

Child Care and Our Youngest Children

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SUMMARY

Studies of child development confirm that experiences with people mold an infant’s mind and personality. Caregiving is, therefore, central to development, whether the caregiver is a parent, a grandmother, or a teacher in a child care center. This article uses data from new, national studies of families to examine the state of child care for infants and toddlers. The story it tells is complex, as the authors outline the overlapping impacts that diverse child care settings and home situations have on children.

- ▶ Early exposure to child care can foster children’s learning and enhance their lives, or it can leave them at risk for troubled relationships. The outcome that results depends largely on the quality of the child care setting.
- ▶ Responsive caregivers who surround children with language, warmth, and chances to learn are the key to good outcomes. Other quality attributes (like training and staff-to-child ratios) matter because they foster positive caregiving.
- ▶ Diversity and variability are hallmarks of the American child care supply. Both “wonderful and woeful” care can be found in all types of

child care but, overall, settings where quality is compromised are distressingly common.

- ▶ Children whose families are not buoyed by good incomes or government supports are the group most often exposed to poor-quality care.

Given this balanced but troubling look at the status of child care for infants and toddlers, the authors conclude that there is a mismatch between the rhetoric of parental choice and the realities facing parents of young children in the United States. They call on communities, businesses, foundations, and government to play a larger role in helping parents secure good care for their infants and toddlers.

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The topic of care for infants and toddlers cuts to the heart of conceptions of parental roles and responsibilities. Parents seeking a balance between providing economic resources for their families and providing nurturance for their children face difficult and, for many, constrained choices. Should they forego income so one parent can stay at home full time with a young child? Should they arrange their jobs so that each parent can combine employment and child care without relying on others? Should they combine employment with nonparental child care? Different parents face these decisions with differing resources, values, and available options. They nevertheless share a concern for the well-being of their children, and many experience anxiety and uncertainty as they begin to juggle their roles as workers and as parents of a new baby.

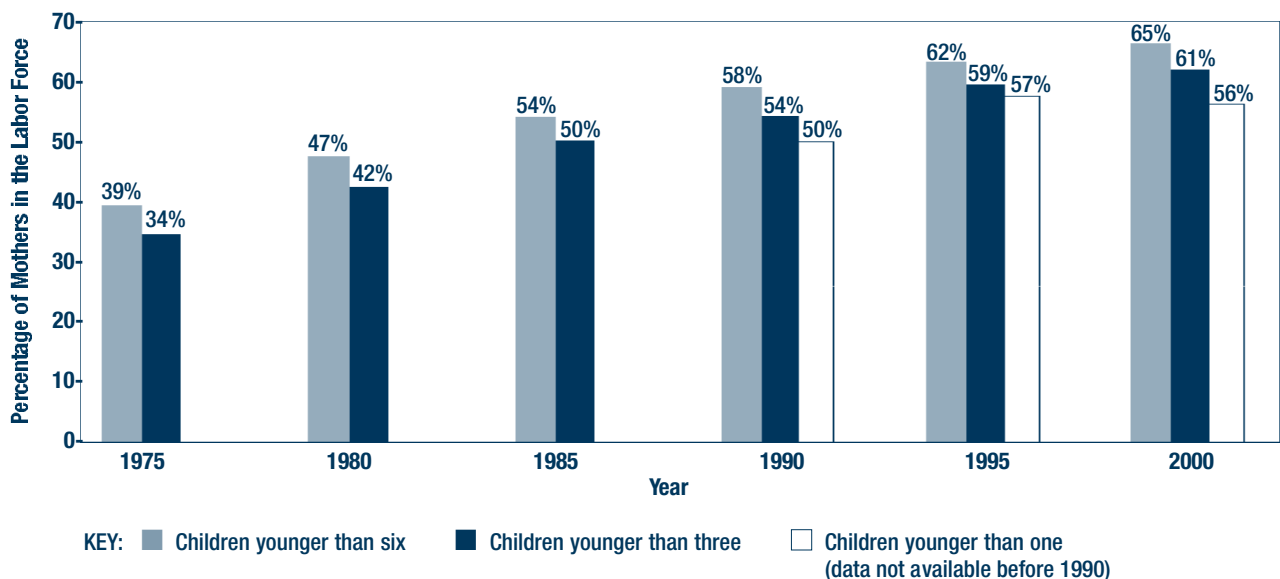
The vast majority of children under age three with working parents now spend substantial time in nonparental child care. This fact of contemporary life represents a dramatic reappportioning of the care of young children from parents to others, starting in the first few months of life. As

a result, child care environments now constitute a central context for early development. They are the settings in which most children first learn to interact with other children and with adults other than their parents; and where they receive or miss out on crucial inputs for the vast store of early learning described in the article by Thompson in this journal issue. Under the best of circumstances, child care can also serve as a link between families and other services (for example, health care, early screening for developmental problems, and nutrition benefits) that promote healthy early development. Yet, the opportunity that child care affords to support parents as they raise their children, and to support young children’s development during the earliest years of life, is too often squandered.

This article first summarizes what is known about infants’ and toddlers’ exposure to child care. It then turns to the question, “What is at stake?” by drawing upon new insights about how young children are affected by child care. The next section reviews what is known about the settings in which children receive child care and what they experience. This article then shifts to the parents’ perspective and discusses the factors that impinge on their deci-

Figure 1

Trends in Employment for Mothers with Infants and Toddlers



Source: Bureau of Labor Statistics, unpublished tabulations.

sions about whether, when, and what kind of child care to use. A discussion of the public policies that bear on these decisions and, in turn, affect the child care that young children receive in this country leads to final thoughts about necessary actions in this time of vulnerability and opportunity for infant and toddler child care.

