

CHILD CARE IN SOUTH CAROLINA
QUALITY, AFFORDABILITY, &
AVAILABILITY

PREPARED FOR

SOUTH CAROLINA
DEPARTMENT OF HEALTH & HUMAN SERVICES

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INTRODUCTION

Today, about 40 percent of preschool children in the United States are dropped off every day at a child care center or home where they are cared for while their parent works. Another 20 percent are cared for in their own homes, but not by their parent. This is a dramatic change from children's daily experience 60 years ago when only eight percent of children were cared for by someone other than their parent while their parent worked.¹

As increasing numbers of families rely on others to care for their children, we are recognizing that the quality of care children receive is extremely important to the quality of their future and the destiny of this country. What children learn in their formative years provides the foundation for what they and our nation will become.

Right now, throughout South Carolina, children need care that will prepare them for their first entry through the schoolhouse door. Many are being successfully prepared at home or in child care facilities. In fact, 81.2 percent of first-graders tested ready for school in 1998, up from 71.9 percent in 1995.² Introduction of full-day kindergarten in 1996 is, in part, responsible for the improvement of opportunities for many children.

The disheartening fact is that nearly 20 percent were not ready for first grade last year. The problem doesn't end there! By 8th grade, 32 percent of students do not meet state minimum reading standards and 35 percent of students do not meet state minimum math standards. And the key to employment, a high school diploma, is missed by about 28 percent of students.³

Take into account the other negative factors that can develop in a child's life and many more children are at risk of growing up unskilled, disconnected, and unproductive adults. According to *South Carolina Kids Count 1998*:⁴

"a quarter of South Carolina's children are at severe risk, and another quarter are at moderate risk, of not growing up to be nurturing family members, self-supporting adults, and responsible community citizens. Simply stated, 500,000 children are at risk in the Palmetto State."

For that reason -- along with the need to avoid the human misery that accompanies the inability to compete successfully for jobs and the necessities of life -- the South Carolina General Assembly this year enacted the **FIRST STEPS** to School Readiness program. Initiated by **Governor Hodges**, the *FIRST STEPS* program will work through county-level partnerships to enhance child well-being by improving child care, health care, and parent education.

This paper is intended to assist [FIRST STEPS](#) Partnerships enhance child care services in their county. Child care services can contribute to healthy child and family functioning, according to Marcia Meyers, a well-known child care researcher and author, if they are oriented around three practical goals: ⁵

- positively impact children’s development,
- support parents’ employment behaviors, and
- meet parents’ needs to be pleased about their children’s care arrangements.

She writes that in order for parents to be pleased with their children’s arrangements, there must be a fit between the child care they want for their children and the child care they have for their children. A good “fit” reduces parental stress, conflict and depression, and contributes to children’s adjustment. This means child care services must promote:

- *Quality* child care that enriches children’s intellectual and social skills.
- *Affordability* so that all families can use child care services.
- *Availability* of child care facilities that are open when families need them; conveniently accessible; and able to care for children with special needs, including infants and toddlers, and children with disabilities.

We will be looking at quality, affordability, and availability in the child care system nationwide and in South Carolina. We will also be interested in how the needs and strengths of individuals, families, and communities relate to these aspects of the system. For example, children may not benefit from quality child care that is available if their parents don’t have transportation to get them there.

As we consider the needs of families for quality child care that is affordable and available, we should be mindful that public and private efforts to meet families’ child care needs benefit all children and their families. In the short term, all families and their children, regardless of income level, benefit from quality care that is affordable and available. Low-income families and their children, however, are in particular need of support that makes child care affordable. In the long term, public school classrooms will be more learning-conducive for all children if children have had quality child care available that was affordable to all including low-income families and children.

We have divided this paper into chapters that deal with the topics we think will be most useful to community groups interested in improving child care services.

Chapter I: Does child care make a difference?

Chapter II: What are the benefits of quality child care?

Chapter III: How affordable and available are child care services?

Chapter IV: What are “promising practices” in child care and how do Partnerships organize to work on putting them to use?

Chapter V: What “current efforts” are going on in South Carolina and how can information about them help county Partnerships interested in improving and/or expanding child care services in their counties?

People and communities are moved to action by information from their experiences and the experiences of others, as well as by their values. It is our hope that the information we present, and the value of supporting the highest development of South Carolina’s young children through parent and community action, will be furthered by this paper.

I. SCHOOL READINESS AND CHILD CARE PROGRAMS

Do child care programs influence children's intellectual and social development?

Are children who attend these programs more ready for school in terms of their ability to learn and get along with others than children who have not attended these programs?

The best way to understand how these programs affect children's readiness for school is to compare the development of children who attended such programs with the development of children who did not. To do this, we turn to "experts," people who have gathered and published information about the effects of child care on young children. Alison Clarke-Stewart, at the University of California-Irvine, conducted a number of studies and reviewed the studies of others.

Clarke-Stewart began her review of studies on child care asking, "... whether day care – in any shape or form – is good for children's development." She writes that the answer is most clearly: Yes. Yes for the majority of day care programs with respect to the intellectual development of preschoolers, ages two to four. Clarke-Stewart writes, "In the two dozen or so studies comparing the development of children who attended day care centers, nursery schools, or early childhood programs in the preschool years with the development of children from comparable family backgrounds who did not, only one or two (studies) showed that children in day care programs did more poorly in overall intellectual development than children at home." These latter studies were studies of poor-quality child care, with a high number of children per adult staff and poor caregiver training.⁶

Children in child care scored higher on IQ tests, were more advanced in eye-hand coordination, were creative with materials, knew more about the physical world, had more beginning arithmetic skills, could remember and recite information, and used more advanced language. Clarke-Stewart states that these intellectual gains are not always long-term, nor are they necessarily linked to the length of time children are in day-care programs or to the age at which they started.

Children do not always benefit from child care programs. They may even be harmed by them if the child care program is of poor quality. This may be particularly true for children from intellectually stimulating homes.⁷ However, testing of middle-class children ages two to four in child care centers indicated that they scored better on measures of intellectual development than children cared for by their parents or another person in their homes, or children cared for in family child care homes. (The term 'family child care home' refers to a home in which the adult is caring for unrelated children, usually in exchange for a fee.) The beneficial effects were even greater for children in higher-quality centers.⁸

Clarke-Stewart discusses a number of studies about the effects of child care on social behavior. Preschool children who attend day care programs are likely to be more self-confident, outgoing, assertive, and self-sufficient. Additionally, they tend to be more comfortable in new situations, less timid and fearful, more helpful and cooperative, and more verbally expressive. Along with these positive qualities, the same studies showed that children are sometimes less polite, agreeable, and compliant; louder and more boisterous; more likely to use profane language; and more aggressive than children who are not in child care. All of these differences appeared in studies of model and mediocre programs. The results were true for boys and girls. They were more apparent in children in lower-class families but also appeared in middle-class children.⁹

A number of suggestions are offered by Clarke-Stewart to explain this behavior. First, child care can influence children to be more independent and determined to get what they want, but children do not have the necessary social skills to act appropriately on their desires. Second, differences between children cared for outside their homes and children cared for in their homes are not necessarily due to differences in the type of care. Differences may be due to family characteristics. Since family characteristics influence the behavior of children, family characteristics of children in one group are probably different than the family characteristics of children in the other group.

Two major studies tried to determine if child care programs have a long-term influence in lives of young children. Programs studied were not the typical community child care center or family child care home, the focus of this paper. They were, instead, rather intensive efforts with the children and sometimes with the families to increase the educational and socialization opportunities of children from disadvantaged homes. These two studies are important to our understanding of child care, however, for two reasons. First, the studies lasted long enough so that the long-term effects of child care along with education and family involvement could be better understood. Second, children were randomly assigned to one of two groups: the child care group and the at-home group. ('Random assignment' means that children were assigned to groups in such a way that both groups would be very similar on many important factors such as age, gender, ethnic group, etc., characteristics that could affect the outcomes of the study. Therefore, any changes in the children in the child care group could be considered a result of the comprehensive program.)

Study 1: A study of the Abecedarian Intervention Project in North Carolina found that the impoverished infants who were placed in a full-time, center-based program designed to prepare them for school fared far better than the group that was not in the program. Overall, "significant group differences favoring the children who received early intervention persisted through seven years of school"¹⁰

Study 2: Perhaps one of the best-known studies was the Perry Preschool Program, begun in Michigan in 1962.¹¹ One hundred and twenty eight children were randomly assigned to one of two groups: children who attended child care and those who did not attend. In addition to class instruction, mothers and children received a weekly 90-minute home visit. The children and their records were evaluated annually through 11 years of age and at 14, 15, 19, and 28 years

of age. Outcomes for the group in comprehensive child care were: higher achievement scores at ages 9 and 14, more likely to graduate from high school, more likely to be employed, less likely to be arrested by age 19, higher earnings, less likely to have a history of frequent arrests by age 28, and less likely to go on welfare.

Estimates of the costs and benefits of this comprehensive preschool program have brought a lot of attention to the study. An average investment of \$12,356 per child resulted in a net public benefit through age 27 of \$76,077 in 1992 dollars, or, for every dollar spent, \$6.16 was saved.

Taken together, these studies indicate that child care programs with strong educational, socialization, and family involvement components, can have long-term and positive effects on society and on children, especially those from disadvantaged backgrounds. However, to produce positive long-term benefits for disadvantaged children who are least likely to be ready for school, child care programs must be not only affordable and accessible but of high quality. These child care programs require significant funds, which is not currently the norm in many programs.

II. THE QUALITY OF CHILD CARE PROGRAMS AND THEIR INFLUENCE ON SCHOOL READINESS

In the previous chapter we explored whether children's experiences in child care increase their readiness for school, comparing children who participated in these programs to children who did not. We concluded that "high quality" child care can help prepare a child for school.

But, how do we know what is "high quality?" Is it programs that place large ads in the local newspaper, programs that are located in the "right " part of town, programs that emphasize their focus on the needs of children?

In this chapter we will try to answer these questions and then discuss the quality of child care programs in the United States and in South Carolina. First, however, we will give a little background about the agencies that administer child care programs in the United States and South Carolina and the types of child care arrangements available for children.

As we discuss quality in this chapter, and affordability and availability in the next chapter, it will become obvious that we have a lot of information about quality, affordability, and availability of child care from a national perspective. We have less information about them in South Carolina. As county *FIRST STEPS* Partnerships begin gathering data on child care in their counties, and this information is shared with state agencies and organizations, our understanding of the supply of child care services and the need for child care among families in South Carolina will improve.

A. OVERVIEW OF CHILD CARE PROGRAMS

Child care services in a caregiver's home, and in many child care centers, operate as for-profit businesses. Some child care centers are non-profit organizations. Agencies within the federal, state, and sometimes local government are involved in these for-profit and non-profit services for two primary reasons: to ensure basic levels of health and safety and to subsidize the cost of child care for some low-income families.

ADMINISTRATION OF CHILD CARE PROGRAMS

The Child Care Bureau of the U.S. Department of Health and Human Services administers the Child Care Program nationwide. It works with state child care agencies to promote services by developing regulations that states must follow in order to receive funding and by providing technical assistance to states.

The South Carolina Department of Social Services' (SCDSS) Child Day Care Licensing and Regulatory Services is legislatively mandated to enforce basic health and safety standards for facilities that provide child care services. Facilities that must be

approved and listed with SCDSS as meeting these standards are referred to as “regulated” child care facilities. SCDSS monitors compliance with these standards.

The South Carolina Department of Health and Human Services (SCDHHS) is responsible for the administration of the federal and state funded child care program. Its role is to enhance the viability of South Carolina by improving the health and social status of South Carolina families. Within this broad mandate, the Department is responsible for increasing the quality, affordability, and availability of child care services in the state. SCDHHS meets this responsibility by administering the Advocates for Better Care (ABC) Child Care Program. The purpose of the program is to improve quality, affordability, and availability of child care services statewide. This important initiative, developed by SCDHHS in 1992, will be discussed in later sections of this paper.

The child care expenditures of SCDHHS for Federal Fiscal Year 1999 were \$61.9 million, supporting child care for 41,725 children from low-income families. Both state and federal funds were included in the expenditures, with the major share of funds from the federal government. Two groups of children were supported by federal and state funded subsidies in Fiscal Year 1999. A total of 25,345 children of families who were on the Family Independence program (or had recently left Family Independence and were working) received child care assistance. For the same period, 16,769 children of non-welfare, low-income working parents received child care assistance. Family Independence clients, and former clients, are the state’s top priority for child care assistance. (Family Independence, implemented in South Carolina in 1996, replaced the state’s former program of financial assistance to families, Aid to Families with Dependent Children.)

During Fiscal Year 1998, a monthly average of about 19,911 children from 12,780 families received child care services. Fifty-three percent (11,500) were children ages birth through five.

Children in protective services and children in foster care also have priority for child care assistance.

SCDHHS works in collaboration with other agencies, contracting with them to carry out important components of its child care mission. The department contracts with the South Carolina Department of Social Services (SCDSS) to assist Family Independence clients (and eligible former clients) secure child care. Additionally, SCDHHS funds child care for foster care children and children whose families are involved in active child protective service cases through SCDSS. SCDHHS also allocates a portion of the federal funds as a set-aside for quality child care initiatives to SCDSS to improve the child care licensing process.

The South Carolina State Department of Education (SCSDE) receives a grant from SCDHHS to provide before- and after-school care to children of working parents.

In 1998, 3,257 children up to age 13 were served at 85 public school sites in areas where few such services are available.

Funds are allocated to Head Start programs to extend the typical half-day program to a full-day program and to extend programming from a nine-month schedule to a 12-month schedule. The limited funds are targeted to working parents of more than 11,000 children. For more information about Head Start services, see Chapter V, Current Efforts.

SCDHHS funds the South Carolina Department of Disabilities and Special Needs (SCDDSN) to pay for child care for children with special needs. As of September 1999, 451 children, ages birth to 19, were being served of which approximately 62 percent or 280 were children ages birth to five. These children are a priority for subsidized child care services. The funds are also used to remove physical barriers that limit access to child care.

TYPES OF CHILD CARE ARRANGEMENTS

Parents can choose to have their children cared for in their own homes, in the home of a caregiver, or in a center. In 1993, 30 percent of preschoolers with working mothers, ages birth to five, were in child care centers in the United States, up from 26 percent in 1988. Family child care homes experienced a reverse trend, dropping from 24 percent of children in 1988 to 17 percent in 1993. The remaining children were cared for in their own homes by a family member/relative (26%) or non-relative (5%), in a relative's home (16%), or by their mothers at their places of employment, including their homes (6%). This means that a relative or family member cared for about 48 percent of preschool children.¹² (See Casper (1994) and Hofferth (1996) for an excellent overview of arrangements used by families with employed mothers from 1965 to 1993.)

The U.S. Department of Education, National Center for Education Statistics (NCES) (1999) summarizes research of Clarke-Stewart (1989) and Kisker, Hofferth, Philips, and Farquhar (1991) on how the type of child care arrangement and site of child care affects quality:¹³

“Children cared for in their homes generally have less contact with other children; also, the setting tends to be oriented for adults. At the same time, home care usually has a lower child-to-adult ratio, i.e., fewer children per each staff. Family-based day care (in the home of a child care provider) may offer more opportunities for contact with children, but frequently it is not available in a child-centered environment. Center-based care provides more opportunities for group activities, adult-child interaction and socialization; caregivers are also more likely to be trained, and the environment is more likely to be child-centered. These factors about center-based programs were found to improve children's scores in tests of social and cognitive competence.”

However, when home-based care adopted a more formal approach to learning by using more specific educational curriculum, the intellectual competence of the children improved to the level of children in centers.

Other researchers have been unable to find that different types of child care arrangements have different effects on children. According to Martha Zaslow of the National Research Council, "Attempts to link the variation in child outcomes to the type of child care – that is, family child care vs. center child care – have not proven fruitful."¹⁴

Little research has been done on the effects of informal (unlicensed, unregulated) types of care, i.e., babysitter, father, or another relative in the home, although these are important forms of care for many children. They are particularly important in the care of children from low-income families. Relatives and family members are the child care providers for 60 percent of low-income children under age five, compared to 46 percent of children from non-poor families.¹⁵ Concerns have been expressed about the general quality of care received by children in these settings. Some researchers think that caregivers who are relatives sometimes care for children to "help out" the parent, not out of a particular interest in the child. Studies of these types of homes show, however, that health and safety problems are similar to those that might be found in a child's own home.¹⁶

Some information is available about the role of fathers in caring for their children. According to the U.S. Bureau of the Census, 15 percent of preschoolers were cared for by their fathers between 1977 and 1988, with a sharp increase to 20 percent by 1991, then a drop to 16 percent by 1993. The Bureau called this 1991 increase a "rational response" to the economic recession that occurred during the same period. Fewer children in the South are cared for by their fathers than in other regions of the country. Fathers care for one out of six preschoolers in the Midwest and West while fathers care for one out of ten preschoolers in the South.¹⁷

Child care is defined by South Carolina law as "the care, supervision, or guidance of child or children, unaccompanied by the parent, guardian or custodian, on a regular basis, for periods of less than twenty-four hours per day, but more than four hours, in a place other than the child's or the children's own home or homes." (SC Code of Laws, Title 20, Chapter 7, Children's Code, Section 20-7-2700)

As of August 31, 1999 there were 3,745 regulated facilities listed with the South Carolina Department of Social Services that provided 140,034 spaces for children statewide. Many children in South Carolina are cared for outside of this system of state "regulated" child care. These children are in child care arrangements exempted by law from regulation. For example, they may receive care for four or fewer hours a day or are cared for by others within their own home.

Within the regulated child care system, families have a number of facility types from which to choose, including child care centers, family child care homes, and group child care homes. Child care centers serve 13 or more children; family child care

homes serve six children or less, including the provider's own and related children; and group child care homes serve seven through 12 children.

In addition to identifying types of facilities, it is also important to understand that facilities operate at one of a number of levels of regulation. Registered facilities receive minimal oversight from SCDSS and may be family child care homes or church child care centers. Centers operated by religious groups are not required to be licensed, but they must be registered by SCDSS. Licensed facilities are required to meet minimum health and safety standards by SCDSS and receive greater oversight. They may include family child care homes, group homes, and child care centers. Some licensed child care centers are also referred to as "approved" centers. These centers are operated by public entities such as schools and Head Start programs and must meet the same standards as licensed centers.

The types of regulated facilities are listed below with a summary of the standards they must meet to be registered, licensed, or approved, i.e., part of the SCDSS system of regulated child care. Generally, regulated facilities must meet only very basic health and safety requirements. Also, all caregivers must be fingerprinted and undergo state and federal background checks.

Registered Family Child Care – Individuals who care for up to six children in their homes (including own or related children).

Required to:

- Submit three letters of reference to Day Care Licensing and meet zoning requirements
- Meet health, safety, fire checklist, and other standards if they participate in the Child and Adult Care Food Program (CACFP)
- Monitor the quality of care themselves, following the "Family Child Care Standards"

Licensed Group Child Care Homes – Individuals who care for seven to 12 children in their homes (including own or related children).

Required to:

- Employ second caregiver if more than eight children are in care or if more than three children under age two are enrolled
- Receive fire, health, and safety inspections every two years
- Receive specialized training
- Meet health, safety, fire checklist, and other standards if they participate in the Child and Adult Care Food Program (CACFP)

(There are relatively few licensed family child care homes in the state. They are similar to group homes but care for up to six children.)

Licensed Child Care Center Programs – Programs that care for more than 12 children must be licensed unless schools and churches operate them.

Required to:

- Receive fire, health, and safety inspections every two years
- Receive specialized training and have a staff member present at all times who is certified in infant/child CPR and first aid
- Maintain required adult-to-child ratios

Registered Church-based Programs – Centers or group homes affiliated with a church.

Required to:

- Meet basic health, fire, and safety requirements

The South Carolina Department of Health and Human Services ensures that low-income parents have a choice of child care providers by including another category of caregivers that families may use. This group of informal providers is referred to as “self-arranged” child care providers; the provider that a parent chooses is not registered or licensed and isn’t expected to meet any state requirements, i.e. it operates outside of the SCDSS system of regulated providers. The intention of SCDHHS is to allow families the flexibility of choosing caregivers who are available and accessible to them. Frequently, self-arranged providers are friends or relatives.

