



What the Experts Say

Quality Child Care

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WHY IT IS IMPORTANT

Most children, and at younger ages, are cared for by someone other than a parent. About 65% of poor children and 75% of non-poor 5 year olds and younger are in childcare or early education programs.¹ More than 80% of children are routinely in the care of someone other than their parent by the time they are 12 months old. Of those, 72% are in care by 4 months of age.² Most children enter care at an early age and have frequent changes in their childcare arrangements. One-third of infants and toddlers and nearly one-half of 3 year olds and 4 year olds have multiple childcare arrangements. These frequent changes make life unstable for a young child.³

The quality of the childcare environment is important to children's health and development. Early childhood is the period of greatest brain growth and development. Physical and mental health and success in school have their basis in early childhood. For these reasons, low-quality child care can place children at risk of less than optimal development. Few children always attend either high-quality child care or low-quality child care. Most are exposed to varying degrees of childcare quality.⁴

Parenting is the strongest and most consistent predictor of children's development than early childcare experiences.

Children from low-income families are more likely to experience low-quality care.⁴ Poor children fair worse in low-quality child care and do best in high-quality child care. Poor children are likely to have better language and early school success in high-quality care.^{5,6} However, spending lots of time in any kind of care, regardless of its quality, is linked to stress-related behavior problems in children.

When to put a child in child care and what type of child care to use (e.g., family child care home, childcare center, or relative care) are difficult decisions for families. They must consider cost, transportation, hours of operation, and availability of different types of care. When quality childcare options are limited, parents can be encouraged to provide home environments that are supportive of children's health and learning.

Quality child care makes a positive difference in children's well-being and outcomes. However, parenting remains a stronger and more consistent predictor of children's development than early childcare experiences.⁷ When parents parent well, children do well.

WHAT THE EXPERTS SAY

Types of Child Care

Children are cared for in different types of settings. They may be cared for in the home by a nanny or babysitter. Outside the home, they may be cared for by relatives, friends or neighbors, family child care homes, center-based care, or specialized care for children with special needs. Half of children from birth to 4 years of age have no regular care arrangement. Of these, 24% are in relative care, 16% in organized care, and 6% in non-relative care.⁸ Often, children lack stable childcare arrangements. They move to and from different childcare settings, types of care, and quality of care.⁴

Quality child care makes a positive difference in children's long-term well-being.

The type of childcare setting influences the quality of care children receive.

- **Childcare centers:** Better educated caregivers, staff professional orientation, and more child-oriented materials, but larger group sizes.⁹
- **Family child care homes:** More time for free play and casual learning and less variation in quality, but more television watching.^{10,11} Children in these childcare setting have higher cognitive scores compared to those in relative care.¹² Family child care homes tend to have lower quality care compared to centers.⁹
- **Relative care:** Tends to have less educated caregivers, fewer materials, less structure, and lower quality when compared to family child care homes.¹²
- **Caregiver in child's home:** Outcomes for children are least advanced.¹³

Childcare Quality and Children's Well-Being

Three aspects of child care are important to children's well-being: the quality of care, time in care, and type of care. As the quality of care increases, so do the positive effects for children.¹⁴

Higher quality care is related to^{1,14-18:}

- Better mother-child relationships.
- Lower probability of insecure attachment in infants of mothers low in sensitivity.
- Greater maternal sensitivity.
- Fewer problem behaviors and negative emotions in children.
- Better social skills and relations with friends.
- Better compliance.
- Higher cognitive performance.
- Higher language ability.

- Higher level of school readiness.
- Higher math and reading scores.
- Less acting-out behavior.
- Higher cognitive skills and academic achievement by age 15.
- Higher earnings in adulthood.
- **Lower quality care** predicts¹⁹⁻²¹:
 - ◇ More problems in mother-child relationships.
 - ◇ A higher likelihood that mothers with low sensitivity will have insecure mother-child attachment with infants.
 - ◇ More problem behaviors, lower cognitive, language and school readiness scores.

