental care. Nearly half, 333, of the mothers were at

home full-time (no fathers were at home full-time) and most of these chose to care for their children themselves. Three mothers of children 2 or under, 31 mothers of 3-5 year olds and eight mothers of 6-10 year olds used some form of substitute child care arrangements even though they were not employed or attending school. Forty-one percent of the mothers in the families sampled were at home full time; 50 percent were employed either full or part-time and seven percent were students.

Based on sample size, results based on data from the entire sample should be accurate within two to eight percentage points, with 95 percent confidence. See Table 10.

Questionnaire

The complete questionnaire is in the Appendix. Parents were asked questions concerning age, marital status, education, income, length of residence in Madison, employment status and ages and numbers of children. They were asked detailed questions concerning current child care arrangements, their satisfaction with such arrangements and their unmet child care needs and preferences by categories of their children's ages: 0-2, 3-5 and 6-10.

Parents were asked why they chose present child care arrangements, to scale their experiences in finding child care on a seven-point scale from "never a problem" to "one

TABLE 10
RELATION BETWEEN SAMPLE SIZE AND PRECISION
IN A SIMPLE RANDOM SAMPLE, 95 PERCENT
CONFIDENCE INTERVALS

If the percent giving the same answer to a question is:	And the sample size is:			
	50	100	200	400
	The true value should lie between:			
2%	0- 5.9%	0- 4.7%	.1- 3.9%	.6- 3.4%
5	0-11.1	.7- 9.3	1.9- 8.1	2.8- 7.2
10	1.8-18.2	4.1-15.9	5.9-14.1	7.1-12.9
20	8.8-31.2	12.2-27.8	14.5-25.2	16.1-23.9
50	36.1-63.9	40.2-59.8	43.1-56.9	45.1-54.9

Based on Table in Appendix D, "Guide to the Assessment of Day
Care Services and Needs at the Community Level," by Richard B. Zamoff.

of my major problems," to scale their satisfaction with current arrangements on a seven point scale from "very satisfied" to "not at all satisfied," and to check any number of a series of six statements about child care needs such as "I need help in paying for child care expenses" or "I have no unmet child care needs at this time."

If respondents indicated some unmet need, they were directed to answer another series of questions more specifically defining that need. Mothers were asked about future employment plans and about what child care arrangements would be preferred if care were needed in the future.

Coding

The questionnaire was designed to provide information to the City of Madison about patterns of child care use, not preference, and thus it was necessary to adapt some of the data to meet the needs of this study. The socio-economic-demographic questions included in the questionnaire were adequate for purposes of examining underlying factors in parental choice. However, questions about preference were less appropriately framed.

The only question which asked respondents directly about their child care preference was stated in terms of what arrangements they would prefer if they had children in need of care. Many of the families surveyed did not want or need substitute care because they had full time at-home mothers to provide care. Yet the question was couched

in such a way that these parents indicated a preference for a type of substitute care. In order to determine if the preference so indicated was an indication of dissatisfaction with current use, it was necessary to refer to a number of other questions. This process reduced the number of usable questionnaires from the original 792 to 722.

First, the mother's employment status was ascertained. If she was at home full time, her employment plans were then consulted. If she intended to go to work immediately or within one year, her preference was coded as stated in response to the question described above; if not, three questions having to do with general levels of satisfaction with current child care arrangements were referred to. If these answers indicated dissatisfactions, preference was again coded as stated. If not, preference was coded the same as current use regardless of response to the question on preference.

If the mother was employed full- or part-time or was a student, her responses to the question, "In what kind of child care situations are your children currently?", were examined. These responses were then compared to those in the question on preference. If they matched, preference was coded in the same manner as use. If they were different, three questions having to do with general levels of satisfaction with current child care arrangements were referred to. If these answers indicated dissatisfaction,

preference was coded according to responses on the question on preference rather than current use. Since many respondents had children in more than one age category, this procedure was followed for each age group.

Variables

Five socio-economic variables and three demographic variables were tested for association with parental choice in current and preferred child care arrangements. Socio-economic variables tested were: marital status, mother's employment status, mother's education, mother's age and family income. Demographic variables tested were: age of the oldest child, number of children in the family and age of the youngest child.

These variables were chosen for two basic reasons: some have been found to be related to women's decisions to work outside the home and others have been found to influence family child care choices. As discussed in an earlier chapter, the rising demand for child care is closely related to basic socio-economic-demographic changes which have made it increasingly sensible for mothers to work outside the home. This decision to work is frequently related to a woman's socio-economic status, particularly her family's income and her education. The number and ages of the children in the family affect how much the family will benefit financially from the mother's employment after child care expenses.

A number of studies have found that lower-income families are the heaviest users of day care centers while middle-class families are more likely to place their children in family day care or arrange for them to be cared for in their own home by others.¹¹

Parental choices in current and preferred child care arrangements were ordinally scaled from most home-like to least home-like: 1) care in the child's home by the child's mother; 2) care in the child's home by someone other than the mother; 3) care in the care-giver's home; and 4) care in full- or part-time day care centers or after-school day care programs.

Marital Status

Six hundred and seventeen (85.46 percent) of the mothers in the sample were married; eighty-four (11.64 percent) were separated or divorced; seven (.97 percent) were single; three (.42 percent) were widowed; seven (.97 percent) were "living together"; and four (.54 percent) did not respond to the question.

Mother's Employment Status

Three hundred and thirty-three (46.12 percent) mothers were at home full time (eleven were on welfare); one hundred and seventy-nine (24.79 percent) were employed

¹¹ Judith Chapman and Joyce Lazar, A Review of the Present Status and Future Needs in Day Care Research, a working paper prepared for the Interagency on Early Childhood Research and Development, 1971, p. 12.

part-time; twenty-seven (3.74 percent) were students; one hundred and seventy-two (23.82 percent) were employed full-time; and eleven (1.52 percent) did not respond to the question.

Mother's Education

Five (.69 percent) mothers had completed only elementary school; two hundred and sixty-two (36.29 percent) had finished high school; one hundred and seventy-four (24.19 percent) had attended college; one hundred and fifty-seven (21.75 percent) had graduated from college; sixty-nine (9.56 percent) had master's degrees; seven (.97 percent) had doctoral degrees; forty-six (6.37 percent) had some other type of education or special training; and two (.27 percent) did not respond to the question.

Mother's Age

Twenty-eight mothers (3.89 percent) were 25 years old or less; two hundred and eleven (29.17 percent) were between the ages of 26 and 30; two hundred and sixty-nine (37.22 percent) were ages 31 to 35; one hundred and thirty-seven (19.03 percent) were 36 to 40; and seventy-four (10.29 percent) were over the age of 40. Three (.40 percent) respondents did not answer this question.

Family Income

One hundred and ninety-nine (27.56 percent) families had incomes of \$12,000 or less; one hundred and twenty-nine

(17.87 percent) had incomes from \$12,000 to \$14,999; and three hundred and ninety-four (54.58 percent) had incomes above \$15,000.

Age of Oldest Child

In sixty-one (8.44 percent) families the oldest child was below the age of 6; in four hundred and thirty-nine (60.80 percent) families the oldest child was between the ages of 6 and 10; and two hundred and twenty-two (30.76 percent) families had a child 11 years old or older.

Number of Children in Family

Eighty-eight (12.24 percent) families had only one child; three hundred and fifty-eight (49.65 percent) had two children; one hundred and eighty-one (25.04 percent) had three children; and ninety-five (13.08 percent) had more than three children.

Age of Youngest Child

In one hundred and thirty-eight (19.13 percent) families the youngest child was from 0-2; in two hundred and forty-nine (34.46 percent) families the youngest child was from 3-5; and in three hundred and thirty-five (46.41 percent) families the youngest child was from 6-10 years old.

Analysis

Because the focus of this study concerned the factors which affect family choices about child care, data

were analyzed by family. In addition, because choice in child care varied by the age of the child, all data are presented by child age categories. A family with two or more children in the same age category in every case made the same child care choice for each of those children. Thus, families with more than one child in the same age group as well as families with only one child in that age group, are represented in the tables as making one choice. Because statistics are compiled by age groups, no family appears more than once within any one table, but families with children in more than one age group will appear in more than one table.

Chi-squares and gammas were computed for all tables. Chi-square tests the hypothesis that any observed association between two nominal scales is the result of sampling variation from a population in which the association is zero.¹² In other words, chi-square tests the significance of the discrepancy between the observed frequencies and the frequencies which might be expected if there were no association between the two variables tested. The region of rejection consists of all values of chi-square which are so large that the probability associated with their occurrence under the null hypothesis is equal to or less than five in 100.¹³ After chi-square is computed, it is

¹²Linton C. Freeman, Elementary Applied Statistics (New York: John Wiley & Sons, Inc., 1965), p. 215.

¹³*Ibid.*, p. 225.

necessary to determine the degrees of freedom. This is done by subtracting one from the number of rows in the table and multiplying this difference by the number of columns minus one.¹⁴ Standard tables of reference exist to determine whether the chi-square found, with the degrees of freedom in the table, is significant enough to reject the null hypothesis that no association exists. Most of the chi-squares presented in the following tables were computed by a computer package called Stat-Job at the University of Wisconsin Computing Center. Levels of probability of chi-square being high enough to reject the null hypothesis for variables tested are indicated at the bottom of all tables. Chi-square tests for association only; it does not indicate the nature of the association, if found.

Gamma indicates the direction and degree of association between two ordinal variables. The test is the degree to which an individual's relative position or rank in one ordinal scale is predictable from his rank in another.¹⁵ Association may be negative or positive. The degree of association, or the degree of predictability, between two ordinal scales is dependent on the amount of agreement or inversion in the order of the scales. If two sets of ranks are in perfect agreement, gamma is plus one. When two sets

¹⁴Ibid., pp. 223-24.

¹⁵Ibid., p. 79.

of ranks are in perfect inversion, gamma is minus one. All other arrangements produce absolute values less than one, and as these values increase from zero to plus one or minus one they express increasing association between the two rankings.¹⁶

Some of the observed relationships in this study do not meet these statistical tests, but nevertheless are interesting. In those cases, results are still presented. In some cases, due to the small number of cases, statistical tests are not valid. This does not mean that no association exists, but merely that the tests of significance were inconclusive. Where appropriate, such tables are included in the study. In most instances, where it appeared that no significant association existed between the two variables tested, it was so noted and tables are not presented.

Results

The results of the survey will be presented under four major headings: 1) Child Care Choices, Total Sample; 2) Degree of Satisfaction by Child Care Choice; 3) Mother's Employment Status; and 4) Substitute Child Care Choices, Total Sample.

Child Care Choices, Total Sample

It was found that child care choices varied most significantly by the age of the child and the mother's

¹⁶Ibid., p. 80.

employment status. This section presents data on the total sample, including mothers who do not work outside the home, mothers who work full-time or part-time outside the home and student mothers. A later section will deal more comprehensively with the association between the mother's employment status and family choices in child care arrangements.

Actual Child Care Arrangements, Table 11

Maternal Care by Age of Child

At least 52 percent of families choose full time maternal care for one or more of their children. Approximately 62 percent of families with children ages 2 years or less choose such care for their children in that age group; 52 percent of families with children ages 3 to 5; and 54 percent of families with children ages 6 to 10.

The high percentage of families using full-time maternal care for children ages 0-2 suggests that parents perceive maternal care to be more important the younger the child. However, it does not explain why the percentage of families using maternal care for children ages 6 to 10 is higher than that for children ages 3 to 5. Two postulates may help explain this: 1) peer group experience is felt to be important for the 3 to 5 age group (23.27 percent are in day care centers); and 2) children ages 6 to 10 are in school much of the day and can be more easily cared for by the mother, even if she is working or attending school.

TABLE 11
 ACTUAL CHILD CARE ARRANGEMENTS BY
 FAMILY CHOICES AND AGE OF CHILD

Use	Age 0-2	Age 3-5	Age 6-10
Care by Mother	61.87%	51.64%	54.39%
Care in home by other than Mother	8.63	4.73	15.87
Care in Care-Giver's home	23.74	20.00	20.03
Care in Day Care Center or After- School Program	5.04	23.27	4.31
No Special Care	.72	.36	5.39
Totals	100.00	100.00	100.00
N	(139)	(275)	(649)
$\chi^2 = 119.35, df = 8, p < .001, \text{gamma} = -.03$			

Substitute Care by Age of Child

Arrangements for substitute care varied by the age of the child. However, it should be pointed out that 48 percent of families with children in more than one age group used the same type of care for all their children regardless of age, and 44 percent of the families sampled who used substitute care had children in more than one age group. There is no formal day care center or agency in Madison where all three age groups can receive care, although many family day care homes do accept children in all age groups. This means that those families who choose the advantages of having all of their children in the same care arrangement have to use informal care if their children are in more than two age groups.

In-Home Care by Others. Children 6-10 were more frequently cared for in the home by others than any other age group, possibly reflecting the relative ease of such arrangements for children attending school part of the day. Children ages 0-2 were the next most likely group to receive in-home substitute care. This may be a reflection of values stressing the benefits of care in familiar surroundings for very young children. Children ages 3 to 5 years old were the least likely to be cared for by others in their own home.

Care in the Care-Giver's Home. Children ages 0-2 and 6-10 were most often cared for in the care-giver's

home. This type of care was the second most popular form of care for children ages 3-5. It is probably the most convenient, economical, flexible and well-known form of substitute child care.

Day Care and After-School Care Centers. Children ages 0-2 and 6-10 were rarely placed in centers. However, center care was the most popular form of care for 3-5 year olds. This pattern of use is probably influenced by day care center policies. Most centers are reluctant to accept infants due to requirements for higher staff/child ratios. School-age children present a problem for centers because their time at the center each day is relatively brief, yet still requires staff and facilities outlay. A few after-school programs are offered in Madison and all are filled to capacity.

Child Care Preferences, Table 12

Preferences in child care arrangements differ significantly from actual child care use and thus will be briefly compared here. The next section discusses family satisfaction with actual child care arrangements in greater detail.

Maternal Care by Age of Child

A relatively small percent of families surveyed prefer full-time maternal care for one or more of their children. Approximately 34 percent of families with children

ages 2 years or younger prefer that these children be cared for by their mother full-time; only 25 percent prefer their children ages 3-5 to be cared for at home by their mothers and less than 28 percent of families with children ages 6-10 prefer full-time maternal care for those children.

Substitute Care by Age of Child

In-home care by others is the most preferred form of care for children ages 2 and under, and more formal day care is the most preferred type of arrangement for both 3-5 year olds and 6-10 year olds. Care in the care-giver's home is the second most preferred arrangement for all age groups.

In-Home Care by Others. Families were most likely to prefer in-home care by others for children 0-2. About 33 percent of families with children in this age group prefer such care, although only 8.63 percent actually use this type of care. The discrepancy between use and preference is probably due to the difficulty of finding care-givers willing to come into the home to care for children on a full-time basis. Even where care-givers are available, the cost is undoubtedly high.

Preference for in-home care by others for children from 3 to 5 years of age is also higher than actual use. Almost 18 percent of families with children in this age category prefer the care-giver to come to their home, but only 4.73 percent have made such arrangements.

Preference for in-home care by others for children from 6-10 is only slightly higher than actual use. Approximately 20 percent of families with children 6-10 prefer to use in-home care by others, but almost 16 percent of them actually use such care. Other data to be presented later for school-age children suggest that relatives and other siblings frequently provide substitute care; thus it is not as difficult to obtain this type of care for this age group as for younger children who require full-day care.

Care in the Care-Giver's Home. This type of care is the second most preferred substitute care for both age categories of pre-school children, and preference does not vary much from actual use. Preference for care in the care-giver's home is slightly less for children ages 6-10 than actual use of such care.

Day Care and After-School Care Centers. Families prefer to use day care center care more than they actually do, for all age groups. However, there is relatively little difference in the percentage of families preferring such care for children ages 0-2 and the percentage using such care. Approximately eight percent of families prefer center care and about five percent use center care.

Over 36 percent of families with children ages 3-5 would prefer to place them in day care centers, although only 23.27 percent of them do so. Whether this is due to lack of available spaces, or due to factors such as cost

TABLE 12
CHILD CARE PREFERENCE BY FAMILY
CHOICES AND AGE OF CHILD

Use	Age 0-2	Age 3-5	Age 6-10
Care by Mother	34.04%	25.00%	27.87%
Care in home by other than Mother	33.34	17.80	19.76
Care in Care-Giver's home	24.11	20.75	15.54
Care in Day Care Center or After- School Program	8.51	36.44	36.15
No Special Care	.00	.00	.68
Total	100.00	100.00	100.00
N	(141)	(236)	(592)
$\chi^2 = 116.79, df = 8, p < .001, \text{gamma} = .14$			

or convenience, is difficult to determine without further evidence.

The most striking difference between use and preference is for after-school day care for children ages 6-10. Only 4.31 percent of families with children in this age group use such care, but 36.15 percent of them would prefer to do so. It seems reasonable to assume that this variation may be accounted for by the lack of available spaces.

