

Executive Summary

This report examines the characteristics of the care and education children receive on a regular basis before they enter school. In doing so, it addresses four questions that have surfaced with the prevalence of nonparental child care and children's increased participation in early childhood education programs:

- Were children at greater risk of school failure¹ less likely than other children to be in education programs or nonparental care arrangements that facilitate child development?
- Where did parents get information about their child care arrangements? In particular, was the cost of child care a good indicator of its quality?
- What were parents' preferences regarding nonparental child care and early childhood education programs?
- Were parents' preferences reflected in the types and characteristics of their children's primary nonparental care arrangements or early childhood education programs? Did parents get what they wanted?

To address these issues, this report focuses on various characteristics of child care arrangements that can be categorized into two groups: those that have been associated with children's development, and those that stem from parental concerns other than child development, such as staying within budgets or maintaining work schedules. Of the former, this study includes the following:

- the amount of time children spend in nonparental care;
- the number of different nonparental arrangements in which a given child is cared for;
- the ratio of children to staff;
- whether the teacher or child care provider was trained in child development;
- whether the care arrangement or education program offered services such as health or psychological screening;

¹Children are defined as "educationally disadvantaged" or "at risk" if they have one of several characteristics that have traditionally been associated with school failure or developmental difficulties, such as being from a low-income or single parent family.

- whether parent involvement in the program was encouraged; and
- whether the teacher or care provider spoke English to the child most of the time.

Of the latter, child care characteristics that are relevant to parental concerns independent of child development, this study includes the travel time between the program and home, its cost, and the availability of sick child care.

The data from which the findings are drawn were collected as part of the 1995 National Household Education Survey (NHES:95), in which a nationally representative sample of the parents of children who were age 10 or younger and in third grade or below were interviewed. The survey not only obtained detailed information about children's nonparental care arrangements and early childhood education programs, but also gathered information about the parents and children themselves. The focus of this report is on children who were under age 6 and were not yet enrolled in kindergarten, whom we refer to as preschool children.

WERE CHILDREN AT RISK OF SCHOOL FAILURE LESS LIKELY THAN OTHER CHILDREN TO BE IN PROGRAMS OR ARRANGEMENTS THAT FACILITATE CHILD DEVELOPMENT?

In 1995, 59 percent of preschool children were in some type of nonparental arrangements on a regular basis.² Twenty-eight percent of preschoolers were in full-time nonparental care (i.e., 35 or more hours per week). Although infants were less likely than older children to be in nonparental care, among those children in regular nonparental care, younger children spent more hours per week in such arrangements than did older children. Furthermore, children at greater risk of school failure spent more time per week in nonparental care, on average, than did other children.

Being cared for in more than one nonparental care arrangement at a time may be detrimental to infants and very young children, who may require consistent caregiving in order to form the attachments necessary for later development. The NHES:95 data indicate that infants were rarely cared for in such arrangements, although the incidence increased with the child's age. The use of more than one nonparental care arrangement at a time was more common among children at greater risk of school failure than among other children.

²For simplicity's sake, from this point, "nonparental care arrangement" or "nonparental arrangement" is used to denote either nonparental child care or an early childhood education program.

Family income, a key risk factor, was strongly associated with the type of primary nonparental care children received. Compared with those of children from higher income families, the primary arrangements of children from low-income families were more likely to be Head Start programs, family child care, or relative care, rather than other center-based programs. The age of the child and the employment status of the mother were also associated with the type of primary child care arrangement. For example, older children were more likely to be in center-based care, and younger children in informal care arrangements (family child care, relative, or in-home care). Moreover, children of employed mothers were more likely to be in family child care, in-home care, or relative care and less likely to be in Head Start as their primary arrangement, than children of mothers who were not employed. Similarly, among children in multiple nonparental arrangements, informal arrangement combinations were more common among young children, whereas combinations of formal arrangements were more common among older children.

The characteristics of children's nonparental care varied with the type of care they received. Children who spent most of their time in in-home child care or in family child care were cared for with fewer children than those in other nonparental care arrangements, were more likely to have a care provider who spoke a language other than English with them, and were more likely to be cared for by their nonparental care provider when they were sick. Also, children in family child care were more likely to live within 10 minutes of their primary nonparental care provider than children cared for by relatives or enrolled in center-based programs. The cost of the primary nonparental care arrangement was highest for children in in-home and non-Head Start center-based care. Finally, formal center-based programs were more likely than other primary arrangements to offer trained child care providers and services such as developmental screening and health examinations.