Redistribution of Infant and Toddler Care

The rapid growth in maternal employment is among the most commonly noted trends of the past quarter century. In 1975, some 34% of mothers with children under age three were in the workforce. In 2000, this figure reached 61%. Among mothers of infants, rates of employment climbed from 50% to 56% in just the past decade.¹ (See Figure 1.) Accordingly, the care of infants and toddlers has undergone a dramatic transition from being the primary responsibility of mothers to becoming the shared responsibility of parents and child care providers.

According to national surveys, by the mid-1990s, about 6 million infants and toddlers were in some form of regular, nonparental child care.² A more striking portrait of

infant and toddler child care is revealed when families' child care decisions are followed from birth. This is exactly what was done in the National Institute of Child Health and Human Development's (NICHD) Study of Early Child Care.³ This study has followed a diverse (but not nationally representative) sample of more than 1,200 families around the country since their baby's birth to track and understand the consequences of their child care choices (see Box 1).⁴ Almost three-quarters of the infants (72%) experienced regular, nonparental child care during the first year of life, with the vast majority entering care before four months of age. Families that were heavily dependent on the mother's wages, and those who had experienced bouts of poverty or welfare dependence, placed their infants in child care at the earliest age (prior to three months old), whereas those with higher incomes were able to wait a bit longer. For the vast majority of infants, this point of first entry marks the beginning of a child care history that stretches into the mid-elementary school years.

Children not only start child care within the first few months of life, but they are in extensive hours of care from

Box 1

The NICHD Study of Early Child Care and Youth Development

Aware of the growing use of child care and the increasing public and policy concern about this issue, the National Institute of Child Health and Human Development (NICHD) of the U.S. Department of Health and Human Services set out to develop a comprehensive, longitudinal study about the relationships between the child care experiences of children and their development over time. The NICHD Study of Early Child Care is the most comprehensive child care study conducted to date in the United States. Beginning in 1991, a total of 1,364 children and their families from diverse economic and ethnic backgrounds, and living in 10 locations around the country, were enrolled in the study at the time of the child's birth. The children are now entering the sixth grade, and there are 1,100 families still participating in the study.

Parents in the study—not the researchers—selected the type and timing of child care that their children received. The children were placed in a wide variety of child care settings: care by fathers, other relatives, in-home caregivers, child care home providers, and center-based care. The research team observed these settings at regular intervals (6, 15, 24, 36, and 54 months) to assess the quality of care, which was found to be highly variable. Family characteristics were also regularly assessed, including the family's economic situation, family structure, the mother's psychological adjustment and child-rearing attitudes, the quality of mother-child interactions, and the extent to which the home environment contributed to the optimal development of children. Various aspects of individual children, such as their gender and

temperament, were also considered. The children's developmental outcomes were assessed using multiple methods (trained observers, interviews, questionnaires, and testing) that provided measures of many facets of children's development (growth and health, cognitive and language development, school readiness and achievement, their relationship with their mothers, self-control and compliance, problem behaviors, and peer relations). The findings are reported on a regular basis at scientific meetings and in scientific journals and books. To obtain further information contact Sarah L. Friedman, Ph.D., project scientist/scientific coordinator, at FriedmaS@exchange.nih.gov or (301) 435-6946. Ongoing updates about the study are available online at <http://public.rti.org/secc>.

the beginning. The infants in the NICHD study averaged 28 hours of nonparental child care per week when they were first enrolled. These numbers correspond closely to nationally representative data from the National Survey of America's Families (see Box 2), which indicate that infants and toddlers with working mothers, who were enrolled in child care in 1997 spent, on average, 25 hours per week in their main arrangement.⁵

It is difficult to determine whether this surge in infant and toddler child care is due to choice or to the necessity of early and extensive employment. Both possibilities are undoubtedly true, to differing degrees, for different families. Yet, the incentives built into national policies and the strong economy create substantial costs for families who rely exclusively on parent care during the first months and years of life. As a result, child care is now a common and permanent fixture on the landscape of early experiences. If young children were in child care sporadically or for only a minimal number of hours, its developmental consequences might matter less. This is, however, decidedly not the case.

What Is at Stake?

The juxtaposition of early and extensive exposure to child care with evidence of the importance of early expe-

riences (see the article by Thompson in this journal issue), raises compelling questions about the developmental effects of child care as it is now experienced by infants and toddlers in the United States. These questions are often phrased as, "Is child care good or bad for babies?" Research indicates that child care is not a monolith. There is no single story to tell about how child care affects children.^{6,7} But it does affect them.

Child Care as Risk and Protection

Sometimes, child care enhances the lives of young children and fosters their development. Sometimes, it puts children at risk and undermines their development. Both the positive and negative effects derive not from child care alone, but also from how the family responds to the circumstances that led them to use child care in the first place, and how they respond to their children when they are with them. Indeed, one of the most important findings from research on child care is that parents and the home environments they create remain the predominant influences on young children's adjustment and well-being, despite the substantial time that many youngsters spend in nonparental child care settings. The question today is not *whether* child care affects development or *which* environment—home or child care—has the greater influence, but rather *how* child care intersects with what transpires at home to affect early development.

Box 2

National Survey of America's Families

The National Survey of America's Families (NSAF) is a national survey of U.S. families, conducted by the Urban Institute as part of the Assessing the New Federalism (ANF) Project. The first wave of the survey was conducted in 1997, and the data from this survey are available for public use. The second wave of the survey was conducted in 1999, and will be released for public use in 2001.

The survey is representative of the noninstitutionalized, civilian population of persons under age 65 in the nation as a whole and in 13 states: Alabama, California, Colorado,

Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. Together, these states are home to more than one-half of the nation's population and represent a broad range of fiscal capacity, child well-being, and approaches to government programs. The data in the survey provide a comprehensive look at the well-being of adults and children, and reveal sometimes striking differences among the 13 states studied in depth. The survey provides quantitative measures of the quality of life in America, and it pays particular attention to low-income families.