Degree of Satisfaction by Child Care Choice

Tables 11 and 12 suggest that parents by and large are not using the type of care that they would most prefer. There is a strong preference for in-home care by others for pre-school children and for after-school day care for older children that is not being met.

Another way of comparing actual use and preferred use is to examine the level of satisfaction of those families using particular child care arrangements. Tables 13, 14 and 15 present the preferences for care arrangements of families presently using each type of care, by the ages of the children being cared for.

Children Ages 6-10 (Table 13)

With the exception of families using day care centers, less than half of the families with children 6-10 prefer the child care arrangements they are now using. Ninety-five percent of families using after-school day care

prefer such care; 49.44 percent of families using full-time maternal care prefer to do so; 38.28 percent of families using care in the care-giver's home prefer this use; and 26.92 percent of families using in-home care by others prefer such arrangements.

Maternal Care

A surprisingly high percentage of full-time at-home mothers would prefer some other type of care arrangement. Approximately 31 percent of at-home mothers of children 6-10 indicated that they had plans for future employment, accounting for some of the discrepancy between use and preference. However, approximately 20 percent of mothers who intend to remain at home would still prefer some substitute care arrangements for their school age children.

It is difficult to plan for this group of mothers. Employment plans may not materialize due to either economic or personal reasons. Those who do not plan to go to work but still prefer substitute child care might or might not avail themselves of such care if it were available and offered at a fee they could afford. Many would prefer to put their children in after-school programs. Undoubtedly, the cost, convenience and quality of such programs would affect whether in fact they used them. Because so few programs exist in the Madison area, there is no way of determining if the lack of use of this type of care is due to lack of space or other family considerations. Still,

TABLE 13
CHILD CARE USE AND PREFERENCE COMPARED
FOR CHILDREN AGES 6-10

	<u>Use</u>			
	Maternal Care	In-home by others	In care- giver's home	Day Care
<u>Preference</u>				
Maternal care	49.44%	.96%	.78%	0.00%
In-home by others	13.41	26.92	20.31	0.00
In care-givers' home	9.77	28.85	38.28	5.00
Day Care	27.38	43.72	40.63	95.00
Total	100.00	100.00	100.00	100.00
N	(358)	(104)	(128)	(20)

it can be said that even full-time at-home mothers would make some use of after-school programs under the right circumstances.

In-Home Care by Others and Care
in the Care-Giver's Home

Both families using in-home care by others and families using care in the care-giver's home prefer after-school day care to their present arrangements, although families using care in the care-giver's home are more satisfied than those using in-home care by others (38.28 percent compared with 26.92 percent). The low satisfaction rate for families using in-home care by others suggests that parents are not satisfied, but for reasons probably having to do with convenience and cost continue to use such arrangements.

Children Ages 3-5 (Table 14)

At least 50 percent or more of families with children ages 3-5 are satisfied with their present care arrangements. Almost 79 percent of families using in-home care by others prefer to do so; 73.61 percent of families using day care centers prefer such care; 53.03 percent of families using care in the care-giver's home are satisfied with this type of care; and 50.63 percent of families using maternal care are satisfied.

Maternal Care

About 21 percent of mothers caring for their children ages 3-5 full-time prefer to place them in day care centers; 16.87 percent would prefer in-home care by others and 11.25 percent prefer care in the care-giver's home. Eighty-four percent of these mothers have future employment plans. This means that 16 percent would prefer substitute care at least part of the time, even though they are not employed and do not intend to be employed outside the home in the near future.

In-Home Care by Others

Over 78 percent of families using in-home care by others prefer that type of care; 14.29 percent would prefer to use a day care center; and 7.14 percent would prefer to have full-time maternal care.

Care in the Care-Giver's Home

About 53 percent of families who use care in the care-giver's home are satisfied with such care; 34.85 percent would prefer to use a day care center; and 12.12 percent prefer in-home care by others.

Day Care Center Care

Almost 74 percent of families using day care centers are satisfied with such care; 13.89 percent prefer to use care in the care-giver's home; 11.11 percent prefer in-home care by others; and 1.39 percent would prefer maternal care.

TABLE 14
CHILD CARE USE AND PREFERENCE COMPARED
FOR CHILDREN AGES 3-5

	<u>Use</u>			
	Maternal Care	In-home by others	In care- giver's home	Day Care
<u>Preference</u>				
Maternal care	50.63%	7.14%	0.00%	1.39%
In-home by others	16.87	78.57	12.12	11.11
In care-giver's home	11.25	0.00	53.03	13.89
Day Care	21.25	14.29	34.85	73.61
Total	100.00	100.00	100.00	100.00
N	(160)	(14)	(66)	(72)

Children Ages 0-2 (Table 15)

Fifty percent or more of families with children 0-2 are satisfied with their care arrangements. Approximately 55 percent of families using maternal care prefer such care; 83.34 percent of families using in-home care by others are satisfied; 50 percent of families using care in the care-giver's home prefer to use this type of arrangement, and 67.20 percent of families using day care centers prefer to do so.

Maternal Care

Over 44 percent of families using full-time maternal care would prefer to use some other type of care arrangement. In 76 percent of these families, the mothers have future employment plans. Nearly 25 percent of families using maternal care would prefer to use in-home care by others; 14.12 percent prefer to use care in the care-giver's home; and 5.88 percent prefer to use day care centers.

In-Home Care by Others

Over 83 percent of families using in-home care by others prefer such care; 8.33 percent would prefer to use care in the care-giver's home; and 8.33 percent would prefer to use day care center care.

Care in the Care-Giver's Home

Fifty percent of families using care in the care-giver's home prefer to use such care; 43.76 percent would

TABLE 15
CHILD CARE USE AND PREFERENCE COMPARED
FOR CHILDREN AGES 0-2

	<u>Use</u>			
	Maternal Care	In-home by others	In care- giver's home	Day Care
<u>Preference</u>				
Maternal care	55.29%	0.00%	3.12%	0.00%
In-home by others	24.71	83.34	43.76	16.40
In care-giver's home	14.12	8.33	50.00	16.40
Day care	5.88	8.33	3.12	67.20
Total	100.00	100.00	100.00	100.00
N	(85)	(12)	(32)	(5)

prefer that care be provided in-home by others; 3.12 percent prefer maternal care; and 3.12 percent would prefer to use a day care center.

Day Care Center Care

Over 67 percent of families using day care center care are satisfied; 16.40 percent would prefer in-home care by others; and 16.40 percent would prefer care in the care-giver's home.

Summary

Approximately half of all families are dissatisfied with providing maternal care for their children of all ages, but much of this dissatisfaction may be accounted for by plans for future maternal employment. Whether the unemployed status of mothers in these families is due to lack of jobs or appropriate child care arrangements is not known.

Care arrangements for children ages 3-5 appear to be the most satisfactory, whatever the type of care used. This may be because more choices exist in Madison for this age group. Since families have a greater range of choice, they may tend to be more satisfied with their choices.

If the five families who use day care centers for their children 0-2 are discounted, it appears that the most satisfied families are those who use in-home care, either by the mother or some other care-giver.

Care arrangements for children 6-10 appear to be the most unsatisfactory. With the exception of those who use and prefer to use after-school day care, less than 50 percent of families with children 6-10 prefer the type of care they are using. All families, except those using maternal care, prefer the use of after-school day care to any other arrangement. There are very few spaces in after-school day care in Madison, so most of these families have to make other care arrangements.

Mother's Employment Status

Mother's employment status is clearly one of the most significant variables that determines whether or not a family will need some form of substitute care for their children. This section will: 1) present data on the association between socio-economic-demographic variables and mother's employment status, and 2) consider the association between actual child care arrangements and mother's employment status.¹⁷

Associated with Socio-Economic-Demographic Variables

Family Income

Table 16 tests association of family income with mother's employment status. Three income categories have

¹⁷ Mother's employment status was tested for association with family preferences in child care, but no significant differences were found between full-time employed

been used: 1) low, below \$12,000 annual income; 2) medium, from \$12-15,000; and 3) high, above \$15,000.

Mothers in all income categories are more likely to be at home full-time than to have any other occupation. Low income mothers are most likely to work full-time, high income mothers are second most likely, and middle income mothers are least likely. Low income mothers are least likely to work part-time, and middle and high income mothers are almost equally likely to work part-time. Mothers of all income categories are nearly equal in their tendency to be students.

This employment pattern coincides roughly with national figures and supports the general statement that mothers are most likely to work because of economic reasons.¹⁸

Mother's Education

Table 17 tests association of mother's education with her employment status. Although chi-square tests indicate that distribution is not random, a gamma of .08 suggests that higher levels of education are only mildly associated with higher levels of employment outside the home.

mothers and part-time employed or student mothers. Preferences of families with full-time at-home mothers are discussed supra.

¹⁸ See Chapter 1, supra, "Female Labor Force Participation Rates."

TABLE 16
MOTHER'S EMPLOYMENT STATUS AND FAMILY INCOME

<u>Income</u>	<u>Mother's Employment Status</u>					
	At Home	Student	Part-Time	Full-Time	Total	
Low	66	5	27	64	162	Count
	40.74	3.09	16.67	39.51	100.00	PRow
	21.09	20.00	16.27	36.36	23.82	PCol
	9.71	.74	3.97	9.41	23.82	PPlane
Middle	67	4	34	23	128	Count
	52.34	3.13	26.56	17.97	100.00	PRow
	21.41	16.00	20.48	13.07	18.82	PCol
	9.85	.59	5.00	3.38	18.82	PPlane
High	180	16	105	89	390	Count
	46.15	4.10	26.92	22.82	100.00	PRow
	57.51	64.00	63.25	50.57	57.35	PCol
	26.47	2.35	15.44	13.09	57.35	PPlane
Total	313	25	166	176	680	Count
	46.03	3.68	24.41	25.88	100.00	PRow
	100.00	100.00	100.00	100.00	100.00	PCol
	46.03	3.68	24.41	25.88	100.00	PPlane

$\chi^2 = 21.92$, $df = 6$, $p < .001$, $\gamma = -.10$

TABLE 17
MOTHER'S EMPLOYMENT STATUS AND MOTHER'S EDUCATION

<u>Education</u>	<u>Mother's Employment Status</u>					
	At Home	Student	Part-Time	Full-Time	Total	
High School	138	2	51	72	263	Count
	52.47	.76	19.39	27.38	100.00	PRow
	42.99	8.00	33.33	43.37	39.55	PCol
	20.75	.30	7.67	10.83	39.55	PPane
College	160	15	80	72	327	Count
	48.93	4.59	24.46	22.02	100.00	PRow
	49.84	60.00	52.29	43.37	49.17	PCol
	24.06	2.26	12.03	10.83	49.17	PPane
Graduate Degree	23	8	22	22	75	Count
	30.67	10.67	29.33	29.33	100.00	PRow
	7.17	32.00	14.38	13.25	11.28	PCol
	3.46	1.20	3.31	3.31	11.28	PPane
Total	321	25	153	166	665	Count
	48.27	3.76	23.01	24.96	100.00	PRow
	100.00	100.00	100.00	100.00	100.00	PCol
	48.27	3.76	23.01	24.96	100.00	PPane

$\chi^2 = 23.62$, $df = 6$, $p < .001$, $\gamma = .08$

Mother's Age

Table 18 tests association of mother's age with her employment status. National labor force statistics suggest that very young mothers (who are most likely to experience economic need) and older mothers (who are most likely to have older children and therefore less child care responsibilities) are more likely to work than women of child-bearing ages 25 to 40.¹⁹ The data in this sample do not bear this out, probably because of the method of sampling. Sampling was based on women having at least one child of school age still young enough to require substitute care (10 or less), and very few women in the sample were 25 or under.

Marital Status

As might be expected, the rate of full-time employment for married women is substantially lower than that of unmarried mothers (Table 19). It may be assumed that unmarried mothers are heads of households and are more likely to have pressing economic reasons for working. Eleven of the 18 unmarried women in the "at-home" category are on welfare.

Age of the Oldest Child

Although it was expected that the age of the oldest child would be a factor in family decisions for women to work outside the home, no association was found. This may

¹⁹Ibid.

TABLE 18
MOTHER'S EMPLOYMENT STATUS AND MOTHER'S AGE

Age	Mother's Employment Status					
	At Home	Student	Part-Time	Full-Time	Total	
25 or less	14	0	3	11	28	Count
	50.00	.00	10.71	39.29	100.00	PRow
	4.22	.00	1.74	6.21	3.95	PCol
	1.98	.00	.42	1.55	3.95	PPlane
26-30	88	11	47	61	207	Count
	42.51	5.31	22.71	29.47	100.00	PRow
	26.51	40.74	27.33	34.46	29.24	PCol
	12.43	1.55	6.64	8.62	29.24	PPlane
31-35	136	9	65	53	263	Count
	51.71	3.42	24.71	20.15	100.00	PRow
	40.96	33.33	37.79	29.94	37.15	PCol
	19.21	1.27	9.18	7.49	37.15	PPlane
36-40	56	7	40	34	137	Count
	40.88	5.11	29.20	24.82	100.00	PRow
	16.87	25.93	23.26	19.21	19.35	PCol
	7.91	.99	5.65	4.80	19.35	PPlane

TABLE 18, continued

<u>Mother's Employment Status</u>						
<u>Age</u>	At Home	Student	Part-Time	Full-Time	Total	
41-45	28	0	13	16	57	Count
	49.12	.00	22.81	28.07	100.00	PRow
	8.43	.00	7.56	9.04	8.05	PCol
	3.95	.00	1.84	2.26	8.05	PPlane
46+	10	0	4	2	16	Count
	62.50	.00	25.00	12.50	100.00	PRow
	3.01	.00	2.33	1.13	2.26	PCol
	1.41	.00	.56	.28	2.26	PPlane
Total	332	27	172	177	708	Count
	46.89	3.81	24.29	25.00	100.00	PRow
	100.00	100.00	100.00	100.00	100.00	PCol
	46.89	3.81	24.29	25.00	100.00	PPlane

 $\chi^2 = 15.38, df = 15, p = .42, \text{gamma} = -.04$

TABLE 19
MOTHER'S EMPLOYMENT STATUS AND
MOTHER'S MARITAL STATUS

Marital Status	Mother's Employment Status					
	At Home	Student	Part-Time	Full-Time	Total	
Married	315	22	151	124	612	Count
	51.47	3.59	24.67	20.26	100.00	PROw
	94.59	81.48	89.35	69.66	86.56	PCol
	44.55	3.11	21.36	17.54	86.56	PPlane
Unmarried	18	5	18	54	95	Count
	18.95	5.26	18.95	56.84	100.00	PROw
	5.41	18.52	10.65	30.34	13.44	PCol
	2.55	.71	2.55	7.64	13.44	PPlane
Total	333	27	169	178	707	Count
	47.10	3.82	23.90	25.18	100.00	PROw
	100.00	100.00	100.00	100.00	100.00	PCol
	47.10	3.82	23.90	25.18	100.00	PPlane

$\chi^2 = 61.19$, $df = 3$, $p < .001$, $\gamma = .58$

be due to the fact that over 50 percent of the families sampled had pre-school children.

Age of Youngest Child

As the age of the youngest child in the family increases, the mother is less likely to stay at home full time (Table 20). Nearly 63 percent of the mothers of children ages 0-2 stayed at home full time; 49.80 percent of mothers whose youngest child was 3-5 stayed at home; and 38.18 percent of mothers whose youngest children were between 6 and 10 stayed at home.

About 17 percent of mothers whose youngest child was 2 or under worked full time; 19.18 percent of mothers whose youngest child was 3-5 worked full time; and 33.03 percent of mothers whose youngest child was between 6 and 10 worked full time.

Number of Children in Family

Table 21 shows that as the number of children in the family increases, the mother is more likely to stay at home full-time; 32.18 percent of mothers with only one child stay at home, while nearly 57 percent of mothers with four or more children stay at home full time.

The percentage of mothers attending school is relatively stable regardless of the number of children in the family.