SCDHHS involvement with self-arranged providers is limited to giving parents a “check-list” of items related to quality to review with their caregivers. Additionally, SCDHHS offers these caregivers a free smoke detector or fire extinguisher if needed. As of August 1999, there were 2,165 “self-arranged” providers in the SCDHHS ABC Child Care Voucher System, a statewide-automated management system that enrolls providers of child care to low-income children and ensures their payment.

AUSPICES

The U.S. Department of Education’s National Council on Education Statistics (NCES) reports that the authority or auspices under which child care programs operate can influence quality.¹⁸ Auspices of child care may be “formal” (licensed or regulated by state) or “informal” (unlicensed and unregulated). Formal care may be non-profit or for-profit, independent, part of a chain, religiously affiliated” (p. 48). “Informal” child care typically occurs in private homes where a few children are cared for on an occasional or regular basis.

In a study of non-profit and for-profit child care centers in four states in 1993, researchers at the U.S. Bureau of the Census found that certain aspects of quality such as wages paid and space available were similar for non-profits and for-profits. On the other hand, staff-to-child ratios, teacher training, and turnover rates were better in non-profit centers. The overall quality rating between non-profits and for-profits was similar in the three states with comparable licensing standards. In the fourth state with lax standards, the quality of for-profits was considerably lower than the quality of non-profits.¹⁹

South Carolina appears to have a much higher percentage of for-profit child care centers than other states. In 1990, 65 percent of child care centers in the United States were non-profit organizations and the remaining were for-profit.²⁰ In South Carolina, 18 percent of child care centers were non-profits according to the U.S. Bureau of the Census.²¹ For-profit centers increased from 601 to 773 between 1987 and 1992, and non-profit centers increased from 132 to 172 within the five-year period.

B. QUALITY: ITS MEANING AND CONSEQUENCES FOR CHILDREN

When parents think about the kind of child care they want, they usually think about how the facility looks -- cleanliness, attractiveness, play items, number of children and “caregivers,” and so forth. They may also think about how the “caregivers” are interacting with the children. Do the caregivers and the children appear happy and engaged in what they are doing? Is there a “good feeling” in the facility?

Obviously, it may be easier for parents to judge the first set of qualities than the second set. We can see attractiveness. It is harder to judge the emotional climate. This is the same situation that state governments face when they try to determine if child care facilities in the state are providing safe and stimulating care for young children. In their effort to ensure safe care, states write standards that child care facilities must meet in order to be licensed or registered. The standards typically deal with things the state can easily see and regulate: health and safety features, child-to-staff ratio (number of children per adult staff), group size, staff qualifications, and so forth.

Research findings frequently confirm what most parents already know about quality child care; caregivers must be nurturing and responsive to children, and the environment must be safe and intellectually stimulating. However, research findings may provide even more useful and specific data. They may indicate the more important elements of quality, for which groups they are particularly important, and in what type of child care setting. For example, it appears that three and four year olds do better in center care when class size is less than 20 children and child-to-staff ratio is lower than 10:1.²² Additionally, in some studies of center care, child-to-staff ratio has been a more important predictor of quality than the number of children in a group.²³

The following points about child-to-staff ratio and group size are given to illustrate how research findings can give us fairly precise guidance.

- The National Institute on Child Health and Human Development (NICHD) Early Child Care Research Network reported that smaller group size is more important for infant care than for older children in both home and center-based settings.²⁴ In home-based care, larger group size has been related to caregivers being less sensitive, less responsive, and less interactive with children.²⁵ However, Ellen Galinsky and a team of researchers reported that home-based providers that cared for larger groups of children tended to offer better quality of care, speculating that they viewed their care of children as a business and were better prepared for interacting with the children.²⁶ The research team didn't take into account another explanation, however. Average group size was 3.98 children, with regulated providers having larger groups (5.39) than non-regulated providers (3.24) and relative providers (1.88). It is likely that higher quality is positively related to being a regulated provider.
- According to researcher Carollee Howes, the child-to-adult ratio and the extent of teacher training are the best indicators of high-quality, center-based care. The best predictors of the quality of family child care homes are smaller group size and the degree to which space has been specifically designed to be safe and appropriate for children.²⁷

Other research findings that help in understanding the role of quality in the development of young children are:

- Staff education and administrators' experience²⁸ have a positive association with children's social competence, cognitive development, and expressive language²⁹.
- Staff salaries are indirectly associated with quality because they tend to predict the level of staff turnover, another factor that influences quality.³⁰
- Centers and child care homes with better organized space and more varied, quality materials stimulate children's cognitive and social development.³¹ While quantity of space or toys is important, quality is more important, along with the presence of an interested adult.

State licensing standards do not directly regulate aspects of quality such as the relationship between staff and children and the quality of the learning environment. However, we do know that when staff are well trained for their work, and have responsibility for a manageable number of children, the interaction between staff and children is more likely to be positive and nurturing and the environment more conducive for learning. Some writers refer to this type of quality as process quality. Suzanne Helburn and Carollee Howes, two women with extensive experience in the child care field, define process quality as:

“...[P]rimarily how children experience child care – their interaction with the adults who care for them and their exposure to materials and activities that enhance learning. Process quality is considered basic to child care quality because it is most directly related to children's behavior ... caregivers respond to children's social behaviors in a sensitive and positive fashion, are involved in their play and learning activities, and are not harsh in their management of children's behavior” (p. 64).³²

Multi-state studies of child care services have found that the quality of centers and family child care homes, and children's level of development, are related to the strictness of states' licensing standards. States with higher licensing standards had the highest quality facilities in terms of staff education, group size, child-to-staff ratio, stimulating learning environment, staff-child relationship, etc. Additionally, children in high-quality facilities demonstrated the best social and intellectual abilities.

Despite what we know about the importance of children's formative years and the characteristics of child care facilities that contribute to quality and positive outcomes for children, studies of child care facilities over the past decade have not been flattering about the state of child care services in the United States. Researchers emphasize the dedication and commitment of many child care workers in their reports, but they also point to poor and mediocre care received by many children.

Two recent and major studies of child care, one of centers and one of family child care homes, illustrate how the quality of child care influences a child's development. They also illustrate the problems of poor quality in many facilities in the United States.

Child Care Center -The Cost, Quality and Child Outcomes Studies (1995, 1999)³³

This study was a two-phase study of child care centers in four states, with findings published in 1995 and 1999. In the first phase beginning in 1993, approximately 50 non-profit and 50 for-profit centers were studied in each of four states. The factors that contributed most to quality were staff education, administrators' experience, teachers' wages, and lower child-to-staff ratios.

Children in higher quality classrooms were more intellectually advanced in language development and pre-math skills. Their social and emotional development was also more advanced. Teachers in these classrooms expressed greater warmth toward the children and better communication with them than those in lower quality classrooms.

These positive effects of quality were true for both boys and girls and for children from diverse ethnic backgrounds despite their mothers' level of education. Additionally, higher quality child care had an even stronger positive influence on the development of children "at-risk" in three areas: language abilities, attitude about child care, and attitude about their level of competence.

The second phase of this research provided a longer-term view of the extent to which children's developmental gains continue as they move into elementary school. From the 401 centers in the first study, researchers selected 826 children and gathered information on them from spring 1994 through second grade. In the study, researchers were interested in how the quality of classroom practices and teacher-child closeness between the preschool period and second grade influenced children's development. They summarized their findings in five broad statements that relate to school readiness.³⁴

Finding One: Children who attended child care with higher-quality classroom practices had better language and math skills from the preschool years into elementary school.

Finding Two: Children with closer teacher-child relationships in child care had better classroom social and thinking skills, language ability, and math skills from the preschool years into elementary school.

Finding Three: Better child care quality was more strongly related to better math skills and fewer problem behaviors from the preschool years through second grade for children whose mothers had less education.

Finding Four: Children who attended higher quality child care had better thinking and social skills in the second grade, even after considering kindergarten and second-grade classroom experiences.

Finding Five: Children who experienced more positive classroom climates in child care had better relationships with peers in second grade.

Problems of Poor Quality

“Poor to mediocre” quality was reported by researchers in almost half of the centers, with about half of the infant and toddler rooms being of poor quality. Only one in seven centers provided a level of quality that promoted healthy development. Child care in one in eight centers threatened health and safety. Seven in ten centers were providing mediocre care that may compromise children’s ability to enter school ready to learn. Infants and toddlers fared worse. Forty percent of the infant and toddler rooms were observed to endanger children’s health and safety. Only one in 12 infant and toddler rooms were providing developmentally appropriate care.

On the positive side, centers that provided the best quality care were those that had access to donations and financial resources. Higher-quality centers were operated by public agencies, were work-site centers, or conformed to higher standards in order to receive public funds.

Family Child Care & Relative Care – The Study of Children in Family Child Care and Relative Care (1994)³⁵

This was a study of 226 providers who supplied child care in their homes to unrelated and related children in Charlotte, North Carolina; Dallas/Fort Worth, Texas; and San Fernando/Los Angeles, California. Some homes were licensed by the state; others were not.

Researchers found that both parents and providers believed that the most important aspects of quality are a warm, responsive relationship between the child and the provider; a safe environment; and good communication between the provider and parent. Some ways in which children were influenced by these qualities, despite their ethnic background and type of provider (relative, non-relative), included: greater security with their provider and more likely to engage in complex play. Other factors that marked providers of good quality child care providers were:

- Committed to child care because it is important work and what they want to do;
- Seek out opportunities to learn and be trained and to have higher levels of education;
- Plan activities for children ahead of time;
- Seek out and become involved in child care related activities with other providers of child care;
- Care for slightly larger groups and have slightly higher adult-to-child ratios; (As indicated earlier, the positive relationships among quality, larger groups and higher child-to-staff ratio may be due to regulated providers caring for larger groups than non-regulated providers and relatives.)
- Are regulated by the state; and
- Charge higher rates and follow standard business and safety practices.

Problems of Poor Quality

The results of this study were similar to results of other studies:

- 50 percent of the children did not feel that their provider was responsive and sensitive to them;
 - 35 percent of the homes were judged inadequate, 56 percent adequate/custodial, and 9 percent good;
 - children from lower-income homes were in lower quality care than higher-income children; (This is contrary to center-based facilities where the United States has made a greater investment in subsidizing center care and promoting quality improvement for low-income children.)
 - minority children are in lower-quality care than non-minority children.
-

For more information about the various factors that ensure quality, and how they influence children's social behavior and learning, see The Cost, Quality, and Child Outcomes Study Team (1995, 1999); Phillips, Howes, and Whitebook (1992); and Whitebook, Phillips, and Howes (1989). For a more extensive review of the research literature see Clarke-Stewart (1992), Hofferth (1996), and U.S. Department of Education, National Center for Education Statistics (1999).

C. QUALITY IN SOUTH CAROLINA CHILD CARE PROGRAMS

"I feel my children's day care experience is building them a future. I mean they are very, very eager to learn. They are already telling me what they want to be when they grow up and to me, that speaks for itself in day care. That's saying that you're giving your child a future."

Quote from a mother with a child in subsidized child care – *Come Play With Me* video, produced by South Carolina Department of Health and Human Services¹

The South Carolina Department of Social Services (SCDSS) lists 3,745 registered and licensed facilities. Licensed and registered facilities are referred to as "regulated" facilities, meaning they must meet government health and safety requirements. SCDSS licenses child care centers, group child care homes, and family child care homes, and re-licenses them every two years. It also registers all other family care homes and church-operated facilities and renews their registration every year. (Family child care homes are not required to be licensed). A registered provider is one who has filed appropriate forms with SCDSS. Programs that operate four hours a day or less and care for children from no more than one unrelated family are exempt from registration and regulation.

SCDSS licensing staff are supposed to make at least one unannounced supervisory or "monitoring" visit a year to licensed facilities. SCDSS staff does not visit registered homes or church-operated centers; all transactions are carried out by mail or

¹ The quotes at the beginning of the quality, affordability, and availability sections of this paper are presented to illustrate the thinking or knowledge about child care among some of the families eligible or potentially eligible for a child care subsidy.

phone. Unannounced visits to regulated family child care homes are allowed only if a complaint has been filed. Religious or church facilities are never visited by SCDSS licensing staff; if a complaint is filed against a church-based center, a staff person from SCDSS Protective Services investigates.

SCDSS has been hindered in its ability to carry out reregistering, re-licensing, and annual monitoring functions in a timely manner due to an inadequate number of staff. It is anticipated that additional staff will be added to this function in the future.

In addition to the 3,745 facilities listed with SCDSS, licensing staff estimates that children are cared for in 5,000 to 7,000 additional homes that are not licensed or registered. These homes may be unregulated because they care for children four hours a day or less or do not care for children from more than one unrelated family. In other cases, they simply do not register and ignore the legal requirement to do so.

South Carolina has successfully undertaken some noteworthy efforts to support and improve the quality of child care. We will describe these efforts, and then discuss areas of continuing concern about quality.

QUALITY IMPROVEMENTS

Three Levels of Quality and Reimbursement

South Carolina is a national leader in instituting higher reimbursement rates to child care providers who meet higher quality standards. In 1992, the South Carolina Department of Health and Human Services (SCDHHS) created the Advocates for Better Care (ABC) Child Care Program and developed voluntary standards to address key indicators of better care. These quality indicators refer to staff qualifications and development, child-to-staff ratios and group size, health and safety, and staff-child interaction. Child care providers who join in this program must agree to annual, unannounced program reviews by SCDHHS staff. The following goals of the ABC program are used in assessments of facilities that voluntarily agree to be part of the program.

- provide low-income families with financial resources to find quality child care;
- enhance the quality and supply of child care for all children;
- provide parents with a broad range of child care options;
- strengthen the role of the family;
- improve the quality of, and coordination among, child care programs; and
- increase the availability of child care programs and before-school and after-school care services (school-age care).

The ABC Child Care Program includes three levels of child care facilities. Level 1 facilities do not meet higher quality standards and are reimbursed at a standard rate for caring for children from low-income families. They do not receive any incentive bonuses, nor are they eligible for special SCDHHS grants to improve quality. Level 2

and Level 3 facilities meet higher quality standards and may receive quality incentive bonuses and special grants to improve quality.

Level 1: These facilities may be registered or licensed facilities: registered or licensed family child care homes; licensed group child care homes; and licensed, approved, or exempt centers. These facilities must meet all of the SCDSS requirements specified earlier in this chapter in "Types of Arrangements." In 1999, there were 539 such providers in the ABC Voucher System.

Level 2: These facilities agree to meet higher voluntary standards of quality than Level 1 facilities. They receive a \$5 weekly quality incentive bonus from SCDHHS for each low-income child in their care subsidized by a state voucher. They are also eligible to receive special grants from SCDHHS aimed at improving quality. Level 2 facilities may be family child care homes; group child care homes; and licensed, approved, or exempt centers.

They must agree to unannounced visits from SCDHHS; higher educational requirements for caregivers; and yearly monitoring by SCDHHS of staff-to-child ratios and interactions, physical environment, health and safety, nutrition and food service, and parental communication and activities. In 1999, there were 1,199 such providers in the ABC Voucher System.

Level 3: These facilities have met the standards of a national professional accrediting association approved by the South Carolina Department of Health and Human Services. In order to be part of the ABC Voucher System and be reimbursed by SCDHHS, the facilities must also meet the standards of Level 2 facilities. They receive a \$5 weekly quality incentive bonus for each subsidized child and are eligible for special grants from SCDHHS. Currently, Level 3 facilities are centers.

Level 3 facilities must agree to a reevaluation every three years; standards for staff training, curriculum, adult-to-child ratios, health and safety, physical environment and administration; and special emphasis on staff-to-child interactions and developmentally appropriate activities. In 1999 there were 39 accredited providers in the ABC Voucher System.

As indicated above, South Carolina offers incentives to child care providers to upgrade the quality level of their facility: from Level 1 to ABC Level 2 (enhanced), and from ABC Level 2 (enhanced) to ABC Level 3 (accredited). Accreditation is recognized as the highest level of quality. Currently, the National Association for the Education of Young Children (NAEYC) is approved by SCDHHS as an accrediting organization in South Carolina. (Accrediting organizations may also accredit child care homes but this is virtually unknown in South Carolina.)

SCDHHS makes one-time grants available to Levels 2 and 3 child care providers to assist in meeting higher standards. Grants to family child care homes average \$600, grants to group child care homes average \$1,200, and grants to centers average

\$2,500. Additionally, SCDHHS provides resources, books, and materials to providers on initial enrollment in the ABC Child Care Program.

Additionally, SCDHHS offers parents another category of caregivers that may use. These providers are part of the ABC Voucher System but operate outside of the SCDSS system of regulated providers. This group of informal providers is referred to as “self-arranged” child care providers, meaning that the provider a parent chooses is not registered or licensed and isn’t expected to meet any state requirements. Frequently, self-arranged providers are friends or relatives.

SCDHHS involvement with self-arranged providers is limited to giving parents a “check-list” of items related to quality to review with their caregivers, and a free smoke detector or fire extinguisher is the provider needs it. As of August 1999 there were 2,165 “self-arranged” providers in the SCDHHS ABC Voucher System.

South Carolina Center for Child Care Career Development (CCCCD)

The qualifications of child care workers have been greatly improved by another quality initiative of the South Carolina Department of Health and Human Services -- a statewide system of training through South Carolina’s 16 technical colleges. The South Carolina Center for Child Care Career Development (CCCCD) was funded by SCDHHS through the State Board for Technical and Comprehensive Education in 1992. Its purpose is to provide education and training of child care workers so that they can meet the criteria for the established ABC Child Care Credential (60-hour credential) and meet SCDSS’ licensing requirement for staff development.

Among the Center’s noteworthy achievements are the increased number of child care workers in the ABC training program, from 1,550 in 1992-1993 to 14,757 in 1998-1999 and the implementation of a salary bonus program for credential recipients. The “Smart Money” salary bonus program enables eligible students at any of the 16 technical colleges to receive a cash bonus for completing early care and education training. Individuals working at a center-based facility may earn a \$200 salary bonus, and eligible students working at a family child care or group child care home may earn a \$100 salary bonus.

Benedict College Training for Center Directors

To enable child care providers to comply with the qualifications for center director, a pilot program was initiated with Benedict College in 1997 to provide 30 scholarships for Level 2 directors. Through these scholarships, directors obtain the national Child Development Associate (CDA) credential and the 16-hour director certificate.

QUALITY CONCERNS

"You know how you should have inspectors come in and inspect the day care ... they never came and They would give the baby the bottle, let it sit in the crib, and whenever the baby start crying, they give the baby the bottle."

"I didn't send my daughter because they pinch the children."

Quotes from a SC Cooperative Extension Service focus group, Spring 1998²

Quality of child care in South Carolina continues to be a concern among parents, caregivers, and policy makers despite outstanding accomplishments in some sectors. Looking at aspects of quality that South Carolina can regulate, and research indicates are important indications of quality, we find:

1. **Staff-to-Child Ratios:** South Carolina child care regulations allow some of the highest (and worst) child-to-staff ratios for young children in the country, as indicated by Table I below. (For older children, South Carolina child-to-staff ratios are actually better than some other southeastern states.)

TABLE I - STAFF-TO- CHILD RATIOS: LEVELS 1, 2, 3 & NPPS*

Age of Child	Level 1	ABC Level 2	ABC Level 3	National Preferred Performance Standards (NPPS)**
Birth to 2 Years	6	5	4	3
2 Years	10	7	6	3
3 Years	13	11	8	4
4 Years	18	13	10	5
5 Years	21	15	10	7
6-9 Years	23	18	12	8

*Table is from the Alliance for South Carolina's Children 1998 draft report on child care.

**Standards set by the National Academy of Pediatrics

As we can see in the table, standards for Level 1 allow more children per adult staff than the voluntary enhanced standards of Level 2 or Level 3, and two to three times as many as the National Preferred Performance Standards.

2. **Group Size:** Currently, South Carolina regulations for registered and licensed facilities do not address group size, but the voluntary standards for ABC facilities do.
3. **Staff Education:** Child care workers are not required to have any training prior to serving children in licensed or registered facilities in South Carolina. As noted in the draft report of

² The quotes at the beginning of the quality, affordability, and availability sections of this paper are presented to illustrate the thinking or knowledge about child care among some of the families eligible or potentially eligible for a child care subsidy. These two quotes express mothers' fears about what may be happening in child care facilities.

the Alliance for South Carolina's Children, a South Carolina organization that advocates for children, hairdressers and manicurists are required to have 1,500 hours at an accredited school to get a license. New staff and volunteers in licensed child care centers must receive "orientation," but the regulations do not specify the duration or content. Ongoing annual training is required of all licensed center directors and staff and all licensed family and group child care home providers. Content is set in the regulations.