Data were obtained on one or two respondent adults, the respondent's spouse or partner, and up to two focal children for each household. Child care data were collected on child care arrangements and hours of care for each focal child. Monthly child care expense data and whether the family received any help in paying for child care were collected for each family. The survey oversamples households with low incomes, defined as below 200% of the federal poverty level.

For more information on NSAF, see the Web site at <http://newfederalism.urban.org/nsaf/>.

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Research on child care and the mother-infant relationship provides a useful illustration. Under some circumstances, child care can protect children from the problematic parent-infant interactions that can accompany family-based risk (such as poverty, maternal depression, or high levels of conflict), but it can also exacerbate risks that children face at home.

The premise that good out-of-home environments can compensate for high-risk home environments underlies the nation's early intervention policies. This idea has been supported by a large amount of literature on both early intervention and more typical child care programs.⁸ The child care research has, for example, reported positive associations between child care and parent-infant interactions for children exposed to maternal depression and poverty. In the NICHD study, mothers living in poverty whose infants were enrolled in full-time, high-quality child care were more positively engaged with their babies than were mothers of infants not in child care or in low-quality care. Similarly, depressed mothers who relied on child care interacted more positively with their infants than did similarly depressed mothers who used no child care.⁹ Other studies have also reported that child care can buffer infants from the detrimental effects of maternal depression.¹⁰

Yet, other research has found that certain patterns of infant child care use, in the context of troubled family functioning, are associated with disrupted mother-infant relationships.¹¹ In the NICHD study, when children under age two had insensitive or unresponsive mothers and also experienced child care that lasted more than 10 hours per week or was of poor quality or unstable, insecure mother-infant attachment relationships become more common.¹² When neither the home nor the child care setting provides the supportive, responsive caregiving that infants require, their capacity to establish positive bonds to their parents (and perhaps to their caregivers, as well) can be compromised.

Mother-child interactions in families that are not characterized by obvious risk factors are also affected by child care. For example, among families in the NICHD study with higher incomes and nondepressed mothers, infants who spent more time in child care experienced somewhat less favorable patterns of mother-infant interactions than did the infants not enrolled in child care. These patterns persisted over the first three years of life.¹³

In sum, it is no longer appropriate to ask whether child care is good or bad for children without simultaneously considering what they are experiencing at home. Child care can expose young children to risk or protect them from it; it can exacerbate troubling family circumstances or it can provide beneficial experiences for children who do not receive them at home. Research has also revealed a great deal about the characteristics of child care that matter most in affecting whether children get off to a promising or worrisome start in life.

Children's Experiences in Child Care: What Matters?

Child care's contributions to children's development hinge on whether children's experiences in care support or undermine their needs for responsive, dependable, and stimulating caregiving (see the article by Thompson in this journal issue). Researchers who study variation in the quality of child care now focus on the interactions that transpire moment by moment between child care providers and the children in their care. Does the caregiver respond quickly to the child's bids for attention or are they frequently ignored? Does she talk and read to the child a lot or just a little? Does she engage the child in age-appropriate activities and foster supportive friendships? Is she warm and affec-

Beneficial child outcomes are most likely when caregivers are responsive, warm, and sensitive to the children and surround them with rich language.

tionate or distant and harsh? Is she patient or easily overwhelmed by frustration?

One of the most consistent findings in developmental research links the quality of care that young children receive to their well-being, developing skills, and subsequent adjustment.^{6,7} The associations, while statistically significant, are often relatively small in magnitude when considered one by one. Yet, when considered in light of the vast numbers of children involved and the extensive history of child care that most young children now experience, their collective impact may be quite large.¹⁴

Beneficial child outcomes are most likely when caregivers are responsive, warm, and sensitive to the children and surround them with rich language. Therefore, benefits are associated with the features of care that foster those interactions, such as small ratios of children to adults, as well as qualified and stable child care providers.¹⁵⁻¹⁷ This finding has emerged repeatedly in studies across the country that observe children in different types of care and examine different outcome measures (for example, language acquisition, cognitive skills, peer interactions, behavior problems, and school readiness skills, such as task persistence and compliance with adult requests).

For infants and toddlers, the number of children that a child care provider is responsible for (the child-care-giver ratio) appears to be particularly important in fostering developmentally supportive exchanges in all types of child care.¹⁵ Caregiver qualifications also matter for infants and toddlers. Home-based caregivers of infants provide more responsive and stimulating care if they received specialized training. Across types of care, toddlers receive better care when their child care providers are more highly educated. Finally, no or minimal TV viewing is also associated with significantly better outcomes for children in child care.¹⁷ The caregiver's experience alone (years spent providing child care) is rarely associated with higher-quality child care or better developmental outcomes.

Beyond the developmental contributions of child care quality, there have been longstanding debates regarding the effects of "exposure" to child care of any quality. Exposure is typically measured as cumulative hours in care, but it is also studied with regard to age of entry into care.¹⁸ The evidence on this issue is less consistent than that on quality of care, with some studies reporting that more hours in child care are associated with negative outcomes for children, while others fail to find such an association.

This issue was recently thrust back into the forefront of concern based on evidence from the NICHD study that children who spent more time in nonmaternal care during the first four and one-half years of life were perceived by their preschool and kindergarten teachers as more aggressive, assertive, and defiant than children of the same age who spent less time in child care.¹⁹ The vast majority (83%) of the children who experienced an average of 30 or more hours of child care per week prior to school entry were not rated as showing aggressive behavior, and the overall distribution of teacher ratings for these children matched what one would find in a random sample of kindergartners. But the 17% of these children who were perceived as more aggressive stands in contrast to the 9% of their age-mates who experienced little or no child care and were similarly perceived. Among the children who were in higher-quality care or raised by relatively more sensitive mothers, teachers were somewhat less likely to distinguish between those who spent more or less time in child care, but the relationship between time in care and aggressive behavior remained, even for these children.