TABLE 20
MOTHER'S EMPLOYMENT STATUS AND
AGE OF YOUNGEST CHILD

Age of Youngest Child	Mother's Employment Status					
	At Home	Student	Part-Time	Full-Time	Total	
0-2	85	4	24	23	136	Count
	62.50	2.94	17.65	16.91	100.00	PRow
	25.53	14.81	13.95	12.85	19.13	PCol
	11.95	.56	3.38	3.23	19.13	PPlane
3-5	122	9	67	47	245	Count
	49.80	3.67	27.35	19.18	100.00	PRow
	36.63	33.33	38.95	26.26	34.46	PCol
	17.16	1.27	9.42	6.61	34.46	PPlane
6-10	126	14	81	109	330	Count
	38.18	4.24	24.55	33.03	100.00	PRow
	37.84	51.85	47.09	60.89	46.41	PCol
	17.72	1.97	11.39	15.33	46.41	PPlane
Total	333	27	172	179	711	Count
	46.84	3.80	24.19	25.18	100.00	PRow
	100.00	100.00	100.00	100.00	100.00	PCol
	46.84	3.80	24.19	25.18	100.00	PPlane

$\chi^2 = 32.01, df = 6, p < .001, \text{gamma} = .27$

TABLE 21
MOTHER'S EMPLOYMENT STATUS
AND NUMBER OF CHILDREN

Number of Children	Mother's Employment Status					
	At Home	Student	Part-Time	Full-Time	Total	
One	28	3	13	43	87	Count
	32.18	3.45	14.94	49.43	100.00	PRow
	8.41	11.11	7.56	24.02	12.24	PCol
	3.94	.42	1.83	6.05	12.24	PPlane
Two	153	16	90	94	353	Count
	43.34	4.53	25.50	26.63	100.00	PRow
	45.95	59.26	52.33	52.51	49.65	PCol
	21.52	2.25	12.66	13.22	49.65	PPlane
Three	99	4	43	32	178	Count
	55.62	2.25	24.16	17.98	100.00	PRow
	29.73	14.81	25.00	17.88	25.04	PCol
	13.92	.56	6.05	4.50	25.04	PPlane
Four or more	53	4	26	10	93	Count
	56.99	4.30	27.96	10.75	100.00	PRow
	15.92	14.81	15.12	5.59	13.08	PCol
	7.45	.56	3.66	1.41	13.08	PPlane
Total	333	27	172	179	711	Count
	46.84	3.80	24.19	25.18	100.00	PRow
	100.00	100.00	100.00	100.00	100.00	PCol
	46.84	3.80	24.19	25.18	100.00	PPlane

$\chi^2 = 43.61$, $df = 9$, $p < .001$, $\gamma = -.27$

Mothers with only one child have less of a tendency to work part-time than other mothers. Mothers with more than one child are approximately equal in their rates of part-time work.

Far more mothers with only one child work full-time (49.43 percent) than mothers with four or more children (10.75 percent). About 26 percent of mothers with two children work full-time outside the home and 18 percent of mothers with three children.

Assuming that in making decisions about the mother's employment status the family takes the cost of substitute child care into consideration, the above patterns make economic sense. The more children in the family the higher the cost of child care and the less the financial gain from the mother's outside employment.

Mother's Employment Status Associated with Actual Child Care Arrangements

The mother's employment status is clearly the most important variable that determines whether or not the family will need some form of substitute care for their children. Tables 22, 23 and 24 indicate the type of child care use by mother's employment status and age of the child.

Full-Time Employment

Mothers who are employed full time use care in the care-giver's home over 50 percent of the time, no matter how old their children are. The use of this type of care

TABLE 22
MOTHER'S EMPLOYMENT STATUS AND
CHILD CARE USE FOR CHILDREN
AGES 0-2

Mother's Employment Status	Child Care Use				Total	
	Maternal Care	In-Home Care	In Care- giver's Home	Day Care Center		
At-home	80	0	1	3	84	Count
	95.24	.00	1.19	3.57	100.00	PRow
	93.02	.00	3.13	60.00	62.22	PCol
	59.26	.00	.74	2.22	62.22	PPane
Student	1	0	2	1	4	Count
	25.00	.00	50.00	25.00	100.00	PRow
	1.16	.00	6.25	20.00	2.96	PCol
	.74	.00	1.48	.74	2.96	PPane
Part-time	5	7	12	0	24	Count
	20.83	29.17	50.00	.00	100.00	PRow
	5.81	58.33	37.50	.00	17.78	PCol
	3.70	5.19	8.89	.00	17.78	PPane
Full-time	0	5	17	1	23	Count
	.00	21.74	73.91	4.35	100.00	PRow
	.00	41.67	53.13	20.00	17.04	PCol
	.00	3.70	12.59	.74	17.04	PPane
Total	86	12	32	5	135	Count
	63.70	8.89	23.70	3.70	100.00	PRow
	100.00	100.00	100.00	100.00	100.00	PCol
	63.70	8.89	23.70	3.70	100.00	PPane

$\chi^2 = 98.05$, $df = 8$, $p < .001$, $\gamma = .85$

TABLE 23
MOTHER'S EMPLOYMENT STATUS AND
CHILD CARE USE FOR CHILDREN
AGES 3-5

Mother's Employment Status	Child Care Use				Total	
	Maternal Care	In-home Care	In Care- Giver's Home	Day Care Center		
At home	136	0	5	26	167	Count
	81.44	.00	2.99	15.57	100.00	PRow
	85.00	.00	7.46	36.11	53.35	PCol
	43.45	.00	1.60	8.31	53.35	PPlane
Student	3	0	5	4	12	Count
	25.00	.00	41.67	33.33	100.00	PRow
	1.88	.00	7.46	5.56	3.83	PCol
	.96	.00	1.60	1.28	3.83	PPlane
Part-time	21	9	21	26	77	Count
	27.27	11.69	27.27	33.77	100.00	PRow
	13.12	64.29	31.34	36.11	24.60	PCol
	6.71	2.88	6.71	8.31	24.60	PPlane
Full-time	0	5	36	16	57	Count
	.00	8.77	63.16	28.07	100.00	PRow
	.00	35.71	53.73	22.22	18.21	PCol
	.00	1.60	11.50	5.11	18.21	PPlane
Total	160	14	67	72	313	Count
	51.12	4.47	21.41	23.00	100.00	PRow
	100.00	100.00	100.00	100.00	100.00	PCol
	51.12	4.47	21.41	23.00	100.00	PPlane

$\chi^2 = 162.51, df = 9, p < .001, \text{gamma} = .62$

TABLE 24
MOTHER'S EMPLOYMENT STATUS AND
CHILD CARE USE FOR CHILDREN
AGES 6-10

Mother's Employment Status	Child Care Use					Total	
	No Care	Maternal Care	In-Home Care	In Care- Giver's Home	After School Program		
At home	1	289	4	4	0	298	Count
	.34	96.98	1.34	1.34	.00	100.00	PRow
	3.23	80.50	3.77	3.10	.00	46.20	PCol
	.16	44.81	.62	.62	.00	46.20	PPlane
Student	3	8	3	9	2	25	Count
	12.00	32.00	12.00	36.00	8.00	100.00	PRow
	9.68	2.23	2.83	6.98	10.00	3.88	PCol
	.47	1.24	.47	1.40	.31	3.88	PPlane
Part-time	7	60	54	34	6	161	Count
	4.35	37.27	33.54	21.12	3.73	100.00	PRow
	22.58	16.71	50.94	26.36	30.00	24.98	PCol
	1.09	9.30	8.37	5.27	.93	24.96	PPlane
Full-time	20	2	45	82	12	161	Count
	12.42	1.24	27.95	50.94	7.45	100.00	PRow
	64.52	.56	42.45	63.57	60.00	24.96	PCol
	3.10	.31	6.98	12.71	1.86	24.96	PPlane
Total	31	359	106	129	20	645	Count
	4.81	55.66	16.43	20.00	3.10	100.00	PRow
	100.00	100.00	100.00	100.00	100.00	100.00	PCol
	4.81	55.66	16.43	20.00	3.10	100.00	PPlane

$\chi^2 = 444.51, df = 12, p < .001, \text{gamma} = .66$

appears to decrease, however, as the age of the child increases. About 74 percent of employed mothers use care in the care-giver's home for their children ages 0-2; 63.16 percent for children ages 3-5 and 50.94 percent for children ages 6-10.

Part-Time Employed and Student

Mothers who are employed part-time and student mothers show a somewhat different pattern. They tend to use more informal care for children ages 0-2 and 6-10, either caring for their children themselves or delegating the care to others within the home. Children from 3 to 5 are more likely to be cared for in the care-giver's home or placed in day care centers. This group of families presents particular problems for day care delivery systems, due to the difficulty of providing short-term, drop-in care.

At-Home Mothers

The majority of mothers who are not employed outside the home use maternal care for their children in all age groups. However, a sizable minority, 15.57 percent, use day care centers for their children in the 3 to 5 year old age group. This presumably reflects a parental judgment that children in this age group can benefit from organized peer group experience outside the home. In most instances the child probably attends the day care center on a part-day basis, but data were not coded in such a way that this

information is retrievable. In any case, it appears that part of the demand for day care center slots for children ages 3 to 5 comes from families with at-home mothers. Thus, planners of day care delivery systems must take this factor into account, and not assume that demand for day care for 3-5 year olds is only from families with working mothers.

Comparison of Working and Student Mothers

This section will consider whether the mother's status as a full-time worker or part-time worker and/or student is associated with family choices in child care arrangements.

Children Ages 6-10 (Table 25). Full-time employed mothers used care in the care-giver's home more than any other type of care (58.99 percent). Part-time employed and/or student mothers used care in the home by others more than any other form of care (52.78 percent), but a significant minority (39.18 percent) used care in the care-giver's home. Neither group used after-school day care to any great extent. The fact that part-time employed and student mothers are more likely than full-time working mothers to arrange for care in the home by others is probably due to the relatively short amounts of time that their children in this age group require substitute care.

Children Ages 3-5 (Table 26). Full-time employed mothers show a strong tendency to use care in the care-giver's home for their children in this age group (63.16

TABLE 25
 COMPARISON OF SUBSTITUTE CHILD CARE USE
 BETWEEN FULL-TIME EMPLOYED MOTHERS AND
 PART-TIME EMPLOYED AND STUDENT MOTHERS
 FOR CHILDREN AGES 6-10

Type of Use	Full-time Employed Mothers	Part-time Employed and Student Mothers
In-home by others	32.37%	52.78%
In care-giver's home	58.99	39.81
Day Care Centers	8.63	7.41
Total	100.00	100.00
N	(139)	(108)
$\chi^2 = 11.67, df = 2, p < .01, \text{gamma} = .33$		

TABLE 26
 COMPARISON OF SUBSTITUTE CHILD CARE USE
 BETWEEN FULL-TIME EMPLOYED MOTHERS AND
 PART-TIME EMPLOYED AND STUDENT MOTHERS
 FOR CHILDREN AGES 3-5

Type of Use	Full-time Employed Mothers	Part-time Employed and student Mothers
In-home by others	8.77%	13.85%
In care-giver's home	63.16	40.00
Day Care Centers	28.07	46.15
Total	100.00	100.00
N	(57)	(65)
$\chi^2 = 6.52, df = 2, p < .05, \text{gamma} = .21$		

percent). Mothers out of the home part-time as employees or students use care in the care-giver's home and day care centers about equally: 40 percent use care in the care-giver's home and 46.15 percent use day care centers. Only 28.07 percent of full-time employed mothers use day care centers. The difference in the use of day care centers by full-time employed and part-time employed and student mothers may be related to a problem of availability. There are 42 part-day care centers in Madison and only 35 full-day care centers.²⁰

Children Ages 0-2. No significant association was found for this age group.

Substitute Child Care Choices,
Total Sample

This section will discuss: 1) substitute child care arrangements of all families sampled; 2) the association between child care use and socio-economic-demographic variables; 3) substitute child care preferences of all families in the sample; and 4) the association between child care preferences and socio-economic-demographic variables. Because no statistically significant results were obtained when socio-economic-demographic variables were tested for association with substitute child care use and preference and controlled for mother's employment status, all families

²⁰City of Madison, p. 7.

who use or would prefer to use substitute care are included in this analysis, regardless of mother's employment status.

Substitute Child Care Arrangements by Age of Child

Table 27 presents family choices in substitute child care arrangements by age of child. Over 63 percent of families with children 0-2 used care in the care-giver's home; 24.49 percent used in-home care by others; and 10.20 percent used day care centers.

Almost 47 percent of families with children ages 3-5 placed them in day care centers; 43.59 percent used care in the care-giver's home; and only 9.62 percent used in-home care by others.

Over 50 percent of families with children ages 6-10 used care in the care-giver's home; 41.15 percent used in-home care by others; and only 8.46 percent used day care centers.

Substitute Child Care Arrangements Associated with Socio-Economic- Demographic Variables

Family Income

Children Ages 6-10. Table 28 tests association of family income with child care use for children 6-10. Low and high income families are approximately equal in their tendency to use in-home care by others for their children ages 6-10; middle income families are much more likely to

TABLE 27
 ACTUAL SUBSTITUTE CARE ARRANGEMENTS BY
 FAMILY CHOICES AND AGE OF CHILD,
 TOTAL SAMPLE

Use	Age 0-2	Age 3-5	Age 6-10
Care in-home by others	24.49%	9.62%	41.15%
In care-giver's home	63.31	43.59	50.39
Day Care Center	10.20	46.79	8.46
Total	100.00	100.00	100.00
N	(49)	(156)	(260)
$\chi^2 = 78.65, df = 4, p < .001, \text{gamma} = -.49$			

TABLE 28
FAMILY INCOME AND CHILD CARE USE
FOR CHILDEN AGES 6-10

Family Income	Child Care Use				
	In Home by Others	In Care- giver's Home	After-school Program	Total	
Low	28	37	11	76	Count
	36.84	48.68	41.47	100.00	PRow
	27.45	30.03	52.38	30.89	PCol
	11.38	15.04	4.47	30.89	PPlane
Middle	26	16	1	43	Count
	60.47	37.21	2.33	100.00	PRow
	25.49	13.01	4.76	17.48	PCol
	10.57	6.50	.41	17.48	PPlane
High	48	70	9	127	Count
	37.80	55.12	7.09	100.00	PRow
	47.06	56.91	42.86	51.63	PCol
	19.51	28.46	3.66	51.63	PPlane
Total	102	123	21	246	Count
	41.46	50.00	8.54	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	41.46	50.00	8.54	100.00	PPlane

$\chi^2 = 9.58$, $df = 4$, $p < .05$, $\gamma = -.01$

use in-home care by others than the other two income groups.

The most popular form of substitute care for low and high income families is care in the care-giver's home, with care in the child's own home by others a close second.

Low income families are more likely than other income groups to use after-school day care, possibly because this type of care is generally subsidized for such families. However, few families in any income category use after-school day care.

Children Ages 3-5 (Table 29). Very few high income families (only 1.22 percent) use in-home care by others for children in this age group; 28.57 percent of middle income families use such care, and 12.82 percent of low income families.

Half of high income families utilize care in the care-giver's home; 41.03 percent of low income families and only 25 percent of middle income families.

All income categories are approximately equal in their use of day care centers for children ages 3-5. Around 46 to 48 percent of all families use day care centers.

Children Ages 0-2 (Table 30). Middle income families are most likely to use in-home care by others; 66.67 percent use this type of care. Forty percent of low income families use in-home care by others and only 7.41 percent of high income families.

TABLE 29
FAMILY INCOME AND CHILD CARE USE
FOR CHILDREN AGES 3-5

<u>Family Income</u>	<u>Child Care Use</u>				
	In Home by Others	In Care- giver's Home	Day Care Center	Total	
Low	5	16	18	39	Count
	12.82	41.03	46.15	100.00	PRow
	35.71	25.00	25.35	26.17	PCol
	3.36	10.74	12.08	26.17	PPlane
Middle	8	7	13	28	Count
	28.57	25.00	46.43	100.00	PRow
	57.14	10.94	18.31	18.79	PCol
	5.37	4.70	8.72	18.79	PPlane
High	1	41	40	82	Count
	1.22	50.00	48.78	100.00	PRow
	7.14	64.06	56.34	55.03	PCol
	.67	27.52	26.85	55.03	PPlane
Total	14	64	71	149	Count
	9.40	42.95	47.65	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	9.40	42.95	47.65	100.00	PPlane

$\chi^2 = 16.70$, $df = 4$, $p < .01$, $\gamma = .14$

TABLE 30
FAMILY INCOME AND CHILD CARE USE
FOR CHILDREN AGES 0-2

<u>Family Income</u>	<u>Child Care Use</u>				
	In Home by Others	In Care- giver's Home	Day Care Center	Total	
Low	6	8	1	15	Count
	40.00	53.33	6.67	100.00	PRow
	50.00	25.00	25.00	31.25	PCol
	12.50	16.67	2.08	31.25	PPlane
Middle	4	1	1	6	Count
	66.67	16.67	16.67	100.00	PRow
	33.33	3.13	25.00	12.50	PCol
	8.33	2.08	2.08	12.50	PPlane
High	2	23	2	27	Count
	7.41	85.19	7.41	100.00	PRow
	16.67	71.88	50.00	56.25	PCol
	4.17	47.92	4.17	56.25	PPlane
Total	12	32	4	48	Count
	25.00	66.67	8.33	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	25.00	66.67	8.33	100.00	PPlane

$$\chi^2 = 9.07, df = 4, p = .059, \text{gamma} = .47$$

Care in the care-giver's home is the most commonly used child care arrangement for both low and high income families. Over 53 percent of low income families and 85.19 percent of high income families use such care. Only 16.67 percent of middle income families use care in the care-giver's home.

Only 6.67 percent of low income families use day care centers. This light use of day care centers does not fit with national studies which show that low income families are more likely than any other income group to use day care centers. However, this sample indicates that day care centers are not popular choices for this age group with any income category. About 17 percent of middle income families use day care centers and 7.41 percent of high income families.

