

Social Policy Report

Giving Child and Youth Development Knowledge Away

Volume XVIII, Number III

2004

Putting the Child Back Into Child Care: Combining Care and Education for Children Ages 3-5

Jessica Brauner, Bonnie Gordic, and Edward Zigler

Abstract

Currently there is a lack of affordable, accessible, quality child care in America. A substandard child care system not only negatively affects families, but also impacts broader societal and political issues, such as the economy, gender equity, tax and budget policies, and welfare reform.

The inadequate state of child care is in part due to the fact that care and education continue to be viewed as separate issues. The authors define “care” as simply caring for a child and meeting basic health and safety needs, while “early education” is defined as implementing developmentally appropriate curricula that fosters a child’s cognitive, social, and emotional development. In this report, the authors explore current state regulations, the economics of child care, and how child care is framed in order to illustrate why poor quality care continues in the United States.

An examination of current state regulations illustrates that, although we know what quality is, how to measure it, and the negative outcomes associated with poor quality care, there is no system in place to ensure that children receive even minimally appropriate care. From an economic perspective, parents and society as a whole do not demand quality care, instead seeing “good care” as a place that keeps children safe and warm. Additionally, child care is presently in a state of market failure—the market is supplying too little high-quality child care compared to what our society needs, and parents cannot easily access information about child care. Finally, an exploration of the way parents and society view the relationship between child care and education reveals that the majority of individuals see child care simply as a custodial service for working parents and view education as a separate endeavor.

In this report, the authors propose two recommendations to help improve the quality of child care in the United States. First, they assert that an infrastructure that combines care and education must be built. One approach is to place educational components into the child care system. A more enduring approach is to place care into the educational system. Second, in order to have a successful child care system, it is first necessary to reframe the relationship between care and education. This effort can be mounted on several fronts, and can be carried out by changing the current terminology and constituency of child care and increasing parental and societal awareness of the components and benefits of quality care. Only when this happens, will the state of child care begin to improve. Without the help and commitment of informed adults, the needs of children will continue to be left unmet, having harmful consequences not only for our youngest citizens but also for the future of our nation and society.

Social Policy Report

Editor

Lonnie Sherrod, Ph.D.
sherrod@fordham.edu

Associate Editor

Jeanne Brooks-Gunn, Ph.D.
brooks-gunn@columbia.edu

Director of SRCD Office for Policy and Communications

Mary Ann McCabe, Ph.D.
mmccabe@apa.org

Managing Editor

Bridget Ehart



GOVERNING COUNCIL

Esther Thelen	Robert B. McCall
Aletha Huston	Ellen E. Pinderhughes
Ross D. Parke	J. Steven Reznick
Judith G. Smetana	Mary K. Rothbart
Ronald G. Barr	Arnold Sameroff
Jeanne Brooks-Gunn	John W. Hagen
Stephen J. Ceci	Paige Fisher
Donald J. Hernandez	

POLICY AND COMMUNICATIONS COMMITTEE

Natasha Cabrera	Cybele Raver
Robert Granger	Martha Zazlow
Ellen Pinderhughes	Anthony Salandy
Donald J. Hernandez	Jennifer Astuto
Marilou Hyson	John W. Hagen
Fred Rothbaum	Mary Ann McCabe
Hiro Yoshikawa	Lonnie Sherrod

PUBLICATIONS COMMITTEE

Susan B. Campbell	Kelly Rogers
Yvonne Caldera	Judy Smetana
Nancy Eisenberg	J. Steven Reznick
Sandra Graham	Neil Salkind
Aletha Huston	John W. Hagen
Rachel Keen	

From the Editor

It is a pleasure to introduce this *Social Policy Report*, *Putting the Child Back into Child Care*. Written by Jessica Brauner, Bonnie Gordic, and Edward Zigler, the report focuses on the state of child care for our nation's 3-, 4- and 5-year-olds. The authors' premise is that child care and early childhood education could be integrated so that our preschoolers receive high quality care, which is not readily available to all families. The authors discuss failures in the market and possible solutions. They suggest that a restructuring is necessary, with an emphasis on early childhood education (ECE), most likely offered through the schools.

The commentary by Janet Currie focuses on the causes of market failure as well as an alternative solution, specifically the enhancement of Head Start. Deborah Phillips adds to the recommendations, arguing that we need adequately educated and trained teachers, integration of special needs children into ECE, and more family-friendly work places. Lonnie Sherrod and I hope that this *SPR* issue engenders pragmatic debate on how to provide appropriate care and education for our preschoolers.

Jeanne Brooks-Gunn, Associate Editor

Putting the Child Back Into Child Care: Combining Care and Education for Children Ages 3-5

Jessica Brauner, Yale University, Bonnie Gordic,
Georgetown University, Edward Zigler, Yale
University

Currently in America, there exists a lack of affordable, accessible, quality child care. Nearly two out of three mothers with children under the age of 6 now work outside of the home (Children's Defense Fund, 2001; Zigler & Hall, 2000), over 10 million 4- and 5-year-olds are in nonparental care (Sonenstein, Gates, Schmidt, & Bolshun, 2002) and almost 50% of nonworking mothers use some form of external care (Jamieson, Curry, & Martinez, 2001; National Center for Education Statistics, 2002). The need for quality child care is significant. Unfortunately some children in out-of-home care are missing opportunities to enhance their development, and many are even being damaged by the system (Helburn & Cost, Quality and Child Outcomes Team, 1995). On average, child care in the United States can be described as poor to mediocre (Blau & Mocan, 2002; Whitebook, Howes, & Phillips, 1990). Some estimate that one third of children under 5 years of age may be in legally exempt (not having to meet state licensing requirements) or illegally unregulated care (Helburn & Bergmann, 2002). In 1995, the Cost, Quality, and Outcomes Study (CQO) revealed that out of 398 centers reviewed, only 15% provided care promoting healthy development and nearly 13% offered substandard quality care (Helburn & Cost, Quality and Child Outcomes Team, 1995). More recently, the National Institute of Child Health and Human Development (NICHD) found that only 34% of observed classes in centers met quality standards (including child-adult ratio, group size, and formal training and education) at 36 months of age (NICHD Early Child & Research Network, 1999). Similarly dismal results have been found in the family day-care field. The Relative and Family Day Care Study, which examined 226 child-care homes, rated 34% of the child-care homes as "inadequate", 58% as "adequate/custodial", and only 8% as "good" (Kontos, Howes, Shinn, & Galinsky, 1995).

A substandard child-care system not only negatively affects individual families, but also society as a whole. The quality and reliability of child care impacts family issues (such as family stress and children's cognitive and social development), and broader societal and political issues (including the economy, gender equity, tax and budget policies, and welfare reform; Cohen, 2001; Gormley, 1995; Helburn & Cost, Quality and Child Outcomes Team, 1995; Vandell & Wolfe, 2000).

Unfortunately, the quality of care that increasing numbers of children receive is often poor. As the number of women in the workforce continues to grow and more nonworking mothers send their children to child care, more and more young children experience inadequate care. The poor state of child care is in part due to a lack of consideration for children's needs and the fact that care and education continue to be viewed as separate issues. In this report, we refer to care as physically caring for a child and

meeting his or her basic health and safety needs. We use the term early education to denote the use of developmentally-appropriate curricula fostering a child's cognitive, social, and emotional development. Although infant, toddler, and school-age child care are also extremely important to consider, this report focuses solely on children 3- to 5-years of age.¹ We explore state child-care regulations, the economics of care, and child care framing in an effort to examine how and why child care often neglects children's educational and developmental needs. We conclude with two recommendations to improve U.S. child care quality. These recommendations include building an infrastructure that combines care and education and reframing the relationship between these two currently separate institutions. These recommendations represent steps to help put the child back into child care.

State Regulations and Child Care Quality – Currently, there are no federal regulations for child care in the United States. Although this is often taken for granted, in the early 1970's a bipartisan Congress proposed and passed legislation that would have implemented the nation's first federal child-care laws. The Child Development Act would have put into place a federal regulatory system for child care and institutionalized the Federal Interagency Day Care Requirements, to which all child-care centers would have been required to adhere (Cohen, 2001; Phillips & McCartney, 2002). Unfortunately, despite its popularity, Nixon vetoed the legislation in 1971, ending the chance of a comprehensive U.S. child-care system.