Future evidence will indicate if this relationship endures or disappears as children move through the elementary school years. In the meantime, researchers can only speculate about its interpretation. One possibility is that part of spending time with peers, particularly when children first make the transition to peer groupings as preschoolers or kindergartners, involves the display of some aggressive behavior by some children. Problems may also arise from child care staffing changes—child care providers typically receive little

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training in how to promote positive social skills, and yearly staff turnover rates are high. It is clear that, as a nation, we need to pay much greater attention to fostering healthy social relationships among young children, as noted in the article by Thompson in this journal issue.

With regard to type of care, children who spend more time in group- or center-based child care settings after the first year of life are better prepared for the academic work of school but, in some instances, show more assertive and aggressive behavior toward classmates.^{20,21} The positive cognitive outcomes may be associated with the generally higher qualifications of center-based child care providers and stronger literacy environments found in child care centers as compared to other child care settings. The social outcomes may reflect poor adult management of children's interactions with their peers in child care settings. Both speculations await careful study.

In sum, the developmental effects of child care derive primarily from the quality of the interactions and experiences they provide for young children. Recent evidence further demonstrates the importance of paying greater attention to the social development of young children who spend a considerable number of hours in child care as it exists in the United States.

Although the type of child care used has implications for children's experiences in care and for their development, it is essential to keep in mind that wonderful and woeful care can be found in all types of arrangements. Caregiver qualifications and skill in managing classroom interactions, rather than the type of child care per se, appear to be the active ingredients linking the type of care to child outcomes.

There is, thus, no shortcut to finding developmentally beneficial child care for infants and toddlers. It requires taking the time to observe how caregivers interact, talk, and play with the children in their care; how they support their early learning; and how they manage children's earliest social relationships.

The Diversity of Infant and Toddler Child Care

If there is one feature of child care in the United States that most sets it apart from other countries, it is the diversity of child care arrangements that are available to and used by families with young children. The options encompass numerous types and combinations of care, and variation in quality that ranges from unsafe to outstanding care.

Type of Child Care

The arrangements that parents make for their infants and toddlers span every conceivable combination of care by mothers, fathers, and others. The complexity of those care arrangements tends to get lost in efforts to categorize and portray them. Most portraits of parents' child care choices capture only one moment in time, whereas child care from the child's and family's perspective is a moving target that spans years.

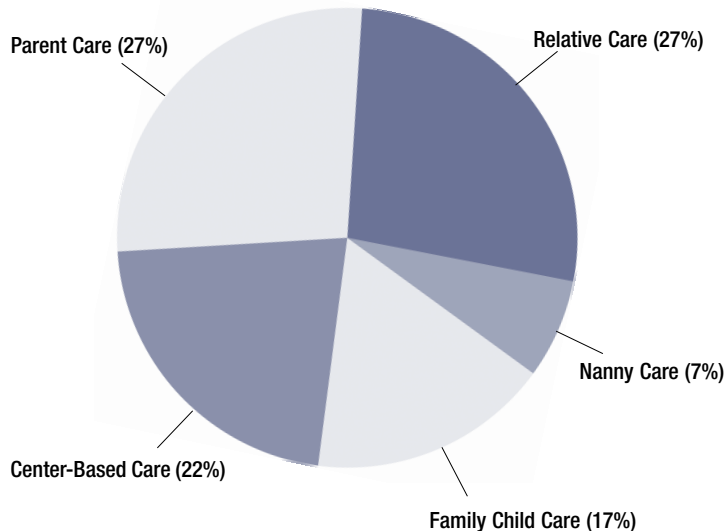
As seen in Figure 2, in 1997, infants and toddlers with employed mothers were in an array of primary arrangements.⁵ This picture tells two stories. As it has historically been the case, a surprisingly large number of infants and toddlers with employed mothers—fully 27%—are cared for by their parents while their mothers work. This includes two-parent families in which one parent does not work, two-parent families in which the parents work different shifts, and families in which a parent cares for the child while working.^{5,22}

Once parents turn to others for help in caring for their infants and toddlers, they most commonly turn to grandmothers and other female relatives—another 27% of the infants and toddlers with employed mothers are cared for by relatives. (See the article by Zinsser in this journal issue.) Even so, almost 40% of infants and toddlers with employed mothers are cared for in group settings, such as centers and family child care homes. Center-based care is a growing segment of child care for this age group—tripling in the 20 years after 1977,²³ to reach 22% of children under age three with employed mothers in 1997.⁵ In contrast, regardless of the age of

Figure 2

Primary Child Care Arrangements for Children Under Age Three with Employed Mothers

Percentage of Children in Each Child Care Arrangement



Source: Ehrle, J., Adams, G., and Tout, T. *Who's caring for our youngest children: Child care patterns of infants and toddlers*. Washington, DC: The Urban Institute, 2001, figure 1, p. 4.

the child, family child care providers, babysitters, and nannies are used less often than are child care centers.