Mother's Education²¹

Children Ages 6-10. Table 31 suggests that there is a tendency for mothers with graduate degrees to use care in the care-giver's home much more than mothers with high-school or college educations. However, chi-square is not high enough to reject the null hypothesis of no association.

Children Ages 3-5. Table 32 tests association of mother's education and choice in child care arrangements

²¹ Mother's education has been divided into three categories: 1) attended or graduated high school; 2) attended or graduated college; and 3) received graduate degree.

TABLE 31
MOTHER'S EDUCATION AND CHILD CARE USE
FOR CHILDREN AGES 6-10

<u>Mother's Education</u>	<u>Child Care Use</u>			<u>Total</u>	
	<u>In Home by Others</u>	<u>In Care- giver's Home</u>	<u>After- School Program</u>		
High School	44	44	4	95	Count
	46.32	46.32	7.37	100.00	PRow
	46.32	37.61	33.33	40.77	PCol
	18.88	18.88	3.00	40.77	PPlane
College	41	49	12	102	Count
	40.20	48.04	11.76	100.00	PRow
	43.16	41.88	57.14	43.78	PCol
	17.60	21.03	5.15	43.78	PPlane
Graduate School	10	24	2	36	Count
	27.78	66.67	5.56	100.00	PRow
	10.53	20.51	9.52	15.45	PCol
	4.29	10.30	.86	15.45	PPlane
Total	95	117	21	233	Count
	40.77	50.21	9.01	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	40.77	50.21	9.01	100.00	PPlane

$$\chi^2 = 4.56, df = 4, p = .336, \text{gamma} = .17$$

TABLE 32
MOTHER'S EDUCATION AND CHILD CARE USE
FOR CHILDREN AGES 3-5

<u>Mother's Education</u>	<u>Child Care Use</u>				
	<u>In Home by Others</u>	<u>In Care- giver's Home</u>	<u>Day Care Center</u>	<u>Total</u>	
High School	5	28	17	50	Count
	10.00	56.00	34.00	100.00	PRow
	41.67	43.08	25.37	34.72	PCol
	3.47	19.44	11.81	34.72	PPlane
College	7	32	34	73	Count
	9.59	43.84	46.58	100.00	PRow
	58.33	49.23	50.75	50.69	PCol
	4.86	22.22	23.61	50.69	PPlane
Graduate School	0	5	16	21	Count
	.00	23.81	76.19	100.00	PRow
	.00	7.69	23.88	14.58	PCol
	.00	3.47	11.11	14.58	PPlane
Total	12	65	67	144	Count
	8.33	45.14	46.53	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	8.33	45.14	46.53	100.00	PPlane

$\chi^2 = 8.49$, $df = 4$, $p = .07$, $\gamma = .38$

for children ages 3-5. The most frequently used form of care by families with high-school educated mothers is care in the care-giver's home (56 percent); families with mothers who attended college or graduate school were more likely to use day care centers (46.58 percent and 76.19 percent respectively).

Approximately ten percent of both high school and college educated mothers use in-home care by others, although none of the mothers with graduate school degrees use such care.

Fifty-six percent of the high school educated mothers use care in the care-giver's home, 43.84 percent of college educated mothers and only 23.81 percent of mothers with graduate school educations.

Thirty-four percent of mothers with a high school education use day care centers; 46.58 percent of college educated mothers use centers; and 76.19 percent of mothers with graduate school degrees use day care centers.

Children Ages 0-2. No association was found between mother's education and child care arrangements for children ages 0-2.

Mother's Age²²

Children Ages 6-10 (Table 33). A negative association was found between the age of the mother and the use

²² Mother's age was divided into six categories: 25 years old or less, 26-30 years old, 31-35, 36-40, 41 to 45, and over 45.

TABLE 33
MOTHER'S AGE AND CHILD CARE USE
FOR CHILDREN AGES 6-10

<u>Mother's Age</u>	<u>Child Care Use</u>			<u>Total</u>	
	<u>In Home by Others</u>	<u>In Care- giver's Home</u>	<u>After- School Program</u>		
25 or less	2	8	2	12	Count
	16.67	66.67	16.67	100.00	PRow
	1.89	6.15	9.52	4.67	PCol
	.78	3.11	.78	4.67	PPlane
26-30	24	49	11	84	Count
	28.57	58.33	13.10	100.00	PRow
	22.64	37.69	52.38	32.68	PCol
	9.34	19.07	4.28	32.68	PPlane
31-35	28	49	6	83	Count
	33.73	59.04	7.23	100.00	PRow
	26.42	37.69	28.57	32.30	PCol
	10.89	19.07	2.33	32.30	PPlane
36-40	34	19	2	55	Count
	61.82	34.55	3.64	100.00	PRow
	32.08	14.62	9.52	21.40	PCol
	13.23	7.39	.78	21.40	PPlane

TABLE 33, continued

<u>Mother's Age</u>	<u>Child Care Use</u>			<u>Total</u>	
	<u>In Home by Others</u>	<u>In Care- giver's Home</u>	<u>After- School Program</u>		
41-45	16	4	0	20	Count
	80.00	20.00	.00	100.00	PRow
	15.09	3.08	.00	7.78	PCol
	6.23	1.56	.00	7.78	PPlane
46+	2	1	0	3	Count
	66.67	33.33	.00	100.00	PRow
	1.89	.77	.00	1.17	PCol
	.78	.39	.00	1.17	PPlane
Total	106	130	21	257	Count
	41.25	50.58	8.17	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	41.25	50.58	8.17	100.00	PPlane

$$\chi^2 = 28.42, df = 10, p < .01, \text{gamma} = -.46$$

of formal care for children ages 6-10. Younger mothers were more likely to use more formal care. Older mothers were more likely to use in-home care by others, possibly because they were more likely to have older children to whom to assign care.

Children Ages 0-5. No association was found between mother's age and choice of child care arrangements for children in this age category.

Mother's Marital Status

Children Ages 6-10 (Table 34). Approximately 27 percent of the mothers using substitute care for children in this age category were unmarried. Unmarried mothers were more likely than married mothers to use care in the care-giver's home and less likely to use in-home care by others. This latter fact may be because few unmarried mothers have another adult in the home to take responsibility for children. Both groups rarely use after-school day care, although unmarried mothers are more likely than married mothers to use this type of care. As mentioned earlier, few after-school day care programs exist in Madison. Unmarried mothers, with only one income, are probably more frequently eligible for subsidized programs than are married mothers.

Children Ages 0-5. Because of the small numbers of unmarried mothers in the sample who had children in this age category, it was not possible to obtain reliable results

TABLE 34
MOTHER'S MARITAL STATUS AND CHILD CARE USE
FOR CHILDREN AGES 6-10

<u>Marital Status</u>	<u>Child Care Use</u>			<u>Total</u>	
	<u>In Home By Others</u>	<u>In Care- giver's Home</u>	<u>After- School Program</u>		
Married	86	91	12	189	Count
	45.50	48.15	6.35	100.00	PRow
	82.69	69.47	54.55	73.54	PCol
	33.46	35.41	4.67	73.54	PPlane
Unmarried	18	40	10	68	Count
	26.47	58.82	14.71	100.00	PRow
	17.31	30.53	45.45	26.46	PCol
	7.00	15.56	3.89	26.46	PPlane
Total	104	131	22	257	Count
	40.47	50.97	8.56	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	40.47	50.97	8.56	100.00	PPlane

$$\chi^2 = 9.67, df = 2, p < .01, \text{gamma} = .38$$

comparing child care arrangements of married and unmarried mothers.

Age of Oldest Child

Children Ages 6-10. Table 35 indicates that over three-fourths of families with children over the age of 10 use in-home care by others for their children ages 6-10, whereas families whose oldest children are 6-10 are more likely to use care in the care-giver's home (63.04 percent). The implication is clear; when families with young school age children also have older children in the family, these older siblings are likely to look after their younger brothers and sisters.

Children Ages 3-5 (Table 36). Families whose oldest children are ages 3-5 are most likely to choose care in the care-giver's home (69.23 percent), but when families also have older children they are more likely to put their 3-5 year olds in day care centers.

Children Ages 0-2. No association was found between the age of the oldest child in the family and child care arrangements for children in this age group.

Age of Youngest Child

Children Ages 6-10 (Table 37). About 41 percent of families with children in the youngest age group use in-home care by others for their children ages 6-10; almost 49 percent of families whose youngest child is 6-10 use

TABLE 35
AGE OF OLDEST CHILD AND CHILD CARE USE
FOR CHILDREN AGES 6-10

<u>Oldest Child</u>	<u>Child Care Use</u>			<u>Total</u>	
	<u>In Home by Others</u>	<u>In Care- giver's Home</u>	<u>After- School Program</u>		
3-5	0	0	0	0	Count
	.00	.00	.00	.00	PRow
	.00	.00	.00	.00	PCol
	.00	.00	.00	.00	PPlane
6-10	48	116	20	184	Count
	26.09	63.04	10.87	100.00	PRow
	45.28	88.55	90.91	71.04	PCol
	18.53	44.79	7.72	71.04	PPlane
11-18	58	15	2	75	Count
	77.33	20.00	2.67	100.00	PRow
	54.72	11.45	9.09	28.96	PCol
	22.39	5.79	.77	28.96	PPlane
Total	106	131	22	259	Count
	40.93	50.58	8.49	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	40.93	50.58	8.49	100.00	PPlane

$\chi^2 = 57.93$, $df = 2$, $p < .001$, $\gamma = -.77$

TABLE 36
AGE OF OLDEST CHILD AND CHILD CARE USE
FOR CHILDEN AGES 3-5

<u>Oldest Child</u>	<u>Child Care Use</u>			<u>Total</u>	
	<u>In Home by Others</u>	<u>In Care- giver's Home</u>	<u>Day Care Center</u>		
3-5	4	18	4	26	Count
	15.38	69.23	15.38	100.00	PRow
	26.67	26.87	5.48	16.77	PCol
	2.58	11.61	2.58	16.77	PPlane
6-10	9	43	62	114	Count
	7.89	37.72	54.39	100.00	PRow
	60.00	64.18	84.93	73.55	PCol
	5.81	27.74	40.00	73.55	PPlane
11-18	2	6	7	15	Count
	13.33	40.00	46.67	100.00	PRow
	13.33	8.96	9.59	9.68	PCol
	1.29	3.87	4.52	9.68	PPlane
Total	15	67	73	155	Count
	9.68	43.23	47.10	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	9.68	43.23	47.10	100.00	PPlane

$$\chi^2 = 10.80. \text{ df} = 4, p = .03, \text{ gamma} = .35$$

TABLE 37
AGE OF YOUNGEST CHILD AND CHILD CARE USE
FOR CHILDREN AGES 6-10

Youngest Child	Child Care Use			Total	
	In Home by Others	In Care- giver's Home	After- School Program		
0-2	11	16	0	27	Count
	40.74	59.26	.00	100.00	PRow
	10.28	12.21	.00	10.38	PCol
	4.23	6.15	.00	10.38	PPlane
3-5	22	48	11	81	Count
	27.16	59.26	13.58	100.00	PRow
	20.56	36.64	50.00	31.15	PCol
	8.46	18.46	4.23	31.15	PPlane
6-10	74	67	11	152	Count
	48.68	44.08	7.24	100.00	PRow
	69.16	51.15	50.00	58.46	PCol
	28.46	25.77	4.23	58.46	PPlane
Total	107	131	22	260	Count
	41.15	50.38	8.46	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	41.15	50.38	8.46	100.00	PPlane

$$\chi^2 = 11.35, df = 4, p = .02, \text{gamma} = -.24$$

in-home care by others; but only 27.16 percent of families whose youngest child is 3-5 use such care.

Approximately 59 percent of families whose youngest children are 0-2 or 3-5 use care in the care-giver's home for their children 6-10, but only 44 percent of families whose youngest child is 6-10 use this type of care. It is possible that the convenience of using the same type of care for all the children in the family accounts for this difference, assuming that families are more likely to use informal care for younger children.

The heaviest use of after-school day care for school age children is by families whose youngest children are ages 3-5. Since it is possible that such families are also using day care centers for their children ages 3-5, it may be a matter of convenience to have both age group children in the same type of care.

Children Ages 3-5. No association was found between the age of the youngest child and child care arrangements for children ages 3-5.

Children Ages 0-2. Children in this age category are, of course, the youngest children in their families, so no tests of association were made.

Number of Children in Family

Children Ages 6-10 (Table 38). The number of children in the family affects every type of child care use for children ages 6-10. Only 16 percent of families with

one child use in-home care by others for children in this age group, one-third of families with two children use such care, two-thirds of families with three children and 83.33 percent of families with four or more children. Clearly, use of in-home care by others for 6-10 year olds increases as the number of children in the family increases. This may be due to two factors: 1) care in the home by others is often the least expensive form of care as it is frequently provided by relatives and cost becomes more important the more children one has; and 2) the larger the family the more likely it is to have older siblings who can take care of their younger school-age siblings, particularly as this care is part-day rather than full-day care.

Families with one child are most likely to use care in the care-giver's home for their children 6-10 (68 percent use such care); 58.52 percent of families with two children use care in the care-giver's home; 28.89 percent of families with three children and only 16.67 percent of families with four or more children.

Sixteen percent of families with one child use after-school day care; 8.15 percent of families with two children and 6.67 percent of families with three children. No families with more than three children use after-school day care for children ages 6-10.

Families with one or two children are most likely to use care in the care-giver's home and families with

TABLE 38
NUMBER OF CHILDREN AND CHILD CARE USE
FOR CHILDREN AGES 6-10

Number of Children	Child Care Use			Total	
	In Home by Others	In Care- giver's Home	After- School Program		
One	8	34	8	50	Count
	16.00	68.00	16.00	100.00	PRow
	7.48	25.95	36.36	19.23	PCol
	3.08	13.08	3.08	19.23	PPlane
Two	45	79	11	135	Count
	33.33	58.52	8.15	100.00	PRow
	42.06	60.31	50.00	51.92	PCol
	17.31	30.38	4.23	51.92	PPlane
Three	29	13	3	45	Count
	64.44	28.89	6.67	100.00	PRow
	27.10	9.92	13.64	17.31	PCol
	11.15	5.00	1.15	17.31	PPlane
Four or More	25	5	0	30	Count
	83.33	16.67	.00	100.00	PRow
	23.36	3.82	.00	11.54	PCol
	9.62	1.92	.00	11.54	PPlane
Total	107	131	22	260	Count
	41.15	50.38	8.46	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	41.15	50.38	8.46	100.00	PPlane

$$\chi^2 = 44.62, df = 6, p < .001, \text{gamma} = -.59$$

three or more than three children are most likely to use care in the home by others. These patterns of care choices appear to support an assumption that financial considerations play a role in the use of child care arrangements for school-age children when there are a number of children in the family.

Children Ages 3-5 (Table 39). Only 9.62 percent of families sampled use in-home care by others for children 3-5. Of the families who do use this type of care, 60 percent have two children, 27 percent have four or more children and 13 percent have three children.

The association between the number of children in the family and the type of care used for 3-5 year olds is most obvious when looking at care in the care-giver's home. Smaller families are much more likely to use this type of arrangement. Over 83 percent of families with only one child use care in the care-giver's home; 49.48 percent of families with two children; 30 percent of families with three children and only 23.08 percent of families with four or more children.

Larger families are more likely to use day care centers. Sixty-five percent of families with three children use day care centers; 46 percent of families with four or more children; 41 percent of families with two children and only 16.67 percent of families with one child.

TABLE 39
NUMBER OF CHILDREN AND CHILD CARE USE
FOR CHILDREN AGES 3-5

Number of Children	Child Care Use			Total	
	In Home by Others	In Care- giver's Home	Day Care Center		
One	0	5	1	6	Count
	.00	83.33	16.67	100.00	PRow
	.00	7.35	1.37	3.85	PCol
	.00	3.21	.64	3.85	PPlane
Two	9	48	40	97	Count
	9.28	49.48	41.24	100.00	PRow
	60.00	70.59	54.79	62.18	PCol
	5.77	30.77	25.64	62.18	PPlane
Three	2	12	26	40	Count
	5.00	30.00	65.00	100.00	PRow
	13.33	17.65	35.62	25.64	PCol
	1.28	7.69	16.67	25.64	PPlane
Four or More	4	3	6	13	Count
	30.77	23.08	46.15	100.00	PRow
	26.67	4.41	8.22	8.33	PCol
	2.56	1.92	3.85	8.33	PPlane
Total	15	68	73	156	Count
	9.62	43.59	46.79	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	9.62	43.59	46.79	100.00	PPlane

$$\chi^2 = 12.35, df = 6, p < .05, \text{gamma} = .23$$

Children Ages 0-2. No association was found between the number of children in the family and care arrangements for children ages 0-2.