More time spent in child care is associated with^{14,22-24}:

- Less maternal sensitivity and less positive engagement in White children but greater maternal sensitivity and more positive engagement in African-American and Latino children.
- More behavior problems.
- Higher probability mothers with low sensitivity will have insecure mother-child attachment with infants.
- Higher levels *of* behavior problems and conflict with adults in kindergarten.
- Greater risk taking and impulsivity at age 15.
- In care for more than 30 hours per week increases risk for stress-related behavior problems.⁵

Less time spent in childcare is associated with²⁵:

- Better outcomes for mother-child interactions.
- Less likelihood that infants who have mothers with low sensitivity will have insecure attachments.

More time in center-based care is related to^{13,16,26}:

- Higher cognitive, language, and social skills but slightly more problem behaviors, especially for poor children.
- Better social competence with strangers.
- More independence from mother.⁵
- More stress-related behavior problems, especially if begun in early infancy.⁵

These effects of child care remain even when quality, type, instability of child care, maternal sensitivity, and other family background factors are taken into account. Overall, the effects of time spent in care and quality of care accounts for less of children's outcomes than maternal sensitivity and family income, but accounts for more than other aspects of child care, maternal depression, and infant temperament.

High Quality Childcare

The National Association of Early Childhood Education (NAEYC), American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) set standards for the quality of out-of-home child care that address caregiver-child ratios based on age of the children, group size, health and safety practices, and education and training of caregivers. Low caregiver-to-child ratios, small group size, and well-trained caregivers result in higher quality care.^{27,28} In settings that follow the APHA and AAP guidelines for caregiver-child ratios, children have fewer behavior problems and greater positive social behaviors.^{18,29}

Caregiver-to-Child Ratios and Group Size.

- In low caregiver-child ratio settings:
 - ◇ Caregivers are more stimulating, responsive, and supportive.^{10,11,30,31}
 - ◇ Caregivers spend less time managing children (i.e., are less directive).³⁰
 - ◇ Children are less apathetic and distressed.³⁰
- In small group sizes, caregivers are:
 - ◇ More responsive.
 - ◇ Socially stimulating.
 - ◇ Less restrictive.^{10,11,29}
- Recommended ratios and group sizes for small family child care homes³²:
 - ◇ If there are no children in the group under 2 years of age, up to 6 total children in care.
 - ◇ If there is 1 child under 2 years of age in care, up to 3 total children in care.
 - ◇ If there are 2 children under 2 years of age in care, there should be no additional children.

Table 1: Recommended ratios and group sizes for large family child care homes and centers^{32,33}

| Child Age | American Academy of Pediatrics and American Public Health Association | | National Association for the Education of Young Children | |
|--------------------|---|--------------------|--|--------------------|
| | Caregiver-Child Ratio | Maximum Group Size | Caregiver-Child Ratio | Maximum Group Size |
| Birth to 12 months | 1:3 | 6 | 1:3 to 4 | 6 to 8 |
| 13 to 30 months | 1:4 | 8 | 1:3 to 4 | 6 to 8 |
| 31 to 35 months | 1:5 | 10 | 1:4 to 6 | 8 to 12 |
| 3-year olds | 1:7 | 14 | 1:6 to 9 | 12 to 18 |
| 4-year olds | 1:8 | 16 | 1:8 to 10 | 16 to 20 |
| 5-year olds | 1:8 | 16 | 1:8 to 10 | 16 to 20 |
| Kindergarten | | | 1:10 to 12 | 20 to 24 |

Caregiver Education Level. Children show better social development when caregivers have education beyond high school.²⁶ When caregivers have more education and child-related training, they are more likely to^{10,11,29,31}:

- Promote more learning.
- Be more supportive.
- Organize materials better.
- Provide more age-appropriate experiences.

Quality Classrooms. The adult-child interactions, materials, schedule, and arrangements in the classroom impact children's learning and behavior. High-quality classrooms have:

- High levels of language stimulation.
- Access to developmentally appropriate learning materials.
- A positive emotional climate with sensitive and responsive caregivers.
- Opportunities for children to explore their environment.
- Provider education.