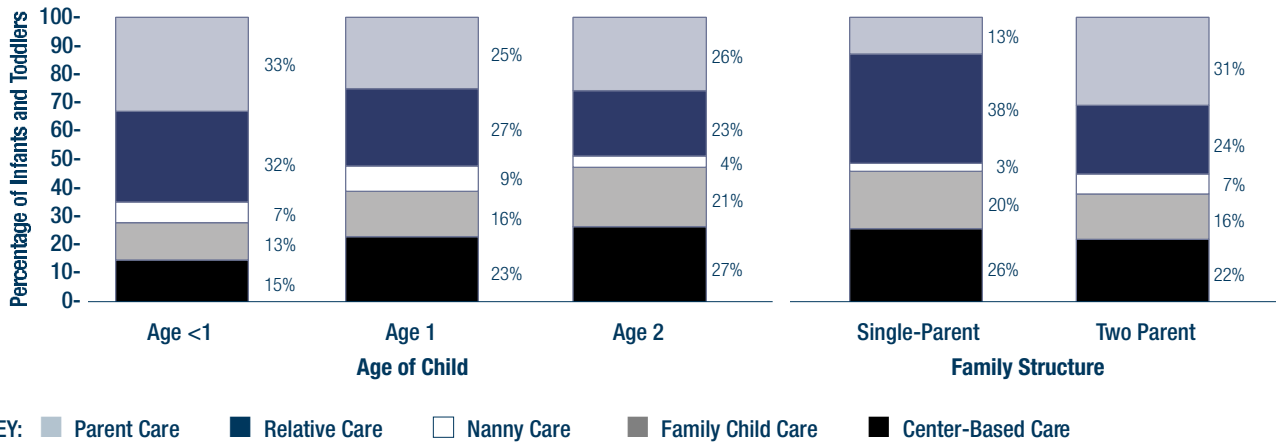
In looking beyond this static portrait of child care, two important points become apparent. First, children move rapidly into center-based care arrangements (including child care programs and nursery schools) over the course of the first three years, such that 15% of infants and 27% of two-year-olds with employed mothers attend centers.⁵ (See Figure 3.) Second, most children experience multiple child care arrangements over the course of their first three years of life as parents combine arrangements to cover the hours for which they require child care, and move from one arrangement to another over time. For example, one in three infants in the NICHD study experienced three or more different arrangements during just the first year of life.⁴ The NSAF data reveal that 28% of infants—rising to 38% of two-year-olds—with working mothers experienced two or more nonparental arrangements over the course of one week.⁵ In many instances, these are stable arrangements that recur every week. Sometimes, however, children are exposed to a shifting array of arrangements as parents piece together child care to meet their short-

term needs. The consequences for child development in such unstable patterns of care remain unknown.

The forms of care that parents use vary rather systematically with race/ethnicity and family characteristics.⁵ For instance, research on children with working mothers indicates that nearly 1 in 3 black children and 1 in 4 white children are cared for in centers, compared with 1 in 10 Hispanic children. Hispanic children are much more likely to be in relative care. However, the percentages of infants and toddlers in parent care while the mother works do not differ significantly for the three racial/ethnic groups. Single working parents are (not surprisingly) less likely than two-parent families to rely on parent care, but they are much more likely to rely on other relatives (see Figure 3). There are relatively few differences by income in the child care arrangements used by single-parent families. Among two-parent families, however, those with lower incomes are least likely to rely on center care and nanny care, and are most likely to use care by relatives and parents.⁵ These patterns capture just a few of the influences that work together to affect the types of care that any particular family uses: access to a second parent or a relative, the cost of care relative

Figure 3

Primary Child Care Arrangements for Children Under Three with Employed Mothers, by Child's Age and Family Structure



Source: Ehrle, J., Adams, G., and Tout, T. *Who's caring for our youngest children: Child care patterns of infants and toddlers*. Washington, DC: The Urban Institute, 2001, figures 2 and 7, pp. 4-11.

to family income, and choices that seem linked to cultural or ethnic patterns or experiences.

Quality of Care

Children not only move across multiple types of care over time, but the care they experience varies widely. Some receive ample opportunities for nurturance, friendships, and early learning; but others are exposed to safety hazards, unstimulating environments, and unresponsive supervision by ever-changing caregivers. Variability is present in all types of care. Of great concern, as well, is evidence of widespread inequities in children's access to better care.

Uneven Regulations

Illustrations of the variation that is tolerated in this nation's child care programs are plentiful. Infants in the NICHD Study of Early Child Care, for example, were observed in groups (across all types of care) that varied from a single child to 30 children. Observed adult-child ratios ranged from 1:1 to 1:13.¹⁵ An earlier multi-site study of child care centers found ratios in infant rooms that ranged from 1:2 to 1:9, and increased to 1:14 in toddler rooms.²⁴ Another study of home-based

providers, including relatives, reported that some toddlers were cared for alone, while others were surrounded by seven other toddlers.²⁵ These wide ranges are not surprising in light of the differing state child care regulations that allow, for example, from 3 to 12 infants per teacher in center-based arrangements, and three to six infants and toddlers per regulated, home-based provider.²⁶ Professionals recommend three to four infants per caregiver.

Moreover, most infants and toddlers are in child care settings that operate without the protection provided by even these highly variable regulations. More than one-third of children in this age range receive care by nannies or relatives, and many are in small family child care homes that are exempt from any regulatory oversight. No state requires nannies or relatives to be regulated, and in 1999, 10 states did not require family child care homes serving five or fewer children to meet any health and safety standards.²⁷ Even when appropriate regulations exist, enforcement of those regulations is not a sure thing, given the high cost of maintaining sufficient monitoring staff to scrutinize all regulated child care settings. As a consequence, although consumer protec-

tion agencies monitor food, toys, medication, and equipment to ensure a baseline of safety for children, no equivalent safety threshold is promised to all infants and toddlers in child care—despite their considerable vulnerability. A 1998 Consumer Product Safety Commission study of 220 licensed child care settings (both home- and center-based) found that two-thirds had at least one safety hazard, including cribs with soft bedding, no safety gates on stairs, unsafe (or no) playground surfacing, and use of recalled products.²⁸ Inadequate regulations and lax enforcement contribute to worrisome conditions under which even basic safety can be compromised.

Poor Quality

Significantly, the exposure of young children to the lower end of the quality spectrum is not rare. In virtually all large-scale studies of child care in the United States, approximately 20% of the settings that participate in research have been found to fall below minimal thresholds of adequate care. These are settings in which caregivers more often ignore rather than respond to infants' and toddlers' bid for attention, age-appropriate or educational toys are in scarce supply, and children spend much of their time alone in their cribs or wandering aimlessly—not engaged with adults, other children, or materials.

