

GAO

Testimony

Before the Subcommittee on Regulation, Business
Opportunities, and Technology, Committee on Small Business,
House of Representatives
Field Office Hearing in Portland, Oregon

For Release on Delivery
Expected at 10:00 a.m.
Friday, December 9, 1994

FAMILY CHILD CARE

Innovative Programs Promote
Quality

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061653/153060

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me here today to discuss the ways in which children who are cared for by neighbors and friends--called family child care--can receive the highest quality care possible. As you know, our report¹ that you are releasing today discusses our findings about family child care initiatives nationwide that are working with providers to enhance the quality of care they give children. Family child care is a popular option for many families, especially low-income families, because it can be more flexible than child care in formal centers. Unlike many centers, family child care providers will care for infants and toddlers, and accommodate parents' nontraditional work and school hours.

Despite family child care's wide use, questions have been raised about the quality of care provided in these settings. Often, family child care providers do not have the money or time to attend professional development activities and are not linked to networks or support groups that can supply toys, other materials, and help when difficult situations arise. Quality in family child care is important, as it is in all child care settings, because it can contribute to children's later success in school and, in conjunction with other supports, may break the cycle of intergenerational poverty.

At your request, we identified public and private initiatives to enhance the quality of family child care, their sources of funding and the implications of our findings for welfare reform. In summary, there are 195 initiatives nationwide seeking to improve family child care quality. They are funded from a variety of public and private sources and many rely on more than one funding source. As you know, many welfare reform ideas are being discussed. Most of them involve plans that would significantly add to the number of welfare mothers required to participate in education, training, and work programs. This will likely increase the use of family child care and thus add to the urgency of enhancing the quality of this care. Today, I will discuss several innovative programs that work toward improving the quality of family child care in Oregon and around the country.

BACKGROUND

From 1976 to 1991, the number of single, women heads of household with children under age 6 receiving Assistance to Families with Dependent Children grew from about 900,000 women to over 1.7 million. These are the same women being targeted for mandatory participation in education, training, and work programs in an effort to make them financially independent of the welfare

¹Child Care: Promoting Quality in Family Child Care (GAO/HEHS-95-36, Dec. 7, 1994).

system. Their children need some form of care while the mothers participate in these programs.

Child care outside the home is provided in several different settings--formal centers (often in schools, churches, office buildings, and stand-alone centers), family child care homes, and in the homes of relatives. Family child care is offered usually by individuals unrelated to the children, in the caregiver's home, to a few children. The caregivers can be neighbors, friends, or persons previously unknown to the family.

The significance of quality child care, in whatever setting it occurs, to the healthy development of very young children and its impact well into adulthood have recently been underscored by new research. A 1994 study by the Carnegie Corporation of New York found that the cognitive, emotional, and social development of children, and their functioning from preschool through adulthood, "hinges to a significant extent on their experiences before the age of 3."² Other research has shown that quality child care can be particularly beneficial to economically disadvantaged children. Quality child care helps those children compensate for some of the environmental deficits in their lives--such as minimal parental education, linguistic isolation, and limited access to preventive health care. These deficits are ones that tend to increase a low-income child's risk of doing poorly in school and later in life.

Despite the importance of quality child care in the early development of both poor and nonpoor children, experts believe that too often child care settings lack the elements associated with quality, such as well-trained providers; small groups and low child-to-staff ratios; low staff turnover; age-appropriate materials; and physical space that is safe and hazard free. Family child care providers in particular tend to be untrained, unregulated, and unconnected to professional groups that promote these elements. So quality is of special concern in these settings.

EFFORTS TO IMPROVE FAMILY CHILD CARE QUALITY

We found that many organizations sponsor activities that work with family child care providers to improve the quality of care they give to children. While their purposes, approaches, and methods of working with providers differ, all these initiatives have the overarching goal of supporting providers. These organizations generally focus on three approaches to fostering quality care: (1) support networks; (2) training, recruitment, and consumer education initiatives; and (3) health

²Starting Points: Meeting the Needs of Our Youngest Children (New York: Carnegie Corporation of New York, Apr. 1994), p. 6.

initiatives. Appendix I shows some of the key activities included in family child care quality improvement initiatives.