Substitute Child Care Preference
by Age of Child

Substitute child care preferences are presented in Table 40. Families overwhelmingly preferred informal care for children ages 0-2. Although preferences were more evenly distributed among the different types of substitute care for children ages 3-5 and 6-10, approximately half of all respondents preferred formal day care for their children in both these age groups.

Almost 53 percent of families with children 0-2 preferred in-home care by others; 34.48 percent preferred care in the care-giver's home; and 12.64 percent preferred to use day care centers.

Nearly 49 percent of families with children ages 3-5 prefer to use day care centers; 27.66 percent prefer care in the care-giver's home; and 23.40 percent prefer in-home care by others.

Approximately 51 percent of families with school age children 6-10 prefer to place them in day care centers; 27.41 percent prefer them to be cared for in-home by others; and 21.84 percent prefer care in the care-giver's home.

TABLE 40
 SUBSTITUTE CHILD CARE PREFERENCE BY
 FAMILY CHOICES AND AGE OF CHILD

Use	Age 0-2	Age 3-5	Age 6-10
Care in home by others	52.87%	23.40%	27.41%
Care in care- giver's home	34.48	27.66	21.84
Day Care Center	12.64	48.94	50.75
Total	100.00	100.00	100.00
N	(87)	(235)	(467)
$\chi^2 = 49.47, df = 4, p < .001, \text{gamma} = .22$			

Substitute Child Care Preference Associated
with Socio-Economic-Demographic Variables

All child care preferences were tested for association with the same socio-economic-demographic variables discussed in the previous section on substitute child care arrangements. Surprisingly, the only association found was between the number of children in the family and preferences in child care for children ages 6-10. Because other variables tested for association did not meet statistical tests of significance, it cannot be stated positively that they are not associated with child care preferences. The data are inconclusive. However, the results from this analysis challenge some conventional assumptions. The most unexpected result was that no association was found between family income and child care preferences, since studies (including this one) have shown definite differences in actual child care arrangements among income groups.²³

Family Income

Tables 41, 42 and 43 demonstrate that no association was found between preference for child care arrangements for children in any age group and family income. Since actual child care arrangements were found to vary by income, it is very interesting that preference does not. The implication is that most families, regardless of income, have similar preferences and their actual use of

²³Chapman and Lazar, p. 12.

TABLE 42
FAMILY INCOME AND PREFERENCE FOR CHILD CARE USE
FOR CHILDREN AGES 3-5

Family Income	Child Care Preference				
	In Home by Others	In Care- giver's Home	Day Care Center	Total	
Low	11	14	25	50	Count
	22.00	28.00	50.00	100.00	PROw
	20.75	21.88	22.52	21.93	PCol
	4.82	6.14	10.96	21.93	PPlane
Middle	17	13	22	52	Count
	32.69	25.00	42.31	100.00	PROw
	32.08	20.31	19.82	22.81	PCol
	7.46	5.70	9.65	22.81	PPlane
High	25	37	64	126	Count
	19.84	29.37	50.79	100.00	PROw
	47.17	57.81	57.66	55.26	PCol
	10.96	16.23	28.07	55.26	PPlane
Total	53	64	111	228	Count
	23.25	28.07	48.68	100.00	PROw
	100.00	100.00	100.00	100.00	PCol
	23.25	28.07	48.68	100.00	PPlane

$\chi^2 = 3.48, df = 4, p = .48, \text{gamma} = .07$

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TABLE 43
FAMILY INCOME AND PREFERENCE FOR CHILD CARE USE
FOR CHILDREN AGES 0-2

Family Income	Child Care Preference				
	In Home by Others	In Care- giver's Home	Day Care Center	Total	
Low	15	10	3	28	Count
	53.57	35.71	10.71	100.00	PROw
	32.61	33.33	30.00	32.56	PCol
	17.44	11.63	3.49	32.56	PPlane
Middle	9	6	2	17	Count
	52.94	35.29	11.76	100.00	PROw
	19.57	20.00	20.00	19.77	PCol
	10.47	6.98	2.33	19.77	PPlane
High	22	14	5	41	Count
	53.66	34.15	12.20	100.00	PROw
	47.83	46.67	50.00	47.67	PCol
	25.58	16.28	5.81	47.67	PPlane
Total	46	30	10	86	Count
	53.49	34.88	11.63	100.00	PROw
	100.00	100.00	100.00	100.00	PCol
	53.49	34.88	11.63	100.00	PPlane

$\chi^2 = .00, df = 4, p = 1.00, \text{gamma} = .01$

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particular child care arrangements varies only because of pragmatic, personal or financial considerations.

Number of Children

Children Ages 6-10. Table 44 suggests that as the number of children in the family increases families are more likely to prefer in-home care by others for their children ages 6-10. Only 16.13 percent of families with one child prefer such care; 26.14 percent of families with two children; 29.46 percent of families with three children; and 42.31 percent of families with four or more children.

Preference for care in the care-giver's home diminishes somewhat as the number of children in the family increases, although families with three children show the least preference for this type of care. Nearly 31 percent of families with one child prefer care in the care-giver's home; 21.58 percent of families with two children; 17.86 percent of families with three children; and 21.15 percent of families with four or more children.

Preference for after-school day care is almost the same for all families, except that those families with over three children show less preference for this type of care than other families. Approximately 52 percent of all other families prefer after-school day care, but only 36.54 percent of families with over three children prefer such care.

In general, the patterns of preference appear to be similar to patterns of usage, except that a great many

TABLE 44
NUMBER OF CHILDREN AND PREFERENCE FOR CHILD CARE USE
FOR CHILDREN AGES 6-10

Number of Children	Child Care Preference			Total	
	In Home by Others	In Care- giver's Home	After School Program		
One	10	19	33	62	Count
	16.13	30.65	53.23	100.00	PRow
	7.81	18.63	13.92	13.28	PCol
	2.14	4.07	7.07	13.28	PPlane
Two	63	52	126	241	Count
	26.14	21.58	52.28	100.00	PRow
	49.22	50.98	53.16	51.61	PCol
	13.49	11.13	26.98	51.61	PPlane
Three	33	20	59	112	Count
	29.46	17.86	52.68	100.00	PRow
	25.78	19.61	24.89	23.98	PCol
	7.07	4.28	12.63	23.98	PPlane
Four or More	22	11	19	52	Count
	42.31	21.15	36.54	100.00	PRow
	17.19	10.78	8.02	11.13	PCol
	4.71	2.36	4.07	11.13	PPlane
Total	128	102	237	467	Count
	27.41	21.84	50.75	100.00	PRow
	100.00	100.00	100.00	100.00	PCol
	27.41	21.84	50.75	100.00	PPlane

$$\chi^2 = 12.77, df = 6, p < .05, \text{gamma} = -.13$$

more families would prefer to use after-school day care than are actually doing so.

Summary of Findings

The purpose of this chapter was to examine data from a needs assessment survey conducted in Madison, Wisconsin, in order to determine: 1) what present child care arrangements are; 2) how well they meet the preferences of parent-consumers; and 3) how selected socio-economic-demographic variables affect family choices in child care. Variables examined were: 1) mother's marital status; 2) mother's employment status; 3) mother's education; 4) mother's age; 5) family income; 6) age of the oldest child; 7) number of children in the family; and 8) age of the youngest child. Child care choices included: 1) maternal care; 2) in-home care by others; 3) care in the care-giver's home; and 4) day care centers.

Child care choices for the total sample, including actual arrangements and preferred arrangements, were examined. The degree of parental satisfaction with child care choices was described. Data were presented on the association between mother's employment status and both socio-economic-demographic variables and actual child care arrangements. Substitute child care arrangements and preferences were described and tested for association with socio-economic-demographic variables.

Child Care Choices, Use and Preference

Maternal Care

Despite the increase in the number of working mothers, this study shows that full-time maternal care is still the most commonly used form of child care. Over 50 percent of families in the sample used maternal care for one or more of their children. However, less than one-third of families indicated they preferred this arrangement. This discrepancy between use and preference was due primarily to mother's employment plans.

Substitute Care

All figures given below pertain only to families using or preferring to use substitute care for one or more of their children.

In-Home Care by Others. Slightly more than 24 percent of families used in-home care by others for their children ages 0-2, although 52.87 percent would prefer this type of care. Only 9.62 percent of families using substitute care for their children 3-5 used in-home care by others, but 23.40 percent would prefer to do so. Although 41.15 percent of families with children 6-10 used in-home care by others, only 27.41 percent preferred this arrangement.

Care in Care-Giver's Home. Over 65 percent of families used care in the care-giver's home for their children ages 0-2, even though only 34.48 percent preferred to do so.

Nearly 44 percent of families with children 3-5 used this type of care, but less than 28 percent preferred this arrangement. Over 50 percent of families with children 6-10 arrange care in the care-giver's home; less than half that percentage, 21.84 percent, prefer such care.

Day Care Centers. Slightly more than 12 percent of families place their children ages 0-2 in day care centers; 12.64 percent prefer to do so. Almost 47 percent of families with children 3-5 use day care centers, and 48.94 percent prefer to do so. Less than nine percent of families use day care centers for their 6-10 year olds, although over 50 percent would prefer such care.

Degree of Satisfaction with
Actual Child Care Use²⁴

Approximately half of all families are dissatisfied with using maternal care for their children of all ages, but much of this dissatisfaction is due to plans for mother's employment. Families who use maternal care or in-home care by others for their children 0-2 are the most satisfied. Families with children ages 3-5 indicate the most consistently high degrees of satisfaction with all types of care used. Care arrangements for 6-10 year olds are the most unsatisfactory.

²⁴Includes families using and/or preferring maternal care.

Children Ages 6-10

With the exception of families using day care centers, less than half of the families with children ages 6-10 prefer the child care arrangements they are using.

Children Ages 3-5

Approximately 50 to 78 percent of families with children 3-5 are satisfied with their actual child care arrangements.

Children Ages 0-2

Fifty to 83.34 percent of families are satisfied with their child care arrangements for their children ages 0-2.

Mother's Employment Status

Mothers are more likely to work full-time: 1) when family income is low; 2) the better educated they are; 3) if they are unmarried; 4) as the age of their youngest child increases; and 5) if they have only one child.

Part-time employed and/or student mothers tend to use more in-home care by others than full-time employed mothers, who are more likely to use care in the care-giver's home for their children of all age groups.

Child Care Choices Associated with Socio-Economic-Demographic Variables

A number of variables were found to be associated with the type of child care arrangements families use for children in all three age groups. This degree of association

was slight or moderate in most cases, except for the age group 6-10. For this group it was found that family factors, such as the age of the oldest child in the family and the number of children in the family, had the greatest impact on the type of care arrangements that families made.

Only one variable, other than age of children, was found to be associated with child care preferences. The larger the number of children in the family the more likely the family was to prefer in-home care by others for children ages 6-10.

Family Income

The most frequently used form of child care for children ages 0-2 and 6-10 by both low and high income families was care in the care-giver's home. Middle income families were more likely to use in-home care by others for both these age groups. Families from all income groups used day care centers for their children ages 3-5 more than any other type of care.

Mother's Education

A higher percentage of use of day care centers for 3-5 year olds was found to be associated with higher levels of mother's education.

Mother's Age

Younger mothers were found to be more likely to use formal day care for their children ages 6-10.

Age of the Oldest Child

Children ages 6-10 were very likely to be cared for in-home by others when older siblings were present in the family. Children ages 3-5 were more likely to be placed in day care centers when they had older siblings.

Age of the Youngest Child

Children 6-10 were more likely to receive care in the care-giver's home when they had younger siblings.

Number of Children in the Family

The more children there were in the family the more likely the family was to choose in-home care by others for their children ages 6-10. The larger the family the more likely it was to use day care centers for their children ages 3-5; the smaller the family the more likely it was to use care in the care-giver's home for this age group.

Interpretations

Evidence from this study points to a number of conclusions: 1) families are not as satisfied with their child care arrangements as has often been assumed; 2) there is a large demand for after-school day care and in-home care by others for pre-school children that is not being met; 3) preferences in child care do not vary by the family's socio-economic status; 4) the age of the child is the most significant variable in family child care choices, both in terms of actual arrangements made and preferred

arrangements; 5) the dictates of the marketplace are very likely to influence family child care arrangements; and 6) when making child care arrangements families consider such pragmatic factors as: the presence of older siblings in the family who can provide care, the number of children in the family who need care and the convenience of placing all children in the family in one type of care.

CHAPTER 7

EVALUATION AND COMPARISON OF ALTERNATE CHILD CARE DELIVERY SYSTEMS

This chapter will evaluate and compare four alternatives for delivering child care services in Madison, Wisconsin, following the basic steps in program analysis described in Chapter 4. The purpose of this chapter is to determine the extent to which these alternatives can be expected to achieve the child care objectives discussed in Chapter 4, and satisfy the preferences of Madison parents identified in Chapter 5. In the following sections: 1) the four alternatives to be evaluated and compared are briefly described; 2) the child care objectives that are to be achieved and the expressed preferences of Madison parents are briefly summarized; 3) the evaluation criteria that will be employed are described; and 4) the four alternatives are evaluated and compared.

Alternatives

Program alternatives to be discussed are: 1) continuation of the present system of child care in Madison with no changes; 2) a modification of the present system to

provide more supportive services to presently existing programs; 3) an expansion of day care and after-school day care center space; and 4) a new program combining an expansion of both supportive and day care and after-school day care centers.

Objectives

The major objectives to be achieved by the alternatives evaluated are: 1) to insure acceptable quality of child care; 2) to service all families who are in need of child care because of the absence of a full-time, at-home parent to provide care; 3) to subsidize child care expenses of families who meet eligibility standards stated in Title XX of the Social Services Amendments of 1974; and 5) to meet the preferences of parent-consumers as expressed in the needs assessment survey presented in Chapter 5.

Results of the case study of Madison indicate that there is a significant gap between actual child care arrangements and the arrangements that parents would prefer. There is a strong preference for in-home care by others for pre-school children and for after-school day care for older children that is not being met. Over half of the families with pre-school children are satisfied with the care they are now using, but less than half of families with children ages 6-10 are satisfied. Most of these families would prefer to be using after-school day care.

Evaluation Criteria

Five evaluation criteria are used to measure the effectiveness of the program alternatives in achieving the stated objectives: 1) meeting consumer preference; 2) quality of care; 3) costs; 4) public support; and 5) impact on the child care industry and public school system. It should be noted that because of the lack of an adequate theoretical base for evaluating child care programs and the limitations of available data, the chief value of these criteria is that they provide a means for comparing the relative effectiveness of program alternates.

Meeting Consumer Preference

An estimate of the number of substitute child care spaces that would be needed in Madison to meet parental preferences may be obtained by assuming that the preferences found in the sample population coincide with the preferences for the entire population.¹

Based on data from the needs assessment survey presented in Chapter 5 and the number of children in Madison,² a number of things can be said about the need for child care space in Madison. If preferences of parents were met, it would be necessary to have 3,275 spaces for part-time

¹ See Table 10, Chapter 6. Based on sample size, results should be accurate within two to eight percentage points, with 95 percent confidence.

² Madison Public School Census, 1976.

care in the home by others and 799 full-time spaces. Parents would prefer that 2,866 children be given part-time care and 766 children be given full-time care in the caregiver's home. Day care centers would have to provide 5,455 part-time spaces and 1,046 full-time spaces in order to meet parental preference. Preferences for types of care vary by the age of the child. See Table 45 for a complete listing of the type of care that parents prefer, by age of child.

Quality of Care

Acceptable levels of care have been identified as those approaching HEW standards. Wisconsin licensing requirements differ in some respects from these standards, primarily in permitting a lower staff/child ratio for children ages 5 and over. Wisconsin standards require a ratio of 16 children per staff member; HEW recommends no more than 12 children per staff member for children 5 and over. However, for purposes of this evaluation, it will be assumed that child care providers licensed or certified by the State of Wisconsin offer acceptable levels of care.

Costs

Two methods of estimating the costs of child care programs in Madison are used in this evaluation: national average costs, based on a number of nation-wide studies, and costs based on a 1972 study of 30 major cities conducted by the Inner City Fund for the Office of Child Development.

TABLE 45
CHILD CARE PREFERENCE BY TYPE OF CARE, AGE OF CHILD,
AND FULL-TIME AND PART-TIME CARE

Age	<u>Type of Care Preferred</u>					
	In-home by Others		In Care-Giver's Home		Day Care Center	
	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time
0-2	505	337	329	220	121	80
3-5	858	462	1,014	546	1,795	966
6-10	1,912		1,523		3,539	
Total	3,275	799	2,866	766	5,455	1,046

Either method is considered appropriate to use in analyzing the costs of the different program alternatives, depending on the components of the program.

