

## **EXECUTIVE SUMMARY**

In 1994, the Secretary's Advisory Committee on Services for Families with Infants and Toddlers set forth a vision for Early Head Start programs in declaring that all child care settings used by Early Head Start families, whether or not the program provides the care directly, must meet the high standards of quality embodied in the Head Start Program Performance Standards. As part of the national Early Head Start Research and Evaluation project, we collected extensive data on the child care settings used by Early Head Start and control group families for their children at three ages (14, 24, and 36 months). This report describes the patterns of child care use by Early Head Start families and the impacts that program participation had on families' child care use and the quality of care used.

### **Child Care Use by Early Head Start Families**

A high proportion of Early Head Start families placed their children in child care during the evaluation period, with higher levels of child care use among those in center-based sites: overall, nearly two-thirds of 3-year-old Early Head Start children spent at least 30 hours per week in some kind of child care arrangement. Child care use increased slightly as children got older, going from an average of 29 hours a week around the time the Early Head Start children were 14 months old to 32 hours when they were 36 months. Almost half (48 percent) of 3-year-old children were in centers as their primary arrangement; 35 percent were in informal relative or nonrelative care.

### **Child Care Quality Experienced by Children in Early Head Start**

Early Head Start children attending classrooms in Early Head Start centers consistently experienced good-quality care across the three ages (quality ratings averaged between 5.0 and 5.2 on the ITERS and ECERS-R). The quality of community centers Early Head Start children attended was somewhat lower, but improved over time, from a mean of 3.8 on the ITERS at 14 months to 4.9 on the ECERS-R at 36 months. Overall, at age 3, Early Head Start children in center care, whether operated by Early Head Start programs or not, experienced good quality, averaging 5.0 on the ECERS-R. Child-adult ratios in Early Head Start centers consistently met the Head Start Program Performance Standards. Furthermore, child-adult ratios in Early Head Start centers were consistently lower (fewer children per adult) than the ratios children experienced when they were in community centers. The report includes findings pertaining to family child care, but because we were not as successful in gaining access to these settings, we are less confident about characterizing the quality of informal child care.

Using a measure of caregiver-child interactions developed for this evaluation (the Child-Caregiver Observation System, C-COS), we found that in about half the observation periods coded, Early Head Start caregivers were observed talking with the focus child; the frequency of caregiver talk was greater in Early Head Start than in community centers when children were 3 years old (but not when they were 2). Early Head Start caregivers also initiated talk with the child more than caregivers in community centers did, but only at age 3. Incidents of negative

child behavior were very low for all Early Head Start children, and were not different in Early Head Start and community centers at either age.

Very high percentages of Early Head Start parents reported being satisfied with their recent primary child care arrangement—they liked how much attention the child received, how much he or she was learning, its safety features, and how “good” they thought the provider was with children. Nevertheless, 29 percent of parents said they would like to change the arrangement, if cost were not a factor (at 28 months after enrolling in Early Head Start). This was true of parents with children in community centers, as well as to those in Early Head Start centers. The longer families were enrolled in Early Head Start (and the older their children were), the more likely they were to be using a child care arrangement they liked.

When parents expressed an interest in changing arrangements, they overwhelmingly preferred center care (80 percent of parents at 28 months after enrollment); small percentages preferred relative care or other arrangements. When parents wanted to switch to center care, they typically wanted their child to learn better and to be with other children. When parents wanted to change to relative care, it was mainly for convenience and to ensure the child’s safety.

### **Impacts of Program Participation on Child Care Use and Quality**

In impact analyses comparing child care use by program and control group families across all 17 sites in the research sample, we found that at all ages Early Head Start programs significantly increased the percentage of families using any child care, the percentage using center care, and the average hours per week that children were in care. Program participation also led to a smaller percentage of parents with primary care arrangements during nonstandard hours (both evening and weekend hours).

Early Head Start programs dramatically increased the percentage of children who were in good-quality center care at all ages at the four center-based sites and selected mixed-approach sites. Early Head Start children were 3 times more likely to be in good-quality center care than were control group children at 14 and 24 months of age, and about 1½ times more likely to be in good-quality centers at 36 months. The impacts were somewhat larger in center-based than in the Early Head Start mixed-approach sites.

It is likely that participation in the Early Head Start program was responsible for the program-control differences in center quality that we observed in sites where a sufficient sample of quality observations was available. Children in Early Head Start centers experienced significantly higher quality than did control group children in the same sites—on the ITERS at 14 and 24 months of age and on the ECERS-R at 36 months, on the Arnett scale at all three ages, and on child-adult ratios at all ages. Program children experienced classrooms with ITERS scores about 1 point higher than those experienced by control group children at 14 and 24 months of age. The program-control difference in ratio was more than 1 adult per child.

Finally, regression analyses within the Early Head Start sample demonstrated that amount and quality of center care are associated with positive developmental outcomes for the children, a finding that is consistent with an extensive child care research literature.

## **Conclusion**

These results demonstrate the highly important role Early Head Start programs have played in responding to the vision of the Advisory Committee on Services for Families with Infants and Toddlers. Early Head Start families were not only receiving more child care but substantially more good-quality center child care than they would have received without the intervention of the Early Head Start programs. Along critical dimensions, the quality of Early Head Start center child care was higher than the quality control group children experienced, and evidence suggests that this quality is important for enhancing the children's development.