Even children in settings that exceed minimal thresholds of safety and quality do not necessarily experience care that is developmentally beneficial. For example, the

NICHD Study of Early Child Care studied several different aspects of program quality—the extent to which caregivers stimulated cognitive and language development, the extent to which they were actively engaged with the children, and the sensitivity they showed in their interactions. Studies showed that three-quarters of infant caregivers provided only minimal stimulation of cognitive and language development. One caregiver in five interacted with the children in what observers rated as a moderately or highly detached way.¹⁵ Fewer than 25% of infants were cared for by highly sensitive caregivers. Overall, fewer than 20% of toddlers were in settings where observers found that positive caregiving was “highly characteristic.”¹⁵

Moreover, young children's needs for consistent caregivers often go unmet in this nation's child care settings. Turnover rates for child care providers are among the highest of any segment of the labor force tracked by the U.S. Department of Labor,²⁹ hovering at 30% per year. Studies of center-based staff have found that 25% to 40% leave their jobs each year.^{24,30} Similarly, a study that followed home-based providers over the course of one year reported that one of three stopped providing care during that time.³¹

This evidence explains why so many researchers who observe typical child care settings note that the majority of child care in the United States is no better than “mediocre”—neither blatantly harmful nor likely to foster developmental growth. Most studies also find examples of care that represent the extremes of both good quality and risk to children.

This range of quality becomes particularly worrisome when juxtaposed with evidence about which children experience better and worse child care. Several studies have now reported that children from homes that are poor and stressed receive lower-quality child care than other children.^{25,32–34} One exception to this pattern exists: Among families using center-based care, the lowest quality of care was used by working poor and moderate-income families, compared to families living in poverty and those with higher incomes.^{33,34} Thus, children placed at risk by poverty receive much of the poorest and some of the better child care that this country has to offer. This finding shows that some poor children using centers benefit from their eligibility for programs, such as Early Head Start and for child care subsidies.

However, funding for programs and subsidies is not sufficient to serve all eligible children, and the value of the subsidies is not always adequate to purchase high-quality care. Nevertheless, when assessed in the early 1990s, the quality of care in publicly subsidized programs tended to be higher than that in community-based child care centers that relied more heavily on parent fees.^{24,34,35}

In sum, infant and toddler child care in the United States is diverse in type, highly variable in quality, and often inadequate or even unsafe. Higher-quality programs are inequitably distributed and often beyond the reach of families with modest incomes and of those low-income families who do not receive subsidies. The diversity of available arrangements may help parents find child care that covers their work hours and corresponds to their values, but care choices are shaped by constraints and compromise, as much as by preference.

How Real Is Parent Choice?

Parents’ decisions about child care are an important component of parental influence in the early years of life. These decisions reflect parents’ efforts to juggle their dual roles as economic providers and nurturers for their children. As described earlier, research indicates that, for many of today’s infants and toddlers, these decisions result in early entry into many hours of child care and exposure to an array of child care settings of highly variable quality. Much less is known about how parents actually navigate the many decisions that confront them and about the factors that guide or impede them.

Much of the policy debate about child care in the United States has been framed by a fundamental belief in “parent choice,” meaning that parents should have the ability to choose the type of care arrangement (including parent care) that they feel best suits their children and affirms their values. In reality, any parent’s child care choices are intensely personal and reflect a complex (and poorly understood) mix of preferences and constraints. Researchers have examined constraints on the options available to specific families as well as families’ ability to afford the options they want, their work patterns, and their access to information about their options.³⁶ Constraints of supply are especially salient to parents of infants and toddlers, compared to parents with preschoolers; and the choices of low-income families with young children are especially limited by financial considerations.

Constraints of Cost

Child care for infants and toddlers is more costly than is child care for older children, largely because it is so labor-intensive. A recent survey of average child care prices in urban areas in 47 states (one city per state) found that in over one-half of the cities surveyed, full-time care for an infant (12 months old) was more than \$6,032 per year for child care centers, and more than \$5,000 per year for family child care homes.³⁷ (See Table 1.)

Less-formal options are generally less expensive than child care centers and family child care homes, with the exception of nanny care, which can be more costly. For example, national data from 1993 indicated that approximately four in five arrangements with relatives for children under six years of age were unpaid, and those families who did reimburse relatives for child care paid about two-thirds of the cost of center-based care.³⁸ Parent care can appear to be the least expensive child

Table 1

Average Annual Costs of Child Care in Selected Urban Areas for a 12-Month-Old in Center-Based Care or Family Child Care in 2000

Urban Area	State	Center-Based Care	Family Child Care
Conway/Springdale	Arkansas	\$3,900	\$4,680
Bismark	North Dakota	\$4,961	\$4,175
Dallas	Texas	\$5,356	\$4,784
Statewide urban areas	West Virginia	\$5,538	N/A
Orange County	Florida	\$5,708	\$4,549
Boise	Idaho	\$5,881	\$3,380
Atlanta	Georgia	\$6,032	N/A
Statewide urban areas	Iowa	\$6,750	\$4,950
Los Angeles County	California	\$6,995	\$5,533
King County (Seattle)	Washington	\$7,696	\$6,344
Nashua	New Hampshire	\$9,046	\$6,807
St. Paul	Minnesota	\$10,414	\$6,237
Boston	Massachusetts	\$12,978	\$7,726

Source: Schulman, K. *The high cost of child care puts quality care out of reach for many families.* Washington, DC: Children’s Defense Fund, 2000, pp. A-3, A-4.

Parental economic independence, rather than child development, is the goal of most of the nation's child care policies.

care option, if only direct “out-of-pocket” expenditures are considered. However, it often involves the indirect costs of one parent’s foregone earnings, or marital strains when the parents work split shifts.³⁹ This option is, of course, not available to many single parents for whom working is a necessity.