ABC voluntary standards require that caregivers in centers and homes meet specified qualifications that include a combination of education and experience in the child care field. The qualifications vary with the level of responsibility and age of children. For example, professionals who direct educational programs and supervise staff in early childhood centers must be at least 21 years of age and have one of six combinations of education and experience. The highest level is a bachelor's degree in child development or early childhood education. On the other hand, center caregivers who work as assistants to a person in charge of a group of children must meet minimum standards; they must be 18 years of age and have the ability to relate positively to children. Additionally, ABC voluntary standards require on-going staff development and training with the specific requirements depending on the level of care-giving responsibility.

4. **Staff Turnover:** There is no statewide estimate of the percentage of staff who leave their employment at child care centers and homes each year in South Carolina, although the national average is 33 percent per year. A study of child care facilities (27 centers and 14 homes) within a two mile radius of downtown Columbia found that staff turnover averaged 41 percent annually. Some facilities experienced no turnover and others had up to 88 percent turnover.³⁶ Less than 50 percent of the children in this area of Columbia enter first grade ready to learn.
5. **Wages and Salaries:** Low wages and salaries are a major cause of employees leaving child care employment. According to the *1998 South Carolina Kids Count*,³⁷ South Carolina 1996 median hourly wages, and the U.S. comparison were:

	<u>SC</u>	<u>US</u>
<i>Child Care Workers</i> -	\$5.46	\$ 6.12
<i>Preschool Teachers</i> -	\$6.42	\$ 7.80
<i>All SC Worker</i>	\$9.42	\$10.35

In the Columbia, SC study cited above, the majority of teachers were earning an average of \$6.42 to \$8.71 per hour and child care workers were earning an average of \$5.50 to \$6.64 per hour. According to the U.S. Bureau of the Census, the average annual income of child care employees in South Carolina was \$8,013 in 1992, \$7,706 in for-profit facilities and \$9,055 in non-profit facilities.³⁸

6. **Health and Safety** Health and safety issues in child care facilities are complex. First, regulations vary depending on the type and level of facility. For example, facilities must meet increasingly strict standards as levels escalate from registered facilities to licensed facilities to ABC facilities. Additionally, regulations are stricter and more comprehensive for centers than for homes.

Overall, however, licensed child care centers are not inspected as often as required due to an inadequate number of SCDSS staff. Additionally, the regulations covering health and safety, particularly in family child care homes, are weaker than many other states in the

areas of immunizations, background checks on providers, smoke detectors and fire drills, and first aid/CPR training. No inspections of registered family child care homes are made by SCDSS licensing staff unless a complaint is received by SCDSS.

Concern about weaker regulations for family child care homes and the use of unregulated homes is heightened because of reports that a substantial number of low-income families use these types of child care.³⁹ In South Carolina, the ABC Child Care Voucher System experienced an increase in the number of unregulated (self-arranged) providers in the payment system when Family Independence program clients were merged into the ABC system. (It should be noted that many self-arranged providers are relatives of the family, caregivers who many people think do not need to be “regulated” by the state.)

III. ACCESS TO QUALITY CHILD CARE: AFFORDABILITY AND AVAILABILITY

Families' access to quality child care experiences for their children is determined, to a large extent, by the affordability and availability of child care programs.⁴⁰ Affordability and availability issues have an even greater effect on low-income working families. Some low-income families are unable to find child care that is available and affordable. Other families may find child care services among choices limited by cost and availability, causing dissatisfaction with the arrangements they make for their children.⁴¹

Families' ability to find and keep affordable child care influences their ability to find and keep a job. Also, the extent to which families are satisfied with their child care arrangements influences their ability to find and keep employment and to minimize stress and depression.⁴²

The affordability of child care nationwide is discussed in Section A, followed by affordability of child care in South Carolina, Section B. The availability of child care nationwide is discussed in Section C, followed by availability of child care in South Carolina, Section D.

A. AFFORDABILITY IN THE U.S.

"..... among the factors that encourage low-income mothers to seek and keep jobs affordable child care is a decisive one. Thus, any effort to move more low-income mothers from welfare to work will need to take into account the importance of child care subsidies to the likelihood of success."

U. S. General Accounting Office⁴³

The child care "industry" in the United States is a \$40-billion/year industry with parents paying approximately \$24 billion annually for child care and governments (federal and state) paying the balance. Currently, federal and state governments subsidize the cost of child care services of many low-income working families. With the passage of welfare program changes, states were given increased latitude to develop their own policies about whom to help, how long to help, and up to what level to help. Some states restrict their subsidies to families on welfare. Others, such as Illinois, provide child care subsidies to all working families with incomes under 50% of the state's median income (\$21,819/year for a three-member family in 1997). South Carolina prioritizes funds for families on the Family Independence program and for employed families for a two-year period after they leave Family Independence. Low-income, working families without any connection to the Family Independence program are the second priority.

During the 1980s, the fees parents paid for child care remained fairly constant nationwide after adjusting for inflation. In the early 1990s, however, fees increased

about 6 percent annually. In 1993, the average American family with an employed mother and a child under age five spent about \$79 per week for child care for all children in the family.⁴⁴

The U.S. Bureau of the Census reported the following information about the percentage of U.S. families paying for child care and the percentage of income that U.S. families at varying income levels spent for child care. About 37 percent of families with incomes of less than \$11,890/year (“below poverty” for a family of three in 1993) paid for child care in 1993.⁴⁵ About 58 percent of families above \$11,890/year (“above poverty” for family of three) paid for child care in 1993. Of the two groups, the poorer families paid an average of \$215/month, or 18 percent of their income, for child care. The better-off families paid \$327/month, or 7 percent of their income. Looking at the percentage of income an average family paid for child care in 1993 by monthly income levels we see that families earning:

- Less than \$1,200/month paid 25 percent of income
- \$1,200 to \$2,999/month paid 12 percent of income
- \$3,000 to \$4,499/month paid 8 percent of income
- \$4,500/month or more paid 6 percent of income

It should be noted that a higher percentage (57 percent) of single poor parents paid for child care than the 37 percent average for poor families that includes both married and single parents.⁴⁶

Obviously, one concern about the cost of child care is that it requires a higher percentage of poor families’ income than non-poor families’ income. Additionally, the cost of child care may limit access to quality child care among low-income families. Child care prices are closely related to quality. With approximately 70 percent of child care centers’ budgets tied to personnel costs, better-trained/educated staff and lower child-to-adult ratios mean higher child care prices.⁴⁷ This suggests that families with lower incomes are attracted to lower-priced care that is more likely to be of lower quality. Yet, the children of these families are typically those most in need of educational and socialization programs.

In-home child care arrangements were the most costly, averaging \$68 per week in 1993. Child care centers were the second most costly, averaging \$64 per week. The average payment to non-relatives caring for a child in their own home was \$52, followed by care by relatives (excluding fathers and siblings) at \$42 per week.⁴⁸

What do we know about utilization of these services by various income groups? Pre-school children of poor families are in the care of relatives to a greater extent than children of non-poor families, 60 percent of poor children compared to 46 percent of non-poor children. With respect to centers, 21 percent of poor children are in centers compared to 32 percent of non-poor children; and 12 percent of poor children are in family child care homes compared to 17 percent of non-poor children.⁴⁹

There appears to be a consensus among researchers that a substantial number of low-income families will enroll their child in a center if given the choice, i.e., funds such as a government subsidy to pay for a portion of the care.⁵⁰ A center arrangement is the type of care most frequently chosen by parents receiving direct federal subsidies.

Research on the child care preferences of mothers who received AFDC (the former welfare program) with children under age three suggests that while relative care was most often used, mothers who used center-based care were more likely to describe themselves as satisfied. Only 16 percent of the mothers in the study used center care, but nearly half stated a preference for center care.⁵¹

Affordable child care is a decisive factor in promoting employment in low-income families, particularly families with one parent. Researchers found that over 80 percent of the low-income women in an Illinois study reported that securing affordable child care was a problem in both finding and keeping a job.⁵² The U.S. General Accounting Office reported that providing a full subsidy to mothers to pay for child care could increase the proportion of poor mothers who work from 29 percent to 44 percent and that of near-poor mothers from 43 percent to 57 percent. Providing a full subsidy to non-poor mothers had a somewhat smaller impact on their employment effort, from 55 percent to 65 percent.⁵³ (For a more in-depth discussion of affordability as it affects employment, see Kisker and Ross, 1997.)

B. AFFORDABILITY IN SOUTH CAROLINA

"I think its highway robbery. \$50.00 just for an infant... she (infant) don't touch nothin', eat no food or nothin'. I had the formula to take her, and I mean I just felt it was wrong ... there should be different prices for child care."

Quote from a SC Cooperative Extension Service focus group, Spring 1998³

This theme – concern about cost - was echoed in similar focus groups of low-income parents conducted by the South Carolina Cooperative Extension Service in 1998. Although some parents may not understand the substantial cost of providing child care services, and some of the developmental needs of their children, their lack of information does not make their concerns less real to them.

Other South Carolina reports, including the report on the survey of Columbia child care facilities, address the problem of affordability.⁵⁴ For example, although all seven centers in downtown Columbia accepted state subsidies, only three programs charged less than \$80/week. These facilities would be out of the reach of most families unless their child care fee was subsidized by the state. A minimum-wage, one wage-earner family would spend about \$346/month or 37 percent of its gross income on

³ The quotes at the beginning of the quality, affordability, and availability sections of this paper are presented to illustrate the thinking or knowledge about child care among some of the families potentially eligible for a child care subsidy. This quote reflects a parent's misunderstanding about the cost of providing quality child care and some of the developmental needs of her child.

childcare at a facility charging \$80/week/child. A family with a subsidy would pay about \$31/month or 3 percent of its gross income on child care at the same facility.

The Children's Defense Fund in Washington, DC has developed data to put the cost of child care into perspective. In South Carolina, the average annual tuition at a public college was \$3,206 in 1998. On the other hand, the average annual cost of a child care center for a 12 month old was \$3,900. For a four-year old, it was \$3,380.⁵⁵

These conclusions are illustrated by data in Table II on the following page, compiled in September 1999 by Child Care Resource and Referral, Interfaith Community Services of SC, Inc. These data represent four categories of child care facilities in the South Carolina Midlands: family and group child care homes, Level 1 licensed or registered centers, ABC Level 2 enhanced centers, and Level 3 accredited centers. (In this analysis, the terms 'Level 1' and 'Level 3' do not refer to the ABC Child Care Program; these facilities may or may not be part of the ABC Child Care Program, i.e., accepting subsidized children and voluntarily meeting higher standards. Level 2 centers are all part of the ABC Program.)

All of the facilities served children ages three to five (in addition to other age groups) and all but two facilities offered full-day care. The number of facilities surveyed by category is: family and group child care homes, 182; Level 1 centers, 170; ABC Level 2 centers, 104; and Level 3 centers, 8.

In its analyses, the organization compared average weekly cost of child care by geographical setting: urban, suburban, and rural; type of care: family and group child care homes and centers; and age of child: birth through two, three through five, and six and over. Definitions of these terms are under Table II. (Although information is presented for children, ages six and over, our discussion will be on children ages birth through five.)

The highest average weekly cost of child care (\$115.73/week or \$6,017.96/year) is in the urban Level 3 centers for children ages birth through two. Level 3 centers in this analysis are the highest level of quality and are accredited by a national professional accrediting association. (They may or may not be part of the ABC Child Care System.)

Although urban Level 3 centers have the highest average weekly rates for children ages birth through two followed by children ages three through five (\$89.10/week), suburban rates tend to be higher for all other types of facilities and ages. Generally, factors that tend to relate to higher child care costs are suburban area, higher quality level of facility, and lower age of child.

The lowest average cost (\$55.22/week or \$2,871.44/year) is in rural family child care homes for children ages three through five. Family child care homes in this analysis may be registered, licensed, or ABC Level 2.

Using the same data, we can analyze the relationship between type of care, age of child, and cost of care. Child care centers are more expensive than child care homes for infants and toddlers (ages birth through 2), preschool children (ages 3 through 5), and school-age children (ages 6 and over). For example, 43 percent of families with an infant or toddler in a center paid \$80/week and over, compared to 31 percent of families with infants and toddlers in family and group child care homes. Interestingly, there was little difference in cost of child care for infants/toddlers and preschool children. Obviously, school-age care costs less because older children are in school a major portion of the day.

TABLE II - Average Weekly Cost of Care by Geographic Area, Type of Care Facility and Age of Child

Area	Ages	FCC Homes	Weekly Cost	Level 1 CCC	Weekly Cost	Level 2 CCC	Weekly Cost	Level 3 CCC	Weekly Cost
Urban									
Columbia: 29201, 29203, 29204, 29205	0 - 2 Years	21	62.00	18	76.66	36	74.22	4	121.45
	3 - 5 Years	24	60.00	23	77.91	41	66.00	4	80.20
	6+ Years *	11	40.00	15	38.21	16	35.00	0	N/A
Florence: 29501, 29502, 29505, 29506	0 - 2 Years	23	61.74	13	66.62	13	65.43	0	N/A
	3 - 5 Years	72	56.52	33	62.77	14	64.86	1	HDST
	6+ Years *	18	35.00	8	38.75	5	35.42	0	N/A
Charleston: 29401, 29403, 29407	0 - 2 Years	9	65.33	48	90.42	10	87.56	1	110.00
	3 - 5 Years	7	60.00	16	73.88	14	83.50	1	98.00
	6+ Years *	4	40.23	12	41.33	9	38.75	0	N/A
Total # Facilities And Average Weekly Costs According to Age Group	0 - 2 Years	53	63.02	79	77.90	59	75.74	5	115.73
	3 - 5 Years	103	58.84	72	71.52	69	71.45	6	89.10
	6+ Years *	33	38.41	35	39.43	30	36.39	0	N/A
Suburban									
St. Andrews, Harbison, Irmo: 29063, 29212, 29210	0 - 2 Years	19	87.74	8	97.63	17	90.59	0	N/A
	3 - 5 Years	21	83.97	10	84.80	21	78.71	1	P/S
	6+ Years *	8	45.13	6	48.10	17	47.12	0	N/A
Mt. Pleasant, James Island, Goose Creek: 29464, 29412, 29445	0 - 2 Years	22	74.22	32	90.18	5	92.87	0	N/A
	3 - 5 Years	34	71.95	40	88.57	5	90.82	0	N/A
	6+ Years *	27	35.24	35	54.33	5	55.67	0	N/A
Darlington, Hartsville: 29532, 29550	0 - 2 Years	15	60.00	16	70.55	4	73.87	0	N/A
	3 - 5 Years	17	58.44	28	62.78	4	65.99	0	N/A
	6+ Years *	13	45.23	18	47.55	3	44.56	0	N/A
Total # Facilities And Average Weekly Costs According to Age Group	0 - 2 Years	56	73.99	56	86.12	26	85.78	0	N/A
	3 - 5 Years	72	71.45	78	78.72	30	78.51	1	N/A
	6+ Years *	48	41.86	59	49.99	25	49.12	0	N/A
Rural									
Allendale County	0 - 2 Years	0	N/A	1	75.00	1	75.00	0	N/A
	3 - 5 Years	0	N/A	4	55.00	1	55.00	0	N/A
	6+ Years *	0	N/A	1	35.00	0	N/A	0	N/A
Lee County	0 - 2 Years	0	N/A	2	66.66	1	70.00	1	70.00
	3 - 5 Years	0	N/A	3	63.75	1	70.00	1	70.00
	6+ Years *	0	N/A	3	30.79	0	N/A	0	N/A
Chesterfield County	0 - 2 Years	6	56.43	9	60.34	3	58.68	0	N/A
	3 - 5 Years	7	55.22	13	58.44	3	55.99	0	N/A
	6+ Years *	4	28.34	10	34.09	2	33.34	0	N/A
Total # Facilities And Average Weekly Costs According to Age Group	0 - 2 Years	6	56.43	12	67.33	5	67.89	1	70.00
	3 - 5 Years	7	55.22	20	59.06	5	60.33	1	70.00
	6+ Years *	4	28.34	14	33.29	2	33.34	0	N/A

Footnotes to Table II on the previous page.

1. Geographic Area

Urban – Downtown, inner city

Suburban – Commuter areas surrounding cities

Rural – Not near large towns or cities, primarily agricultural

2. Type of Care

FCC- Family Child Care Home (registered, licensed, or ABC Level 2)

Group Child Care Homes (licensed or ABC Level 2)

Child Care Centers in Levels 1 and 3 may or may not be part of the ABC Child Care Voucher System

Level 1 CCC – Child Care Center – Registered or licensed.

Level 2 CCC – Child Care Center – ABC Level 2 (Enhanced)

Level 3 CCC – Child Care Center – Accredited

*Care before and after school

HDST – Head Start program (no fees)

P/S– Part-day preschool program three days a week @ \$65.00/wk

N/A – no rates available

Information compiled by Child Care Resource & Referral - Interfaith Community Services of SC, Inc. –
September 1999

South Carolina sets income standards for determining if families are financially eligible for a subsidy. Working families with annual incomes below \$17,350 (125% of the 1999 federal poverty level for a family of three) may be eligible for a government subsidy to pay a portion of their child care costs. Once a family is receiving a subsidy, its income may rise to \$24,290/year (175% of the 1999 federal poverty level for a family of three) before it is no longer eligible for a subsidy. (Obviously, larger families may have higher incomes.) The federal law allows states to serve families with incomes at a higher level. For example, the federal law allows a family of three in South Carolina to have annual income up to 85 percent of the state's median income before it becomes ineligible for a child care subsidy. If South Carolina adopted this policy, families earning up to \$31,450 annually would be eligible for a subsidy, based on the 1998 South Carolina median income.

South Carolina is one of three states that set income eligibility criteria at 125 percent of the poverty level or below. All other states allow families to earn at a higher income level. For example, North Carolina allows families to earn 211 percent of the federal poverty level (\$28,092/year based on the 1997 level) and Georgia allows families to earn 182 percent of the federal poverty level (\$24,278/year based on the 1997 level).⁵⁶

In FY1998, SCDHHS provided subsidies to 25,345 children whose families were on the Family Independence program or had left the program within the previous two years, and subsidies to 16,769 children of working-poor families with no connection to the Family Independence program. Although South Carolina uses the maximum federal funds allowed through state matching funds, the South Carolina Legislative Audit Council and the South Carolina Department of Social Services acknowledge that there are more families who are eligible for a subsidy than available funds can serve.⁵⁷

SCDHHS also sets a fee scale for determining the amount families must pay a provider, with the state paying the balance or subsidy. In 1998, 69 percent of the families who were required to pay fees paid either \$3 or \$5 weekly per child. SCDHHS paid the balance. Maximum rates at which SCDHHS will reimburse providers are based on a market survey of child care rates statewide. Parents choosing programs that charge more than the allowed maximum weekly rates must pay their share of the fee plus any amount over the maximum allowed rate. The maximum rates are adjusted for rural and urban counties, the type and quality level of the provider (Levels 1, 2, 3), and the age of the child. The availability of a subsidy allows greater choice by families since families' share of the fee remains the same across all types of child care.

In 1998, staff in the Department of Social Services (SCDSS) interviewed over 1,600 families that left the Family Independence program between October 1996 and September 1997.⁵⁸ One of the questions staff asked was, "Have you ever needed a regular baby sitter or child care service but could not pay for it?" Twenty percent of the families said that inability to pay for child care had been a problem while they were in the Family Independence program, and 19 percent said inability to pay for child care had been a problem since they left the Family Independence program.