Due to the lack of a federal child-care system, state regulations are one index of how state governments view child care today and of how much value they place on certain aspects of care. Although studies have articulated what constitutes quality early childhood environments, there is a disconnect between these findings and current state regulations. A developmentally-appropriate, quality child-care environment has been shown to be important for young children in fostering essential cognitive, physical, social, and emotional skills critical to success in all areas of life (Howes, Phillips, & Whitebook, 1992; NICHD Early Child & Research Network, 2001; Peisner-Feinberg et al., 2001; Vandell & Wolfe, 2000; Zigler & Hall, 2000). Numerous studies have revealed the characteristics that make up quality child care, which produce better environments and in turn, optimize child outcomes. These include: small group size, good child-staff ratios, and well-trained caregivers (Burchinal, Howes, & Kontos, 2002; Clarke-Stewart, Vandell, Burchinal, Brien, & McCartney, 2002; Cohen, 2001; Cryer, Tietze, Burchinal, Leal, & Palacios, 1999; Kagan & Cohen, 1996; Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, 2000; Zigler & Hall, 2000). Research has also established reliable and valid ways to measure these criteria (Gormley, 1995; Helburn & Bergmann, 2002) and has shown that children enrolled in centers meeting more standards display better outcomes in school readiness, language comprehension, and behavior problems (NICHD Early Child &

¹ Although most children 5 years of age are in kindergarten, many kindergartens are not full day (Vecchiotti, 2003), making the issue of combining care and education relevant for these children as well.

Research Network, 1999). However, despite the existence of measurement capability, state licensing regulations do not require that child-care providers meet most of these quality indicators (Galinsky & Friedman, 1993; Gallagher, Rooney, & Campbell, 1999; Marsland, Zigler, & Martinez, submitted) and in most cases, only accommodate a child's basic health and safety needs (including protecting the child from injury and guarding against unsafe buildings and equipment, fire, infectious disease, and developmental impairment; Helburn & Bergmann, 2002). Existing regulations are designed to keep children from harm, although they do not always succeed. For example, a Consumer Product Safety Commission survey of 220 licensed child-care settings revealed that 67% of settings had at least one safety hazard (Consumer Product Safety Commission, 1999). Furthermore, regulations do not provide adequate environments to support children's holistic positive development (Gallagher et al., 1999; Helburn & Bergmann, 2002; Marsland et al., submitted). Even though we know what constitutes quality care and how to measure it, there is no system in place to ensure that children receive even minimally appropriate care, reinforcing the custodial emphasis of our current system.

Despite minimal state health and safety regulations, many care providers do not meet these requirements or are exempt from them, not being required to meet state licensing laws (Gormley, 1995; Helburn & Bergmann, 2002; Phillips et al., 2000; Queralt & Witte, 1999). Twelve states exempt religious-based child-care centers, 20 states exempt half-day nursery schools, and some states exclude programs that are part of the public school system. Unregulated care is especially problematic in family day-care homes since the majority are free of regulation (Gormley, 1995; Helburn & Bergmann, 2002). As many as 50% of formal child-care providers may be legally exempt from achieving licensure (Kagan & Cohen, 1997). For states that do regulate family day-care homes, most enforce only the most basic of requirements. For example, a large number of states do not expect family day-care providers to conduct criminal record or child abuse registry checks or to undergo First Aid training, CPR training or TB tests (Helburn & Bergmann, 2002). Thus, not only are children in environments that do not meet quality care requirements but they are also in settings that do not meet children's most basic health and safety needs. Once again, these minimal requirements emphasize the belief that child-care providers in general, and family-care providers in particular, are merely child-sitters whose job it is to protect a child from harm rather than to provide an environment that enhances development (Helburn & Bergmann, 2002).²

Other regulation issues that influence quality include the difficulty of obtaining a license, lack of enforcement, laxness of certification, and the absence of accountability. Providers often find it extremely time-consuming and costly to become licensed. Additionally, they experience little reward and, due to the lack of

enforcement, face no consequences for not obtaining licensure (Gormley, 1995; Helburn & Bergmann, 2002; Kontos, 2002; Queralt & Witte, 1999). Without proper enforcement, regulations will not be effective (Helburn & Bergmann, 2002). Family day-care homes often remain unlicensed because they do not know what is required, find the process too complicated and expensive, feel that inspections

The poor state of child care is in part due to a lack of consideration for children's needs and the fact that care and education continue to be viewed as separate issues.

are intrusive, and believe that parents do not insist on or care about licensing (Kontos, 2002). Once facilities get licensed few licenses are actually revoked. Licensing agencies are understaffed (with caseload ratios of up to 300:1 in populous states) and therefore, cannot adequately monitor providers. Additionally, the revocation process requires an administrative hearing and an appeal procedure that can take four to five years (Gormley, 1995; Helburn & Bergmann, 2002; Queralt & Witte, 1999). Due to this lack of adequate enforcement and the standardized process of regulation, inspectors focus on obvious rule infractions rather than the more subtle aspects of care such as staff-child interactions. Consequently, providers with extremely different practices are treated the same by inspectors (Gormley, 1995). Therefore, even when parents know which centers are regulated, the quality of the care is not uniform.

The lack of quality regulation can have negative effects on children in child care.³ Not only does inadequate care deny a child the optimal opportunity to grow, its effects can be detrimental (NICHD Early Child Care Research Network, 1997; Sagi, Koren-Karie, Gini, Ziv, & Joels, 2002; Vandell, Henderson, & Wilson, 1988; Vandell & Wolfe, 2000). For example, Peisner-Feinberg et al. (2001) found a modest long-term negative effect on children's cognitive and socioemotional development (which included language ability and problem behaviors) due to poor-quality child care. Unfortunately, the problem of poor quality child care is hardly new. In a 1999 study of the state of U.S. child care, the National Council of Jewish Women (NCJW) compared their current findings with those of a similar study conducted in 1972. They found that child care quality, affordability, and standards have not changed in over 30 years. Little quality care continues to exist, costs are still too high, and no federal standards exist (National Council of Jewish Women, 1999). Current legislation does little to prevent children from receiving detrimental care, as is reflected in the absence of regulation.

Overall, current state legislation minimally addresses the health and safety needs of children, and does not ensure environments

² Some argue that increasing regulation requirements would have negative spill over effects. For example, higher standards would increase operating costs to providers which would increase parent fees, causing parents to look for unregulated care or providers to "go underground" (Helburn & Bergmann, 2002; Muenchow & Marsland, 2003).

³ However, it must be noted that the effects of child care quality are modest when controlling for family selection biases (e.g., NICHD & Duncan, 2003). In addition, this does not minimize the influence of parental factors. For example, NICHD (2002) found that the quality of maternal caregiving was the strongest predictor of cognitive competence.

Better Child Care for All: What Will it Take?

Deborah A. Phillips, Georgetown University

This *Social Policy Report* is somewhat atypical insofar as Edward Zigler and his colleagues go beyond reviewing the scientific literature and policy discussions on child care to setting out specific recommendations for action. They take the bold step of proposing a hybrid infrastructure for child care that combines care (the “container”) and education (the “classroom”), preferably based in public school settings, to “put the child back into child care”. Because education issues consistently rise to the surface of public concern in the U.S. and the usual ambivalence about a government role in child policy seems to dissipate accordingly, it is appealing to consider attaching child care to these coattails. Many proponents of school-based pre-kindergarten programs have this goal in mind. Our recent work in Tulsa, Oklahoma (Gormley & Gayer, 2003; Gormley & Phillips, 2003) affirms these best hopes for school-based early care and education under conditions where the teacher has a B.A. and is certified in early child education, the program is run by the public school system, and the program is universally available (and free) to all families.

This evidence, my work with the remarkable experts who produced *From Neurons to Neighborhoods*, and my persistent efforts to convince policymakers to take decades of evidence on child care quality seriously compel me to ask of all proposals for reform the seemingly simple question, “What will it take?” Following the active tone set in this *SPR*, I offer five proposals for our field to ponder.

First and foremost, it will require policies and programs (including higher education programs) that can attract and retain a workforce of teachers who understand how to foster early learning, constructive peer relationships, and self-esteem and motivation for all children, including those with special needs—jobs that are even harder than rocket science. Judging from existing pre-kindergarten programs, in which half of the teachers lack both a four-year college degree and specific training to teach 4-year olds (Clifford et al., 2003), simply blending care and education will not necessarily get us where we need to go.

Second, as Zigler and colleagues suggest, it will take a sea change in public knowledge and attitudes, including views of what children are entitled to as a birthright and surprisingly enduring attitudes that equate government involvement in child care with intrusion into private family matters. The public also needs to appreciate that we have, in fact, disinvested in young children in recent years as welfare reform has required higher levels of maternal employment in workplaces that are decidedly not family friendly, as professional jobs have consumed a rising number of weekly hours, and as this loss of maternal time has not been compensated for by investments in a developmentally supportive child-care system. Further, the public needs to appreciate that child care, beyond being “an environment capable of facilitating children’s growth and development”, is an early intervention even if we don’t refer to it as such (and perhaps we should). It can pose benefits or risks to early development, as the research now tells us, and it holds the potential to redirect developmental trajectories—perhaps especially for children at risk—to exactly the same extent as do Head Start and other programs in which our society currently invests, with minimal debate.