National Estimates. In 1974, the average annual cost of child care provided under the Aid to Families with Dependent Children program, including both federal and state costs, was \$1,177. Yet a report by HEW in 1973 showed that federal costs ranged from \$240 per year per child in Wyoming to slightly more than \$3,000 in Pennsylvania.³ The various studies which have been conducted suggest that costs vary by the quality of care provided, by the type of care arrangement, the age of the child and the size of the center or system. A summary of nation-wide studies concludes that it costs \$2,000 per year on the average to deliver acceptable full-time, full-day service to pre-school children and \$1,000 per year for part-time or after-school care.⁴

Inner City Fund Report. Variations in child care costs are related not only to the level of care provided but also to cost-of-living indices. The Inner City Fund study considered salaries, rent and utilities, food and transportation costs and computed cost indices for

³Child Care, Data and Materials, staff report prepared for the United States Senate Committee on Finance (October, 1974), p. 20.

⁴Judith Chapman and Joyce Lazar, A Review of the Present Status and Future Needs in Day Care Research. A working paper prepared for the Interagency on Early Childhood Research and Development, 1971.

child care for 30 major cities, including Milwaukee, Wisconsin. Milwaukee is larger than Madison, and the two cities have different economic bases. However, they are only 80 miles apart and thus share some aspects of cost of living standards which should contribute to similarities in child care costs.

Tables 46 and 47 indicate the costs of providing acceptable care full-time to pre-school children and after-school and summer care to school-aged children in Milwaukee.

Public Support for Child Care

Public ambivalence about government subsidization of child care was documented earlier in this paper. The Madison community is no exception. One might assume that because Madison has a city-funded child care program, public opinion in Madison is strongly in favor of such a program. However, in a survey conducted by Community Coordinated Child Care (4Cs) of Dane County, it was found that many respondents were unaware of the existence of this program.⁵

The questionnaire administered by 4Cs that was the major data source for the case study of Madison provided space for respondent comments. Comments ranged from strongly pro- to strongly anti-child care. Some respondents seemed to feel that use of substitute child care was an act of irresponsibility on the part of the child's

⁵Community Coordinated Child Care in Dane County, Madison Child Care Report, 1976, p. 6.

TABLE 46

COSTS OF FULL-TIME DAY CARE CENTER CARE IN
MILWAUKEE, WISCONSIN, PER CHILD PER YEAR

Age	Cost Per Child
0 - 2	\$2,742.00
3 - 5	1,633.00
6 -10	850.00

TABLE 47

COSTS OF FULL-TIME FAMILY DAY CARE IN
MILWAUKEE, WISCONSIN,
PER CHILD, PER YEAR

Age	Cost Per Child
0 - 2	\$1,330.00
3 - 5	852.00
6 -10	575.00

Source: Inner City Fund Report, in U.S., Congress,
Senate, Committee on Finance, Child Care, Data and
Materials, Appendix D, pp. 196-198.

parents; others felt that child care was a necessary evil for families whose parents had to work. Many feared the increase in taxes that might accompany increased public support of child care. Still others saw child care as a potential for promoting early childhood development and freeing mothers to work outside the home. Not surprisingly, the strongest comments in favor of more public commitment to child care came from respondents who were using child care and experiencing some difficulties either in terms of paying for care or finding quality care.

For purposes of evaluating and comparing program alternatives, it will be assumed that public opinion is closely related to eligibility requirements and program costs. That is, that public acceptance of governmentally supported child care programs will decline as higher income families are offered subsidized support and as more and more supportive and developmental services are offered in child care programs.

Because legislation, both national and local, provides for child care support to median income families, it will be assumed that programs which go beyond this level of support would encounter public opposition. All of the alternatives presented will use Title XX guidelines for eligibility. It will be assumed further that support services which are low-cost, such as information and referral systems, and/or require parents to pay all or part of the costs involved will receive the greatest public support.

Impact on Child Care Industry and Public Schools

This criterion will be discussed where relevant in evaluating and comparing the specific alternatives in child care delivery systems in Madison. Obviously, some expansion of child care service is mandated by parental preferences as expressed above, and any program will thus have some impact on the child care industry. The expansion of after-school day care, one of the major areas of demand as expressed by parent-consumer preference, would have the biggest impact on the child care industry and possibly the public school system, depending on how such care is provided.

Evaluation of Alternatives

Out of the possible range of alternatives in designing a child care delivery system for Madison, four have been selected for evaluation. The first alternative is simply to continue the present delivery system at the same level of effort. This possibility is selected for obvious reasons: if the present system adequately meets the community's child care needs, there is no reason for change. The second alternative represents a relatively minor modification in the present program, an extension of support services. This alternate is one frequently suggested by child care experts as being the most economically and politically feasible since it builds on the informal network which provides the majority of child care for most families. Its

major impact is to improve the quality of care provided in informal settings. The third alternative stresses the growth of more formal programs by expanding the quality and capacity of day care and after-school centers. The final alternative combines the second and third alternatives to create a system that would improve the quality and quantity of both informal and formal care arrangements and thereby offer parents the greatest range of choice.

Continuation of Present Delivery System
at Same Level of Effort

Meeting Consumer Preference. Data from the needs assessment survey show that the present delivery system in Madison is not meeting the preferences of many parent-consumers. The estimated number of child care spaces of various types needed to meet these preferences can be determined by comparing present use with preference. Table 48 indicates the number of spaces that would need to be added or subtracted from present usage in order to conform with parental preference. It is apparent that more child care arrangements in day care centers and in-home care by others are preferred, and that fewer spaces in family day care homes are wanted. Presumably those families now using care in the care-giver's home do so because their preferred type of care is not readily available.

Quality of Care. The most distinguishing characteristic of the present Madison child care delivery system is the extent to which child care is left up to the private

TABLE 48
UNMET PREFERENCE

Age	<u>Type of Care Preferred</u>					
	In-home by Others		In Care-Giver's Home		Day Care Center	
	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time
0-2	374	243	46	-100	47	62
3-5	639	352	272	-314	453	582
6-10	77		-708		3,195	
Total	1,090	595	-390	-414	3,695	644

sector. Licensing requirements are such that the majority of child care providers are not licensed, and approximately 75 percent of the children currently receiving child care are in unlicensed situations.⁶ It is assumed that those children in licensed facilities are receiving acceptable care. Whether children in unlicensed facilities are receiving acceptable care is simply not known.

Costs. Costs are generally reported in terms of actual costs to providers of particular types and qualities of care rather in terms of fees to parents because parental fees are frequently subsidized, either by government or private organizations. The figures on actual costs of child care in Madison are not available. However, some information about parent fees and government expenditures is available. Based on this information, a rough estimate of child care costs in Madison has been obtained.

A study in Madison of 225 families who pay for child care found that there is a range of \$5 to \$20 per week for part-time care, and a range of \$21 to \$36 for full-time care. This study did not differentiate between family day care and day care center care; nor did it break down costs by age of children.⁷

⁶Ibid, pp. 15-16.

⁷Ibid, p. 37.

Applying the results of this study to the numbers of families found to be using child care in Madison, we find that parent fees total \$6,366,150 per year. County, state, and federal governments spend \$730,968 per year on child care in Madison.⁸ The City of Madison had a 1976 child care budget of \$50,000.⁹ Summing these figures, we find that the total approximate cost of child care in Madison is \$7,147,118 per year. This figure does not include donations by private organizations in money or services.

Public Support. The present program appears to be in no danger from adverse public opinion.

Impact on Child Care Industry and Public School System. The major effort of present policy is to leave the provision of child care services, especially informal arrangements, up to the marketplace. Most day care centers must be licensed, and family day care providers servicing families eligible for government subsidy must be certified; but the vast majority of child care providers is unlicensed; only a small percentage of parents using child care are publicly subsidized; and after-school programs are not sponsored by the school system.

⁸Report to Dane County Board of Public Welfare, January 26, 1976, by staff.

⁹City of Madison, pp. 15-16.

Development of Supportive Services for Formal and Informal Child Care Arrangements

Support services would include information and referral, nutritional and social services, and provisions for the physical and mental health of children receiving child care in line with standards presented in Chapter 4. The major effort would be to improve the quality of care now provided. The number of spaces available would not be directly affected, but parents would be able to make more informed choices, assured that their children would be well cared for, whatever their decisions.

Coordination among centers to stretch resources, to eliminate duplication and waste, and to work together in improving the quality of their services could be vastly improved without a major commitment of funds (see Chapter 3, p. 75, for a description of Monroe County, New York and its program). An agency intended to provide such coordination now exists: Community Coordinated Child Care of Dane County. This agency has been in existence only a few years and has yet to achieve its full potential; however, it has already made some significant contributions in terms of gathering information about child care in Madison. Much of the analysis in this paper is based on data collected by 4Cs, under contract to Madison.

Education programs could be developed, aimed at both parents and human services agencies that are in a position to disseminate information and make recommendations about child care programs.

Meeting Consumer Preference. Madison parent-consumers of child care indicate a strong preference for day care center care for their children aged three through ten and in-home care by others for their children under three. To the extent that this preference is predicated on the assumption that their children will benefit from the developmental aspects of such care, the development of supportive services for informal care arrangements could promote the use of family day care. In other words, although this alternative would not be directed specifically towards creating more child care spaces of the type presently preferred by parents, it could bring about a higher degree of satisfaction with present patterns of use by increasing the quality of care offered.

Costs. Since the major effect of this alternative would be to improve the quality of care now provided, it will be assumed that the costs would be the same as the costs that would be required to bring present usage up to national standards. The annual costs of the program would thus be \$10,783,000.

Public Support. This program would increase the costs of the present system by approximately three and one-half million dollars per year, about 50 percent. Despite this substantial increase, this program would cost less than other alternatives expanding the present program. A public education program, emphasizing the improvement of the quality of care, could help to engender public support.

Impact on the Child Care Industry and Public Schools.

This alternative should serve to reinforce the present pattern of child care services, but with the possibility that providers unwilling to meet new standards would be forced out of the market. The public school system would be relatively unaffected because no new after-school centers would be created.

Expansion of Pre-School and After-School
Day Care Programs

One possible way to meet a major portion of the unmet preference for child care in Madison is to expand the capacity of pre-school and after-school day care programs in accordance with unmet preference (Table 48). This variation of the present system would require policy changes to extend the applicability of state licensing requirements to include centers serving children over seven years of age in order to provide regulation of the quality of care in after-school programs serving children 6-10. Because a major problem in the establishment of day care centers is the location or construction of adequate facilities, it would also be necessary to expand the Start Up program now funded by the state (see Chapter 6, p. 162) or create some similar program. Efficient utilization of already existing space in public and private schools would help to defray the added costs. This could be done by obtaining cooperation from schools in allowing their facilities to be leased by day care providers or by designating schools as prime movers.

Meeting Consumer Preference. This approach would meet 80 percent of the unmet preference for child care for 6-10 year olds, 45 percent for 3-5 year olds, and 14 percent for 0-2 year olds. It would increase the capacity of the present system by 4,339 spaces or approximately 50 percent. It would leave untouched the capacity of informal arrangements, but would permit some shifts in the use of such capacities in line with parental preference. For example, if more day care center spaces were available, some of the families now using full-time care in the care-giver's home who would prefer other types of care (representing 414 pre-school children and 708 school-age children) could place their children in centers. This would allow families who would prefer part-time care in the care-giver's home but who are not now using such care (representing 318 children) to take advantage of any additional spaces created by such a shift. It is doubtful, however, that this program alternative would have much impact on the unmet preference for in-home care by others.

Quality of Care. This approach, with its emphasis on formal, licensed programs, would provide an excellent means for regulating the quality of care provided. As discussed in a previous chapter, Wisconsin standards for licensing compare favorably with nationally accepted standards.

Costs. The number of day care center slots would more than double under this program. This would require a substantial investment, even if present school facilities

were used. Even after this initial investment, costs would continue to be higher than for other types of care. Using the costs in the Milwaukee study as a guide, this program would add \$5,130,236 per year to the present program, for a total of \$12,277,354.

Public Support. It is difficult to predict what public reaction would be. Given the large numbers of parents who prefer more day care centers and after-school day care, it would appear that there would be substantial support from parents who use child care. However, the relatively high costs of the program and the need for a large initial capital investment might serve to arouse the general tax-paying public against the program. In fact, this seems a likely response, given the history of public resistance to the expansion of government spending for child care and the concern that many still feel over the effect of "impersonal" group care in children's development.

Impact on Child Care Industry and Public School System. This program alternative would have a significant impact on the child care program. Day care centers now provide the smallest portion of child care services in Madison. Their expansion would make them the most heavily used type of child care arrangement. Some of their expansion would be due to the creation of more child care spaces, but some would be due to drawing clientele from other forms of child care arrangements.

The nature of the impact on the public schools would depend on the design of the system and public decisions about the designation of prime sponsors. As discussed in Chapter 4, the designation of schools as prime sponsors is a matter of contention among parents, child-care advocates, and school administrators. After-school programs run by the school system could provide badly needed financial support for many schools, but the amount of support would depend on the number of parents who choose such programs over traditional day care centers.

Expansion of Day Care Centers and Support Services

This program would combine the last two alternatives discussed, creating more day care and after-school center care spaces and offering support services to all child care providers.

Meeting Consumer Preference. By improving the quality of care through expanding support service and also providing more day care center spaces, this alternative would approach the ideal insofar as meeting the expressed preferences of parent-consumers. However, as discussed under the section on expansion of support services, family preferences for types of child care might alter if more supportive services were provided in informal arrangements.

Quality of Care. By both increasing the number of formal, licensed programs and upgrading the quality of family day care through the extension of support services,

this alternative would vastly improve the quality of child care now offered.

Costs. The estimated annual cost of this program would be \$16,818,000, more than double the costs of the present delivery sytem. This estimate was obtained by applying national cost estimates for acceptable care to the number and type of child care spaces parents prefer.

Public Support. Because of the high costs involved in this alternative and continued public suspicion of extensive governmental involvement in child care, this program would probably receive less public support than any of the other alternatives discussed.

Impact on Child Care Industry and Public Schools. This program would have a significant impact on the child care industry. It would increase the number of day care centers, improve the quality of informal care, and greatly expand the amount of money spent on child care.

If the public school system participated by offering after-school programs, it would also have a significant impact on the structure and finances of public schools in Madison.

Comparison of Alternatives¹⁰

Present System

The present system of child care delivery in Madison clearly does not meet the preferences of a large number of

¹⁰See Table 49 for a ranking of alternatives by evaluation criteria.

TABLE 49
COMPARISON OF ALTERNATE DELIVERY SYSTEMS

Alternates	Relative Rank			Costs
	Quality of Care	Public Support	Degree of Impact on Child Care Industry and Public Schools	
Present System			4	\$ 7,147,118
More Support Services			3	10,783,000
More Day Care Centers			2	12,277,354
Both More Support Services and Centers	1	4	1	16,818,000

TABLE 49
COMPARISON OF ALTERNATE DELIVERY SYSTEMS

Alternates	Relative Rank				Costs
	Quality of Care	Meeting Consumer Preference	Public Support	Degree of Impact on Child Care Industry and Public Schools	
Present System	3	4	1	4	\$ 7,147,118
More Support Services	1	3	2	3	10,783,000
More Day Care Centers	2	2	3	2	12,277,354
Both More Support Services and Centers	1	1	4	1	16,818,000

parent-consumers. However, there is no evidence that it is any worse than programs in most communities. It is typical in that child care is basically left up to the marketplace, with government policy aimed primarily at low-income or at-risk populations. It costs less than any other alternative considered. It appears to engender little public attention, either positive or negative. Its major drawback becomes apparent only when the needs assessment data are revealed--over 4,000 children are in need of more day care or after-school center care.

Development of Supportive Services

The further development of supportive services to both formal and informal child care providers represents the smallest step toward an improvement of the present system in terms of increased costs and degree of impact on the child care industry and public school system. However, it ranks number one in terms of improving the quality of care now provided. It is difficult to predict how this improved quality would affect consumer preference. It is entirely possible that the provision of support services to family day care providers would greatly enhance consumer satisfaction with care in the care-giver's home.

Expansion of Day Care Centers

The creation of more day care center spaces would meet the largest area of need as expressed by parent-consumer preference, especially for children 6-10. This program would

cost significantly more than the present program and thus presumably would face difficulty in obtaining public support. However, it is possible that the combined effects of meeting parental preferences and encouraging the expansion of the child care industry would provide a base of interest group support.

Combination

The expansion of both supportive services and center spaces comes the closest to meeting the expressed preferences of parent-consumers and would ensure the highest quality of care. However, this alternative costs more than any other and thus is least likely to obtain public support. Increased costs would be borne not only by the public, but also by the parent-consumer, as parental fees would go up. Given this factor, usage would not necessarily follow preference patterns if families ineligible for public support were unable or unwilling to pay higher fees.

Summary and Interpretations

Four alternate means of meeting the preferences of child care consumers in Madison have been discussed. Each of these systems is imperfect at best in meeting all parental preferences. As discussed in previous chapters, public support of child care is limited and will probably continue to be so for some time. The purpose here has been to compare a number of child care delivery systems on the basis of their capacities to best meet family preferences, while

taking into account fully this limited support. It is apparent that any system designed to more adequately meet the preferences of Madison child care consumers is going to cost more than the present program and thus become liable to public disapproval.