Additional information from the interviews helps to explain these responses. There appears to be a gap between the number of families that could be receiving child care assistance because of their connection to Family Independence but were not, and the number of families that were actually receiving child care assistance. SCDSS staff interviewed about 400 families that left Family Independence between April and June 1997. Of the 243 families that paid for child care, 155 (64%) did not receive a subsidy. On average, families with a subsidy paid \$16 weekly and those without a subsidy paid \$40 weekly. It should be noted that the families earned about \$6.50/hour. Therefore, those without a subsidy paid, on average, at least 16 percent of their income for one child to receive child care while those with a subsidy paid, on average, about seven percent of their income for one child to receive child care. The type of child care arrangement the parents made seemed to be influenced by whether they received a subsidy. Twelve percent of families without a subsidy used a center; 73 percent of families with a subsidy used a center.⁵⁹

Many low-income working families, with no connection to the Family Independence program, do not have access to a child-care subsidy. According to the U.S. Bureau of the Census, families earning less than \$1,200/month paid on average 25 percent of their income for child care while families earning over \$4,500/month paid six percent.⁶⁰

Writing about their interviews with low-income, “wage-reliant” mothers in four U.S. cities, including Charleston, SC, researchers Kathryn Edin and Laura Lein reported that these mothers were paying on average \$66/month for child care. This figure was lower than one would expect because only five percent of the mothers paid the market rate of \$331/month for child care. Of the remaining mothers, 23 percent received child care subsidies or found an unlicensed provider who accepted less than the market rate; 18 percent had a friend or relative who watched their children for little or no cash; and the remaining 54 percent of mothers worked at home, worked only during school hours, or allowed their children to stay at home alone. The researchers indicated that it was the ability of the mothers to find low-cost child care that allowed them to work. Conversely, the absence of low-cost care was one of several factors that kept welfare mothers in the study out of the workforce.⁶¹ This research with low-income, “wage-reliant” mothers, conducted just prior to the nationwide welfare reform changes that mandated work for most public assistance recipients, offered policymakers an opportunity to understand the effects of new welfare policies on low-income families, including their work and child care concerns.

C. AVAILABILITY IN THE U.S.

When families arrange child care, they must think not only of quality and cost but also must consider:

- their work schedule and the schedules of child care providers;
- whether they can find a provider who will accept their child, particularly if their child is an infant or has a disability; and

- the location of the child care facility (whether the provider is close to a public transportation route if the family is without private transportation).

Many of the jobs available to low-income workers require evening and week-end hours, as well as a rotating or changing schedule. This work requirement restricts workers' child care options to more flexible arrangements with relatives, friends, and neighbors. Data from the National Child Care Survey indicate that one-third of working-poor mothers (incomes below poverty) and more than one-fourth of working-class mothers (incomes above poverty but below \$25,000 annually) worked weekends in 1989 -1990. Yet, only ten percent of centers and 6 percent of family child care homes in the survey reported providing care on weekends. Almost half of working-poor parents worked on a rotating or changing schedule, further restricting child care options.⁶²

Non-traditional and changing work hours of much low-wage employment can lead to disruptions in child care⁶³ and require parents to rely on multiple providers to patch together child care for their children.⁶⁴ According to the National Institute on Child Health and Human Development (1995), 35 percent of infants nationally from all income levels had experienced at least three different child care arrangements – either sequentially or at the same time – by age 12 months.⁶⁵ The National Child Care Survey found that 24 percent of all children under age five, and 45 percent of low-income children under age five with an employed single mother, were in more than one arrangement on a regular basis. Lack of continuity in child care can have harmful effects on both children and their families.⁶⁶

Parents' child care choices are also restricted by the age of their children, particularly infants. Fifty-five percent of centers accepted infants in 1990, compared to 96 percent of regulated (licensed or registered by the state) family child care homes and 85 percent of non-regulated family child care homes.⁶⁷

Child care availability also varies by the community in which one lives. While child care services are frequently scarce in rural areas, the income level of the community is also an important factor. Frequently, low-income communities have fewer child care facilities than middle- and upper-income communities. For example, researchers found that the 20 zip code areas in Illinois where child care shortages were the greatest were all in the city of Chicago with large concentrations of AFDC clients.⁶⁸

Location of child care facilities is also an important factor when one considers that parents need transportation to get to a child care facility. Transportation is frequently a problem for low-income families and public transportation is not always available, or available in a timely manner. Information from the 1995 Nationwide Personal Transportation Survey (NPTS) revealed that 26 percent of poor households did not own a car, and when they did, the car was quite old. (Households were considered poor if annual income was under \$10,000 for a one- to two-member household and under \$20,000 for a three- to four-member household.)⁶⁹

D. AVAILABILITY IN SOUTH CAROLINA

Another woman stated an additional concern regarding the limited number of child care spaces within ABC facilities: "cause see last week (in April) I checked out the one for my son, and she gave me a number to call ABC and they said they had a waiting list and I would have to call back in August."

Quote from a SC Cooperative Extension Service focus group, Spring 1998⁴

To parents in search of child care services, availability of services can have various meanings. Is there a child care facility in a desired location that is currently accepting children for care? Is the facility accessible by public transportation if the family is without reliable transportation? Is it the type of facility that the parents want for their child – a family or group child care home, a child care center? Does the facility provide a developmentally appropriate environment in which their child? Is the facility open during the hours that the parents need care for their child? Will the facility accept children of their child's age, children with special needs? Can the parents afford the child care facility? As discussed in the previous section, availability of child care hinges in large part on money. As the focus-group mother cited above found out, ABC funding is limited. There is not enough state and federal funding to provide a subsidy to all eligible families.

From a caregiver's perspective, availability is determined by whether caregivers can make a profit or (in the case of non-profits) break even. The rural nature of South Carolina and its regions of concentrated poverty make economic viability for caregivers difficult or impossible in some areas.

Counties with small populations (less than 35,000) tend to have an inadequate supply of child care facilities according to a South Carolina Legislative Audit Council (LAC) report issued June 1998. In its review of the impact of the Family Independence Act in South Carolina, LAC sent surveys to all self-sufficiency case managers employed in county Departments of Social Services. Responses of case managers to questions about availability of child care services revealed that case managers in low-populated

⁴ The quotes at the beginning of the quality, affordability, and availability sections of this paper are presented to illustrate the thinking or knowledge about child care among some of the families potentially eligible for a child care subsidy. This quote reflects a parent's misunderstanding about the ABC Child Care Program. The ABC Program does not keep a waiting list nor does it purchase spaces in child care facilities. Families eligible for a child care subsidy receive a voucher from SCDHHS through which they can purchase child care from facilities that accept the SCDHHS voucher.

counties were twice as likely to rate the supply of child care services as inadequate to very inadequate as were case managers in larger counties (28% to 13%).⁷⁰

Responses of 277 case managers (70% response rate) in the LAC survey to specific questions about availability of child care services one year after the Family Independence program was implemented in South Carolina revealed the following data in Table III:

TABLE III – AVAILABILITY OF CHILD CARE IN SC BY TYPE OF CARE - 1997

	Available Very Available	Not Readily Available Not Available	Not Needed
Evening Shift Care 3-11 PM	26.4%	72.5%	1.0%
Night Shift Care 11 PM-7 AM	14.4%	84.5%	1.0%
Infant Care	79.2%	20.0%	0.7%
Sick Children	7.9%	89.5%	2.5%
Special-Needs Children	17.3%	80.9%	1.8%

Child care during non-standard hours (evening and night shift) and for children with special needs, including illness, is limited according to SCDSS case managers. The LAC report notes that evening and night-shift work may be especially critical for Family Independence clients because 78 percent of the clients find work in service, retail, or clerical jobs which often require shift work.

Data gathered in 1999 by Cooperative Extension Service support the LAC findings. The Cooperative Extension Service conducted a phone survey of 3,832 child-care providers and actually interviewed 2,517 (65.7%) of the providers. Of the interviewed providers, 988 were ABC providers and 1,529 providers were non-ABC providers.⁷¹ It found the following information on hours of operation and schedules of facilities.

Hours of Operation - Of providers interviewed, 1,389 (55.2%) provided care for parents who work first shift, 95 (3.8%) provided care for parents who work second shift, 7 (.3%) provided care for parents who work third shift, 264 (10.5%) provided care 24 hours a day, and 762 (30.3%) didn't answer the question. There was little difference between ABC and non-ABC facilities with the exception of facilities open 24 hours/day; 14.5 percent of ABC facilities were open 24 hours a day compared to 7.9 percent of non-ABC facilities.

Schedules – The vast majority of providers indicated that they were open five days/week, 2,190 (87.0%). Seven providers (.3%) indicated they were open less than five days/week, 221 (8.8%) indicated they were open more than five days a week, and

106 (4.2%) providers didn't respond to the question. A slightly higher percentage of ABC facilities were open on weekends, 10.3 percent of ABCs compared to 7.8 percent non-ABCs.

Based on these two sets of questions, it appears that little care is available in the South Carolina system of regulated care outside of the traditional five day/week, 8 a.m. to 5 p.m. work week.

The study of child care services in Columbia found that in the 27 centers and 14 family child care homes within a two-mile radius of downtown, the number of facilities offering specific types of care were: 32, infant/toddler care; 41, preschool care; 21, after-school care; 5, weekend; 5, evening; 4, overnight; and 9, special needs. Additionally, centers reported having more than 100 infants and toddlers on their waiting lists. There appeared to be plenty of spaces available for children three years and older.⁷²

Participants in one focus group held in spring 1998 by Cooperative Extension Service indicated that their community lacked an adequate number of services that care for children under age two. Participants of another focus group said there was only a limited number of ABC-enhanced child care programs available in their community.

SCDSS interviewed more than 1,600 families that left the Family Independence program between October 1996 and September 1997. Those interviewed were asked, "Have you ever needed a regular baby sitter or child care service but could not find it?" Eighteen percent of families said that this had been a problem since they left the Family Independence program.⁷³ These families are the state's priority group for child care assistance.

The South Carolina Department of Health and Human Services has used a number of approaches to make child care services more available. It has collaborated with Head Start to extend the Head Start schedule from part-day to full-day and from nine months to twelve months. It has collaborated with the South Carolina Department of Education to make before- and after-school programs available to children in under-served areas of the state. It has made applications available to low-income working families when funds are available. Additionally, the Department has worked with specific communities to develop increased spaces for children. In early 1998, SCDHHS staff worked with SCDSS staff and Allendale community leaders to expand child care availability to include an additional 140 children. In the process, 12 family child care providers received ABC Child Care Credentials.

In another effort to expand the supply of child care, SCDHHS recruited additional family and group child care providers in Aiken County. Scholarships were given to 29 providers who successfully completed the credential requirements. This scholarship program is now available statewide on the premise that family and group home care may satisfy child care needs in rural areas and among families with non-traditional hours.

Most recently SCDHHS allocated approximately \$1.7 million of Child Care and Development Funds to increase the supply of quality child care for infants and toddlers. Through the ABC Child Care Program, 183 child care providers in 39 counties received an award as part of a new statewide initiative to promote quality child care for infants and toddlers, ages two and under. Child care providers will use the funds to improve health and safety measures in programs, to better meet children's developmental needs, and to improve child-to-staff ratios for children ages two and under. As part of the award, child care staff members are required to attend specialized training provided by experts on infant and toddler caregiving. It is expected that these grants will alleviate some of the problems cited above.

Obviously, access to transportation influences whether parents consider child care available. Unfortunately, many families with low incomes do not have access to reliable transportation. Interviews by SCDSS staff with 1,600 clients who left the Family Independence program between October 1996 and September 1997 revealed that only 35 percent owned a vehicle, 10 percent had use of a vehicle, 41 percent rode with others, and 13 percent used public transportation.⁷⁴

IV. PROMISING PRACTICES IN CHILD CARE

Promising practices in child care are procedures or actions taken by members of the child care community that are believed to help children develop to the best of their abilities. They are offered here as suggestions that *FIRST STEPS* Partnerships may want to consider and implement.

During the spring and summer of 1999, South Carolinians representing a wide range of interests in child care worked together to develop a list of promising practices, policies, and procedures that research indicates will enrich the intellectual, emotional, and social development of young children. These practices are summarized in Section B of this chapter. Additionally, a list of people who worked together to produce these promising practices is included in the Appendices. A complete version of the promising practices developed by the committee may be obtained from the State First Steps Office.

This chapter will summarize these promising practices under the headings of quality, affordability, and availability. Before considering promising practices, community groups need to think about expanding their groups to include all those who might be interested in child care. In a sense, forming a committed group of people to promote promising practices in the area of child care is the most essential promising practice people can undertake.

Some ideas for building such a group are briefly summarized below.

A. PROMISING PRACTICE 1: FORMING A WORKING GROUP

People or groups likely to be most interested in joining you include child care providers; parents; human service providers; educators; regional or local child care resource and referral agencies; family education, training, and support providers; health care providers; transportation providers; and representatives from foundations, the faith community, the business community, and the library. It will be important to think ahead about the potential interest these groups might have in child care and the diversity of perspectives they will offer to the working group – knowledge and experience, geographical and ethnic perspective, and so forth. Don't assume you know! Be sure you probe to find out! For example, the Department of Social Services is responsible for working with families on Family Independence who are leaving welfare to ensure that they find child care services and receive a subsidy to help them pay for it. Businesses, on the other hand, may be interested in child care as an incentive for attracting and keeping good employees. The faith community may be interested because it is a good way for them to attract young families to their congregations.

As you are gathering representation of key people, think about what you will need to know in order to work on developing some promising practices. In fact, this is a

good time to give some assignments. Assignments can include gathering answers to the questions below. People who are interested will probably return to each meeting having done their “homework.”

Below are some questions about child care services. They are printed here to give you an idea of some of the information your Partnership will gather for its needs assessment of child care services in your area. The purpose of the needs assessment will be to help you determine the extent to which quality child care services are currently available and affordable in your county. The needs assessment form you will use will be given to your Partnership. Some data on child care resources in your area will be provided to you in your *FIRST STEPS* Partnership notebook. Remember, the questions below are just an overview of some of the information you will be asked to gather about child care in your county.

Availability

- What is the number of regulated child care centers, nursery schools, and pre-kindergarten programs? What is the estimated number of family child care homes and group child care homes? Do you have an estimate on the number of programs exempt from regulatory requirements?
- What are the typical days and hours of operation of these facilities? Do child care providers, and other members of your group, know how many families need “nontraditional” days and hours of operation?
- How many facilities accept infants, children with disabilities, and sick children?
- What is the geographical location of these facilities? Are they accessible by public transportation, and in the evening and on weekends? Are they located where a majority of the jobs are located? Are there areas with jobs where child care facilities are not available?

Quality

- How do child care facilities measure up to ABC Child Care Program Level 2 and Level 3 standards of quality?
- Is there a relationship between areas of minimal child care resources and low school readiness scores?

Affordability

- What is the average cost of child care in centers, in nursery schools, in family child care homes, and in group child care homes? Using low, middle, and high-income figures for your area, about how much of a family’s income is spent on child care? Consider likely income for both two-worker and single-worker families.

When you think you have a fairly stable group of interested people, plan a meeting where you discuss important child care issues, goals, and how cultural influences may affect your goals.

Goals: Discuss and clarify the goals and objectives of the group. Obviously, the primary goal is the goal of *FIRST STEPS* – school readiness for all children in the county. In order to achieve this goal, additional objectives might be enrichment of children’s lives so they develop to their full potential, supervision of children while parents work and/or reduction in welfare dependency. All these goals or objectives are fine; it is important to understand them and how they support school readiness.

Cultural influences: Discuss and clarify the different cultural or individual perspectives people may have about ‘non-parental’ care, the role of the ‘caregiver,’ and other potential issues. (Obviously, be sure your group represents the diversity of cultures in your county.) People from different cultural backgrounds may attach different meanings to ‘non-parental’ care and the role of the non-parental caregiver. There may also be differences within cultural groups on some issues. Different perspectives may enrich the group, and they should be dealt with openly.

B. CHILD CARE PROMISING PRACTICES: A SUMMARY

The following is a summary of promising practices in child care services that you may want to consider. After identifying your area’s resources and needs, these practices offer possible directions/suggestions for you to take that have proven effective in addressing a variety of child needs in other areas of the country. As indicated, these promising practices have been developed with a statewide perspective.

Availability

NEED 1 – Expand General Availability of Child Care Services

Families in some areas of South Carolina may need child care services where few services are available.

Promising Practices in

..... Expanding General Availability

1. Analyze child care availability/supply and family need by counties in the state and develop a plan to support expansion of child care services where need exceeds supply. Analyze need by type of care (center, family or group child care home, self-arranged, and in-home), schedules of parents and facilities, and age of children.
2. Expand assistance to public school districts in accessing funds to start or expand before- and after-kindergarten child care services. This may include encouraging schools to develop collaborative arrangements with community organizations to provide before- and after-school care for children.

3. Utilize incentives to expand facilities and spaces, targeting current and potential providers, state business leaders and employers, faith organizations, and other organizations that can influence the expansion of child care facilities.
4. Assist in the development of, and provide support to, regional resource and referral agencies (R&Rs) that proactively market their services to families, employers, and providers. At a minimum, services should include information and referral to parents, a listing of providers, training/technical assistance to providers, and recruitment of employers to assist employees with child care.
5. Identify key areas of the state in which transportation to child care is a problem and choose certain areas in which demonstration projects could be tested to alleviate the problem.

NEED 2 – Expand Non-Traditional Hours of Operation

Families need child care at times when centers, group child care homes, and family child care homes do not typically offer child care. These “non-traditional” times include evenings, weekends, and holidays.

Promising Practices in

..... Expanding Weekend and Evening Hours, and Holidays

1. Develop a system of economic incentives that encourages child care centers, family child care homes, and group child care homes to provide care during weekend and evening hours, as well as holidays.
2. Develop contracts with child care centers, and family/group child care homes to serve families who need child care during weekend and evening hours, as well as holidays.
3. Work with special groups such as employers and employer associations, Head Starts, faith community, and so forth to assist them in developing child care during these hours.

NEED 3 – Expand Child Care Services to Infants & Toddlers

Families with infants and toddlers in some areas of the state need to have more caregivers available to them who will accept infants and toddlers.

Promising Practices in.....

..... Expanding Spaces for Infants and Toddlers

1. Interview the leaders of child care provider associations to determine if incentives, and what specific incentives, will encourage licensed child care providers to serve infants and toddlers. (See Chapter V for a list of Child Care Associations.)
2. Encourage major employers in the state to provide (or subsidize) on-site infant and toddler child care, or a child care benefit for employees (subsidy, dependent care fund, cafeteria plan).

3. Provide support to current and potential informal caregivers, i.e., relatives, neighbors, and friends to strengthen their commitment and enhance the quality of child care.

NEED 4 – Expand Child Care Services to Children with Disabilities

Families of children with disabilities frequently find it difficult to secure a caregiver who is able to care for their children.

Promising Practices in.....

.....Expanding Spaces for Children with Disabilities

1. Assess the extent to which families and children with disabilities are able to secure qualified child care, and assess their needs for child care.
2. Interview the leaders of child care provider associations and other associations or agencies that work with children with disabilities to determine incentives (such as rate supplements, specialized training) and strategies that will encourage and support licensed child care providers serving children with disabilities. (See Chapter V for potential contacts.)
3. Encourage major employers in the state to provide (or subsidize) on-site child care for children with disabilities, or a child care benefit for employees who have children with disabilities.

Affordability

NEED 1- Expand the Number of Children Eligible for Financial Assistance

Many South Carolina families need financial assistance in paying for child care while they are employed or attend education or training programs.

Promising Practices in

.....Making Child Care Affordable to More Families

1. Analyze the profile of lower-income working parents to develop better estimates of numbers and locations of families in need.
2. Educate and involve state legislators and policymakers in the child care needs of families in the state, encouraging increased child care appropriations for families in need.
3. Insure that all families leaving Family Independence for employment are informed by the South Carolina Department of Social Services of the availability of the child care subsidy, as well as their potential eligibility for a two-year period following their termination from the Family Independence Program.
4. Partner with the State Chamber of Commerce (or another organization representing employers and/or economic development) to encourage/assist employers to

establish child care facilities or dependent care accounts, or subsidize the cost of child care for employees.

5. Encourage *FIRST STEPS* partnerships and child care facilities to engage businesses, churches and synagogues, and other organizations in offering scholarships to children from low-income families.

Quality

NEED 1 – Improve the Quality of Preschool Settings Where Young Children Experience Care and Education

Promising Practices in.....

.....Ensuring the Health and Safety of Children and Adults

1. Provide resources through one-time grant funds to enable child care programs to provide adequate sinks, toilets, and diaper changing areas that are readily accessible and appropriate to children and staff and continued funds to promote proper hand washing (i.e. funds for disposable gloves, soap, lotion, and paper products).
2. Provide grant funds to child care programs to build or renovate outdoor play areas that are safe and designed to provide appropriate activities for the ages of children served by the program.
3. Identify local or regional resources with expertise in child health and child development and knowledge about the special needs of children in out-of-home care settings to provide consultation and technical assistance on health issues to all child care facilities and maintain a registry of consultants in other fields such as mental health, safety, oral health, nutrition, and child development. (See Health Concept Paper for further suggestions.)
4. Insure that all child care programs have first aid and infant/child CPR training available and accessible to care-giving staff as needed to comply with the schedule required by child day care licensing regulations.