Third, this last point calls attention to a third strand of early childhood policy (child care and early education/pre-kindergarten being the other two) that is not addressed by Zigler and colleagues, namely early intervention, especially as it pertains to policies and programs for children with special needs. Among the three goals identified in *From Neurons to Neighborhoods* for which any child-care system should be held accountable is: “that the special needs of children with developmental disabilities or chronic health conditions are addressed.” Simply integrating care and education will not necessarily address the needs of these children or their families. Including them in a vision for child care will bring a politically-savvy group of parents to the table and create the possibility of an inclusive child-care system that improves upon what both child-care programs and schools presently offer.

Fourth, proposed solutions to the child-care problems our country faces cannot afford to leapfrog over infants and toddlers, and over those children who will not be able to avail themselves of care-education programs in the schools. We need to discuss paid family leave and high-quality infant and toddler care—two issues for which Zigler has been a national champion—in the same breath as we discuss programs for preschoolers or, as is currently happening, these “other children” will be left behind in foundation initiatives, policy debates, and public discussion of child care and early education.

Fifth, we need to broaden our proposals even further to consider the nature of work for parents with young children. Child-care advocates, professionals, and families alike bend and bend and bend some more to come up with child-care solutions that accommodate longer hours, longer commutes, multiple jobs, odd hours of work, earlier returns to work after the birth or adoption of a child, and the list goes on. Indeed, it is these efforts to accommodate the workplace that have rendered child care a “container” for keeping children safe from harm while their parents are occupied with earning an income. They are also offered as arguments for why school- or center-based programs are insufficient in this day and age. Isn’t it time that we consider ways in which work can accommodate child care—within the family and beyond—rather than the other way around?

that will enhance children’s development or readiness for school and life. The problem of poor-quality child care has changed minimally over the past 30 years—though we know what characterizes quality care and the negative consequences of not meeting these criteria. State regulations highlight the lack of concern for a child’s needs and enforce the view that child care today is merely custodial.

The Economics of Quality Child Care – By looking at child care from a supply and demand perspective we can further determine how society views the child-care industry. From an economic perspective of supply and demand, the demand for child care comes from working parents and the supply from child-care providers (Blau, 2001). Accordingly, if there is limited demand for quality child care from parents, then there will be limited supply of quality from providers. The child-care market is atypical, however, in that there is no clear consumer of the services provided. Parents, not their children, are usually referred to as the consumers of child care (e.g., Blau, 2001; Helburn & Bergmann, 2002), even though their children are the direct “recipients” of the care provided in these environments.

Following microeconomic theory, the child-care industry suffers from a principal-agent problem, with the agent (the person taking action) pursuing his or her own goals at the expense of the principal (the one on whose behalf the agent works and the individual whom the agent’s actions affect; Pindyck & Rubinfeld, 2001). In the child-care market, this problem exists because the agent’s (i.e., the parent’s) goals in selecting a child-care site (e.g., affordability or proximity in lieu of quality) may negatively affect the principal (i.e., the child). Because children cannot advocate for their own needs, the demand for good quality child care should by extension come from parents as well as society, since good quality care ultimately affects the latter party as well.

Unfortunately, most parents do not expect care to go beyond their parental custodial care needs to meet the developmental needs of the child. When it comes to child care, parents’ priorities tend to be convenience, affordability, and reliability (Blau, 2001; Blau & Mocan, 2002; Helburn & Bergmann, 2002; Zigler & Hall, 2000). There are several reasons why, despite the fact that scholars have defined quality care and its outcomes, children still experience minimal quality care. First, parents often do not know what quality care consists of and have difficulty differentiating between low-quality and high-quality settings (Blau & Mocan, 2002; Early Care and Education Collaborative, 2002; Kontos, 1992). In addition, most parents view quality child care differently than do professionals; seeing good care as a place that keeps children safe and warm (Blau, 2001; Helburn & Bergmann, 2002). For example, the public often only cites the importance of safety when discussing quality child care (Early Care and Education Collaborative, 2002), which is

in contrast to the social, cognitive, emotional, and physical needs asserted by experts in child development.

Even if parents knew what quality was, it would be difficult for them to articulate it and determine how various centers compare. As mentioned previously, parents are not the direct consumers of child care—their children are. Therefore, it becomes much more difficult for a parent to evaluate personally the quality of a facility (Helburn & Bergmann, 2002). Furthermore, due to high turnover rates of staff in both family- and center-based care (Helburn & Bergmann, 2002), the quality of a child-care setting may change over time. Finally, even if parents were able to discern the quality of different centers, they may not be able to find or afford good quality care within close proximity of their home or work. In fact, although the numbers of both centers and child-care homes have increased over the past 30 years, many parents, especially those in low-income families, still cannot find adequate care (Lombardi, 2003).

From an economics perspective, child care can be viewed as a social good, rather than a private purchase, since quality care (or the lack thereof) has the potential to effect all of society.

Partly due to this lack of demand for quality care, child care is presently in a state of “market failure.” In general, the market can fail when there is either too little or too much of a service within that market compared to what society views as optimal. With regard to child care, the market fails because it is supplying too little high-quality child care compared to what our society needs (Blau, 2001). Another source of market failure is the presence of imperfect information (Pindyck & Rubinfeld, 2001; Vandell & Wolfe, 2000).

Currently, there is no easy way for parents to receive information regarding the advantages of different child-care arrangements, facilities, or providers. There are few resources available that clearly articulate the importance of good quality care and how a parent is to assess it (Gormley, 1995; Vandell & Wolfe, 2000). Child care providers do not advertise information parents need to know about alternative sources of services or center characteristics. There are also few child-care market intermediaries (agencies that provide technical assistance to parents and providers, and facilitate the purchase of child care). Resource and referral agencies exist, but few parents know about them and their accessibility is limited. In addition, many do not provide the information that parents find most helpful—namely, recommending a “good” provider (Helburn & Bergmann, 2002).

Finally, an additional source of market failure is the presence of externalities in the child-care market (consequences beyond the primary consumers; Pindyck & Rubinfeld, 2001; Vandell & Wolfe, 2000). Externalities arise in the child-care market because the parent’s actions in selecting a child care-facility (i.e., choosing a poor quality child-care site) affects parties external to the parent-child/child-care facility relationship (e.g., choosing a poor quality institution negatively impacts society via increased special education placements, grade retention, etc.). For example, quality

of care affects schooling costs, crime, and parental job absenteeism (Vandell & Wolfe, 2000). From an economics perspective, child care can be viewed as a social good, rather than a private purchase, since quality care (or the lack thereof) has the potential to effect all of society. When the child-care system fails, it is society that has to “foot the bill” in the end, starting with the school system. As the Minneapolis Federal Reserve Board argues, “[t]he return on investment from early childhood development is extraordinary, resulting in better working public schools, more educated workers and less crime (Rolnick & Grunewald, 2003, p. 8).” Unfortunately, market suppliers (i.e., child-care providers) will not invest the time and effort to fill a market demand (for quality care) that does not exist (unless the market allows them to pass onto the consumers the increased operating costs that high-quality child care incurs). It is important for parents and society to demand high quality child- and education-centered care for children. Only then will the market seek to accommodate children’s developmental and educational needs, and regard child care and early education as one and the same.

Child Care Framing and Quality – In studying child care’s current legislation and economics, the question remains, why do we continue to treat child care and education as separate entities when research specifies that quality developmentally-appropriate care must include education? The answer may lie in the way in which individuals and society view child care. According to research at the crossroads of psychology and communications, how we perceive the goals, philosophies and purpose of child care may influence how we understand, and what we have come to expect and demand from, this endeavor. As one famous social observer noted, “the way in which the world is imagined determines at any particular moment what men will do (Lippmann, 1922, p. 25).” Popular perceptions over time have influenced legislation and movements both for and against child care. Scientists interested in studying the way we perceive child care have relied upon Frame Theory to inform their work.