In the best of all possible worlds, consumer preference might be the best standard on which to base the design of a child care delivery system; however, in the real world, other factors must be taken into account. Any political system has a limited amount of resources to allocate to any given problem and hence must make some "trade-offs" between the ideal and the feasible. Political feasibility is sometimes simply a matter of costs. However, when one is dealing with a social issue such as child care, societal values come into play, and public opinion also becomes an important consideration. In addition, social policy often has an impact that extends beyond those directly affected by the policy. Consumer-preferences, costs, public opinion, and impact on the child care industry and public school system are all matters that must be taken into account in designing a child care delivery system that will be politically feasible.

Each alternate evaluated has its share of benefits and liabilities. Because parental preferences as surveyed in Madison were based on current patterns of usage, it is difficult to forecast the impact that changes in quality, quantity and costs of care would have on parental choices.

More information is needed about what parents perceive to be the benefits of particular types of care and how much they are willing to pay for different levels of care. Such information would assist in setting priorities among the different program alternatives discussed and in predicting more accurately how heavily new programs might actually be used and how satisfied consumers are likely to be.

Even though present information is not as extensive as might be desired, some base of information for modification of present child care services now exists as a consequence of the present study. Supply has been compared with demand, as expressed by parental preference, and found lacking. The creation of more supportive services for already existing child care arrangements has been found to represent the most minimal change in the present system in terms of costs and possibility of continued public support. The implementation of this incremental change would provide a basis for further analysis and feedback to more accurately determine the desire and support for the expansion of day care and after-school center care.

CHAPTER 8

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study has attempted to provide a comprehensive view of child care policy in the United States by 1) tracing the history and development of both the need for child care and governmental response to that need, and 2) by focusing on child care needs in a specific community. The first section of this paper discussed child care in its broad, societal dimensions, identifying certain general trends which led to the expansion of public policy in the field of child care and stressing the practical and ideological conflicts which have yet to be resolved in the formation of policy. The second half of this paper concentrated more narrowly on an evaluation and analysis of the impact of public policy in meeting the expressed needs of child care consumers by means of a case study of parent consumers in Madison, Wisconsin. It was the purpose of the case study to develop information concerning parental preferences which would assist in the evaluation of different methods of delivering child care.

The major underlying factor behind increased public concern with child care policy has been the tremendous

growth in maternal employment outside the home. This growth has come about because of a number of social changes which have contributed to altered perceptions of the economic and familial roles of women. Chapter 2 identified five major social changes: 1) the growth of industrialization and technology; 2) urbanism; 3) the shift in importance from the manual worker to the knowledge worker; 4) the growing centralization of our economy; and 5) the development of new forms of federalism. These changes were related to women's increased labor force participation rates. Despite changes in women's economic roles as evidenced by the growing numbers of women working outside the home and concomitant changes in child rearing practices as working mothers seek others to care for their children during working hours, the public remains generally ambivalent about the proper role of government in child care policy.

Chapter 3 examined the development of state, local and federal child care policy, illuminating the cautious, hesitant, yet growing willingness of all levels of government to commit time and resources to helping families deal with child care needs. States have, by and large, limited their child care activities to 1) setting up and enforcing licensing standards designed to protect children from unhealthy environments and insure at least a minimum level of quality care, and 2) matching federal funds in federally designed child care programs. Only the most progressive localities have developed their own child care programs,

but almost all regulate the provision of child care services through zoning, building, fire and sanitation codes. In just the last fifteen years, federal legislation has moved from a very limited concern with the child care needs of low-income and welfare families to a much broader concern with the child care needs of average families. Title XX of the Social Security Amendments of 1974 expanded eligibility requirements for free child care services to include median-income families and set general goals, but left the design of programs and target populations to the states. Efforts at passing comprehensive national child care legislation establishing specific federal guidelines for program design have failed. For the time being at least, state governments have both the freedom and the burden of designing their own delivery systems for child care services. Because of the relatively brief history of child care policy, there is a lack of adequate information about many aspects of child care and a corresponding conflict over the design of delivery systems.

Chapter 4 discussed five central issues in program design: 1) formal versus informal care arrangements; 2) support services; 3) prime sponsors; 4) staffing requirements; and 5) parental participation. No hard and fast data exist upon which to base policy decisions about these issues. Expert opinion, where available, is rarely in consensus. In the relative absence of objective information, the differing value preferences of legislators,

child care experts, providers, parents and the public have become an impediment to resolving design conflicts. These differences have undoubtedly been a major factor in the failure of national legislation to provide a comprehensive approach to child care, yet they must be resolved if the full potential of Title XX to expand child care services is to be accomplished.

The research design for this paper assumed that one valid way of attacking this dilemma was to rely on conventional wisdom which decrees that parents are the best judges of what is best for their children. Therefore, Chapters 5, 6, and 7 comprised a case study of parent-consumer preferences in child care arrangements and their implications for local program design. The nature of the study did not permit a full range of preferences in all aspects of program design to be surveyed, but instead focused on the type of child care arrangements parents prefer. It was found that parents in the sample tended to agree with child psychologists about the best arrangements for children of different ages. The majority preferred in-home care by others for infants, day care centers for pre-schoolers and after-school day care for children 6-10 years old. Actual child care arrangements failed to coincide with expressed preferences in a surprisingly high number of cases, indicating the inadequacies of present policy. However, an evaluation of alternate programs designed to meet parental preferences more satisfactorily

suggested the practical, economic, and social difficulties that would accompany any extensive policy changes.

The central question in child care is the extent to which government policy ought to alter presently existing patterns of child care arrangements. Given the relative lack of government action in this area, present patterns are largely the result of private, informal arrangements made by parents. If, as some claim, this pattern accurately reflects parental preference and parents are to be accorded their traditional time-honored right to make their own decisions about how their children are to be reared, so long as they are physically and mentally capable of such decisions, there is little need or rationale for government to expand its activities in the field of child care.¹ If, as others claim, this pattern is the makeshift best that parents have been able to obtain in a marketplace that offers little alternative and frequently results in substandard child care, there is great need for government to take an active hand in promoting more and better child care.²

The Madison case study makes it clear that parents are not all that satisfied with their present arrangements.

¹ See, for example, Child and Family Services Act, Joint Hearings before the United States Senate Labor and Public Welfare and House Committee on Education and Welfare (Washington, D.C.: U.S. Government Printing Office, 1975), pp. 1551-1557.

² Ibid., pp. 202-259.

Madison is, of course, only one community and more evidence is needed before it is possible to put a conclusive end to this debate. However, two results from the Madison study are relevant: 1) the fact that child care arrangements were related to family income, mother's age, education and employment status and the number and ages of other siblings in the family, and 2) the fact that no association was found between these same variables and family preferences in child care. The latter finding was unexpected and contravenes conventional wisdom which assumes that there are differences in child care preferences among different income level families. The major basis for this assumption has been reliance on national studies which have surveyed child care arrangements of low-income families. If nothing else, the Madison findings point to a need for further investigation of consumer preference before major commitment of public resources to a particular method of delivering child care.

There are two major reasons that public child care policy must consider parental preferences. One is ideological and pertains to the widely held value that government has no general right to intervene in parent-child relationships, with the exception of dependent, neglected or handicapped children. Thus, it is unlikely that government will provide child care services directly; or that a segregated delivery system, with those eligible for public subsidy being shuttled into one type of care and those

ineligible being free to make their own choices about child care arrangements, would meet with public approval.

The second reason is more pragmatic. Parental decisions to purchase child care are voluntary. Although some possibility of coercion may exist if government decides to offer parents subsidy only if they use a particular type of child care, parents are still free to reject such care if it does not meet their perceived needs. In any case, even with the expansion of eligibility standards for public subsidy, a significant percentage of parent-consumers will not be eligible. If public support enables the child care field to expand its range of services, the viability of that expansion will hinge at least partially on pleasing consumers.

The main issue around which conflict over system delivery design revolves is the extent to which formal or informal care arrangements ought to be encouraged. Both types of child care are used by families of different ages, sizes and compositions, as well as by families with different preferences and values. Evidence indicates that despite the low status of family day care providers, and the difficulty of licensing such care, it is meeting the needs of many working parents and their children of all socio-economic groups. Results from the consumer survey conducted in the City of Madison suggest that there is no simple answer to the question of how the two types of care arrangements ought to be distributed.

Parents are split almost 50/50 in their preferences for formal and informal care for their children ages 3 to 10. There is clearly a desire for day care center space in Madison that is not being met, especially for school-aged children. However, a substantial percentage of families prefer informal care arrangements for all their children, particularly for very young children. Almost 88 percent of families with children ages 0-2 surveyed preferred informal care.

Reinforcement and improvement of existing informal patterns of child care offers a comparatively low cost means of expanding the number of quality day care spaces. If more day care center programs were also offered, parents would be able to choose between two viable alternatives on the basis of value preferences, assured that whatever their choices, their children would be more than adequately cared for.

The two types of care need not be mutually exclusive. Day care centers can provide needed assistance, expertise, training and materials to family day care homes. Children could benefit from group care experience in a pre-school program on a part-time basis and obtain the remainder of their care in a family day care home.³

Despite the fact that government policy appears to be moving in the direction of more and more child care

³Ibid., p. 1567.

support to more and more families, numerous efforts at passing national comprehensive child care legislation have failed. Public opinion is still divided about the merits of government "interference" in child care matters and the costs of an "ideal" system appear prohibitive. Yet, the preponderance of evidence suggests that the present system of child care is grossly inadequate both in terms of quantity and quality of spaces. Women's organizations continue to be vociferous in their demands for more and better child care for all families, and they have been joined by child welfare advocates.⁴

The fact remains that whether or not more resources are committed to establishing better systems of child care and training personnel to staff child care centers and homes, many millions of adults are engaged in providing child care. Because much of this care is provided informally, frequently the cost of such care does not show up in Gross National Product accounts.⁵ It is really not clear that regulating and upgrading child care would involve a major increase in resources actually allocated to day care.⁶ Establishing the proper framework for public support of child care is important if a coherent subsidy

⁴Ibid., p. 432.

⁵D. R. Young and R. R. Nelson, Public Policy for Day Care of Young Children (Lexington, Mass.: D. C. Heath and Co., 1973), p. 10.

⁶Ibid., p. 71.

policy is to be developed. The development of systematic and detailed information about the preferences and satisfaction of day care users and the nature of the supply and demand for local day care arrangements is essential to such an effort.

Conclusions

Child Care as a Women's Issue

It is difficult to determine the proper political relationship between child care and women's rights, although there can be no doubt that the two are intimately connected in any practical sense. If women with young children can not work because of family responsibilities, guarantees of equal economic opportunity for women have a hollow ring. Whatever legal protection women may receive in terms of economic opportunity, so long as society regards the care of young children as the mother's responsibility and assumes that care will be provided within the home, working mothers face not only practical problems in terms of securing adequate substitute care for their children, but also face social and economic approbation. On the other hand, if women were in the home rather than in the work force, child care policy need concern itself only with poverty stricken families and the occasional family in crisis. But women are in the work force in increasing numbers and they are delegating child care responsibilities to

substitute care-givers. The relative lack of public regulation and knowledge about these care arrangements raises grave doubts about the quality of care many children are receiving and the priority that society attaches to the welfare of its children.

Until recently, popular ideology has made it clear that woman's most appropriate function is that of wife and mother; the public has closed its eyes to the fact that fewer and fewer women are playing these roles full-time. The conflict between what women are actually doing and prevalent conceptions about what they should be doing has long been a personal problem for individual working women. The number of families experiencing this conflict in their daily lives is on the increase.

Many of the mothers that are working today are sole heads of households. The overwhelming majority of single parents, about 95 percent, are women.⁷ These women are working because they must supplement the family income in an inflationary economy where food, rent and clothing costs take up most of their income; they are not working for luxuries, they are working because of economic necessity. In 1975, the number of single-parent families headed by women was 3 million, a 30 percent increase since 1970.⁸ Of the

⁷Child and Family Services Act, Joint Hearings before the Senate Committee on Labor and Public Welfare and the House Committee on Education and Labor (Washington, D.C.: U.S. Government Printing Office, 1975), p. 1831.

⁸"U.S. Census Bureau Report," Wisconsin State Journal, April 3, 1976.

27 million children under the age of 18 whose mothers worked in 1974, 12 million were in female-headed households.⁹

According to recent figures reported by the National Bureau of Labor Statistics, the median income for single-parent mothers with children under six was less than \$3,600 per year. By way of contrast, the median income for father-headed single-parent families with children of the same age was \$9,500.¹⁰ There is no escaping the conclusion that discriminatory employment patterns that result in women working in lower-status, lower-income jobs are a contributing factor in the provision of substandard child care for many millions of the nation's children. These women simply cannot afford to pay for high quality, developmental care for their children.

Many other mothers work because their husbands' salaries alone do not provide sufficient family income. The vast majority of these single-parent and low-income, married working mothers presumably attempt to make suitable arrangements for child care. Yet most studies conclude that there are few alternatives available to them at fees they can afford. In other words, acting in a conscientious fashion and not leaving young children to their own devices, many

⁹Joint Hearings on Child and Family Services Act, 1975, p. 1834.

¹⁰Ibid., p. 1800.

working mothers find that the child care arrangements available to them do not meet desirable standards for optimum care. This problem occurs not only because people do not have the money to pay, but also because there are simply not enough spaces.

The pressure for women's economic rights has tended to concentrate on legislation designed to promote equal treatment with men in terms of job availability, promotion, pay, benefits and status. However, it is increasingly clear that if women are to continue to enter the job market, and if their children are to be adequately cared for, that alternate methods of quality child care must be made more readily available.

Child Care and Value Conflicts

Popular ideology stressing the importance of full time maternal child care justifies the avoidance of a comprehensive commitment to creative public policy on child care. To date, little public action has been taken to support child care arrangements for working mothers, despite the beginnings of change in public attitudes and values about working women. Women's organizations speak in terms of universal free child care for families of all incomes, but there seems little immediate possibility that such demands will be met.

In the past, child care financing has depended heavily on parent fees, a practice which has provided an inadequate financial base and has been a factor in the lack of

growth in child care. To obtain proper financing of child care programs, old myths such as--"woman's place is in the home" and "maternal employment leads to juvenile delinquency," or "day care weakens a mother's commitment to her child"--must be destroyed. But even more importantly, adequate financing of child care will be highly dependent on the social significance attached to protecting and developing the potentials of the children of working mothers.¹¹

The young women working today are the wave of the future. They will spend the major portion of their lives in the work force and, whether they take time out to care for their children themselves or make other arrangements, one suspects that they will demand public support for child care.

The demand for child care cannot be met without a clear statement of objectives for public policy to meet. In order to do this effectively, policy-makers must somehow determine the current values in American society, and decide how they are to be implemented into child care legislation in a manner calculated to satisfy as many groups and individuals as possible--while still insuring quality child care.

Many groups are affected by child care policy: the family of the child in need of substitute care; the employer

¹¹ Judith Chapman and Joyce Lazar, A Review of the Present Status and Future Needs in Day Care Research, a working paper prepared for the Interagency Panel on Early Childhood Research and Development, 1971, p. 203.

of the parents of such children; the general labor market; the day care industry; the staff and trainers of staff of child care programs; the social and medical systems which deliver support services to child care programs; the schools into which the day care child "graduates," or which operate day care programs; the child care industry suppliers--equipment manufacturers, designers, builders; and voluntary organizations such as the Child Welfare League of America and the National Organization of Women.¹²

Given the complexity of achieving consensus among groups concerned with child care, it is little wonder that public policy-makers are content to let well enough alone and make only those incremental changes in child care policy required to appease those groups sufficiently organized to exert political pressure.

Need for More Information About the Nature of Child Care Needs

Unless it is clear what specific role child care should aim to fill in the life of a child and his family, it is difficult to evaluate the functioning of present child care systems. Experts in the field are far from unanimous in their recommendations regarding child care. There are those who are not only skeptical about the alleged virtues of group care, but who think it is harmful to both the family and child. Others are worried about exorbitant costs

¹²Ibid., pp. 2-3.

and government intrusion into personal liberties and matters concerning the family. For government to embark on an extensive program of child care without more information, given the extent of controversy among experts and the public, may be unwise and premature.

The alleged need for more child care spaces is usually based on census counts of spaces that already exist in formal, licensed day care centers and certified family day care homes. The spaces counted exclude children in types of care that are not regarded as legitimate forms of child care. Excluded in the count of available spaces, then, are the 90 percent of children who are in private, informal child care arrangements made in the child's home or in the neighborhood with "baby-sitters." The implication is that children taken care of in unlicensed situations are inadequately cared for, and public policy should promote the creation of licensed, often group care, situations for these children. This argument is sometimes taken one step further, and not only licensing, but also the provision of special services such as medical, dental, emotional and nutritional guidance for both children and their families is seen as essential. This approach results in what many consider to be exaggerated estimates of need.