We found a variety of examples of these approaches in Oregon and in other states. A representative of one of them--the Family-to-Family project--is testifying before you this morning. The Family-to-Family project, funded for 3 years, gave grants to communities in Oregon and across the country to establish training for child care providers, educate parents about choosing child care, and connect providers to professional associations to pursue their professional development.

On our site visits to 10 other initiatives, we visited the homes of some participating providers. We saw caregivers who were very enthusiastic about working with children; a great number and variety of toys, books, and playground equipment; and the excitement with which the providers talked about the new and continuing training opportunities they have because of their participation in the initiative.

For example, in Atlanta, we visited the homes of three providers who were participating in Save the Children's Neighborhood Child Care Network. These homes were well equipped with toys and educational material for the children. But the most interesting "toy" from our perspective, as well as the kids', was the computer each of the providers had for the children to use. The initiative had received the computers as a donation with a software package geared to helping older preschoolers learn to read. We saw confident 3- and 4-year-olds unintimidated by technology and rushing to be the first to use the software. Whether or not these children learn to read from the computer program, they will be better prepared to handle the technology that is becoming more prevalent in both our schools and workplaces.

In Oregon, we visited an initiative that was reforging ties between the public health and child care communities. This initiative is the American Public Health Association project being conducted in Hood River, Wasco, and Sherman counties. Given the large number of children being cared for in centers and in other people's homes--especially infants and toddlers whose immune systems have not fully matured and who are more prone to injuries--there has been much discussion over the urgent need for child care and public health to work more closely together.

This project is doing just that through two county health departments and a local resource and referral agency. A public health nurse makes home visits and consults with family child care providers over the telephone. She also distributes useful items that range from educational pamphlets to smoke detectors and safety latches. The day we visited, the nurse had just received a call from a family child care provider who did not

know how to treat a child's pin worm infection. The nurse was going to visit the provider to explain a course of treatment and to examine the other children. Interestingly, the provider found out about the project through a training session sponsored by the local resource and referral agency. Public health support is so important because more and more children--especially low-income children--do not have easy access to preventive health care. Consequently, child care providers are having to deal with much more serious health problems of children in their care than just pin worm.

FUNDING FOR FAMILY CHILD CARE INITIATIVES

We found that funding for the 195 initiatives we identified comes from a combination of private, federal, state, and local sources. Appendix II lists these sources of funding. Several of the initiatives we visited were working with relatively small amounts of funding but were still able to provide an array of support services to providers. Project directors we spoke with believed that their support to providers made a significant difference in the care given to children.

Private dollars have played a major role in funding family child care initiatives. Private funding comes from foundations, endowments, businesses, charities, fundraising, and user fees. Our study found that over half of the initiatives we identified received private funding, and private money was the sole funding source for over 20 percent of them. However, private funds are frequently only "seed money" to launch a project for a short time.

In Oregon, an example of private sector involvement in supporting family child care is the Oregon Child Development Fund. The fund was created to support initiatives focused on family child care issues in the state. Because of its success, it has taken on a larger mission of tackling broader child care issues, such as training and retention of child care providers--that is, reducing staff turnover. The fund only solicits from the private sector and has raised over \$1.5 million from businesses, foundations, and corporations for its family child care projects since 1990.

The federal government's role in child care has traditionally been that of helping parents pay for the cost of care, rather than one of improving the quality of care. However, our study found that the two federal programs used most frequently by initiatives to improve the quality of family child care were the Child Care and Development Block Grant (CCDBG) and the Child and Adult Care Food Program. Eighty of the family child care initiatives we identified used CCDBG to help finance their support activities, while 58 of them used the food program.

In fiscal year 1993, the federal government made available approximately \$8 billion in child care funding through seven major federal programs. Of that amount, we estimate that approximately \$156 million to \$264 million was available³ for quality improvement initiatives for all child care settings, including those we found that focused on family child care.

Finally, states and local governments also provide funding to support family child care quality initiatives. We found that 19 percent of the initiatives we identified had received state or local funding or both.