Promising Practices in.....

.....Meeting the Nutritional Needs of Children to Promote Physical, Social, Emotional, and Cognitive Development as Recommended by the U.S. Department of Agriculture

1. Meet the nutritional needs of children in proportion to the amount of time the children are in the program each day with no more than four hours between food services.
2. Identify local or regional resources to be available to all child care providers for consultation and technical assistance related to nutritional needs, menu preparation, and wise buying practices.
3. Maximize the use of federal resources by eligible child care programs through the Child Care Food Program administered by the South Carolina Department of Social Services. (See Chapter V for contacts.)

Promising Practices in

.....Assisting Child Care Programs to Higher Levels of Recognized Quality

1. Assist local child care programs in meeting higher levels of quality by accessing state and federal dollars through the ABC Child Care Voucher System's tiered reimbursement program.
2. Develop funding mechanisms to help all interested programs make the quality improvements necessary to meet ABC Level 2 (enhanced) standards and/or pay for NAEYC/NAFCC accreditation materials and processing fees.
3. Provide resources to child care programs to enable program improvements to meet higher ABC Level 2 (enhanced) standards and/or NAEYC/NAFCC accreditation requirements such as quality-improvement grants, training workshops, peer support and mentoring, technical assistance and expert consultations.
4. Develop and implement incentive strategies such as grants, bonuses, corporate financial aid to cover the ongoing costs of maintaining the higher ABC Level 2 (enhanced) standards and/or NAEYC/NAFCC accreditation to supplement the SC ABC tiered reimbursement program.
5. Increase public awareness about the role of mandatory regulations and higher standards of quality to build parent, community, and corporate understanding of "quality" child care and its impact on young children.

Promising Practices in

.....Reducing the Staff/Child Ratio and the Number of Children Served in a Group to Insure Individualized, Appropriate Care and Education

1. Assist local child care centers in lowering staff-child ratios by accessing state and federal dollars through the ABC Child Care Voucher System's tiered reimbursement at Level 2 and Level 3.
2. Develop and implement incentive strategies such as grants, bonuses, and corporate support to support centers meeting established ratio and group size standards of ABC Level 2 and Level 3, and supplement the state ABC tiered reimbursement program.

Promising Practices in

..... Promoting Positive Interactions and Relationships Between Children and Staff in Child Care Programs

1. Provide incentive or salary enhancement grants to child care centers and family child care networks that provide quality care as defined by ABC child care standards
2. Supplement incentives to caregivers to complete specialized training in early care and education.

Promising Practices in

..... Promoting Activities that Encourage Children to be Actively Involved in the Learning Process, to Experience a Variety of Developmentally Appropriate

Activities and Materials, and Pursue their Interests in the Context of Life in the Community and World

1. Promote service and program coordination within early care and education and across fields and agencies to encourage children's full development and maximize children's exposure to a wide range of stimuli.
2. Develop family child care support networks and create linkages between family child care homes and centers.
3. Implement strategies to insure that all caregivers have been educated in the basic areas in which knowledge and skills are needed to work with young children as defined by Child Development Associate (CDA) competencies.

Promising Practices in

..... Expanding the Availability and Promoting the Use of High Quality, Age-Appropriate Materials for All Children in Regulated Child Care Facilities to Provide Indoor and Outdoor Physical Environments Which Foster Optimal Growth and Development Through Opportunities for Exploration and Learning

1. Assist local child care programs in accessing grant funds for developmentally appropriate materials and equipment by enrolling as enhanced providers in the ABC Child Care Voucher System
2. Implement a toy lending library available to child care providers to increase availability, diversity, and novelty of materials for children in out-of-home care.
3. Establish a grant fund based on county partnership needs assessments that is available to child care programs for the purpose of acquiring durable, age-appropriate materials and equipment for children in out-of-home care, using criteria established by the ABC Child Care Program.

Promising Practices in

..... Promoting Positive Staff-Parent Interaction by Informing and Welcoming Parents as Observers and Active Contributors to the Program

1. Provide for staff development in cultural sensitivity and cultural pluralism to support the parents' and families' values and needs.
2. Assist child care programs in establishing a positive organizational climate in child care programs to create a mutually reinforcing environment for staff, children, and families that reflects family values and needs.

NEED 2 – All Teachers Working in Early Care and Education Environments Will Have Appropriate Levels of Education, Ongoing Specialized Training, and Staff Development to Assure Children are Provided Appropriate Activities and Learning Experiences to Promote School Readiness

Promising Practices in

..... Utilizing and Expanding an Existing System of Affordable, High Quality Training for all Early Care and Education that Links an Articulated System of Pre-service Through Four-Year Academic Programs

1. Make incentives available for directors, teachers, and caregivers to access pre-service and ongoing training.
2. Establish more child development centers as learning laboratories in collaboration with the educational community and higher education.
3. Create a statewide scholarship/incentive program to improve the educational level of the child care workforce.
4. Establish a task force to review the current articulation efforts of two-year and four-year programs.
5. Require pre-service training for regulated early care and education programs.
6. Educate directors and parents about the positive correlations between staff training, quality child care, and children's outcomes.
7. Provide increased compensation linked to increased staff education using the North Carolina TEACH program as a model.

Promising Practices in

..... Collaborating with Local Head Start Programs, Family Child Care Homes, Military Child Care Programs, For-Profit Church Settings, Public School Early Childhood Programs, and Child Care Programs in Businesses

1. Meet with representatives from these groups periodically to discuss ways to avoid duplication, improve quality, share expertise and improve transition so that young children start school ready to learn.
2. Encourage the establishment of local networking groups to help children make the transition from one program or education setting to another in order to help them start school ready to learn.
3. Develop mechanisms for resource sharing in areas such as professional development, facilities, advisory committees, professional and community organizations.
4. Establish collaborations between local school districts and early care and education providers in school districts to establish definitions of school readiness and provide feedback on children who have entered school.

NEED 3 – Reduce Turnover Among Child Care Personnel Through Educational and Salary Incentives

Promising Practices in

..... Reducing Turnover of Staff in Child Care Centers

1. Create industry-wide expectations that employees will be recognized and rewarded for longevity and performance on the job. Incentives for continued service should be

of a professional nature (conference registration, membership in a professional organization, etc.) rather than gifts or premiums that are unrelated to their work.

2. Employ public relations efforts to highlight the important work of those who provide child care to encourage increased levels of job satisfaction.
3. Support centers in their efforts to achieve NAEYC accreditation.
4. Provide increased compensation linked to increased staff education using the North Carolina TEACH program as a model.

Promising Practices in

..... Ensuring that the Child Care Workforce is Well Educated

1. Develop a clearly defined career lattice which recognizes employees' increasing competence with appropriate credentials that are recognized throughout the field.
2. Encourage employees' efforts to acquire education by financially supporting their continuing education and offering opportunities in convenient times and places while employees are "on the clock."
3. Provide increased compensation linked to increased staff education using the North Carolina TEACH model.

Promising Practices in

..... Identifying the Particular Leadership and Management Competencies Needed by Directors; Offering Appropriate Pre-service and In-service Training and Credentials.

1. Support and encourage technical colleges, 2-year institutions, and 4-year institutions in their efforts to collaborate to develop educational programs preparing directors for the multiple facets of their work.
2. Support students pursuing education to prepare them for assuming the responsibilities that come with directing programs of various sizes under a variety of auspices.

Promising Practices in

..... Paying Caregivers Commensurate with Their Training

1. Increase the public's awareness of the cost realities of quality child care. (The goal of these efforts should be an increased willingness on the part of the leadership of businesses, philanthropic, and religious organizations, as well as all levels of government, to share the burdens of the real costs of quality child care.)
2. Develop and implement a targeted campaign to highlight the reality that quality child care is a productivity issue for American businesses. (Problems with child care are one of the most frequently cited explanations of parents for absence and/or reduced hours at work. Parents who have reliable care are more productive employees who are more satisfied with their work.)

Promising Practices in

..... Providing Child Care Providers with Benefits Equivalent to Other Commensurately Educated Professionals

1. Make appropriate benefits packages available by creating regional or community-wide child care consortia whose combined leverage makes attractive benefits packages economically feasible for the employers. Consortia could be through professional organizations, resource and referral agencies, or Chambers of Commerce.
2. Develop a business plan of human resource strategies for child care providers.

Promising Practices in

.....Establishing Community-Wide Substitute Pools of Caregivers

1. Support community-based initiatives to recruit qualified individuals suitable to serve as substitutes in child care programs. Particular efforts should focus on recruiting qualified teachers taking a hiatus from the profession to raise children who may find substituting an attractive means of staying professionally active. Senior citizens may be another viable group of substitutes.
2. Support a clearinghouse or registry to facilitate the process of assigning part-time, substitute teachers to appropriate classrooms.

NEED 4 – Improve Public Understanding of Young Children’s Development and the Role of Child Care Services

Promising Practices in

..... Strategic Planning for Increasing Public Awareness of Children’s Developmental Needs and the Role of Child Care

1. Develop a statewide informational campaign through collaboration of *FIRST STEPS* and state agencies that promotes the importance of healthy early childhood growth and development, quality child care, and how to find it. The campaign will stress school readiness, academic success, and future employability. Campaign information will be targeted to special groups: parents, public officials, employers, faith community, and so forth.
2. Hold regional public forums on the importance of child care in South Carolina through collaboration of state agencies as well as state and local organizations. Complete one-third of the regions in 2000, one-third of the regions in 2001, and one-third of the regions in 2002.
3. Promote the message of “shared responsibility” – support for young children, decent pay for caregivers, and child care needs to be shared by various stakeholders: federal, state, and local governments, as well as business and philanthropic groups.

V. CURRENT EFFORTS

"There's no reason to reinvent the wheel" or so the saying goes!
BUT, if there are reasons to try a new approach, frequently there are resources to help.

The purpose of this chapter is to describe these resources -- people, agencies, and ideas into which you can tap for assistance in making quality child care more available and affordable in your local community.

Included in this chapter are descriptions of the following programs and services related to child care in South Carolina. In addition to these South Carolina organizations, information on any child care topic may be obtained by contacting The National Child Care Information Center at 800-616-2242.

Alliance for South Carolina's Children
Benedict College Director Training Program
Center for Child Care Career Development
Center for Disability Resources
Child Care Resource and Referral Agencies
Family Information Network
Head Start
 National Program
 South Carolina Programs
 South Carolina Head Start Collaboration Office
 Project PRIMER
Healthy Child Care South Carolina and SC Child Care Action Committee
Maternal, Infant, and Child Health Council
South Carolina Department of Health and Human Services
South Carolina Department of Social Services
 Eligibility For Child Care Services
 Child and Adult Care Food Program
 Child Day Care Licensing and Regulatory Services
Success by 6®
Child Care Associations

Alliance for South Carolina's Children

The Alliance was established in 1992 as an independent, statewide nonprofit organization that serves as South Carolina's public policy voice for children and families. The Alliance conducts research, promotes public awareness of children's issues, establishes community pilot programs, and makes public policy recommendations. It recently was instrumental in the development of the child care recommendations of the Healthy Child Care South Carolina and the South Carolina Child Care Action Committee, included in the Appendices.

Contact person: Patrick Cobb
Executive Director
PO Box 11644
Columbia, SC 29211
(803) 256-4670

Benedict College Director Training Program

Through a grant from SCDHHS, Benedict College has conducted a pilot program from 1997 through 1999 that provides scholarships which enable directors of child care centers to receive the Child Development Associate (CDA) credential. This credential is nationally recognized, and meets the standards of the ABC Child Care Program as an acceptable qualification for a director of a child care center. The counties served were Allendale, Bamberg, Barnwell, Colleton, Georgetown, Hampton, and Horry. Through collaboration with the South Carolina Department of Health and Human Services, Benedict College will expand this program in 1999.

Contact person: Betty Davenport,
Children and Family Programs
Child Development Center
Benedict College
2240 Matthews Street
Columbia, SC 29204
(803) 253-5208

Center for Child Care Career Development

The Center for Child Care Career Development (CCCCD) was established in 1992 by the State Board for Technical and Comprehensive Education in collaboration with the SC Department of Health and Human Services. The primary role of the Center for Child Care Career Development is to coordinate a statewide system for training child care professionals through the 16 technical colleges in South Carolina. The training is designed to meet the criteria for the ABC Child Care credential, meet the staff development requirements for licensing, and count toward the requirement for the national Child Development Associate credential. The CCCCCD established a core curriculum and formed a vision for the professional development of early care and education professionals in South Carolina. The South Carolina Career Path for Early Care and Education includes eight steps between entry level with a high school diploma or equivalent, and a Masters Degree in Childhood Care and Education.

Services provided by the Center for Child Care Career Development include:

- coordination of training delivery through the 16 technical colleges accredited by the Southern Association of Colleges and Schools (SACS);
- maintenance of a personnel registry of training records;

- administration of an objective training approval process for training events;
- coordination of a statewide training calendar;
- administration of an entry-level credentialing process;
- scholarships for students entering child development programs at South Carolina technical colleges;
- administration of incentive programs for eligible students;
- collaboration with professional organizations to promote training and career development; and
- utilization of state-of-the-art technology to deliver training via two-way interactive video and audio modes.

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 SC Center for Child Care Career Development
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 Greenville, SC 29606
 (864) 250-8581
 e-mail: KustraKdK@gvltec.edu

Center for Disability Resources

The Center for Disability Resources is based in the School of Medicine at the University of South Carolina. The Center provides training for child care providers and parents to ensure the successful inclusion of children with delays and disabilities in various child care settings.

The Center accepts inquiries from service providers, parents, educators, and child care providers who request technical assistance or consultation with an individual child. Seventy percent of its requests come from child care providers. This service is provided through the Child Care and Development Fund (CCDF) under a contract with the South Carolina Department of Disabilities and Special Needs (SCDDSN) and SCDHHS.

Contact person: Dr. Gay Clement-Atkinson
 SC University Affiliated Program/School of Medicine/
 University of South Carolina
 Center for Disability Resources
 Columbia, SC 29208
 (803) 935-5238 or (800) 922-1107
 Email: gayca@cdd.sc.edu

Child Care Resource and Referral Agencies

There are three Child Care Resource and Referral organizations in South Carolina. Each serves a specific geographic region.

Greenville's Child, Inc. serves the upstate of South Carolina.

Childcare by Choice serves Aiken County (a Success By Six® initiative).
Child Care Resource and Referral Project of Interfaith Community
Services in Columbia serves the remainder of South Carolina.

These organizations serve as advocates with local, state and national child care organizations to improve the quality, affordability, and availability of child care in South Carolina. Services that the Child Care Resource and Referral (CCR&R) programs may offer are divided into three subject areas, but not all services are offered by all agencies.

Parent Services:

- provide referrals to parents who contact CCR&R for information on child care providers
- provide information on guidelines for public subsidies and other financial aid
- assist parents in becoming quality-conscious, well-informed consumers

Provider Services:

- offer information on local training opportunities and available resources
- provide technical assistance which includes building and supporting family child care associations and networks, building and supporting child care center director support groups, and assistance in accessing funding and other resources
- provide information on market rates, gaps in services, and other information that would be useful to current or potential child care providers
- provide lending library of toys and educational resources

Data Management:

- provide updated information on providers with data collected from Day Care Licensing, the ABC Voucher Program, the National Association for the Education of Young Children, the South Carolina Independent School Association, and the South Carolina Association of Christian Schools.
- develop a quarterly data sheet for public distribution

Contact persons:

Greenville's Child, Inc.
Agnes Williams, Director
P.O. Box 8821
Greenville, SC 29604-8821.
(864) 467-4800
e-mail: gchild@acsinc.net

Childcare by Choice
Sally Frosthalm, Director
P. O. Box 316
Graniteville, SC 29829
(803) 663-4204

Child Care Resource and Referral Project of Interfaith Community Services in
Columbia
Sandra Hackley, Director
P. O. Box 11570
Columbia, SC 29205
(803) 252-8391 or (800) 879-2219
e-mail: sandrahack@earthlink.net

Family Information Network

The Family Information Network is an information and referral service sponsored by the Clemson University Extension Service. The S.C. Department of Health and Human Services contracts with the Extension Service to provide the Family Information Network. Clemson University Extension provides two levels of information:

- The Family Information Network contains listings of licensed and ABC child care providers and other services for children. The listing of providers is separated by county. Within each county listing, providers are separated according to type (Family Day Care Home which cares for one to six children, Group Day Care Home which cares for seven to twelve children, Child Day Care Center which cares for over twelve children). The Family Information Network is available to the public and can be accessed by contacting the Clemson University Extension Office located in each county in South Carolina or through the World Wide Web. Information provided through the Family Information Network is free of charge.
- A market survey of child care services is conducted annually. The South Carolina Department of Health and Human Services uses the results for internal purposes. Information compiled in this survey includes such topics as cost per week, availability of transportation, participation in food programs, and so forth.

A new web site is being developed which will include listings of Advocates for Better Care (ABC) Child Care Program providers. It will also include child care provider regulations that providers must follow to be enrolled in the Level 2 ABC system and information to assist parents in seeking and selecting quality child care.

The home page for the Family Information Network is <http://www.clemson.edu/FIN>.

Contact person: Amy Merck, Family Information Network Program
Coordinator
243 P&A Building, Box 340753,
Clemson University
Clemson, SC 29634-0753.
(864) 656-0110
e-mail: amerck@clemson.edu

Head Start

National Perspective

Head Start is a national program housed in the Administration for Children and Families, U. S. Department of Health and Human Services. Head Start provides comprehensive developmental services for America's low-income, pre-school children ages three to five and social services for their families.

Head Start provides diverse services to meet the goals of the following four components:

- **Education:** Head Start's educational program is designed to meet the needs of each child, the community served, and its ethnic and cultural characteristics. Every child receives a variety of learning experiences to foster intellectual, social, and emotional growth.
- **Health:** Head Start emphasizes the importance of the early identification of health problems. Every child is involved in a comprehensive health program which includes immunizations; medical, dental, and mental health; and nutritional services.
- **Parent Involvement:** An essential part of Head Start is the involvement of parents in parent education, program planning, and operating activities. Many parents serve as members of policy councils and committees and have a voice in administrative and managerial decisions. Participation in classes and workshops on child development and staff visits to the home allow parents to learn about the needs of their children and about educational activities that can take place at home.
- **Social Services:** Specific services are geared to each family after its needs are determined. They include: community outreach; referrals; family need assessments; recruitment and enrollment of children; and emergency assistance and/or crisis intervention.

The home page for the Head Start Program is

<http://www2.acf.dhhs.gov/programs/hsb>

South Carolina Programs

Head Start programs are in every county in South Carolina. Fifteen of these are "regular" Head Start programs, five are Migrant Head Start programs, six are Early Head Start programs, and one is a Native American Head Start program. There are at least two home-based Early Head Start programs that serve children birth to three years old. Staff persons make home visits to participants in this program for one and a half hours each week. A socialization activity allows parents and children to come together for periodic group activities. The South Carolina Head Start programs serve an enrollment of 11,319 children. Either public or private nonprofit organizations or public school systems may sponsor Head Start programs.

Policymakers at the federal and state levels are emphasizing the importance of Head Start programs offering an extended day, 12-months/year program to accommodate children of working parents. Extended day hours are typically 6:30 – 8:00 a.m. until 5:30 – 6:30 p.m. The following table categorizes Head Start programs based on schedules available to children: 1) programs operating on the schedule of a regular school day, beginning at 7:30 or 8:00 a.m. and ending 2:30 – 3:30 p.m.; 2) programs operating extended-day hours for nine months; 3) programs operating extended-day hours for twelve months. As shown in the table on the next page, only two programs offer an extended day, 12-month program. Information in the table is taken from the *1999-2000 South Carolina Head Start Directory* and from phone conversations with Head Start personnel.

Technical assistance is provided to SC Head Start programs through Western Kentucky University.