According to Frame Theory, each person organizes the world around them by relying on pre-existing scripts or frames that help guide his or her thoughts on an issue (Nall Bales, 1999). Individuals are bombarded with so much information on a daily basis, that their minds are forced to take mental short-cuts in order to make sense of their environment. Once formed, these frames are rather resistant to change and influence their thoughts on issues. Frame Theory studies both these internal cognitive models, and society’s use of “metacommunications” or messages embedded in messages that evoke, challenge or reinforce our pre-existing frames (Gilliam & Nall Bales, 2001). Since frames induced by the media and society affect how the public understands a social issue and its potential solutions (Frameworks Institute, 2002; Gilliam & Nall Bales, 2001; Lakoff, 1996), framing is an important part of comprehending the difficult relationship between care and education in this country (see *Social Policy Report*, Vol XV [Gilliam & Nall Bales, 2001] for an in-depth look at framing and youth issues). An examination of child-care frames carried out by the Benton Foundation reveals that today child care is seen within the frame of two very persistent

contexts unrelated to children and education. They include safety and work, which ultimately tie in to issues of personal and parental responsibility (Nall Bales, 1998).

Within the work frame, individuals see child care as a vehicle facilitating maternal employment, an important component of welfare reform, and a service versus an education. Child care allows a mother to enter the workforce and to provide for her family. In

The dominant societal frames of child care as work, safety, and parental responsibility issues supercede associations of this endeavor with education and development.

conjunction with welfare reform, child care also has become an essential component of the transition from welfare to work, by providing parents with the opportunity to go to work and by creating additional service sector jobs by which parents can become employed. Further, even the language that we use to describe child care connotes an association with work and service rather than learning and education. Child care employees are called “workers” rather than “teachers” and instead of providing “education” they provide “care” (Nall Bales, 1998).

In addition to the work frame, individuals also view child care within the context of health and safety (Lakoff & Grady, 1998; Nall Bales, 1998). This frame usually evokes media horror stories of abusive day-care providers and negligent nannies. With regard to child care, the media often relies on simplistic and stereotypical coverage concerning health and safety rather than on larger issues of quality or child development (Gilliam, 1999; Nall Bales, 1998). One of the reasons for the persistence of this frame may stem from society’s characterization of children as precious objects. Within this model, child care’s dominant “kiddy container” and “child storage” frames fall into place—since objects are something that require little more than being kept safe and warm (Lakoff & Grady, 1998; Nall Bales, 1998). It is not surprising then, within this context, that parents view the safety of their children in child care as a high priority (Farkas, Duffett, & Johnson, 2000). When asked what they thought characterized good quality child care, most parents indicated that they would be happy with a place where their children would be left with “an affectionate and responsible provider and [in] a safe, orderly environment (Farkas et al., 2000, p. 17).” Parents’ low expectations for child care may stem, in part, from the threat that child-care providers and child-care environments may pose to some parents’ perceptions of themselves as their child’s nurturer and educator. Fears of care providers usurping parental roles as the child’s primary teachers, and care facilities superceding the home as the child’s most influential learning environment, may be yet another source of low demand for quality child care which incorporates education. Choosing a solely custodial care arrangement may serve to alleviate the apprehension and guilt over competing with the caregiver for their child’s affection, that

Combining Early Care and Education: Is Universal Pre-K the Best Way?

Janet Currie, University of California, Los Angeles

Brauner, Gordic, and Zigler (BGZ) argue that two issues—the need for affordable, quality, child care, and the need for early education—are inextricably linked. What we in fact need, is quality, affordable, childcare that provides early education services. It would be difficult to find any advocate for children who did not agree. The question is, how best to go about it?

The authors discuss two “market failures” that justify government intervention in the market for child care services. The first is that parents typically don’t have good information about the characteristics of quality care. Many parents tend to frame “quality” in terms of safety issues and the “warmth” of care givers, overlooking the importance of early educational experiences. The second is that bad parental choices about care can impose costs on many others, if children who are badly cared for are unproductive as adults, engage in crime, etc. Because of these market failures, BGZ argue that the market provides care of lower than optimal quality. BGZ offer two policies aimed at improving the situation. It is reasonable to ask whether these policies address the market failures, and what other costs and benefits they might have.

The first is to increase the “educational” component of privately-provided care, presumably through increased regulation. The authors point out that this would be quite difficult since as much as half of all of the care that is currently provided is not subject to regulation, and existing regulation is not well enforced. An additional problem with this policy is that increasing regulations on licensed care givers is likely to drive more care “underground”. Currie and Hotz (2004) show, for example, that increasing the regulation of formal day care causes more children to be cared for in family homes.

The policy that is actually favored by BGZ is to place child care into our system of education, by making schools responsible for at least preschool care. This seems more feasible, but it is worth asking whether the market failures discussed above would actually be solved? Parents often have poor information about K-12 school quality. This is hardly the fault of parents, given that even experts have difficulty agreeing on which measurable aspects of school quality are most important. It has proven remarkably difficult to link measurable aspects of quality, such as spending, to improved child outcomes. The quality of individual teachers appears to be extremely important but is not closely connected with such measurable characteristics as their paper qualifications (Card and Kreuger, 1998; Hanushek and Rivkin, 2004). Perhaps because I live in Los Angeles, and follow the travails of the L.A. Unified School District (the second largest school district in the country), I do not think that sending preschool children to public schools will guarantee them the sort of developmentally appropriate education that they need. Similar problems plague other large school districts around the country.

The best available summary of research on existing state preschool programs is a meta-analysis by Gilliam and Zigler (2001). They note that by 1998, only 13 of 33 state-funded preschool programs providing classroom-based educational services had completed any formal evaluation of the program’s impact on children. Of these 13, three did not include any comparison group. The remaining 10 generally chose comparison groups from either eligible non-attendees or randomly chosen classmates who may or may not have been eligible. The evaluations generally find positive short-term effects on measures of social-emotional, cognitive, motor, language, academic and literacy skills, which are sustained through kindergarten. Most evaluations followed children only into first grade, but noted some positive effects in academic and literacy domains. The few studies that followed children beyond first grade found no positive effects, and an evaluation in Kentucky found negative effects when children from the state program were compared to random classmates. Similarly, the 21st Century Schools program, discussed by BGZ as a model, has not yet been adequately evaluated.

Turning to the second market failure, it is important to note that if the new public school preschools were voluntary, they would not necessarily serve the neediest children. This is especially true since many public schools are not particularly responsive to the needs of working parents (closing at 2:30 p.m., often closing for professional development days, or randomly for weather, and leaving parents to fend for themselves in terms of child care.)

Two key questions about the BGZ proposal remain to be addressed. First, we do not know whether the existing state programs (including those provided through the public schools) are offering care of sufficient quality to affect the outcomes of vulnerable children. Second, there seems to be little scientifically rigorous evidence that middle-class children gain from going to preschool, rather than it being the case that they attend preschool because they are middle-class. If middle-class children do not particularly benefit from preschool, or if they would have experienced child care of similar quality to that provided by the state program in any case, then a state preschool program will provide a large subsidy for middle-class parents without having any effect on child

outcomes. Subsidies for the middle-class may help to build public support for quality child care, but should be recognized as such in policy debates.

While universal public preschool (or even a creche system for younger children) is certainly popular with the child development community, we should not rule out models. A third option would be to push for a greatly expanded Head Start. Head Start offers a model with local control, which is generally outside of the current public school system. It is currently mandated to identify and serve the neediest children. It could be expanded to provide excellent, full day education and care to a broader group of children, for example, children with incomes up to 185% of the federal poverty line (the cutoff for the WIC program). While Head Start has recently been criticized for paying insufficient attention to the educational aspect of its mandate, this can be addressed through the existing mechanism of detailed performance standards (paying teachers more has been proposed as an alternative way to improve quality, but there is little evidence to suggest that this would be a panacea. See Currie and Neidell, 2003). This policy option could help to solve both market failures identified by BGZ: Head Start is already the leader followed by many state preschool programs so it is well positioned to demonstrate quality educational programming; and by its nature it is targeted at the most vulnerable children. Forcing child care into the public-school mold may not be the best way to serve young children.

some parents may feel as a result of having to place their child in out-of-home care while attending work. Within the safety frame, however, parents expect little more than custodial care, and see child care as a place for their children to be “kept” rather than an environment which influences how their children grow and learn.

Issues of work and safety together ultimately frame child care as a parental rather than a governmental or societal responsibility. For working parents, child care involves a choice that they must make and a responsibility they must bear. The onus of choosing quality child care lies with the parent’s ability to discern the good from the bad (Nall Bales, 1998). The wrong choice becomes each parents’ unfortunate mistake and no one else’s. Research conducted by Public Agenda supports this focus on the individual versus the government or society. When it comes to problems affecting children, the public tends to blame parents (Public Agenda, 1999). But parents, not just society in general, also see child care as their responsibility. For many mothers and fathers, child care is a personal choice and a purchased service rather than a right of children and working families (Farkas et al., 2000; Nall Bales, 1998). A study conducted by Farkas et al. (2000) concluded that child care seems to be, “...an area that parents expect to struggle with and resolve for themselves (p. 10)” without any expectations of help from the government. This logic may also reflect dominant themes of American individualism and a fear of government intrusion into the lives and families of U.S. citizens. Low parental expectations of government aid, may not only stem from frames of personal responsibility, but also from concerns over the government’s perceived restriction of personal choice and familial discretion.