Families with infants and toddlers also face these higher costs at a time of limited income because they are young and have not yet advanced in their careers and earnings. In 1999, for example, one-half of all three-person families had incomes at or below \$43,275.⁴⁰ In more than one-half of the sites listed in Table 1, a family with this median income would spend 14% or more of their gross income to purchase average-priced, center-based care for one child.

Constraints of Supply and Quality

Research suggests that there is an overall shortage of infant and toddler care, and that good-quality child care is particularly scarce for this age group.^{41,42} For example, a parent survey in North Carolina found that 59% of parents who had infants, and 43% of those with one-year-olds, had not found care after six weeks of searching.⁴³

These supply problems derive, in part, from the fact that it is hard for the child care market to sustain what many parents cannot afford. Higher-quality programs that employ more qualified staff, assign fewer children to each caregiver, and pay employees higher wages, must cover these costs with higher fees.⁴⁴ Given the challenges that families with young children face in trying to afford even average-priced care, many need financial assistance to use better, more costly programs. Understandably, the child care market in low- and moderate-income neighborhoods is often unable to sustain higher-quality programs, unless public or charitable resources are available to support these programs.

In addition, research and anecdotal evidence suggest that there are shortages of particular types of child care, such as care for children with special needs or disabilities, care that reflects the racial and ethnic make-up of children from minority groups, care that is accessible for linguistic minority families, and care in rural areas.⁴⁴ Transportation can also be a factor that limits access to child

care programs, particularly for low-income parents who may have fewer programs available in their communities.

Constraints of Work and Family Patterns

Two other factors, parent work patterns and family structure, also affect parents’ ability to exercise their choice of child care arrangements. Both factors can shape parental preferences, or constrain parents as they seek to enact those preferences. For example, some parents choose to work evening and weekend hours to split shifts with their spouse and thus avoid using non-parental child care. Other parents are obliged to work evening and weekend hours, even though they may be unable to find the care they prefer for their children during their work hours. Numerous studies have described the shortages of odd-hour child care.^{41,44,45}

Parental work patterns also interact with family structure to shape child care patterns. Infants and toddlers in two-parent families with at least one parent who does not work full time are far less likely to be in nonparental child care than are children of single parents with full-time jobs (56% versus 90%).⁵ Similarly, family structure affects whether parents have access to relatives, either in the home or nearby, to help them care for their children. Not all families prefer this type of care, but undoubtedly some who would make that choice do not have relatives available, willing, or capable of providing child care.

Constraints Interact for Low-Income Families

These factors work in concert to affect whether parents can choose the child care they prefer. Such forces espe-

cially constrain the choices of lower-income parents with very young children, for whom cost, supply, and transportation barriers can be daunting.⁴⁶ Lower-income families are also more likely to work jobs with odd hours or irregular schedules that limit their ability to use more formal, regulated child care options when this is their preference.

It is not surprising, then, that national surveys find that low-income families with infants and toddlers are more likely to rely on relative or parental care, while higher-income families use more costly care in centers and by nannies. (See Table 2.) It is also not surprising that, in the absence of access to subsidized programs, low-income working families receive child care of poorer quality than do families with greater resources. These patterns occur even though lower-income families pay a significantly higher proportion of their income for child care than higher-income families pay. For example, in 1997, working families with children younger than age 13 who earned 200% or less of the poverty threshold and paid for child care, spent two to three times the share of their family earnings on child care compared to nonpoor families.⁴⁷ Such inequities reflect the shortcomings of this nation’s public policies that impinge on parents’ child care decisions.

The Policy Context of Infant and Toddler Child Care

Child care policies should help parents balance their efforts to provide economically for their children and to ensure that their children get the nurturing they need for a strong start in life. These policies range from those that support parents who wish to remain at home with their young children, to those that help parents pay for nonparental child care and that support improvements in the quality of child care. Although the article by Knitzer in this journal issue describes promising examples of innovative policies in support of child rearing, these are far from comprehensive or systematic. Rather, child care in the United States is the by-product of a haphazard and sometimes contradictory collection of policies and programs that are not organized to support the dual roles of parents as providers and nurturers.

Policy Goals: Working Versus Nurturing

Most policies that affect parents’ child care options are designed to facilitate employment and do little to help

parents simultaneously ensure that their children receive safe, nurturing, and stimulating child care—either at home or in child care settings. Parental economic independence, rather than child development, is the goal of most of the nation’s child care policies.

This incentive structure is seen in policies as diverse as the 1993 Family and Medical Leave Act (FMLA) and the Child Care and Development Fund. As other articles in this journal issue explain, the FMLA allows parents who wish to stay home to care for a new infant to take an unpaid 12-week leave. However, the FMLA fails to cover many working parents, and it also fails to recognize that many others cannot support their children economically if they take an unpaid leave.⁴⁸ For low- and moderate-income families who do take a leave, nurturing their infants comes at the price of economic hardship.

At the same time, public child care subsidies that are available to mothers on public assistance (for whom work is now mandated),⁴⁹ and some low-income working families, are justified primarily as an essential service to enable parental employment. These subsidies place

Table 2

Primary Child Care Arrangements of Children Under Age Three with Employed Mothers, by Family Income

Type of Care Used	Family Income Level		
	Poor	Low-income	Higher-income
Center-Based Care	18%	16%	25%
Family Child Care	17%	12%	18%
Nanny	1%	5%	8%
Relative Care	28%	39%	23%
Parental Care	35%	28%	26%

Key: Poor = Below 100% of federal poverty level
 Low-Income = 100% to 200% of federal poverty level
 Higher-Income = Above 200% of federal poverty level

Source: Ehrle, J., Adams, G., and Tout, T. *Who’s caring for our youngest children: Child care patterns of infants and toddlers*. Washington, DC: The Urban Institute, 2001, figures 6 and 8, pp. 10, 12.