Operating Hours for South Carolina Head Start Programs	
<u>Schedule</u>	<u>Centers</u>
School hours, opening at 7:30-8:30 a.m., closing 2:30-3:30 p.m., for nine months	Aiken/Barnwell, Anderson/Oconee, Beaufort/Jasper, Berkeley/Charleston/Dorchester, York/Chester/Lancaster/Union, Chesterfield/Marlboro, Greenwood/Laurens/Edgefield/Abbeville/McCormick/Saluda/Lexington/Fairfield/Richland/Newberry, Colleton/Hampton, Orangeburg/Calhoun/Allendale/Bamberg, Spartanburg/Cherokee, Greenville/Pickens, Horry/Georgetown/Williamsburg, Sumter/Clarendon/Lee/Kershaw, Florence/Dillon/Marion
Extended daytime hours, opening at 6:30-8:00 a.m., closing at 5:30-6:30 p.m. for nine months	Clarendon/Florence Migrant (for five mos.) Florence-Darlington Technical College H. S.
Extended daytime hours, opening at 6:30-8:00 a.m., closing at 5:30-6:30 p.m. for twelve months	Darlington, United Way of Piedmont Early H. S. in Spartanburg, Sumter District Seventeen Early H. S.

South Carolina Head Start Collaboration Office

Federal funding is provided for each state to establish a Head Start Collaboration Office. In South Carolina, this office is based in the SC Department of Health and Human Services. This office exists to assist local Head Start programs and other child care entities and to facilitate the involvement of Head Start in public policy. It does not have any administrative or supervisory powers over local Head Start programs.

Contact person: Mary Lynne Diggs, Director
South Carolina Head Start Collaboration Office
P. O. Box 8206
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Project PRIMER – Head Start

*(“Preschool Readiness Intervention Managing Educational Resources”
for Head Start Personnel)*

Project PRIMER is a federally funded program which partners with Head Start centers or community action agencies in seven geographic regions of South Carolina: Aiken-Barnwell, Orangeburg-Calhoun-Allendale-Bamberg (OCAB), PeeDee, Low Country, Greenwood-Laurens-Edgefield-Anderson-McCormick-Newberry-Saluda (GLEAMNS), Beaufort-Jasper, Carolina Community Action, Inc. The primary objective of Project PRIMER is to support Head Start personnel in these counties in attaining bachelor’s and master’s degrees. Its secondary objective is to provide professional development for non-traditional students who are Head Start workers. Head Start staff from other areas in South Carolina is accepted, based on space availability.

This program is based at South Carolina State University and has a partnership with Western Kentucky University, which provides technical assistance and resources through staff training, team teaching, and conference/workshop presentation. Special emphasis is given to train early care and education professionals to help children develop their social skills. Problem solving and critical thinking skills are major components of conflict resolution and violence prevention curricula.

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Healthy Child Care South Carolina and SC Child Care Action Committee

The Healthy Child Care America campaign was initiated in 1995. A "Blueprint for Action" was developed which proposed 10 steps through which communities can promote healthy and safe child care. A grant was awarded to South Carolina in 1996 to develop "a comprehensive child care system which integrated health and other support services into the existing system, improved the quality of child care and increased the supply of quality child care in the state". The following is a summary of the recommendations of the Child Care Action Committee of Healthy Child Care South Carolina that addresses the improvement of quality, affordability, and availability of child care (early care and education) services in South Carolina. The complete report is in the Appendices.

Goal I: Improve the quality of child care

- Through legislation and regulation
- Through existing programs and agencies
- Through training and education
- Through public awareness

Goal II: Improve the affordability of child care

No family should pay for more than 10% of their gross family income for early care and education.

Goal III: Improve the availability of child care

Increase services to infants, toddlers, and children with special needs and in under-served areas.

Increase support for local child care resource and referral networks.

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Maternal, Infant and Child Health Council

The State Council on Maternal, Infant and Child Health (MICH) was created by legislation in 1986 to improve the health status of pregnant women, infants and children in South Carolina. The Council is housed and staffed with a Director in the Governor's Office. The Council includes directors of state health, human services and education agencies, representatives from medical schools, health care organizations and one representative from each of the state's six congressional districts. The MICH mission is to:

- 1) Coordinate the health care needs for pregnant women, infants and children.
- 2) Develop and implement a three-year service plan which addresses the State's maternal, and child health issues.

- 3) Identify and create community awareness of maternal, infant and child health issues.
- 4) Identify and recommend state policies and goals on maternal, infant and child health to be used for plan and program development.

In July 1999 the Early Childhood Committee of the Maternal, Infant and Child Health Council (MICH) approved a document which outlined their recommendations to the Governor regarding the *FIRST STEPS* program. This report discusses the four critical elements found in the Carnegie Corporation's *Starting Points* for an early childhood initiative: promoting responsible parenthood, guaranteeing quality child care choices, ensuring good health and protection and mobilizing communities to support young children and their families. Recommendations from MICH Council are summarized below.

First Steps should:

1. Promote responsible parenthood

- Provide home visiting services to first time mothers and to all families at risk for poor maternal and child health outcomes
- Provide home visiting services to expectant families
- Sponsor center-based parent-support programs
- Continue efforts to encourage teens and young adults to delay child-bearing

2. Guarantee quality child care choices

The MICH Council endorses the recommendations of The Child Care Action Committee of Healthy Child Care South Carolina

- Improve availability of child care by increasing the number of affordable slots for certain children
- Improve affordability of child care by assuring that families do not pay more than 10 percent of gross family income for quality child care
- Improve the quality of child care through:
 - Increasing number of providers who meet standards that exceed state requirements
 - Funding for training of child care personnel
 - Establishing a public awareness campaign to address characteristics of quality early care and education services

3. Ensure good health and protection

- Provide home visiting services for families with newborns, and to all families who are at risk for poor maternal and child health outcomes
- Promote the establishment of a quality "medical home", (primary care provider who coordinates other medical services) for all young children in SC
- Promote collaboration among medical services such as pediatric medical homes, health departments, schools and community-based organizations
- Link literacy programs with health care and home visitation
- Promote comprehensive prenatal care and support
- Promote substance abuse prevention programs for young families
- Establish the reduction of unintentional injuries to young children as a state priority
- Promote parental nurturing through effective parent education, support and counseling programs

4. Mobilize communities to support young children and their families

- Allow communities the flexibility to design their *FIRST STEPS* program based on local needs and available resources
- Encourage input into local programs from parent groups, service providers, community groups and a program management group
- Provide technical assistance to local groups in planning and implementing *FIRST STEPS* initiatives
- Build on existing community partnerships
- Build on existing “best practices” as identified through research
- Coordinate existing and future services among diverse providers to families with young children
- public / private partnerships
- Develop a state level administrative structure which would encourage
- Expand, extend, improve or increase access to existing or new services without replacing existing services
- Establish a plan for the evaluation of [FIRST STEPS](#)

Contact persons:

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South Carolina Department of Health and Human Services

The South Carolina Department of Health and Human Services (SCDHHS) has responsibility for coordinating efforts throughout South Carolina to improve the quality, availability and affordability of child care programs and early childhood development programs. Organizations with whom SCDHHS has contractual agreements addressing children's services include: SC Department of Social Services, SC Department of Disabilities and Special Needs, SC Department of Education, Clemson University Cooperative Extension Service, the Head Start Program, Greenville's Child, Inc., Interfaith Community Services, SC University Affiliates Program – USC, and SC Center for Child Care Career Development.

SCDHHS is the lead agency for the Social Services Block Grant and the Child Care and Development Fund which provide support to low-income families and at-risk children. It administers the child care subsidy program for working-poor families, determining eligibility for the subsidy and making payments to child care providers who care for subsidized children through the Advocates for Better Care (ABC) Child Care Program. (It is important to note that SCDHHS determines eligibility for a subsidy among low-income working families with no connection to the Family Independence program; SCDSS determines eligibility among families with a current or past connection to the Family Independence program. SCDHHS makes payments to all providers, those that care for children of current and former Family Independence clients and those that care for children of low-income working families with no connection to Family Independence.

SCDHHS established the Advocates for Better Care (ABC) Child Care Program which includes voluntary quality standards for child care (early care and education) providers. These higher standards are intended to assure higher quality services. The standards address the following areas:

- Regulatory requirements
- Staff qualifications and development
- Health and safety
- Nutrition and food service
- Staff-parent interactions
- Staff-child ratios
- Staff-child interactions
- Activities
- Physical environment

Providers who meet the voluntary standards have regular, unannounced on-site reviews of their programs and may receive higher payments for their services. A full description of this program is in *South Carolina ABC Program – 1999*, a “booklet” which is included in the child care notebook provided to *FIRST STEPS* Partnerships.

Additional information regarding the SCDHHS is included throughout this report or can be obtained at www.state.sc.us.dhhs

Contact person: Betty V. Carnes, Chief
Bureau of Community Services
SC Department of Health and Human Services

Box 8206
Columbia, SC 29202-8206
(803) 898-2570
e-mail: carnes@dhhs.state.sc.us

South Carolina Department of Social Services

Eligibility for Child Care Services

The Department of Social Services (DSS) determines eligibility for child care services for the categories listed below. Families may be eligible to receive assistance with child care payments if DSS determines they are in one of these categories:

- Family Independence – for families receiving a Family Independence stipend to participate in approved employment, education, or training
- Transitional Child Care – for individuals who no longer receive a Family Independence stipend due to an increase in earned income (Limit is two years.)
- Family Independence “24” – for individuals who become employed within two years after their Family Independence stipend ends.
- Child Protective Services – for the prevention of further child abuse or neglect or to provide a stable routine and to compensate for a child’s stressful experiences
- Foster Care – for foster children whose foster parents are engaged in employment, education, or training

The South Carolina Department of Health and Human Services, through the ABC Child Care Voucher System, makes payments for child care assistance.

Contact person: Leigh Bolick, Director
Division of Program Development
P. O. Box 1520
Columbia, SC 29202-1520
(803) 898-9394
e-mail: lbolick@dss.state.sc.us

Child and Adult Care Food Program

The SC Department of Social Services administers the U.S. Department of Agriculture Child and Adult Care Food Program. The main component of the program serves infants through 12 year olds (children of migrant workers through age 15 and handicapped children through age 18). There is also an At-Risk After-School Care Program, which serves children through 18 years of age, and a new program that serves children in emergency shelters.

Among the regulations that apply to day care centers, centers:

must be licensed;

must be a public institution or private non-profit organization, or if a center is for-profit, 25 percent of children in center must be enrolled in ABC voucher system.

Those centers meeting the eligibility criteria:
may be reimbursed for 2 meals and 1 snack or 2 snacks and 1 meal per day per child;
must serve meals which meet USDA meal patterns; and
may enroll in Food Program by direct contract with Department of Social Services, or through a sponsoring agency.

Among the regulations that apply to day care homes, homes:
may enroll in Food Program only through sponsoring organization;
must be in residential facility;
must serve meals which meet USDA meal patterns;
must be licensed, if DSS requires license; and
must be registered, if DSS does not require license; if registered, must attain "alternate approval status" to comply with fire safety, health and sanitation standards.

Contact person: Mary Abney, Director
Food Service Operations
SC Department of Social Services
P. O. Box 1520
Columbia, SC 29202-1520
(803) 734-9500
e-mail: mabney@dss.state.sc.us

Child Day Care Licensing and Regulatory Services

The South Carolina Department of Social Services regulates child care facilities through licensing or registering them. In addition to the state office, there are six regional offices located throughout South Carolina.

Registered facilities include all family child care homes, unless they choose to be licensed, and all center and group child care homes owned and operated by a church or a publicly recognized religious educational or religious charitable institution. Licensed facilities are held to more requirements by the state than are registered facilities, but they are minimal health and safety requirements. For more information about licensed and registered facilities, see Chapter II, Section A.

There are four types of Child Day Care facilities:

Family Day Care Home - capacity of up to six children

Registration or licensure is required if a person cares for children of more than one unrelated family member for more than two days a week and more than four hours a day.

Group Day Care Home - capacity of seven to 12 children

Must be licensed. An additional caregiver must be present if there are nine children or if there are four or more children under the age of 24 months.

Child Day Care Center - capacity of thirteen or more children

Must be licensed or approved if the program operates more than four hours a day and more than two days a week. Programs that operate less than four hours a day may keep children during school vacations and holidays and be exempt from licensing.

Facility Operated by a Religious Entity

These centers must be registered or may choose to be licensed.

The home page for the Division of Child Day Care Licensing and Regulatory Services is www.state.sc.us/dss/cdclrs

Contact person:

Helen Lebby, Division Director
Child Day Care Licensing and Regulatory Services
SC Department of Social Services
P. O. Box 1520
Columbia, SC 29202-1520
(803) 898-7345
e-mail: [hlebbby@dss.state.sc.us](mailto:hlebby@dss.state.sc.us)

Success By 6®

The purpose of Success By 6® is to ensure the well being and development of children so that they are prepared to enter school. Success by 6® in South Carolina is implemented by local United Ways and United Way of South Carolina working with local and statewide advisory committees. Core funding for the initiatives comes from United Way of America through a grant from Bank of America.

While each community designs its program to meet the needs and priorities of that community, the majority of efforts in South Carolina address one of the following goals:

- Improve the quality and accessibility of child care;
- Help parents assist their young children to prepare for successful school careers;
- Raise public awareness about the importance of early childhood development;
- Improve access to effective services for young children and their families; and
- Impact public policies that support all children.

Some local Success By 6® initiatives enhance existing programs and provide direct services to young children and their families such as parent education, literacy improvement, child care, and resource centers with lending libraries. Other local initiatives are planning to establish advisory committees, to complete needs assessments and to develop action plans. Currently, 20 local United Ways have an active Success By 6®.

United Way of South Carolina provides technical assistance and training to existing programs, assists with the development of new programs, organizes regional meetings, and coordinates with United Way of America and with other states.

Contact person: Margaret Crawley
Success By 6® Coordinator
United Way of South Carolina
2711 Middleburg Drive, Suite 307
Columbia, SC 29204
e-mail: margaret.crawley@uw-sc.org

There are five local Success By 6® programs in South Carolina that have a child care component. They are located in Spartanburg, Hilton Head, Aiken, Columbia, and Greenville. A brief summary of each program is provided in the appendices, intended to illustrate the variety of approaches local groups can take to support child care.

Child Care Associations

South Carolina Association for the Education of Young Children (SCAEYC)

SCAEYC is “committed to promoting quality and forming partnerships that support programs and professionals serving South Carolina’s young children from birth to eight”. Membership in SCAEYC includes membership in the National Association for the Education of Young Children (NAEYC). SCAEYC is part of a national network of over 400 organizations affiliated with NAEYC that shares and helps to implement NAEYC’s primary goals of improving professional practice and working conditions in early childhood education, and building public understanding and support for high quality early childhood programs. With membership of almost 103,000, NAEYC is the nation’s largest organization of early childhood professionals and others dedicated to improving the quality of early childhood education programs. NAEYC also administers an accreditation system for preschools, kindergartens, child care centers, and school-age child care programs. Membership is open to the public.

Local chapters: Each county is in one of seven SCAEYC chapters: Tri-County, Foothills, Midlands, Low-Country, Sandhills, Upstate, and PeeDee/Coastal .

Contact: S.C. Association for the Education of Young Children
P. O. Box 7111
Columbia, SC 29202
(803) 777-5733
www.scaeyc.org
www.naeyc.org

South Carolina Child Care Association (SCCCA)

SCCCA is a professional network of licensed child care centers in South Carolina. The association provides support and guidance in the management and administration of child care programs through education, networking and legislative representation. Membership in SCCCA is in the name of the licensed center; all staff members in the center are automatically members of the association. Centers who join SCCCA, must also pay dues to the National Child Care Association.

Membership is open to licensed child care centers.

Local chapters: none

Contact: Marie Queen, Executive Director
SC Child Care Association
P. O. Box 12564
Columbia, SC 29211
(803) 635-1889
e-mail: mbq627@aol.com

South Carolina Early Childhood Association (SCECA)

The purpose of SCECA is to work on behalf of young children. Special focus is on increasing awareness of the needs of children birth through eight by enhancing coordination among parents, teachers, health workers, religious workers, and social workers. The organization, with a membership of approximately 1,500 statewide, also aids teachers by sponsoring and promoting conferences and workshops, and addresses health and education standards for nursery schools, kindergartens and other child care programs. The annual conference, held between November and February, provides an opportunity for members to hear speakers in the field of child development and early childhood education and to participate in interest sessions and workshops. The state is divided into seven districts which plan workshops and/or conferences that meet regional needs.

SCECA is part of The Southern Early Childhood Association (SECA), a national organization with membership of over 18,000 representing 14 southern states. SECA brings together pre-school, kindergarten, and primary teachers, administrators, caregivers, program directors, and individuals working with and for families to promote quality care and education for young children. SECA holds a conference each spring, rotating sites among member states. SECA supports the SECA Legislative Platform which addresses child care services, public school programs, parents, early childhood educators/child care providers, and financing. Membership is open to the public.

Local chapters: Each county in South Carolina is in one of seven district organizations, each with a constitution and set of officers.

Contact: SC Early Childhood Association
1505 Birthright St.
Charleston, SC 29407
(843) 766-8692 (864) 982-2937 (President)

Southern Early Childhood Association
PO Box 55930
Little Rock, AR 72215
(800) 305-SECA www.seca50.org

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<http://www.state.sc.us/sde/reports/csab98/98csab.html>. The percentage of white students assessed ready for first grade increased from 86.5 percent in 1997 to 87.7 percent in 1998. The scores of minority students are of particular concern. A lower percentage of children of minority status tested ready for school in 1998: 74.1 percent of African-American students in 1998, up from 71.7 percent in 1997 and 58.5 percent of Hispanic students in 1998, down from 59 percent in 1997. Asian-American students ready for first grade also decreased, from 80.9 percent in 1997 to 77.8 percent in 1998.

³ Anne E. Casey Foundation. *1998 South Carolina Kids Count*. The data in this report are collected and analyzed, and the report is written, by the South Carolina Budget and Control Board under the direction of A. Baron Holmes, IV, Assistant Executive Director.

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⁶ Clarke-Stewart, Alison. 1992. "Consequences of Child Care for Children's Development." In Alan Booth (Ed.) *Child Care in the 1990s: Trends and Consequences*. Lawrence Erlbaum Associates: Hillsdale, New Jersey.

⁷ Peisner-Feinberg and Burchinal (1997) in their analysis of data from the *Cost, Quality, and Child Outcomes* study data (endnote 19) found that children from more advantaged homes were not protected from the effects of poor-quality child care.

⁸ Clarke-Stewart, Allison, Christine Gruber, and Linda May Fitzgerald. 1994. *Children at Home and in Day Care*. Lawrence Erlbaum Associates, Hillsdale, New Jersey.

⁹ Endnote 6.

¹⁰ Campbell, Frances A. and Craig T. Ramey. 1994. "Effects of Early Intervention on Intellectual and Academic Achievement: A Follow-up Study of Children from Low-Income Families." *Child Development*, 65, 684-698. Society for Research in Child Development, Inc.

¹¹ Schweinhart, Lawrence J., Helen Barnes, and David Weikart. 1993. *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*. The High/Scope Press, Ypsilanti, MI.

¹² Casper, Lynne M. 1994. "Who's Minding Our Preschoolers?" *Current Population Reports*, (P70-53), U.S. Bureau of the Census.

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¹⁹ Cost, Quality, and Child Outcomes Study Team. 1995. *Cost, Quality, and Child Outcomes in Child Care Centers, Public Report*, University of Colorado at Denver.

²⁰ Willer, Barbara et al. 1991. *The Demand and Supply of Child Care in 1990: Joint Findings from the National Child Care Survey 1990 (NCCS) and A Profile of Child Care Settings*. National Association for the Education of Young Children: Administration on Children, Youth and Families, U.S. Department of Health and Human Services; and Office of Policy and Planning, U.S. Department of Education.

²¹ Casper, Lynne M. and Martin O'Connell. 1998. *State Estimates of Organized Child Care Facilities.*" Population Division, Working Paper No. 21, U.S. Bureau of the Census.

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Marcy, Carollee Howes, and Deborah Phillips. 1989. *Who Cares? Child Care Teachers and the Quality of Care in America, Final Report of the National Child Care Staffing Study*. The Child Care Employee Project; Endnote 19.

²⁴ National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network. 1998. "Child Outcomes When Child Care Center Classes Meet Recommended Standards for Quality." *American Journal of Public Health*, vol. 89, no. 7, 1072-1077.