The dominant societal frames of child care as work, safety, and parental responsibility issues supercede associations of this endeavor with education and development. Many parents today still see education and child care as separate or competing issues. For example, parents often see efforts to improve education as beneficial to all children. Yet many of these same adults, when polled, remain hesitant to set aside additional monies for improving the quality of child care, seeing education and care as separate entities (Blood, 2000; Farkas et al., 2000). Lakoff and Grady have

suggested that, “education is about kids’ needs; [whereas] day care is about parents’ needs (Lakoff & Grady, 1998).” Until society can see the potential of child care as early education; care will continue, according to Frame Theory, to be viewed within the context of adult-centered needs and values, and will not be given the legislative and popular priority it requires.

Recommendations To Improve the Quality of Child Care –

Child care is a context where early development unfolds—children learn to interact with other children, form bonds with adults, experience an environment that can promote or impede early learning and language development, and encounter either a school-like or

Building an infrastructure that connects care and education, and reframing the relationship between these two entities can help improve child care by providing children an environment that will accommodate all developmental needs (e.g., physical, cognitive, social, and emotional needs).

custodial setting (Phillips & McCartney, 2002; Shonkoff & Phillips, 2000). It can either be an environment that promotes and enhances development; a lost opportunity for nurturing, stimulating, and educating; or an experience that undermines development. Children begin to learn at birth, years before they enter school. In order to optimize this learning, all children should have the opportunity to spend time in settings that will prepare them for future success in school and life. The highly authoritative book, *From Neurons to Neighborhoods* (Shonkoff & Phillips, 2000), summarizing decades of early development research, reports that early developmental damage can seriously limit future potential for growth. Primary pathways formed during this period can build either fragile or stable foundations for later development. Compensating for the failure to provide early opportunities can be expensive and time consuming. Simply stated, good quality child care—which is critical to building a solid foundation for children—cannot exist without education. If children are expected to be ready for school (i.e., school readiness), as Goal One of the Educate America Act states, investments in

education should begin early (before kindergarten) by improving the current quality of child care, especially for at-risk children.

We propose two recommendations to enhance the quality of child care in the United States. First, we believe building an infrastructure that combines care and education is essential. One approach is to place educational components into the child care system. There are many disadvantages to this approach (discussed below) that could make its implementation difficult, but there remain several benefits as well. Another approach is to place care into the educational system. Although this approach also has disadvantages (discussed below), it would ultimately provide a stable, enduring infrastructure that combines care and education. Second, in order to have a successful child-care system, it is necessary to reframe the relationship between care and education. This effort can be mounted on several fronts. Specifically, it can be carried out by changing the current terminology and constituency of child care, and increasing parental and societal awareness of the components and benefits of quality care through educational and media campaigns.

Building an infrastructure that connects care and education, and reframing the relationship between these two entities can help improve child care by providing children with an environment that will accommodate all developmental needs (e.g., physical, cognitive, social, and emotional needs). As previously mentioned, we refer to care as simply caring for a child and meeting basic health and safety needs. We refer to early education as implementing developmentally-appropriate curricula fostering a child's cognitive, social, and emotional development. While many child-care settings do not currently provide learning opportunities for children, it is important to note that health and safety needs are usually met in most educational environments. The major discrepancy between care and education, however, lies in the fact that educational settings usually do not accommodate the schedules of working parents by providing them with flexible hours of operation. For example, they are closed during the summer and they do not accommodate parents who work irregular hours (e.g., graveyard shifts).⁴ By combining care and education, we can take advantage of a unique opportunity to provide a rich environment that can help children grow into successful adults and allow their parents the opportunity to work.

The first approach is to incorporate education into our existing care system. When placing education into care, we assume that the child-care environment already meets a child's health and safety requirements. By adding an educational curriculum and adequately trained and paid individuals to implement it, child-care environments will begin to care for and meet children's developmental, cognitive, and social needs. In implementing this model, we can look to several for-profit and not for-profit organizations that have successfully combined care and education: Bright Horizons Family Solutions, the United States military, and the Government Services Administration (GSA). Bright Horizons,

a for-profit child-care provider, specializes in employer-subsidized care centers. They emphasize the importance of education and more than 80% of their centers are National Association for the Education of Young Children (NAEYC) accredited⁵ (Bright Horizons Family Solutions, 2002). In the public sector, the United States military runs the largest and possibly most successful employer-sponsored child-care system in the world, known as the Child Development Program. Like Bright Horizons, it too provides high quality early care and education (its very name connoting child-

Simply stated, good quality child care—which is critical to building a solid foundation for children—cannot exist without education.

centeredness) and uses NAEYC guidelines as its standard of operation for each of its centers (Helburn & Bergmann, 2002; Lombardi, 2003). Lastly, the GSA's Child Care Program is overseen by the Office of Child Care, within the Public Buildings Service. The GSA provides space and services for child-care centers in federal buildings and has over 110 high quality programs operating in 31 states, the District of Columbia, and Puerto Rico, serving almost 8,000 children. All centers under the GSA must receive accreditation by the National Academy of Early Childhood Programs (a division of NAEYC; Government Services Administration, 2002). Of note, the success of these organizations is, in part, due to their highly trained and well-compensated staff, relatively low turnover, and low child:adult ratios and group sizes. It is possible that because staff have benefits and a career ladder that provides training and incentives, they are less likely than other providers to leave the early care and education workforce to work in the early elementary school system that provides more benefits and incentives than typical child-care programs.

In incorporating education into care one finds both advantages and disadvantages. One disadvantage is that placing education into child-care centers and homes could be a very long and difficult process. Guaranteeing the incorporation of education into care would be nearly impossible to enforce, considering the hodge-podge of center-based, family day care and kith and kin providers that currently make up the child-care system. Because the bulk of care is provided outside of schools, it is unrealistic to propose placing educational components into the tens of thousands of for- and not for-profit child-care settings. Without proper regulation, assuring quality care and education for children and their parents would be impossible. Another important point lies in the fact that Bright Horizons, the military, and the GSA are large independent organizations with enlightened leadership. Day care in America is housed in a variety of poor, unregulated, and underground settings. Imposing educational training and philosophies into today's child-care system would be difficult to

⁴ However, wrap-around programs that provide care before and after school are becoming more common.

⁵ NAEYC's accreditation includes criteria that cover health and safety issues as well as developmentally-appropriate practices including social, physical, cognitive, and emotional aspects of the environment (Helburn & Bergmann, 2002).

do without such leadership across the board. One major logistical advantage of this approach, however, would simply be that there are places already in existence (e.g., centers, child-care homes) to house care and educational programs. Creating a day-care system anew would be costly and unrealistic. Efforts to include education in current care settings may be a reasonable intermediary step on the way to adding care into education—namely, through the public school system.

Ultimately, the most effective and enduring model would be to place care into education. Children in school settings already receive care as they learn. One example of a program that successfully brings care into education is the Schools of the 21st Century. This curriculum serves children 3 to 12 years of age and has been implemented in over 1300 schools in 20 states. The program, developed in response to the lack of a child-care system, integrates child care into the existing educational system and provides comprehensive support services to all children and families. These schools meet the needs of the child as well as their parents. The Schools of the 21st Century differs around the country because each school develops and implements services according to the needs and availability of resources within their own community.

One way to foster the link between care and education in the public mind would be to push child care as a vehicle for school readiness.

With regard to child care, it provides all-day care for children 3, 4, and 5 years of age and before- and after-school and vacation care for children in preschool to sixth grade. Along with child care, it also offers several services including health, nutrition, and parent education, home visitation, and outreach to community child-care providers (Finn-Stevenson & Zigler, 1999).

In addition to the Schools of the 21st Century model, a large number of states are beginning to provide care for 4-year old children in the school system via formal preschool programs. One example is Tulsa, Oklahoma's pre-kindergarten program that provides free state-funded preschool for all 4-year-old children regardless of income. All of these programs are run by the Tulsa Public Schools and all teachers are highly educated, trained, and compensated. A recent evaluation of this program yielded promising results, finding that children attending preschool showed increases in cognitive, language, and motor skills scores (Gormley & Gayer, 2003; Gormley & Phillips, 2003). Possibly the most successful model demonstrating the feasibility and positive outcomes of universal preschool is Georgia's lottery-funded universal pre-kindergarten program that provides free preschool for all 4-year-old children regardless of income (Raden, 1999). A recent evaluation found that children participating in the preschool program received higher academic and social ratings by their teachers and had better kindergarten attendance than those who did not attend the program (Henry et al., 2003).