Public subsidies support child care for only 15% of eligible families.

only minimal emphasis on improving the quality of the care that is available, or on helping parents gain access to higher-quality arrangements. Federal subsidies are capped so that families cannot access more expensive child care programs. Moreover, although states are required to spend 4% of their federal child care funding on quality improvement efforts, this amount pales in relation to the 25% set aside for quality in the Head Start program.⁵⁰ Such limited dollars can do little more than support isolated, scattershot efforts to improve child care quality.

For nonpoor families, the Dependent Care Tax Credit (DCTC) offsets some of the child care costs associated with working (see also the article by Knitzer in this journal issue). There is no evidence that the credit affects the quality of care that parents select, nor does it improve the system overall. Thus, this large child care subsidy (an estimated \$2.2 billion in 2000)⁵¹ supports parental work but ignores the well-being of children.

In sum, policies that impinge on parents' child care decisions fail to recognize that parents are both providers and nurturers for their children. Typically, they address only the economic role. As a result, the reallocation of infant and toddler child care from parents to others has not been accompanied by any systematic or comprehensive policy effort to ensure the safety and well-being of the infants and toddlers involved.

Policies Sustain Inequities in Access to Child Care

This nation's child care policies are also fragmented: Different policies are targeted to different kinds of families, and they do not treat families equitably. Subsidies are generally targeted to low-income families and/or families who are in crisis, with the highest priority often going to families who are moving from welfare to work. In many states, only a fraction of the eligible families are served, with the result being that low-income working families who have not been on welfare are less likely to receive assistance.⁵²

Similarly, because the DCTC is not refundable, low-income families who do not owe income tax are unable to benefit from it, even if they have child care expenses that would otherwise qualify them. At the same

time, they may be unable to get other forms of assistance that are reserved for the very poor or are targeted to families who are on or have been on welfare. Moreover, although the tax credit is available to any working parent with legal child care expenses and a tax liability (thus ensuring broad coverage of this income group), public subsidies support child care for only 15% of eligible families.⁵²

As noted earlier, the presence of such programs as Early Head Start ensures that some very low-income families have access to care that is designed to support their children's development, though this program only serves 45,000 children. More commonly, however, such high-quality care is the special reserve of higher-income families. As long as family and medical leave remains unpaid, and families on welfare must go to work even if their children are very young, many low-income parents do not have the option of caring for their own children during the earliest months and years of life.

The Broader Context of Infant and Toddler Child Care

The options that parents face for the care of their infants and toddlers are also affected by policies affecting the larger system of care and education for preschoolers. Continuing ambivalence about public involvement in the care of very young children (see the article by Sylvester in this journal issue) stands alongside increasing public interest in school readiness programs that serve three- and four-year-olds. Yet, the rapid expansion of state prekindergarten programs threatens to drain qualified caregivers away from infant and toddler programs because the prekindergarten programs offer higher salaries, better benefits, and a nine-month work year. Center-based directors in several states report that initiatives aimed at reducing class sizes in elementary schools compound the staffing issues for programs serving younger children.⁵³ Efforts to improve the child care options available to infants and toddlers must therefore be designed to take into account the trends affecting this larger set of children's services.

Conclusions

One of the first and most personal decisions that parents must make is whether, when, and where to seek child care

for their new baby. As this article illustrates, some parents genuinely have choices in these matters, but many others face a limited number of options that they can seriously consider. Although researchers have described the child care arrangements that result from parents' child care decisions, surprisingly little is known about how these decisions are made, the factors that undermine or support them, and the consequences they have for the family. This gap in knowledge must be addressed.

As this review makes clear, research indicates that parents with differing resources—family members, income, transportation—face very different options for the care of their young children. Distressingly, although some of the nation's public policies help certain families, they often aggravate the inequities that result from the workings of the infant and toddler child care market. Finally, the case can be made that the nation has not invested in the development of young children. On the one hand, society has failed to protect parents' ability to be with their infants and toddlers through adequate family leave policies or viable part-time work options. At the same time, it has also failed to protect the safety and well-being of infants and toddlers who are in nonparental child care settings while their parents work.

This is particularly troubling when numerous examples exist of policies that could effectively protect family economic well-being while also ensuring that young children are safe and well-nurtured (see the articles by

Friedman, by Knitzer, and by Waldfogel in this journal issue). Examples include giving families adequate child care subsidies that incorporate incentives to purchase higher-quality child care, providing family leaves that include wage replacement, and targeting public funds to improve the quality and stability of available child care services (as does the military child care program described in the article by Lucas in this journal issue). There is a firm foundation of knowledge and experience upon which to build. Implementing these policies is now a matter of recognizing opportunities, heeding lessons learned, and developing the public consensus and political will to support all parents in their efforts to provide for and nurture their very young children.

Central to this agenda is matching the needs and capabilities of parents, communities, businesses, and government. Families are irreplaceable as sources of the loving and consistent relationships, and the safe and nurturing environments, that foster healthy development. Communities can foster healthy families by providing collective support and opportunities for constructive engagement through civic and voluntary organizations. Businesses can support parents as both nurturers and providers through flexible work schedules, viable part-time work opportunities, leave and benefit policies, and support for child care. Local, state, and federal governments have a critical role to play in ensuring the availability of protections and resources to support parents through such diverse mechanisms as tax policy, welfare policy, regulatory policy, and subsidy policy.

Policies that truly assist parents in their efforts to make the best choices they can for the care, protection, and economic support of their infants and toddlers require aggregate responsibility. Our current reality requires it—given that millions of working parents with very young children now use child care every day to care for and protect their children. Our current knowledge base sustains it—given what is known about the importance of the early years, and about the problematic quality of the care many children receive. And finally, given the daily struggles of parents to provide for and nurture their children, and the danger that infants and toddlers may miss out on the experiences needed for a good start in life, our conscience should demand immediate action.

ENDNOTES

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