²⁵ Howes, Carollee. 1983. "Caregiver Behavior in Centers and Family Day Care." *Journal of Applied Developmental Psychology*, vol. 4, 99-107; Whitebook. Marcy, Carollee Howes, and Deborah Phillips. 1989. *Who Cares? Child Care Teachers and the Quality of Care in America, Final Report of the National Child Care Staffing Study*. The Child Care Employee Project.

²⁶ Galinsky, Ellen, Carollee Howes, S. Konto, and M. Shinn. 1994. *The Study of Children in Family Child Care and Relative Care: Highlights of Findings*. New York: Families and Work Institute.

²⁷ Howes, Carollee. 1983. "Caregiver Behavior in Centers and Family Day Care." *Journal of Applied Developmental Psychology*, vol. 4, 99-107.

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²⁹ Clarke-Stewart, Karen, A. 1989. "Infant Day Care: Maligned or Malignant?" *American Psychologist*, 44, 266-273; Burchinal, Margaret, Marvin Lee, and Craig Ramey. 1989. "Type of Day-Care and Preschool Intellectual Development in Disadvantaged Children." *Child Development*, 60, 128-137.

³⁰ Whitebook, Marcy, Deborah Phillips, and Carollee Howes. 1991. *National Child Care Staffing Study Revisited: Four Years in the Life of Center-Based Child Care*. Child Care Employee Project, Oakland, CA.

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³² Helburn, Suzanne W. and Carollee Howes. 1996. "Child Care Cost and Quality." *The Future of Children: Financing Child Care*, vol. 6, no. 2. Center for the Future of Children: The David and Lucile Packard Foundation.

³³ Endnote 19. Cost, Quality and Child Outcomes Study Team. 1999. *The Children of the Cost, Quality, and Outcomes Study go to School, Executive Summary*. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

³⁴ It is important to note that these findings may be biased by over-representing children in stable child care situations, the ideal from a developmental viewpoint, but not necessarily the norm. There was considerable attrition among the study participants; of the 826 children in the first year, only 418 remained in the fifth year (second grade). The researchers indicate that most of the attrition from year one to year two was planned by them. Only children who participated in the study in year one and stayed in the same center for the second year were invited to participate in the study.

³⁵ Galinsky, Ellen, Carollee Howes, S. Konto, and M. Shinn. 1994. *The Study of Children in Family Child Care and Relative Care: Highlights of Findings*. New York: Families and Work Institute.

³⁶ SC Child Care Resources, A Division of Interfaith Community Services of SC, Inc. and Center for Excellence, Benedict College, Columbia. 1999. *Child Care in the Waverly Community, Columbia, South Carolina: A Study of Child Care Availability, Affordability, and Quality*.

³⁷ Endnote 3.

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⁴⁰ Kisker, Ellen E. and Christine M. Ross. 1991. "Quality, Cost, and Parental Choice." In D.M. Blau (Ed.) *The Economics of Child Care*. New York: Russell Sage Foundation; Hofferth, Sandra L., et al. 1991. *The National Child Care Survey, 1990*. Washington, D.C: The Urban Institute Press.

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- ⁵⁶ Adams, Gina, Karen Schulman, and Nancy Ebb. 1998. *Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families*. Children's Defense Fund.
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- ⁶³ Endnote 5.
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- ⁶⁵ National Institute of Child Health and Human Development. 1995. *Child Care in the 1990s: The NICHD Study of Early Child Care*. Indianapolis, IN: Society for Research in Child Development.
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1998 *Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families*. Children's Defense Fund.

Through text and tables, this paper reports on the extent to which states were able to assist families with child care subsidies as of January 1998: the number of low-income working families ineligible for child care assistance; the number of eligible families unable to receive child care assistance; states' confidence that eligible families know about their eligibility and states' ability to serve all eligible families; states' child care reimbursement rates; and fees families pay for child care.

Anne E. Casey Foundation

1999 *Kids Count Data Book: State Profiles of Child Well-being*.

This annual publication presents 1996 state level data on ten dimensions that indicate the well-being of children, comparing them to 1985 data. The dimensions are low birth-weight babies; infant mortality rate; child death rate; rate of teen deaths by accident, homicide, and suicide; teen birth rate; teens who are high school dropouts; teens not attending school or working; children living with parents without full-time, year-around employment; children in poverty; and families with children headed by a single parent.

Anne E. Casey Foundation

1999 *South Carolina Kids Count Report*.

This state report is a project of the Anne Casey Foundation. The data, as outlined for the national report (above), are collected and analyzed by the South Carolina Budget and Control Board. The report is written by the Board.

Anne E. Casey Foundation

1998 *Kids Count Data Book: State Profiles of Child Well-being*.

This annual publication presents 1995 state level data on sixteen dimensions that indicate the well-being of children. The dimensions are low birth-weight babies; infant mortality rate; child death rate; rate of teen deaths by accident, homicide, and suicide; teen birth rate; juvenile violent crime arrests; teens who are high school dropouts; teens not attending school or working; children under age six living with working parents; children ages six–twelve living with working parents; children under age 13 living in low-income families with working parents; children in poverty; families with children headed by a single parent; and 1996 median hourly wages of child care workers, preschool teachers, and all workers.

Barnett, W. Steven

- 1995 "Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes." *The Future of Children: Long-Term Outcomes of Early Childhood Programs*, vol. 5, no. 3. Center for the Future of Children: The David and Lucile Packard Foundation.

The research literature is briefly reviewed on the short-term effects of child care programs and of model interventions on disadvantaged children. The majority of the article reviews the research literature on long-term cognitive effects on disadvantaged children of model early childhood care and education programs and of large-scale public programs. Following discussion of each effect or outcome, the author discusses two issues: did individual characteristics of the children influence the outcome, and did effects vary with program characteristics? The author concludes with a benefit-cost analysis based on the Perry Preschool program.

Baydar, Nazli and Jeanne Brooks-Gunn

- 1991 "Effects of Maternal Employment and Child-Care Arrangements on Preschoolers' Cognitive and Behavior Outcomes: Evidence from the Children of the National Longitudinal Survey of Youth." *Developmental Psychology*, vol. 27, no. 6, 932-945.

The relationship between maternal employment and child care in the first three years of life is presented. Variables considered that may modify the effects of maternal employment on developmental outcomes are the timing of entry into the labor force, mean hours of work, economic well-being of the family, the child's sex, and the type of child care arrangements

Brandon, Richard N. and D. Smith

- 1996 "Access to Quality Early Childhood Care and Education." Human Services Policy Center, University of Washington, Seattle, WA.

Prepared for the Child Care Think Tank, a business-led effort supporting the expansion of early childhood care and education programs in the state of Washington, this paper discusses the background of child care finance and analyzes options for improving it.

Brayfield A., S.G. Deich, and Sandra Hofferth

- 1993 *Caring for Children in Low-Income Families: A Substudy of the National Child Care Survey, 1990*. A National Association for the Education of Young Children study conducted by the Urban Institute. Washington, D.C: Urban Institute Press.

Burchinal, Margaret, Marvin Lee, and Craig Ramey

- 1989 "Type of Day-Care and Preschool Intellectual Development in Disadvantaged Children." *Child Development*, 60, 128-137.

Levels and patterns of intellectual development of three groups of socioeconomically disadvantaged children were compared. The groups consisted of 1) children who were randomly assigned to receive extensive interventive group child care, 2) children in community child care centers, and 3) children who experienced little or no child care in centers. Effects on IQ level and on cognitive development were examined.

Campbell, Frances A. and Craig T. Ramey

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- 1994 "Effects of Early Intervention on Intellectual and Academic Achievement: A Follow-up Study of Children from Low-Income Families." *Child Development*, 65, 684-698. Society for Research in Child Development, Inc.

Follow-up data, from the Carolina Abecedarian Project, were analyzed four to seven years after the preschool intervention ended. Using an experimental design, children from low-income families were randomly assigned to one of four conditions based on duration of the educational intervention. Both cognitive and academic achievement outcomes were assessed.

Casper, Lynne M. and Martin O'Connell

- 1998 "State Estimates of Organized Child Care Facilities." Population Division, Working Paper No. 21, U.S. Bureau of the Census.

This paper presents 1992 Census data on a number of characteristics of the child care center industry, in some cases comparing them to 1987 data. These industry indicators are related to a number of demographic indicators of "demand" to help demonstrate the potential unmet need for child care within the individual states. State-level data are presented by placing states within a range of values. For example, a U.S. map shows that South Carolina experienced a 20-29 percent increase in number of paid child care employees from 1987 to 1992.

Casper, Lynne M.

- 1994 "What Does It Cost to Mind Our Preschoolers?" *Current Population Reports*, (P70-52), U.S. Bureau of the Census.

Based on Fall 1993 data from the Survey of Income and Program Participation (SIPP), this publication gives national data on: the number of families with employed mothers, the percent of families paying for child care services, weekly child care expenses, hours worked per week, monthly income of family and mother, and percent of income spent per month based on a variety of demographic characteristics.

Casper, Lynne M.

- 1994 "Who's Minding Our Preschoolers?" *Current Population Reports*, (P70-53), U.S. Bureau of the Census.

Based on Fall 1993 data from the Survey of Income and Program Participation (SIPP), this publication gives national data on the type of primary child care arrangements used for preschoolers by families with employed mothers based on a variety of demographic characteristics.

Child Care Resource and Referral, A Division of Interfaith Community Services of SC, Inc. and Center for Excellence, Benedict College, Columbia, SC.

- 1999 *Child Care in the Waverly Community, Columbia, South Carolina: A Study of Availability, Affordability and Quality.*

This is a survey of availability, affordability, and quality in child care centers and child care homes in a two-mile radius of downtown Columbia, SC. It was prompted by a concern that a substantial number of children in the downtown Columbia area are not ready to learn at a first grade level when they enter school.

Clarke-Stewart, K. Alison, Christain Gruber, and Linda May Fitzgerald.

1994 *Children at Home and in Day Care*. Lawrence Erlbaum Associates, Hillsdale, NJ.

The authors present their study of “the complex worlds of contemporary preschoolers and ask how the components of these worlds contribute to children’s development.” They are particularly interested in the extent to which children being in child care influences them in relation to children who are with their mothers all day.

Clarke-Stewart, Alison

1992 “Consequences of Child Care for Children’s Development.” In Alan Booth (Ed.) *Child Care in the 1990s: Trends and Consequences*. Lawrence Erlbaum Associates: Hillsdale, NJ.

The author presents an overview of the results of studies on the effects of non-parental care on the development of children. She summarizes findings on factors that contribute to quality child care: physical setting, caregivers’ behavior, curriculum, and number of children. Differences in type of day care are examined, as well as the effect of day care on children.

Clarke-Stewart, Alison

1992 “Consequences of Child Care - One More Time: A Rejoinder.” In Alan Booth (Ed.) *Child Care in the 1990s: Trends and Consequences*. Lawrence Erlbaum Associates: Hillsdale, NJ.

The author responds to issues raised by other researchers about her article (above).

Collins, Ann and Barbara Carlson

1998 *Child Care by Kith and Kin – Supporting Family, Friends, and Neighbors Caring for Children*. Children and Welfare Reform: Issues Brief 5. National Center for Children in Poverty, Columbia University.

This issue brief focuses on child care for low-income families provided by friends and family. It summarizes the research on kith and kin child care, examines traditional policies, describes innovative program strategies, and makes recommendations that states and local communities can use to reach out to these child care providers and the children for whom they care.

Cost, Quality, and Child Outcomes Study Team

1999 *The Children of the Cost, Quality, and Outcomes Study Go to School, Executive Summary*. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

This report summarizes findings of the second phase of the CQO study begun in 1993. This second phase examined the influence of typical center-based child care on children’s development during their preschool years and subsequently as they moved into the formal elementary education system through second grade. The study was conducted in North Carolina, Colorado, California and Connecticut. Child care quality was assessed by examining process characteristics. Child outcomes were measured by assessing receptive language ability, letter-word recognition, math skills, cognitive/attentive factor, sociability factors, problem behavior factors, and social behavior.

Cost, Quality, and Child Outcomes Study Team

1995 *Cost, Quality, and Child Outcomes in Child Care Centers, Public Report*. University of Colorado at Denver.

This study was designed to examine the relationships among the quality of child care, the costs of child care, the nature of children's child care experiences, and their effects on children. The research team collected data in 1993 from 50 for-profit and 50 non-profit randomly chosen centers in four states: California, Colorado, Connecticut, and North Carolina. Additionally, data were collected on 826 children from preschool classrooms, allowing an examination of the concurrent developmental outcomes related to their child care experience.

Dodge, Diane Trister and Cate Heroman

1999 *Building Your Baby's Brain*. Teaching Strategies, Washington, DC.

Written largely for parents, the authors share what scientists know about brain development and what parents can do to help their child's brain grow and develop.

Edelhoch, Marilyn, James T. Clark, Penny Gardner, Don Klos, Qiduan Liu, and Linda Martin

1998 *The First Year of Welfare Reform: South Carolina's Picture of the People Who Left*. *South Carolina Department of Social Services*.

This is a report on approximately 1,600 welfare recipients who left the Temporary Assistance to Needy Families program in South Carolina between October 1996 and September 1997. Through phone interviews, staff at the SC Department of Social Services gathered information on former recipients employment status, benefits, and sense of deprivation.

Edin, Kathryn and Laura Lein

1997 *Making Ends Meet: How Single Mothers Survive Welfare and Low-Wage Work*. Russell Sage Foundation: NY.

The authors describe the circumstances surrounding the lives of low-income mothers in four US cities between 1988 and 1992: Boston, Charleston, Chicago, and San Antonio. Their focus is on five research questions: How much money do unskilled and semiskilled single mothers spend in different locations? Where do unskilled and semiskilled single mothers get their money? What kinds of material hardships do single mothers experience in different locations, and how much do these conditions vary between welfare- and wage-reliant mothers? How do single mothers assess the economic and noneconomic consequences of choosing work or welfare? Are single mothers' spending patterns influenced by their welfare or marital status, their family background, the neighborhoods in which they live, or their racial or ethnic group? The authors discuss their findings with respect to welfare reform policies, predicting that although the official poverty index may reveal a decrease in the numbers of people in poverty as more poor mothers go to income-producing work, material hardships may also increase.

Galinsky, Ellen, Carolee Howes, S. Kontos, and M. Shinn

1994 *The Study of Children in Family Child Care and Relative Care: Highlights of Findings*. New York: Families and Work Institute.

This is a study of 820 mothers and 225 of their children in the homes of 226 providers in three communities: San Fernando/Los Angeles, Dallas/Fort Worth; and Charlotte, North Carolina.

Three types of home care settings were studied: regulated family child care homes, nonregulated family child care homes, and nonregulated relatives who provide care. The study examined how parents and providers define quality, and how quality affects children's development. Issues of concern are also discussed.

Gomby, Deanna S., Mary B. Larner, Carol S. Stevenson, Eugene M. Lewitt, and Richard E. Behrman

1995 "Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations." *The Future of Children: Long-Term Outcomes of Early Childhood Programs*, vol. 5, no. 3. Center for the Future of Children: The David and Lucile Packard Foundation.

This article is an overview of research articles in the publication. Focusing on early childhood programs and not child care programs, the authors try to answer five questions based on information in the publication's articles: 1) What are the long-term outcomes of early childhood programs? 2) What can be learned from three decades of experience to design more effective programs? 3) Can early childhood programs provided in a routine manner on a large-scale yield expected results? 4) How applicable are lessons learned from programs operating 20-30 years ago? 5) How can policymakers increase the coherence of the early childhood service system?

Haller, Mary Ross McQuage

1998 *The State Of Early Child Care in South Carolina*. Draft Report. The Alliance for South Carolina's Children.

This draft report presents an overview of child care services in South Carolina and the role of state administering agencies.

Hayes, Cheryl D., John Palmer, and Martha Zaslow, (Eds.)

1990 *Who Cares for America's Children? Child Care Policy in the 1990s*. National Academy Press, Washington, DC.

This is a review and assessment of knowledge concerning the costs, effects, and feasibility of alternative child care policies and programs as a basis for recommending future directions for public- and private-sector decision making. The Panel on Child Care Policy of the National Research Council's Committee on Child Development Research and Public Policy spent two years gathering data on trends in work, family, and child care; the implications of child care for child health and development; the delivery and regulation of services, and the costs and effects of alternative child care policies and programs. Based on its review, the Panel offers conclusions and recommendations.

Helburn, Suzanne W. and Carollee Howes

1996 "Child Care Cost and Quality." *The Future of Children: Financing Child Care*, vol. 6, no. 2. Center for the Future of Children: The David and Lucile Packard Foundation.

This article summarizes what is known about child care quality, relying primarily on two recent major studies: the Cost, Quality and Child Outcomes in Child Care Centers and the Economics of Family Child Care. Topics include factors that influence child care quality (structural and process), the caregiver work environment, the status of quality in U.S. child care, parent preferences, child care operating costs and revenues, and relationships between child care quality and costs.

Hernandez, Donald J.

1995 "Changing Demographics: Past and Future Demands for Early Childhood Programs." *The Future of Children: Long-term Outcomes of Early Childhood Programs*, vol. 5, no. 3. Center for the Future of Children: The David and Lucile Packard Foundation.

This article provides a historical analysis of how demographic changes in the organization of American family life from the mid-1800s to the present have shaped the demand for programs to complement the efforts of families to educate and care for their children. He says that the first child care revolution occurred in the late 1800s when families left farms to enable fathers to take urban jobs and when compulsory free public schools were established for children age six and above. The second has developed over the past 55 years as the proportion of children under six living in families with two earners or a single working parent has escalated. The author believes that the demand for early childhood care and education programs will continue to grow as the needs of these children become increasingly diverse.

Hofferth, Sandra L.

1996 "Child Care in the United States Today." *The Future of Children: Financing Child Care*, vol. 6, no. 2. Center for the Future of Children: The David and Lucile Packard Foundation.

This article describes types of available child care arrangements and types of arrangements that families use, based on research data from the late 1960s through 1995. It also discusses the quality of child care based largely on structural factors, and the availability and affordability of child care.

Hofferth, Sandra L.

1995 "Caring for Children at the Poverty Line." *Children and Youth Services Review*, vol. 17, nos. 1 & 2, 61-90.

This paper focuses attention on the child care needs of working-poor and working-class families. It presents data from the National Child Care Survey 1990 and A Profile of Child Care Settings that describe the child care needs and arrangements of these families relative to middle-class families.

Hofferth, Sandra L., A. Brayfield, S. Deich, and P. Holcomb

1991 *The National Child Care Survey*, 1990. Washington, D.C: The Urban Institute Press.

Information about the demand for child care is provided through *The National Child Care Survey*, based on a nationally representative sample of 4,400 families with children younger than 13. The survey describes the types of care and education (excluding formal schooling) that parents use to supplement their own care of children. Specific purposes were to 1) obtain information about the characteristics of families with children younger than 13 and the extent to which parents supplement the care that they provide their children with other arrangements; and 2) describe what choices of care are made for children of different ages in families with differing characteristics. The researchers also surveyed a sample of 162 nonregulated family child care home providers. Interviews were conducted in late 1989 and early 1990.

Howes, Carollee, Deborah A. Phillips, and Marcy Whitebrook

1992 "Thresholds of Quality: Implications for the Social Development of Children in Center-based Child Care." *Child Development*, vol. 63, 449-460.

Stating that relations between child care quality and children's social and cognitive development are well established, the researchers' purpose is to examine thresholds of two aspects of child care, adult:child ratio and group size (structural child care aspects) in terms of relationships with adults and peers (process child care aspects). The study highlights the importance of adult:child ratios and group size, two child care factors that can be regulated in influencing the later behavior of children. The sample included 414 children between 14 and 54 months at one Georgia and two California centers.

Howes, Carollee

1983 "Caregiver Behavior in Center and Family Day Care." *Journal of Applied Developmental Psychology*, 4, 99-107.

The social experiences of 40 toddlers and their caregivers in family and center care were systematically observed to examine relationships between variations within child care settings and adult caregiving behaviors.

Kagan, Sharon L. and Nancy Cohen

1997 *Not By Chance: Creating an Early Care and Education System for America's Children*. The Quality 2000 Initiative. The Bush Center for Child Development and Social Policy at Yale University.

This document discusses the quality crisis in early care and education, showing that in this nation - in contrast to most other industrialized nations - good early care and education programs are beyond the reach of most families. It discusses why the crisis exists and suggests a plan for improvement, including eight recommendations.