As with the first model, there would be growing pains in implementing this system, but we believe the benefits would far outweigh the initial costs and difficulties. One concern could be teacher and school resistance to the incorporation of care into the public schools. However, as is seen in the Schools of the 21st Century, when schools and teachers are involved in developing the program, it will more likely be successful. School and teacher involvement facilitates interactions among staff and instills the idea that both academic and nonacademic support services are important functions of the school (Finn-Stevenson & Zigler, 1999). Staffing issues also arise with this model, including the need for improved teacher qualifications and salaries, the limited number of trained early educators available, and the lack of a comprehensive system to train qualified teachers. Several strategies for addressing these issues have been suggested (and effectively implemented) including creating scholarship programs to support continued education, linking compensation to teacher competency, and establishing community college-university partnerships (see Maxwell & Clifford, in preparation, for a more detailed discussion). Another concern is that structurally, schools would not be adequately equipped to meet the care giving needs of children before kindergarten, namely children aged 3, 4, and 5. However, some approaches that have been successful for the Schools of the 21st Century have included the use of modular and abandoned older buildings, and the renovation of unused space within existing buildings (see Finn-Stevenson & Zigler, 1999, for a more detailed discussion).

With this approach, however, there would also be several advantages to utilizing a school system that is already in place. Combining care and education in the public schools would provide universal access to early care and education, regardless of family income or background. Second, it would provide continuity of care and stability for children who would likely continue on to grade school in the same setting following the preschool years. Regardless if the child were to continue to attend the same school or not, they would be familiar with the school environment in general. Third, this approach would promote parental involvement in children's care and education by facilitating an earlier relationship with the schools and allowing the schools in turn to become better acquainted with parent needs (Finn-Stevenson & Zigler, 1999). Finally, placing child care in the schools would also help foster improved public attitudes towards child care (even more so than integrating education into the child-care system). As care would become established in the school system, it would begin to be associated with children's education and development, further legitimizing and reinforcing the importance of quality child-centered care.

Although there has been some success in integrating care and education in the United States, these two efforts will continue to be viewed as separate entities until we can reframe the nature of their relationship and ultimately see quality child care as a right rather than a privilege. According to Muenchow and Marsland (2003), "the major barrier to establishing a quality, affordable early

care and education system is...the lack of a public will to do so (p. 18).” This lack of initiative may result from an absence of public awareness about the benefits of high quality care and a tendency for individuals to see child rearing and child care as a parental rather than a societal or governmental responsibility (Communications Consortium Media Center, 2002; Gruendel, Sparks & Leonard, in preparation).

In order to change public attitudes towards, and increase the demand for, quality care, child care should be reframed as an environment that can benefit all children and have a lasting, positive impact on society. It is essential to reframe child care not only in terms of human capital and societal benefit, but within the context of children’s rights, emphasizing child care’s effects on children’s happiness and well-being. Because individuals make decisions on issues based upon their current values and the information given to them, these changes will have to be made within today’s framework of public opinion on early childhood. As expressed by one social marketer “there is no large constituency for child care...[but] there is a constituency for education (Communications Consortium Media Center, 2002).” In order to gain additional popular support for quality care and to ensure the well-being of our youngest children, child care must be linked to education.

Many parents and individuals now recognize the importance of the early years in fostering a child’s capacity to learn. In addition, a number of parents now also acknowledge the importance of early education in child care (Communications Consortium Media Center, 2003). Parents are beginning to expect more from early education, seeking not only traditional cognitive gains, but also positive social and school readiness outcomes as well (polling results cited in Gruendel et al., in preparation). Parents’ growing understanding of the link between child care and education represents an important asset in the reframing of care as an environment capable of facilitating children’s growth and development (Gruendel et al., in preparation). One way to foster the link between care and education in the public mind would be to push child care as a vehicle for school readiness. Another way may lie in changing our terminology for child care and early education. Shifting our nomenclature from “child care” or “day care” to “early childhood education” or “early learning” could go a long way in influencing parental perceptions of and expectations for our current child-care system (Lakoff & Grady, 1998). Projecting new metaphors about early childhood that imply growth and development could also help the public to look beyond child care’s “kiddy container” model (which views children as precious objects), towards an “early learning” model (which presents children as malleable objects requiring stimulation and experience; Benton, 1998). One such attempt at combining care and education through language came in the early 1990s with Bettye Caldwell’s coining of the term “educare” (Caldwell, 1991). Though the term “educare” has been met with some ambivalence in the United States, it has caught on somewhat successfully in other parts of the world including South Africa, Australia, and Malaysia (B. M. Caldwell, personal communication, 2003).

Current evidence suggests that reframing child care as education can work. Recently, a study found that voters are more willing to talk about public funding for child care when it is reframed as education for 3-5 year-olds (Blood, 2000). Another study carried out by Blunt (2003) found that a majority of individuals either strongly favor or somewhat favor using public funds to pay for high quality voluntary preschool programs for 3- and 4-years olds. Indeed, it may be that in order to gain additional support for quality child care it will have to be “sold” as early childhood education.

In reframing child care, it is also critical to expand the conceptions of who is served to include a more diverse range of children and families from all socioeconomic levels (Muenchow & Marsland, 2003). Throughout its history, child care has been put forth as a “compensatory program [for]...children and families with problems, rather than as a normal part of the lives of most young children and their families (p. 19).” Additional popular support for quality care could be gained by promoting the educational and developmental benefits that child care can provide to all children, particularly those from middle class backgrounds (Early Care and Education Collaborative, 2003).

Reframing child care also involves educating parents as to what truly constitutes quality care and education. When asked about child care quality, Americans still cite safety as one of their primary concerns (polling results cited in Gruendel et al., in preparation). Though individuals are beginning to understand the educational potential of child care, they remain confused over what quality care means (Hart, 2001, cited in Communications Consortium Media Center, 2002). In order to increase the demand for quality care, it is necessary that the public learn not only about the characteristics of quality care, but also about its benefits to children and society. Unfortunately, society still views child care as a cost rather than an investment. While other disciplines, such as health psychology, have successfully devoted considerable time and money towards the study and implementation of prevention programs (see Rothman & Salovey, 1997 for a discussion of the role of framing in motivating healthy behaviors), similar efforts on behalf of developmental psychology have encountered less success.

Ultimately, in reframing child care, it is important that researchers become better communicators of their insights and findings on quality, child-centered child care. The media and public education initiatives can be used as a vehicle to push child care as education, to broaden its current constituency, and to portray child care as an investment worthy of attention and support. Expanding the range of spokespersons to include teachers, pediatricians, social workers, clergy, law enforcement, and others would greatly benefit quality child care efforts (Communications Consortium Media Center, 2002). Finally, according to Gruendel et al. (in preparation), it is valuable for researchers to learn to “close the deal” by clearly and succinctly articulating child-care research findings while understanding the diverse needs of the audiences to whom they are speaking. Only after these reframing efforts are

mounted will parents and society begin to demand more from children's care arrangements and will child care, as an issue, gain the prominence it requires on the national political agenda.

Summary – Child care in the United States must be improved. In exploring child care's current regulations and present day attitudes towards and efforts on behalf of this issue, it is apparent that the needs of the child have been left out of child care. In order to put children's needs back into this system, our views of child care will need to be altered. Child care is not merely a custodial service, but a child's right to an enriching environment. To effectively combine care and education and to meet children's developmental needs, the authors recommend that a new infrastructure be established. In the initial stages, education would be placed into the child-care system. The eventual goal, however, would be for child care to become embedded in American public education. Yet to advance this issue, parents, educators, advocates,

and researchers will have to come to consensus over what quality child care means and recognize child care's potential as an environment for early education and intervention. Only when this occurs, will the state of child care begin to improve. Without the help and commitment of informed adults, however, children's needs will continue to be left unmet, having deleterious consequences not only for our youngest citizens but also for the future of our society.

Acknowledgements

We would like to acknowledge our reviewers for their extremely helpful comments and feedback.

About the Authors

Jessica Brauner received her B.A. from University of California, Los Angeles and her M.S. from Yale University. She is currently a doctoral graduate student in Developmental Psychology at Yale University. Research interests include policy issues regarding early child care and education. Her current research focuses on normative social development of young children, specifically, young children's development before they enter school and within the school context.

Bonnie Gordic is currently a graduate student in Public Policy at Georgetown University. She received her B.A. from Yale University. Her research interests include early childhood education and intervention, poverty, and family support. In addition, she is interested in the origins, consequences, and prevention of childhood and adolescent psychopathology.