IMPLICATIONS FOR WELFARE REFORM

Most discussions about reforming the welfare system focus on requiring more welfare recipients to either work or attend education or training programs to help them acquire basic skills and become independent of welfare. As a result, the number of children needing child care--particularly very young children--is predicted to grow. Because family child care is the choice of a significant proportion of poor families, its use will grow, too.

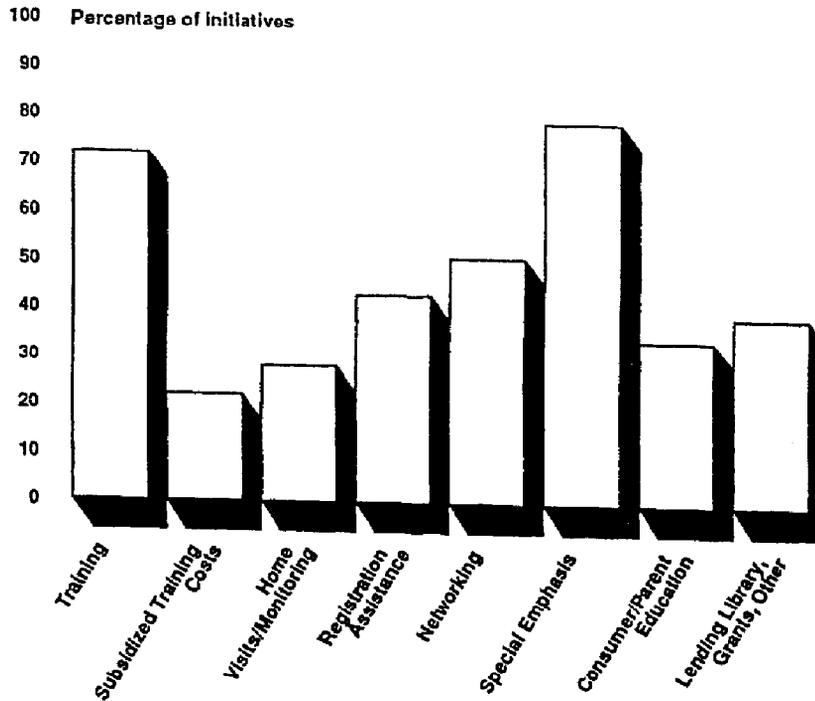
As we have stated, studies have shown that quality child care is critical to children's proper development. Thus, as the demand for family child care grows, so too will the need for this care to be of high quality. The initiatives discussed here today can provide us with valuable lessons about how to improve family child care quality.

This concludes my prepared statement. I would be happy to answer any questions you or other subcommittee members may have.

³Since CCDBG requires states to spend at least 5 percent of their total CCDBG funds on quality improvement activities, we derived our minimum estimate by calculating 5 percent of the total CCDBG fiscal year 1993 obligation figure and adding \$113 million for administrative costs for the Department of Agriculture's (USDA) food program in fiscal year 1993. (Administrative costs include the quality support activities, such as training and monitoring conducted by the program for family child care providers, as well as the administrative costs for centers.) However, states may spend up to an additional 12.5 percent of their total CCDBG funds on quality activities. Thus, we derived our maximum estimate by calculating 17.5 percent of total CCDBG funds spent on quality and added \$113 million for the USDA food program.

For more information on this testimony, please call Lynne Fender, Assistant Director, at 202-512-7229. Other major contributors included Janet Mascia, Senior Evaluator.

SERVICES PROVIDED BY FAMILY CHILD CARE QUALITY INITIATIVES



Note: "Special emphasis" means that the initiative focused on a particular population such as working with low-income providers or serving children with special needs.

Because initiatives provide multiple services, the percentages add to more than 100 percent.

FUNDING SOURCES USED BY FAMILY CHILD CARE QUALITY INITIATIVES

Total initiatives: 195

Source	Initiatives that received funds	Percentage of total initiatives
Federal		
Child Care and Development Block Grant	80	41
Child and Adult Care Food Program	58	30
Other	43	22
State	38	19
Local	38	19
Private	107	55
Private only	43	22

Note: Because initiatives had more than one funding source, column totals will exceed 195 initiatives and 100 percent.

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