Choosing a Childcare Center - Indicators of Quality

*The AAP and AHPA recommend parents consider the following when selecting child care.*³⁴

- **Supervision and discipline of children:** Children should be directly supervised by caregivers at all times, including sleep times. Caregivers should regularly count children, especially during transitions. Discipline should include positive guidance, redirection, and clear limit setting. Caregivers should guide children by showing positive alternatives rather than just saying "no." Discipline should be on-going with the goal of helping children develop self-control.
- **Nurturing care:** Children should be given the opportunity to develop a trusting, long-term, warm, relationship with a small number of caregivers. Loving touch (with careful regard to each child's preference) should be encouraged.
- **Child-staff ratio and group size:** Lower ratios increase likelihood of warm, adult-child social interactions.
- **Immunization and routine health care requirements:** Facilities should have requirements for routine health care for children.
- **Handwashing and diapering sanitation:** Place written sanitation guidelines in diapering areas, bathrooms, kitchens, and eating areas. All staff and children should follow standardized procedures. Review sanitation guidelines often with staff.

- **Director qualifications:** Directors should have a degree in early childhood education or a related field, first aid certification, and experience as a caregiver and administrator.
- **Teacher qualifications:** Children should be cared for by people who have education and experience in early childhood education and care.
- **Staff training:** Staff should have pre-service and on-going training including specialized training for they age group they work with.
- **Medication administration:** A written policy should be in place with specific guidelines for giving children medication.
- **Emergency plan/contact:** Each child shall have information in their file for an emergency contact. The information should be readily available for all those who care for the child and updated regularly.
- **Fire drills:** Emergency evacuation plans should be routinely scheduled and records of each drill kept.
- **Outdoor playground safety:** Children should have outside play time daily unless weather or air quality poses a significant health risk. The play area should be free of hazards and checked daily by staff.
- **Safe storing of toxic substances:** All cleaning and other toxic substances are stored in original containers and locked out of children's reach.
- **Parent involvement:** The parent-child relationship is of utmost importance and should be supported by caregivers. Facilities should encourage parent involvement through informal daily communication as well as planned conferences. In addition, staff will help families locate needed resources such as health care.

Risk Factors Influencing Effect of Child Care on Children

Good quality child care has positive effects on children's learning, socialization and development while poor quality child care may expose children to a level of developmental risk.^{5,35} The risks vary based on family income, experiences in the home and child's gender, ethnicity, and characteristics.

Family Conflict. For children 3 to 5 years old in families with conflict, attending lower quality child care is linked to more aggressive behavior. High quality child care buffers the negative impact of family conflict on children's psychosocial outcomes.³⁶

Temperament. Temperament is the combination of traits an individual is born with that shape personality and responses to their environment, including childcare settings.³⁷

- An active, outgoing child who enjoys new experiences enters child care easily.
- A child who is slow to adapt to new experiences may resist going to child care.
- Children who are shy, sensitive, or slow to warm up may be hesitant and uneasy and take as long as 2 months to adjust to child care.

- *Children* with difficult temperaments (i.e., highly sensitive, moody, low adaptability) have more *behavior* problems in low-quality *care* and fewer behavior problems in high-quality *care* than *children* with easy temperaments.³⁸
- The more often a child goes to child care, the more quickly he becomes familiar with the routines, staff, and other children.

Poverty. Parents in low-paying jobs are more likely to work nights or weekends. This limits their choices of childcare providers. In addition, work hours are longer for mothers on welfare. Non-traditional shifts and longer work days increase the likelihood of parents choosing lower quality childcare settings.³⁹

Low-income parents have less access to resources that enhance their children's cognitive and language development such as books.^{41,42} Furthermore, financial pressures of poverty impair parents' psychological well-being, decrease positive parenting behaviors (e.g., stimulation, support, responsiveness) and increase negative parenting behaviors (e.g., harsh or inconsistent responses).⁴³

High-quality child care is a protective factor for children in poverty. Quality child care leads to improvements in the home.