Likewise, the attributes of children's primary nonparental care varied according to several family factors, after adjusting for other child and family characteristics and type of primary arrangement. Not surprisingly, children from families with incomes of more than \$50,000 were in more expensive care than children from families with incomes of \$15,000 or less. Children of mothers not in the work force were less likely to be enrolled in primary arrangements that offered sick child care and were more likely to be enrolled in programs close to their homes than children of mothers who were working or looking for work. In addition, the primary nonparental care providers of Hispanic children, children of other non-black minority racial-ethnic backgrounds, and children in predominately non-English-speaking households were much less likely to speak

English with them than those of white, non-Hispanic children and children in English-speaking households, respectively. Child/staff ratios and the training of the care provider were not related to the characteristics of the parents; however, ratios were related to child age, and ratios and training were both related to the type of child care arrangement.

Based upon the characteristics measured in this study, children at greater risk of school failure did not receive care or education of lower quality than did other children. Adjusting for other child and family characteristics and type of primary arrangement, children from low-income families were more likely than those from high-income families to have access to health-related services and sick child care through the primary arrangement. Several other risk factors, such as having a disability, not speaking English at home, being from a large family, and having a mother who had not received a high school diploma, were also associated with receiving more services. Considering the access to health-related services through their primary arrangements alone, children at greater risk of school failure were more likely to receive such services than other children. With respect to other child care characteristics associated with positive outcomes for children—the child/staff ratio, whether the care provider or teacher had training in child development, whether parent involvement was encouraged, and whether the child care provider spoke English with the child most of the time—there were no consistent differences between children at greater risk of school failure and other children.

WHERE DID PARENTS GET INFORMATION REGARDING CHILD CARE ARRANGEMENTS?

More than half of children's parents reported that friends were their source of information about their primary nonparental child care arrangements. Parents of older children were more likely to learn about the arrangement through a school, and employed mothers were more likely to do so from an employer.

Parents could not judge program characteristics by program cost. For example, they did not obtain a lower ratio of children to staff or more services when paying more, even after adjusting for the age of the child and other factors. The only child development-related care characteristic associated with price was provider training; primary arrangements with trained care providers cost parents more. Parents also paid more when care was close to home.

WHAT WERE PARENTS' PREFERENCES REGARDING CHILD CARE ARRANGEMENTS?

Parents' preferences for child care characteristics were consistent with child development experts' opinions on the characteristics that matter to children's development. Parents were more likely to report that having a small number of children and a trained provider were important in choosing a child care arrangement than to say that cost and convenience were important.

For each of six child care characteristics—the availability of sick child care, the number of children cared for at the same time, whether care was provided at reasonable cost, whether the care provider was trained in child development, whether the care provider spoke English with the child most of the time, and whether the care was close to home—parents were asked whether the characteristic was very important, somewhat important, or not important in choosing a child care arrangement. With the sole exception of sick child care, which 49 percent of parents reported was important, more than half of all parents reported that each of these characteristics was very important in selecting a child care arrangement.

A few child and family characteristics were associated with parents' preferences. For instance, the age of the child was related to parents' preferences: whereas parents of young children were more often concerned about the number of children cared for and whether sick child care was available, parents of older children were more often concerned about having a trained provider and whether English was spoken. Mothers seeking work were concerned about the cost of care and availability of sick child care more often than mothers who were already employed. Families with one or more risk factors were more concerned about the cost of care, convenience, the availability of sick child care, and provider training, compared with families with no risk factors.

DID PARENTS GET WHAT THEY WANTED?

In general, when parents reported that a characteristic was very important to them, their children were likely to be in a primary arrangement with that characteristic. There was one exception, however. No association was found between a preference for care of reasonable cost and being in a less costly arrangement, adjusting for other factors. This may be because what parents think is “reasonable” cost varies with household income or because parents are constrained in their choices. In addition, although children whose parents wanted trained child care providers did tend to have them, the link between parents' preference for a small number of children and the

child/staff ratio in the child's program was found only when type of arrangement was not controlled.

Children whose primary arrangements were family child care were less likely than those in a child care center to have care providers who were trained in child development. This is consistent with the result that children whose parents wanted a trained provider were less likely to be cared for in family child care or in relative care than in center-based care. In addition, informal arrangements are more likely than center-based care to provide sick child care. Consistent with this, those children whose parents preferred sick child care were more likely to be placed in family child care or relative care than in non-Head Start center-based care. Parents do appear to obtain arrangements that fit their preferences.

SOME IMPLICATIONS

Previous studies have found parents to be less concerned about the training of their child's care provider than about other aspects of the care setting such as cost and convenience. These new data suggest that parents recognize the importance of having a trained provider and prefer their child's provider be trained in child development. In addition, training is the one quality characteristic for which parents apparently pay more, and it is also the one quality characteristic that is linked with parents' choice of arrangement. Since training is viewed by the child development community as a key component of quality child care, these findings offer promising signals that parental preferences and child development experts' recommendations diverge less than believed.