Edward Zigler is the Sterling Professor of Psychology, head of the psychology section of the Child Study Center, and Director of Yale University's Center in Child Development and Social Policy. He is the founder of the School of the 21st Century, which has been adopted by more than 1,300 schools nationwide, and cofounder of the CoZi model, which is a combination of Dr. James P. Comer's School Development Program and Zigler's 21st Century Schools. Dr. Zigler regularly testifies as an expert witness before congressional committees and has served as a consultant to a number of cabinet-rank officers. He was one of the planners of Project Head Start; President Carter later named him chair of the fifteenth anniversary of the project. He was also a member of the Advisory Committee on Head Start Quality and Expansion and of the planning committee for the Early Head Start program for families and children ages zero to three.

Janet Currie is a Professor of Economics at UCLA. Her work focuses on the evaluation of public policies affecting families and children including early intervention, health, and nutrition programs. Professor Currie serves on the Executive Committee of the American Economics Association, the editorial board of the Quarterly Journal of Economics. She has served director of the NBER's Program on Children and Families and is associated with IZA and the National Poverty Center. She has served on several National Academy of Science and National Institutes of Health panels, including the NAS Committee on Population.

Deborah Phillips is currently Professor and Chair of Psychology at Georgetown University and Co-Director of the Georgetown University Center for Research on Children in the U.S. Prior to this she was the first Executive Director of the Board on Children, Youth, and Families of the National Research Council's Commission on Social and Behavioral Sciences and the Institute of Medicine. She has studied the developmental effects of early childhood programs, as well as issues associated with the child care workforce, for 3 decades. As a Congressional Science Fellow of the Society for Research in Child Development, Dr. Phillips served as an analyst at the Congressional Budget Office and on the personal staff of Congressman George Miller.

References

- Benton Foundation. (1998). *Effective language for discussing early childhood education and policy*. Washington D.C.: Benton Foundation. Retrieved from: <http://www.benton.org/publibrary/stratcom/earlyed.pdf>.
- Blau, D. (2001). *The child care problem*. New York: Russell Sage Foundation.
- Blau, D., & Mocan, H. (2002). The supply of quality in child care centers. *The Review of Economics and Statistics*, 84, 483-496.
- Blood, M. (2000). *Our youngest children: Massachusetts voters and opinion leaders speak out on their care and education*. Retrieved from <http://strategiesforchildren.org/images/pdfs/mb.pdf>.
- Blunt, C. (2003). Survey finds Americans support early learning investments but fear taking public money from K-12. *News and Issues, Strategic Communications*. New York: Columbia University National Center for Children in Poverty. Retrieved from: http://www.nccp.org/pub_win03c.html.
- Bright Horizons Family Solutions. (2002). Retrieved from <http://www.brighthorizons.com>.
- Burchinal, M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly*, 17, 87-105.
- Caldwell, B. (1991). Educare: New product, new future. *Developmental and Behavioral Pediatrics*, 12, 199-205.
- Card, D., & Krueger, A. (1998). School Resources and Student Outcomes. *Annals of the American Academy of Political and Social Sciences*, September, 559.
- Children's Defense Fund (2001). *Child care basics*. Retrieved from http://www.childrensdefense.org/cc_facts.htm.
- Clarke-Stewart, K., Vandell, D., Burchinal, M., Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly*, 17, 52-86.
- Clifford, R., Barbarin, O., Change, F., Early, D., Bryant, D., Howes, C., Burchinal, M., & Pianta, R. (2003). *What is prekindergarten? Trends in the development of a public system of pre-kindergarten services*. Submitted for publication.
- Cohen, S. (2001). *Championing child care*. New York: Columbia University Press.
- Communications Consortium Media Center. (2002). *What the polling tells us*. Retrieved from <http://www.earlycare.org/pollingtellsus2.htm>.
- Communications Consortium Media Center. (2003). *Public attitudes towards early care*. Retrieved from <http://www.earlycare.org/factsheet3.htm>.
- Consumer Product Safety Commission. (1999). *Safety hazards in child care settings*. Washington, DC: U.S. Consumer Product Safety Commission. Retrieved from: <http://www.cpsc.gov/LIBRARY/ccstudy.html>.
- Cryer, D., Tietze, W., Burchinal, M., Leal, T., & Palacios, J. (1999). Predicting process quality from structural quality in preschool programs: A cross-country comparison. *Early Childhood Research Quarterly*, 14, 339-361.
- Currie, J., & Hotz, V. J. (2004). Accidents Will Happen? Unintentional Injury, Maternal Employment, and Child Care Policy. *Journal of Health Economics*, v23 #1, 25-59.
- Currie, J., & Neidell, M. (2003). *Getting Inside the 'Black Box' of Head Start Quality: What Matters and What Doesn't*, NBER Working Paper #10091.
- Early Care and Education Collaborative. (2002). *Child care polling analysis*. Retrieved from <http://www.earlycare.org/ccpa.htm>.
- Early Care and Education Collaborative. (2003). *What the polling tells us*. Retrieved from <http://www.earlycare.org/pollingtellsus2.htm>.
- Farkas, S., Duffet, A., & Johnson, J. (2000). *Necessary compromises: How parents, employers and children's advocates view child care today*. Washington D.C.: Public Agenda.
- Finn-Stevenson, M., & Zigler, E. (1999). *Schools of the 21st Century*. Colorado: Westview Press.
- Frameworks Institute. (2002). *The frameworks perspective: Strategic frame analysis*. Retrieved from www.frameworks.org/strategicanalysis/perspectives.html.
- Galinsky, E., & Friedman, D. (1993). *Education before school: Investing in quality child care*. New York: Scholastic Inc.
- Gallagher, J., Rooney, R., & Campbell, S. (1999). Child care licensing regulations and child care quality in four states. *Early Childhood Research Quarterly*, 14, 313-333.
- Gilliam, F. D. (1999). The influence of local television news frames on attitudes about childcare. In Benton Foundation *Effective Language for Communicating Children's Issues*.
- Gilliam, F.D. & Nall Bales, S. (2001). Strategic Frame Analysis: Reframing America's Youth. *Social Policy Report*, 15,3-14.
- Gilliam, W., & Zigler, E. (2001). A Critical Meta-analysis of All Evaluations of State-Funded Preschool from 1977 to 1998: Implications for Policy, Service Delivery, and Program Evaluation. *Early Childhood Research Quarterly*, #4, 441-473.
- Gormley, W. (1995). *Everybody's children*. Washington, D.C.: The Brookings Institution.
- Gormley, W., & Gayer, T. (2003). *Promoting school readiness in Oklahoma: An evaluation of Tulsa's Pre-K Program*.
- Gormley, W., & Phillips, D. (2003). *The effects of universal pre-K in Oklahoma: Research highlights and policy implications*. Government Services Administration. (2002). Retrieved from http://www.gsa.gov/Portal/content/orgs_content.jsp?contentOID=120478&contentType=1005.
- Gruendel, J.M., Sparks, P., & Leonard, N. (In preparation). Framing the debate: How people are thinking and talking about early care and education—working draft. *A Guide for policy makers and advocates*. New Haven, CT : Connecticut Voices for Children.
- Hanushek, E., & Rivkin, S. (2004) How to Improve the Supply of High Quality Teachers, in Diane Ravitch (ed.) *Brookings Papers on Educational Policy 2004*. Washington D.C.: The Brookings Institution.
- Helburn, S., & Bergmann, B. (2002). *America's child care problem*. New York: Palgrave.
- Helburn, S. & The Cost, Quality and Child Outcomes Study Team. (1995). *Cost, quality, and child outcomes in child care centers* (Public Report, 2nd ed.). Denver: University of Colorado Economics Department.
- Henry, G., et al. (2003). Report of the Findings for the Early Childhood Study: 2001-2002. Andrew Young School of Policy Studies. Retrieved from: <http://www.gsu.edu/~wwwsps/publications/2003/earlychildhood.pdf>.
- Howes, C., Phillips, D., & Whitebook, M. (1992). Thresholds of quality: Implications for the social development of children in center-based child care. *Child Development*, 63, 449-460.
- Jamieson, A., Curry, A., & Martinez, G. (2001). *School enrollment in the United States—Social and economic characteristics of students: October 1999* (Current Population Reports, P20-533). Washington, DC: U.S. Census Bureau. Retrieved from: <http://www.census.gov/prod/2001pubs/p20-533.pdf>.
- Kagan, S., & Cohen, N. (1996). *Reinventing early care and education*. San Francisco: Jossey-Bass Publishers.