High Quality Child Care Reduces the Risks Associated with Poverty

For children from low-income homes, quality child care really matters. They have higher math and reading achievement through adolescence when compared to low-income children who attended low quality care.^{44,45} In addition, higher quality care protects against the development of behavior problems, especially for low-income boys and low-income, African-American children,⁴⁶ and increases children's math skills.⁴⁷ Positive effects of quality care on low-income children's achievement persist through adolescence and into adulthood, as evidenced by intelligence scores, education, employment, and earnings.^{17,48} High-quality child care is a protective factor for children in poverty. Quality child care leads to improvements in the home when parents have access to parenting and child development information and social supports as well as and reduced parenting stress.⁴⁹

WHAT YOU CAN DO

- Consider where children get their care, at what age they start care, how many hours they spend in care, and whether the care meets quality standards.^{5,50}
- Provide information about quality child care to help parents make childcare decisions.
- When parents express concern about the effects of child care on their children, help parents understand that what happens in the home is more important for their children's outcome than what happens at child care.
- Encourage parents to spend time with their children in activities that are enjoyable and promote learning, and provide structure and routines in the home that help children self-regulate.

- Encourage parents to be alert for signs of stress because child care is stressful for young children.
- Reach out to minority and poor families as they are more likely to select lower-quality care. Provide access to resources and interventions tailored to their needs.⁶
- Reassure parents who feel that maternal employment may be harmful that what happens in the home predicts children's outcomes to a greater degree than what happens at child care.
- Refer parents to local childcare resource and referral agencies (CCR&R) to find information about licensing requirements and a list of childcare options in their area. Parents can visit the National Association of Childcare Resource and Referral Agencies (NACCRRA) website for help in locating childcare: www.childcareaware.org/en/child_care_101/5steps.php. NACCRRA advises parents to: start early, visit and ask questions about quality indicators (child-adult ratio, group sizes, caregiver qualifications, staff turnover, and licensure, quality rating or accreditation).⁵⁰
- Encourage parents to partner with their childcare provider.⁵⁰ Promote various options for parents to be part of the childcare setting:
 - ◇ Have parent-caregiver meetings regularly.
 - ◇ Volunteer time when needed (clean-up days, fixing broken toys, reading aloud).
 - ◇ Attend your child's birthday party at child care.
 - ◇ Join special events (field trips, holidays).
 - ◇ For parents who cannot take time off from work during the day, encourage them to check in at drop-off and pick-up times. Ask how things are going and how the child is doing.
- Encourage parents to find answers to their questions about health and safety issues for young children by visiting Parents as Partners in Promoting Healthy and Safe Childcare at Healthy Kids, Health Care www.healthykids.us.
- Teach parents to look for warm, nurturing childcare providers with whom the infants can form secure attachments. Look for a program that provides continuity of care by allowing infants to stay with the same caregiver over time. This maximizes the child's sense of security and the connection with the family. Look for caregivers who promote secure attachment⁵¹:
 - ◇ Respond to infant cues quickly and warmly.
 - ◇ Learn each infant's rhythms and cues (differences in cries, sensitivity to stimulation, eating and sleeping patterns, how they express emotions, temperament).
 - ◇ Follow the infant's lead.
 - ◇ Include family child-rearing practices in daily routines to smooth the transition between home and center.

- ◇ Facilitate natural interests, encourage exploration, scaffold, and expand the learning experiences.
- ◇ Create a climate for learning - plan settings and experiences that allow learning to take place.

RESOURCES

Check lists for interviewing childcare providers:

Arkansas Better Beginnings Childcare Checklist

<http://arbetterbeginnings.com/parents-families/how-choose-child-care/choosing-appropriate-child-care/choosing-child-care>

North Carolina Division of Child Development Family Childcare Home Checklist

http://ncchildcare.nc.gov/pdf_forms/Checklisthome.pdf

North Carolina Division of Child Development Child Center Checklist

http://ncchildcare.nc.gov/pdf_forms/Checklistcenter.pdf

National Association of Childcare Resource and Referral Agencies

www.naccrra.org/docs/parent/38IndicatorsChecklist.pdf

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