Another approach to assessing need assumes that informal arrangements not only can offer excellent care, but in some cases provide even better care than possible in

formal arrangements because of the supposed capabilities of family day care mothers to offer the love, comfort and continuity of care that is often lacking in day care centers. Therefore, this approach includes private, informal child care arrangements in its count of available spaces. Proponents of this method of measuring need insist that demand conforms closely to existing patterns of care arrangements, and that need for more child care spaces is largely a myth.¹³

Although this controversy cannot be settled with the present level of information, two things should be mentioned. First, evidence indicates that no general conclusion can be drawn as to whether informal, private arrangements are more --or less--likely to provide good care than those involving licensing or certification.¹⁴ Second, there is no assurance that presently existing local delivery systems reflect parent-consumer preferences, because demand for child care has consistently exceeded supply.

In order for state and local governments to plan effective child care delivery programs under the authority of Title XX of the Social Services Amendments of 1974, it is

¹³Arthur C. Emlen, "Slogans, Slots, and Slander: The Myth of Day Care Need," paper presented at the American Orthopsychiatric Association Annual Meeting, 1976.

¹⁴Audrey Naylor, "A Position Paper on Day Care," in Joint Hearings on the Child and Family Services Act, 1975, p. 311.

essential that they have more information about the nature and extent of child care needs. Otherwise, it is almost impossible to allocate priorities in the expenditure of public funds, due to the differing costs of formal and informal child care programs.

One of the major purposes of the case study of Madison, Wisconsin, presented in Chapter 6, was to shed some light on the preference of parent-consumers of child care. This study found that families are not as satisfied with their present child care arrangements as is often assumed. Although a large number of parents sampled preferred to use their present arrangements, there was still a significant demand for more spaces in both formal and informal arrangements. This demand was related directly to the ages of the children to receive care. Families wanted more in-home care by others for their pre-school children and more after-school day care for their children ages 6-10.

Evidence from the study left little doubt that child care arrangements in Madison are based on the dictates of the marketplace and such practical matters as: family income available for paying for child care; the presence of older siblings in the family to provide care for younger children; the number of children in the family; and the convenience of using one care arrangement for all children in the family. When family child care preferences were analyzed, however, these factors were no longer significant.

Families preferred the type of care they perceived to be most appropriate according to the ages of their children.

The major problem for public policy-makers is the question of whether present patterns of child care should be promoted or whether new alternatives should be created. It seems appropriate to assume that most families, in Madison or elsewhere, seek to find the most reasonable child care arrangements available to them within the confines of the marketplace. If the marketplace were to expand or alter, if more viable choices were to become available because of changes in public policy, patterns of usage would probably change. Thus, there would be a feedback effect from the policy decisions that government makes about how best to provide child care. More needs to be known about existing informal child care arrangements, the characteristics of the care-givers, the quality of care and the reasons why parent-consumers prefer certain types of care, before it will be possible to predict the impact of changes in public policy. The first logical step for policy-makers to take, before making major decisions about the design of child care delivery systems, should be to provide funds for research into the nature of and the demand for different forms of substitute child care.

Recommendations

The question is not: "Shall we have day care in the United States?" We already have day care. The question

is: "What kind of day care shall we have in the United States?" Child care has been shown to be a necessity for millions of single-parent families and families with two working parents. Families of all sizes, ages, compositions and incomes use child care. Child care, the future health of the American family and the emerging rights of women are inextricably linked. There is no reason that quality child care, properly designed, could not become the modern equivalent of the extended family. The provision of comprehensive child and family services need not result in the demise of the nuclear family, but could instead provide greater flexibility and choice in family decisions about child rearing, and encourage genuine family- and child-centeredness.

The first responsibility of public officials is to promote the development of alternate types of child care in such a manner that parents are not barred from exercising their preferences due to the lack of available, convenient, affordable quality child care arrangements. Excellent care may come in many forms; there is no one kind of quality child care. Excellent child care is presently being offered under many auspices. Quality care is very hard to guarantee; it is expensive whatever form it takes; but it can be offered more consistently and more frequently than it is today. A national commitment of effort and funds could produce a marked improvement.

Improvement of Day Care Centers

A number of things can be done to improve the quality of care in formal day care centers: 1) ways to make formal center care as warm and flexible as family day care is purported to be should be explored; 2) special, desirable personality traits for staff should be identified, and ways to recognize these traits during the hiring process should be defined; 3) training programs for day care staff which would encourage consistency and continuity of care should be established; 4) pay rates and working conditions should be designed to be competitive with other industries in order to attract well-qualified staff; 5) day care centers should serve as centers of demonstration and research, while providing the context for special health and social services; and 6) day centers should serve as resource centers for both materials and professional advice for providers of informal child care.

Improvement of Informal Care

There is sufficient basis to believe that the quality of much of the informal care now being provided is standard. There are a number of ways to bring about needed improvement: 1) new ways to identify, recruit, select, train and adequately reimburse family day care providers should be developed; 2) methods of providing support and relief to family day care providers should be examined; and 3) materials and curricula appropriate in family care

settings should be developed and disseminated to providers of informal care.

Development of Support Services

The first step in any community effort to create a viable system of child care alternatives should be to compile information about already existing resources for meeting the needs of young children and their families, and to provide a means of disseminating such information to families, child care professionals, and other community members. Various methods need to be used to make sure that support services and social services are readily available.

Child care should be expanded and improved upon, but such efforts must be paced so that it is possible to evaluate the effects of a variety of child care programs on the children and the families who use them. A rapid expansion of child care services without adequate provision for personnel training, program evaluation, support services and technical assistance runs the risk of improving the quantity of child care spaces at the expense of quality. A careful diagnosis of child care needs should make it possible to devise a creative diversity of means to meet those needs. Some of these solutions will involve services for strengthening both formal and informal methods of care,

settings should be developed and disseminated to providers of informal care.

Development of Support Services

The first step in any community effort to create a viable system of child care alternatives should be to compile information about already existing resources for meeting the needs of young children and their families, and to provide a means of dispersing such information to families, child care providers and professionals. Various methods need to be experimented with in order to make sure that support services of health, nutrition and social services are readily available when needed.

A Word of Caution

Child care services should be expanded and improved upon, but such efforts must be paced so that it is possible to evaluate the effects of a variety of child care programs on the children and the families who use them. A rapid expansion of child care services without adequate provision for personnel training, program evaluation, support services and technical assistance runs the risk of improving the quantity of child care spaces at the expense of quality. A careful diagnosis of child care needs should make it possible to devise a creative diversity of means to meet those needs. Some of these solutions will involve services for strengthening both formal and informal methods of care,

and others will involve policy changes which go far beyond what has been the usual scope of child care policy.

Other Possibilities

The National Academy of Sciences released a report, "Toward a National Policy for Children and Families," in early 1977.¹⁴ This report recommended that child care options for working parents, such as subsidized in-home care, day care centers, and prekindergarten and nursery school programs, be offered on the basis of the family's ability to pay. In addition, the report recommended a guaranteed minimum family income and national health insurance. The enactment of these recommendations would do much to relieve the pressure on many millions of families to obtain satisfactory care for their children. Single-parent mothers and mothers from low-income intact families would have the option of staying at home with their children or working outside the home, knowing they could afford to choose their preferred child care arrangement. The provision of national health insurance would do much to relieve the burden on planners of child care delivery systems to provide supportive medical, dental and health services within the context of all child care programs.

There are a variety of other economic and social policies not directly tied to child care policy which could,

¹⁴Janet Chan, "How the Government Affects Family Life," McCalls (January, 1977), p. 64.

if adopted, increase the ease with which families make satisfactory child care arrangements: shorter working hours; greater flexibility in working hours; more tax deductions for child care expenses; a family or children's allowance; better pay for working women; parent education programs; and child advocacy to help identify needed services, programs and policies. Finally, different organizational standards for career advancement and less emphasis on age would make it possible for women to more readily combine motherhood (full-time, part-time, or temporary) and career.

APPENDIX

PHASE I INSTRUMENT

FOR OFFICE USE

School Code

Individual Code

Date of Return

CITY OF MADISON CHILD CARE NEEDS

1. Circle the ages of every one of your children:

Under 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

2. Circle your family status:

Married Single Widowed Separated Divorced Living Together

3. Circle the age bracket of yourself and your spouse:

Mother: 20 or younger 21-25 26-30 31-35 36-40 41-45 46-50 51+

Father: 20 or younger 21-25 26-30 31-35 36-40 41-45 46-50 51+

4. Circle the last level of school attended by yourself and your spouse:

Mother: Elem. School High School College - 1 2 3 4 M.A. Ph.D. Other

Father: Elem. School High School College - 1 2 3 4 M.A. Ph.D. Other

5. Circle how long you have lived in the City of Madison:

6 mo. or less 7-12 mo. 1-5 years 6-10 years 11 years or more

6. Describe the care of young children within your family:

(Check more than one if needed.)

Mother takes care of children full time

Father takes care of children full time

Both parents share equally in child care responsibilities

Both parents are employed, but work different times

Both parents are students, but have different schedules

7. A variety of early childhood programs and day care arrangements exist in Madison. Check those with which you are familiar. Put two checks if one is located near you.

Nursery School Certified Family Day Day Care Center

Head Start Care Provider Satellite Home

Title I Babysitter

Preschool Licensed Family Day Care Home

After School Day Care

IF YOU USE ANY TYPE OF CHILD CARE, ANSWER THE FOLLOWING QUESTIONS FOR EACH OF YOUR CHILDREN AGE 10 AND UNDER. IF YOU DO NOT, SKIP TO QUESTION 14.

8. In what kind of child care situations are your children currently?
Check all that apply to you.

	Full Day	Part Day (Less than 5 hours)	Circle Number of your children in each kind of care
8a. (For Children Not in Grades K-5)			
Goes to a day care center	_____	_____	1 2 3 4 5
Goes to nursery or preschool	_____	_____	1 2 3 4 5
Is enrolled in Head Start	_____	_____	1 2 3 4 5
Is enrolled in Public Schools early childhood program	_____	_____	1 2 3 4 5
Other: _____			
8b. (For Children Not in Grades K-5)			
Goes to a babysitter	_____	_____	1 2 3 4 5
Babysitter comes to my house	_____	_____	1 2 3 4 5
Goes to a certified family day care home	_____	_____	1 2 3 4 5
Is cared for by relatives	_____	_____	1 2 3 4 5
Other: _____			
8c. (For Children in Grades K-5)			
Is on his/her own when not in school	_____	_____	1 2 3 4 5
Goes to an after school day care program	_____	_____	1 2 3 4 5
Goes to a sitter's home after school	_____	_____	1 2 3 4 5
Is cared for by older sibling after school	_____	_____	1 2 3 4 5
Other: _____			
8d. Please indicate any combinations of care you use. (i.e., nursery school part of the day, babysitter part of the day.)			

PLEASE NOTE:

Page 306 not available for
microfilming.

UNIVERSITY MICROFILMS INTERNATIONAL

PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU HAVE CHILD CARE NEEDS THAT ARE UNMET.
IF THERE ARE NONE, SKIP TO QUESTION 19.

Children Aged 0-2

How many hours? How many days/week?

15. ☐ My infant/toddler needs care
 full time

15a. ☐ My infant/toddler needs care
 part time

Children Aged 3-5

16. ☐ My preschool child needs
 care full time

16a. ☐ My preschool child needs
 care part time

16b. ☐ My kindergarten child needs
 care part of the day

AM or PM

16c. My preschool child needs

☐ Peer experiences

☐ A special preschool program

☐ To be with other adults

Other: _____

Children Aged 6-10

17. My school-aged child needs

☐ Care after school every day

☐ Summer-time care

☐ Care on school holidays

Other: _____

For Children 0-10

18. I have the following other child-care needs for my child(ren).

☐ Emergency ☐ Night-time ☐ Drop-in

Other: _____

CHECK PARENTS' EMPLOYMENT OR SCHOOL STATUS. PART TIME EMPLOYMENT MEANS LESS THAN 20 HOURS PER WEEK.

Father's Employment:

19. At home full time (not employed elsewhere)	<input type="checkbox"/>	AFDC-U	<input type="checkbox"/>
Employed full time	<input type="checkbox"/>	Disabled Aid	<input type="checkbox"/>
Employed part time	<input type="checkbox"/>	Full time student	<input type="checkbox"/>
Employed at home full or part time	<input type="checkbox"/>	Part time student	<input type="checkbox"/>

*Place of Employment and occupation: (If student, state where)

Mother's Employment*

20. At home full time (not employed elsewhere) _____ AFDC _____
 Employed full time _____ Disabled Aid _____
 Employed part time _____ Full time student _____
 Employed at home full or part time _____ Part time student _____
- *Place of Employment and occupation: (If student, state where; if babysitter please indicate.)

21. Mother's Employment Plans:

I intend to go to work

immediately _____ within 1 year _____ within 1-3 years _____

22. Gross annual income of family in 1975 (check one of these census categories):

Less than \$1,000 _____	\$5,000 - \$5,999 _____	\$10,000 - \$11,999 _____
\$1,000 - \$1,999 _____	\$6,000 - \$6,999 _____	\$12,000 - \$14,999 _____
\$2,000 - \$2,999 _____	\$7,000 - \$7,999 _____	\$15,000 - \$24,999 _____
\$3,000 - \$3,999 _____	\$8,000 - \$8,999 _____	\$25,000 - \$49,999 _____
\$4,000 - \$4,999 _____	\$9,000 - \$9,999 _____	\$50,000 or more _____

23. The following items describe priorities with regard to child care. Put the numbers of the three you think are most important for yourself:

READ THEM HERE

PUT THE NUMBERS HERE

- | | |
|--|----------|
| 1. Quality nursery school programs | A. _____ |
| 2. Quality all-day care centers | B. _____ |
| 3. Quality after-school day care | C. _____ |
| 4. Parent education groups | |
| 5. 24-hour emergency child care | |
| 6. Before school day care | |
| 7. Skilled infant care | |
| 8. Day Care provided at places of employment | |
| 9. More information to help people choose the best situation for their child(ren) | |
| 10. Information about the various quality child care arrangements available in the community | |

24. Check which arrangement you would prefer for your children if you needed care for them:

Age of Child	Go to Day Care Center	Go to Care-giver's Home	Have Care-giver Come to my Home	Go to After School Day Care	None of These
0-2	_____	_____	_____	_____	_____
3-5	_____	_____	_____	_____	_____
6-10	_____	_____	_____	_____	_____

25. If you prefer using a full-day care center, is there one accessible to you?
 Yes _____ No _____ Which one? _____
26. How far would you be willing to transport your child to a child care facility?
 Less than 1 mile _____ 1-2 miles _____ 3-4 miles _____ 5 miles or more _____
27. If you use some type of child care, how much do you currently pay?
 \$_____ per week (full time) OR \$_____ per week part time for _____ hours/week
28. Check each of the types of child care financial assistance for which you would know how and where to apply:
 Purchase of Care (POC) _____ AFDC Child Care _____ Child Care
 Sliding Fee Scale _____ City Day Care Tuition _____ Program
 Aid _____ Scholarship _____
 None _____

THE CITY OF MADISON DAY CARE PROGRAM UNDER MADISON CITY ORDINANCE 7.49 (6) (a) 6, HAS DEVELOPED SOME SPECIAL CRITERIA OF CHILD CARE NEEDS USED TO PROVIDE TUITION AIDS FOR SOME FAMILIES. CHECK AS MANY OF THESE SPECIAL NEEDS AS HAVE OCCURRED IN YOUR FAMILY WHICH HAVE MEANT AN EXTRAORDINARY EXPENDITURE OF MONEY OR FAMILY STRESS DUE TO

29. A. Parental role unoccupied
 _____ 1. Death of a parent, guardian or legal custodian
 _____ 2. Parent is physically ill
 _____ 3. Parent is imprisoned
 _____ 4. Parent had mental illness or severe stress
 _____ 5. Parent is absent due to work or training, or seeking work
- B. Parental role incapacitated
 _____ 1. Mental or physical illness
 _____ 2. Physical handicap
 _____ 3. Non-English speaking
 _____ 4. Emotional disturbance
 _____ 5. Too many children to attend to
 _____ 6. Mental retardation
 _____ 7. Drug or alcohol dependency
 _____ 8. Family tension due to conflict between parents
 _____ 9. Unemployment/seeking work
- C. Parental role rejection
 _____ 1. Neglect
 _____ 2. Physical or mental abuse
 _____ 3. Desertion
 _____ 4. Child placed with temporary (non-legal) guardian
- D. Child incapacity or handicap
 _____ 1. Epilepsy
 _____ 2. Mental deficiency
 _____ 3. Emotional disturbance
 _____ 4. Physical handicap
 _____ 5. Brain injury
- E. Environmental Deficiency
 _____ 1. Unsafe housing conditions
 _____ 2. Lack of adequate play space
 _____ 3. No play companions for child.

30. Have you heard of the City of Madison Day Care Program? Yes _____ No _____

PLEASE MAKE ANY COMMENTS YOU WISH ABOUT CHILD CARE IN MADISON HERE: _____

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