- Kagan, S. & Cohen, N. (1997). *Not by chance: Creating an early care and education system for America's children*. New Haven: Bush Center in Child Development and Social Policy.
- Kontos, S. (1992). *Family day care: Out of the shadows and into the limelight*. Washington D.C.: National Association for the Education of Young Children.
- Kontos, S., Howes, M., Shinn, & Galinsky, E. (1995). *Quality in Family Child Care and Relative Care*. New York: Teachers College Press.
- Lakoff, G. (1996). *Moral politics: What Conservatives know that Liberals don't*. Chicago: University of Chicago Press.
- Lakoff, G. & Grady, J. (1998). Why early ed benefits all of us. In Benton Foundation *Effective Language for Discussing Early Childhood Education and Policy*. Washington D.C.: Benton Foundation.
- Lippmann, W. (1922). *Public Opinion*. New York: The Free Press.
- Lombardi, J. (2003). *Time to care*. Philadelphia: Temple University Press.
- Marsland, K., Zigler, E., & Martinez, A. (submitted). Regulation of infant and toddler child care: Are state requirements for centers adequate?
- Maxwell, K., & Clifford, R. (In preparation). Professional development issues in universal prekindergarten. In E. Zigler, W. Gilliam, S. Jones (Eds.), *A vision for universal preschool education*.
- Muenchow, S. & Marsland, K. (2003, March). *Beyond baby steps: Promoting the growth and development of U.S. child care policy*. Paper presented at Child Development and Social Policy: Knowledge for Action A Festschrift in Honor of Edward Zigler, Washington, DC.
- Nall Bales, S. (1998). Early childhood education and the framing wars. In Benton Foundation *Effective Language for Discussing Early Childhood Education and Policy*. Washington D.C.: Benton Foundation.
- Nall Bales, S. (1999). Public Opinion and the Challenge of Children's Issues. In Benton Foundation *Effective Language for Communicating Children's Issues*. Washington D.C.: Benton Foundation.
- NICHD Early Child Care Research Network. (1997). The effects of infant child care on infant-mother attachment security: Results of the NICHD study of early child care. *Child Development, 68*, 860-879.
- NICHD Early Child Care Research Network. (1999). Child outcomes when child care center classes meet recommended standards for quality. *American Journal of Public Health, 89*, 1072-1077.
- NICHD Early Child Care Research Network. (2001). Child care and children's peer interaction at 24 and 36 months: the NICHD study of early child care. *Child Development, 72*, 1478-1500.
- NICHD Early Child Care Research Network. (2002). Child-care structure à process à outcome: Direct and indirect effects of child-care quality on young children's development. *Psychological Science, 13*, 199-206.
- NICHD Early Child Care Research Network, & Duncan, G. (2003). Modeling the impacts of child care quality on children's preschool cognitive development. *Child Development, 74*, 1454-1475.
- National Center for Education Statistics. (2002). *The condition of education 2002* (NCES 2002-025). Washington, DC: U.S. Government Printing Office. Retrieved from: <http://nces.ed.gov/pubs2002/2002025.pdf>.
- National Council of Jewish Women. (1999). *Opening a new window on child care*. Retrieved from <http://www.ncjw.org/news/childcare/NCJWfinal.pdf>.
- Peisner-Feinberg, E., et al. (2001). The relation of preschool child-care quality to children's cognitive and social developmental trajectories through second grade. *Child Development, 72*, 1534-1553.
- Phillips, D., & McCartney, K. (2002). *Lessons learned for the disconnect between research and policy on child care*. Paper presented as part of the Conference in honor of Sheldon H. White, "Developmental psychology and the social changes of our time," Wellesley College, June 20-22, 2002.
- Phillips, D., Mekos, D., Scarr, S., McCartney, K., & Abbott-Shim, M. (2000). Within and beyond the classroom door: Assessing quality in child care centers. *Early Childhood Research Quarterly, 15*, 475-496.
- Pindyck, R., & Rubinfeld, D. (2001). *Microeconomics*. New Jersey: Prentice Hall.
- Public Agenda. (1999). *Kids these days '99: What Americans think about the next generation*. Retrieved from: www.publicagenda.org/specials/kids/kids.htm.
- Queralt, M., & Witte, A. (1999). Childcare regulations: A method to pursue social welfare goals? *Children and Youth Services Review, 21*, 111-146.
- Raden, A. (1999). Universal Prekindergarten in Georgia: A Case Study of Georgia's Lottery-Funded Pre-K Program. Foundation for Child Development, Working Paper Series, August 1999. Retrieved from: <http://www.ffcd.org/pdfs/prek.pdf>.
- Rolnick, A., & Grunewald, R. (2003). *Early childhood development: Economic development with a high public return*. Retrieved from <http://minneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>.
- Rothman, A., & Salovey, P. (1997). Shaping perceptions to motivate healthy behavior: The role of message framing. *Psychological Bulletin, 121*, 3-19.
- Sagi, A., Koren-Karie, N., Gini, M., Ziv, Y., & Joels, T. (2002). Shedding further light on the effects of various types and quality of early child care on infant-mother attachment relationship: The Haifa study of early child care. *Child Development, 73*, 1166-1186.
- Shonkoff, J., & Phillips, D. (Eds.) (2000). *From neurons to neighborhoods*. Washington, D. C.: National Academy Press.
- Sonenstein, F., Gates, G., Schmidt, S., & Bolshun, M. (2002). *Primary child care arrangements of employed parents: Findings from the 1999 National Survey of America's Families*. Washington, DC: Urban Institute, Occasional Paper Number 59. Retrieved from: <http://www.urban.org/url.cfm?ID=310487>.
- Vandell, D., Henderson, V., & Wilson, K. (1988). A longitudinal study of children with day-care experiences of varying quality. *Child Development, 59*, 1286-1292.
- Vandell, D., & Wolfe, B. (2000). *Child care quality: Does it matter and does it need to be improved?* Retrieved from <http://www.aspe.hhs.gov/hsp/ccquality00/ccqual.htm>.
- Vecchiotti, S. (2003). Kindergarten: An overlooked educational policy priority. *Social Policy Report, 17*, 3-19.
- Whitebook, M., Howes, C., & Phillips, D. (1990). *Who cares? Child care teachers and the quality of care in America: Final report, National Child Care Staffing Study*. Oakland: Child Care Employee Project.
- Zigler, E., & Hall, N. (2000). *Child development and social policy*. Boston: McGraw Hill.

Social Policy Report is a quarterly publication of the Society for Research in Child Development. The *Report* provides a forum for scholarly reviews and discussions of developmental research and its implications for the policies affecting children. Copyright of the articles published in the *Report* is maintained by SRCD. Statements appearing in the *Report* are the views of the author(s) and do not imply endorsement by the Editors or by SRCD.

Electronic access to the *Social Policy Report* is available at the *Report's* website:
<http://www.srcd.org/spr.html>

Subscriptions available at \$20.00 to nonmembers of SRCD, single issues at \$5.00, and multiple copies at reduced rates. Write SRCD Executive Office (srcd@umich.edu) or phone (734) 998-6578.

Purpose

Social Policy Report (ISSN 1075-7031) is published four times a year by the Society for Research in Child Development. Its purpose is twofold: (1) to provide policymakers with objective reviews of research findings on topics of current national interest, and (2) to inform the SRCD membership about current policy issues relating to children and about the state of relevant research.

Content

The *Report* provides a forum for scholarly reviews and discussions of developmental research and its implications for policies affecting children. The Society recognizes that few policy issues are noncontroversial, that authors may well have a "point of view," but the *Report* is not intended to be a vehicle for authors to advocate particular positions on issues. Presentations should be balanced, accurate, and inclusive. The publication nonetheless includes the disclaimer that the views expressed do not necessarily reflect those of the Society or the editors.

Procedures for Submission and Manuscript Preparation

Articles originate from a variety of sources. Some are solicited, but authors interested in submitting a manuscript are urged to propose timely topics to the editors. Manuscripts vary in length ranging from 20 to 30 pages of double-spaced text (approximately 8,000 to 14,000 words) plus references. Authors are asked to submit manuscripts electronically, if possible, but hard copy may be submitted with disk. Manuscripts should adhere to APA style and include text, references, and a brief biographical statement limited to the author's current position and special activities related to the topic. (See page 2, this issue, for the editors' email addresses.)

Three or four reviews are obtained from academic or policy specialists with relevant expertise and different perspectives. Authors then make revisions based on these reviews and the editors' queries, working closely with the editors to arrive at the final form for publication.

The Committee on Child Development, Public Policy, and Public Information, which founded the *Report*, serves as an advisory body to all activities related to its publication.