Kinch, Amy Fowler and Lawrence J. Schweinhart

1999 "Making Child Care Work for Everyone: Lessons from the Program Recognition Project." vol. 54, no. 1. National Association for the Education of Young Children. Washington, D.C.

This paper describes ten exemplary child care programs that were selected by the Program Recognition Project to have higher-than-average quality, compensation, and affordability. The ten programs represent a range of service types and sponsorship, and reflect a range of affiliations, service populations, geographic regions, and funding structures. The Program Recognition Project is a collaboration between High/Scope Educational Research Foundation and the National Association for the Education of Young Children.

Kisker, Ellen E. and Christine M. Ross

1997 "Arranging Child Care." *The Future of Children: Welfare to Work*, vol. 7, no. 1. Center for the Future of Children: The David and Lucile Packard Foundation.

The article discusses the special child care needs of low-income families and the challenges they face in arranging child care. It reviews evidence that child care problems are a barrier to employment and describes opportunities for policymakers to design quality child care services that are available and affordable.

Kisker, Ellen E. and R. Maynard

1991 "Quality, Cost and Parental Choice of Child Care." In D. M. Blau (Ed.) *The Economics of Child Care*. New York: Russell Sage Foundation.

Kisker, Ellen, Sandra Hofferth, Deborah Phillips, and Elizabeth Farquhar

1990 *A Profile of Child Care Settings: Early Education and Care in 1990*, Vol. 1 & 2. Prepared under contract for the U.S. Department of Education by Mathematica Policy Research, Princeton, NJ.

The purpose of this study was to examine the supply of child care facilities in the United States including licensed or registered centers and regulated child care home providers. (The National Child Care Survey 1990 interviewed nonregulated home providers; see Hofferth, et al. 1991.) The sample included 2,089 centers and 583 regulated home-based providers. Through phone interviews, researchers gathered information on the following topics: trends in supply, supply and utilization by region, sponsorship, schedules, and workforce information.

Lamb, M. E.

1997 "Nonparental Child Care: Context, Quality, Correlates, and Consequences." In I.E. Sigel & K.A. Renninger (Eds.), *Handbook of Child Psychology, 5th ed., vol. 4: Child Psychology in Practice* (pp. 73-133). New York: John Wiley & Sons.

This chapter reviews American and European research on the 1) extent to which children are cared for by adults other than their parents, 2) components of quality care, and 3) effects that such arrangements have on the development of infants, preschoolers, and school children. The author states that rather than ask if child care is good or bad for children, or what type of care is the best, researchers need to examine the effects of child care in the context of the array of experiences to which children are exposed: cultural and family circumstances, children's endogenous characteristics, and factors related to the child care setting, i.e., quality, age at onset of care, extent of care, and so forth. The author states that research over the previous three decades has shown that child care experiences need not have harmful effects on children's development, although they can do so. The challenge for the next decade is to determine how different experiences inside and outside the home are associated with specific outcomes for children in defined contexts and cultures.

Lewit, Eugene M. and Linda Schurmann Baker

1995 "School Readiness." In *The Future of Children: Critical Issues for Children and Youths*, vol. 5, no. 2. Center for the Future of Children: The David and Lucile Packard Foundation.

The authors say that although few people dispute the national education goal that "by the year 2000, all children in America will start school ready to learn," there is uncertainty and disagreement on issues regarding the goal. The article explores some of these issues. The opening section of the article examines three concepts of readiness. The next section examines national survey data on parent and teacher ideas about what constitutes readiness for individual children. The last section examines some of the indicators and benchmarks that have been proposed to measure progress toward the readiness goal.

Love, John M., J. Lawrence Aber, and J. Brooks-Gunn

”Strategies for Assessing Community Progress Toward Achieving the First National Education Goal.”

Although the first national education goal specifies that by year 2000 all children will start school ready to learn, there is no agreed-upon process for assessing how effectively communities support and maintain their children’s readiness. This paper presents a conceptual design for a comprehensive assessment system. It follows the three objectives and five dimensions of readiness in the first national education goal that schools, communities, and states can use to fill the gap. The purpose of the assessment is to “inform public policy at the community level about the collective status of children entering kindergarten.”

Meyers, Marcia K.

1994 “Child Care, Parental Choice, and Consumer Education in JOBS Welfare-to-Work Programs.” *Social Service Review*, vol. 69, no. 4, 679-702.

The article examines issues of child care adequacy, parental choice, and consumer education in welfare reform. It analyzes longitudinal data from three welfare-to-work programs to assess whether there is a relationship between child care quality/convenience of child care arrangements and type of child care/children’s ages. Additionally, it examines whether characteristics and behaviors of consumers, and their use of resource and referral agencies, are related to their success in finding child care.

Mitchell, Anne, Louise Stoney, and Harriet Dichter

1997 *Financing Child Care in the United States: An Illustrative Catalog of Current Strategies*. The Ewing Marion Kauffman Foundation and the Pew Charitable Trusts.

This catalog was developed to share information on innovative financing strategies that are successfully funding child care in the United States. It covers 1) generating new public revenue through tax strategies; tax credits, deductions, and exemptions; and fees and lotteries 2) allocating existing public general revenue 3) financing child care in the private sector through employers and unions, and community child care initiatives 4) financing child care through public-private partnerships, and 5) financing child care facilities.

Murakami, Elaine and Jennifer Young

1998 “Daily Travel by Persons with Low Income.” U.S. Department of Transportation.

The report provides a variety of transportation data for people with low incomes, using data from the 1995 Nationwide Personal Transportation Survey (NPTS).

National Education Goals Panel

1997 "Special Early Childhood Report 1997."

The Panel presents indicators of national and state progress toward the first national education goal by presenting data regarding the three goal objectives: preschool experiences, family activities, and health. It states that there are no direct measures of the qualities inherent in the five dimensions or "elements of early learning and development "thought to make a child ready to learn"

National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network

1998 "Child Outcomes When Child Care Center Classes Meet Recommended Standards for Quality." *American Journal of Public Health*, vol. 89, no. 7, 1072-1077.

This article reports on a longitudinal study of the National Institute of Child Health and Human Development begun in 1991 in ten locations around the country. The purpose of the study was to determine if children perform better in terms of cognitive, language, and social competence when they receive child care that meets professional standards of quality.

National Institute of Child Health and Human Development

1996 *Child Care in the 1990s: The NICHD Study of Early Child Care*. Indianapolis, IN: Society for Research in Child Development (biennial meeting).

Presentation on a longitudinal study of the National Institute of Child Health and Human Development begun in 1991 in ten locations around the country. The purpose of the study was to determine if children perform better in terms of cognitive, language, and social competence when they receive child care that meets professional standards of quality.

National Research Council

1995 *Child Care for Low-income Families: Summary of Two Workshops*. Deborah A. Phillips, (Ed.). Washington D.C: National Academy Press.

Two workshops were sponsored by the Board on Children and Families' Steering Committee on Child Care, an entity of the National Research Council and the Institute of Medicine. The workshops were intended to follow-up on research previously sponsored by the National Research Council which produced the report *Who Cares for America's Children?* by Hayes, Palmer, and Zaslow, 1990.

These workshops addressed patterns of child care usage among low-income families, the range of quality and its effects on children, the role of child care in employment, and local impacts of federal subsidies and their role in families' efforts to find child care.

National Research Council

1995 *Child Care for Low-income Families: Directions for Research. Summary of a Workshop*. Anne Bridgman and Deborah A. Phillips, (Eds.). Washington D.C: National Academy Press.

This is the third of three workshops (the two other workshops are reported on in publication above). It considered promising directions for research on child care, using issues raised at the first two workshops as a stepping-off point.

National Research Council

1995 *New Findings on Children, Families, and Economic Self-Sufficiency. Summary of a Research Briefing.* Deborah A. Phillips and Anne Bridgman, (Eds.). Washington D.C: National Academy Press.

This report summarizes data presented at a research briefing focused on ensuring the well-being of children in the context of efforts to encourage families to move toward economic self-sufficiency. It is organized around four questions: How do transitions into and out of welfare affect children's development? What role does child care play in parent's attempts to move toward self-sufficiency? Do child care subsidies help or hinder low-income parents' efforts to work? How does child care affect children's well-being?

National Research Council

1990 *Who Cares for America's Children? Child Care Policy in the 1990s.* Cheryl Hayes, John Palmer, and Martha Zaslow, (Eds.). Washington D.C: National Academy Press.

This publication represents the findings of a two-year review of child care research and data by the Panel on Child Care Policy of the National Research Council. The specific purpose of the Panel was to critically assess knowledge concerning the costs, effects, and feasibility of alternative child care policies and programs as a basis for recommending future directions for public- and private- sector decision making.

NICHD Early Child Care Research Network

1999 "Child Outcomes When Child Care Center Classes Meet Recommended Standards for Quality." *American Journal of Public Health*, vol. 89, no. 7, 1072-1077.

The article reports on a study of whether children have better outcomes (cognitive, language and social competence) when they attend centers where classes meet more professional standards for child-to-staff ratio, group size, caregiver training, and caregiver education.

Peisner-Feinberg, Ellen and Margaret R. Burchinal

"Relations Between Preschool Children's Child-Care Experiences and Concurrent Development: The Cost, Quality, and Outcomes Study." *Merrill-Palmer Quarterly*, vol. 43, no. 3, 451-477.

The authors report on part of the Cost, Quality, and Outcomes Study (1995) that assessed the quality of center-based child care related to preschool children's concurrent cognitive and socioemotional development. The research took into account family selection factors, utilized a multi-site sample of child care centers of varying quality, and include children from diverse backgrounds.

Phillips, Deborah A., Carollee Howes, and Marcy Whitebook

1990 "The Social Policy Context of Child Care: Effects on Quality." *American Journal of Community Psychology*, vol. 20, no. 1.

Quality of care was assessed in 227 child care centers in five metropolitan areas in relationship to 1) the stringency of state child care regulations, b) voluntary compliance with proposed federal child care standards, and 3) the legal auspices of the center (for-profit versus non-profit). Quality was defined as group size, staff-to-child ratio, staff turnover rates, staff training, age-appropriate classroom activities, and less harsh and more sensitive teachers.

Schulman, Karen and Gina Adams

1998 "The High Cost of Child Care Puts Quality Care Out of the Reach of Many Families." Issue Brief of the Children's Defense Fund.

The data in this report were collected in 1998 from local child care resource and referral agencies through a joint survey by the Children's Defense Fund and the National Association of Child Care Resource and Referral Agencies (NACCRRA). The data included are a comparison of annual child care costs to college costs; child care costs as a percentage of income for a two-parent family working at minimum wage; costs by urban, rural, and statewide for center, family, and school-age care.

Schweinhart, Lawrence J., Helen Barnes, and David Weikart

1993 *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*. The High/Scope Press, Ypsilanti, MI.

This study assessed whether high-quality, active-learning preschool programs can provide both short- and long-term benefits to children living in poverty and at high risk of failing in school. At the study's outset the 123 children were randomly divided into two groups, one that received a high-quality, active-learning preschool program and one that received no program. Researchers then assessed the status of the two groups annually from ages three to 11, at ages 14-15, at age 19, and most recently, at age 27. Some of the factors they assessed were earnings, home ownership, level of schooling, receipt of social services, and arrests.

Siegel, Gary L. and Anthony Loman

1990 *Child Care and AFDC Recipients in Illinois: Patterns, Problems, and Needs*. Institute for Applied Research, St. Louis, MO.

This study used three research methods, mailed questionnaires, interviews, and focus groups to examine AFDC recipients needs for child care and the barriers that hinder use of child care services.

Sonenstein, Freya L.

1991 "Satisfaction with Child Care: Perspectives of Welfare Mothers." *Journal of Social Issues*, vol. 47, 15-31.

This paper reports on the needs of women on AFDC for child care and the extent to which they are satisfied or encounter problems.

South Carolina Department of Education

1999 1998 Child Count.

South Carolina Department of Education

"1998 Results of the Cognitive Skills Assessment Battery (CSAB). South Carolina's First Grade Readiness Test."

This document reports on first-grade readiness test results by school districts and by ethnicity and gender within districts. It also gives state results by ethnicity, gender, repeater status, disability status, lunch status, and by kindergarten status. Data are also given for four-year kindergarten and percentages ready by district from 1995 to 1998.

South Carolina Department of Health and Human Services

1999 *The South Carolina ABC Child Care Program*

This publication describes the Advocates for Better Care (ABC) Child Care Program as it operates to help low-income families meet child care needs. It outlines its work to enhance quality and increase the supply of child care for all families, and how it collaborates with other agencies to fulfill these goals.

South Carolina Department of Social Services

1999 *Statistics: June 1998.*

Monthly statistical report on Economic Services (Family Independence, Food Stamps, Claims, Medicaid, and Child Support; and Child and Family Services (Title XX, Adult Protective /services, Appeals, and Volunteer Services) .

South Carolina Department of Social Services

1999 *Survey of Former Family Independence Program Clients. Sixth (6th) Survey Report.* Conducted by the Division of Program Quality Assurance.

This is the sixth survey report in a series of phone surveys conducted by DSS on Family Independence clients who left the program since its inception in October 1996. Each survey and subsequent report analyzes for approximately 400 former clients a number of factors related to family well-being: employment, medical insurance coverage, sources and use of child care, deprivations, beliefs about independence, contributions to support by household members, and awareness of transitional benefits.

South Carolina Legislative Audit Council

1998 *Impact of the South Carolina Family Independence Act: 1996 to 1998 (LAC/FIA-98).* Report to the General Assembly.

This is the second in a series of reports required by the Family Assistance Act. The Legislative Audit Council must report to the General Assembly every two years on the success and effectiveness of the policies and programs created by the Act. The questions to be addressed are: the number of families and children no longer receiving welfare; the number of individuals who have completed educational, employment, or training programs under the Act; and the number of people employed and the duration of their employment.

Additionally, this report examines: What has been the impact of the program on the welfare caseload, and what is happening to people no longer on welfare? Is there a surplus of welfare funds and what can they be used for? What is the availability of program services, such as job training, child care, and transportation, needed by welfare recipients?

U.S. Bureau of the Census

1995 "Projections of the Population, by Age and Sex, of States: 1995 to 2025."

U.S. Bureau of the Census

1993 "Who's Minding the Kids?" A Statistical Brief (94-05).

A summary of child care arrangements of children under age 15 based on data from the Survey of Income and Program participation (SIPP) between September and December 1991. Data are given by preschool and grade school status. Child care costs also included by income level of parents.

U.S. Department of Education, National Council on Education Statistics

1999 *A Birth Cohort Study: Conceptual and Design Considerations and Rationale*. Working Paper No. 1999-01, by Kristin Moore, Jennifer Manlove, Kerry Richter, Tamara Halle, Suzanne Le Menestrel, Martha Zaslow, Angela Greene, Carrie Mariner, Angela Romano, and Lisa Bridges, Ph.D. Project Officer, Jerry West. Washington, D.C.

This paper presents the conceptual and design framework for the *Early Childhood Longitudinal Study, Birth Cohort 2000 (ECLS-B)*. The study will assess children's health status and their growth and development in areas that are important for later school readiness and academic achievement. It will follow a large, nationally representative sample of infants born in the calendar year 2000 from birth through first grade.

U.S. Department of Health and Human Services

"Access to Child Care for Low-Income Working Families."

This report provides state estimates on the number of children receiving services and the number of children potentially eligible for services under current state rules and under federal maximum income eligibility levels, based on monthly estimates from April through September 1998. It also discusses state spending on child care in 1998, affordability of child care, the impact of child care subsidies on employment and earnings, and child care quality.

U.S. General Accounting Office

1994 *Child Care: Child Care Subsidies Increase Likelihood that Low-Income Mothers Will Work: Report to the Congressional Caucus for Women's Issues*. House of Representatives, Washington, D.C.

This research was carried out to better understand the role that child care costs play in the likelihood that low-income mothers will work. Specifically, it determined the probability of poor and non-poor mothers working as their child care expenditures change.

Whitebook, Marcy, Deborah Phillips, and Carollee Howes

1994 *National Child Care Staffing Study Revisited: Four Years in the Life of Center-Based Child Care*. Child Care Employee Project, Oakland, CA.

This publication summarizes the findings of the 1988 study of 227 centers; child care workers are grossly underpaid, few receive benefits, and turnover is high. In order to offer a longitudinal understanding of the child care workforce, researchers revisited 85 percent of the original centers in five cities four years later. The remaining centers had closed with the exception of one that did not participate.

Whitebook, Marcy, Carollee Howes, and Deborah Phillips

1989 *Who Cares? Child Care Teachers and the Quality of Care in America, Final Report of the National Child Care Staffing Study*. The Child Care Employee Project.

The National Child Care Staffing Study (NCCSS) was designed to assess how teaching staff and working conditions affect the quality of care in United States child care centers. It addresses the following policy issues: Who teaches in child care centers? What do they contribute to the quality of care? Do centers that fail to meet nationally established quality guidelines, that operate under different financial and legal auspices, and that serve families from different social and economic backgrounds also differ in the quality of care offered to children or the work environments offered to staff?

Willer, Barbara, Sandra L. Hofferth, Ellen Kisker, Patricia Divine-Hawkins, Elizabeth Farquhar, and Frederic B. Glanz

1991 *The Demand and Supply of Child Care in 1990: Joint Findings from The National Child Care Survey 1990 (NCCS) and A Profile of Child Care Settings*. National Association for the Education of Young Children; Administration on Children, Youth and Families, U.S. Department of Health and Human Services; and Office of Policy and Planning, U.S. Department of Education.

This publication integrates information from the National Child Care Survey and the Profile of Child Care Settings to present a picture of child care supply and the demand for child care by families. It also discusses key topics from the perspective of providers and parents.

Yoshikawa, Hirokazu

1994 "Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency." *The Future of Children: Long-Term Outcomes of Early Childhood Programs*, vol. 5, no. 3. Center for the Future of Children: The David and Lucile Packard Foundation.

The article describes and defines chronic delinquency, summarizing the early risk factors associate with delinquency. The research literature of the effects of early childhood programs on delinquency and associated risk factors are reviewed to see if programs that are designed as suggested by research findings do produce anticipated results. Policy implications conclude the article.

Zaslow, Martha J.

1991 "Variation in Child Care Quality and Its Implications for Children." *Journal of Social Issues*, vol. 47, no. 2, 125-138.

The effects of variation in child care quality on children's development is summarized by examining how research defines and operationalizes quality, and assessing answers to the following questions. Does variation in day care quality have implications for children's daily experiences in day care? Do cognitive and socio-emotional development vary with day care quality while children are still in care? Is there evidence of enduring implications of day care quality for children's development? How are family socioeconomic and psychological factors and day care quality linked?

CHILD CARE BIBLIOGRAPHY

Adams, Gina, Karen Schulman, and Nancy Ebb

1998 *Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families*. Children's Defense Fund.

Anne E. Casey Foundation

1999 *Kids Count Data Book: State Profiles of Child Well-being*.

Anne E. Casey Foundation

1999 *South Carolina Kids Count Report*.

Anne E. Casey Foundation

1998 *Kids Count Data Book: State Profiles of Child Well-being*.

Barnett, W. Steven

1995 "Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes." *The Future of Children: Long-Term Outcomes of Early Childhood Programs*, vol. 5, no. 3. Center for the Future of Children: The David and Lucile Packard Foundation.

Baydar, Nazli and Jeanne Brooks-Gunn

1991 "Effects of Maternal Employment and Child-Care Arrangements on Preschoolers' Cognitive and Behavior Outcomes: Evidence from the Children of the National Longitudinal Survey of Youth." *Developmental Psychology*, vol. 27, no. 6, 932-945.

Brandon, Richard N. and D. Smith

1996 "Access to Quality Early Childhood Care and Education." Human Services Policy Center, University of Washington, Seattle, WA.

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APPENDICES

PROMISING PRACTICES COMMITTEE

As a part of the planning process for the *SC FIRST STEPS* to School Readiness initiative, a state-level committee on Promising Practices was convened in the spring of 1999 to recommend program standards for each of the core service components in the *FIRST STEPS* legislation to include: health, child care, family support, parent education, and early education. Committee members participated in sub-committees on each of the service components to develop recommendations that were based on established research, appropriate baseline data, and measurement data in the program area. The recommendations presented were those that the committee determined would promote or lead to high quality services and define benchmarks toward achievement of high quality services. The recommendations were designed to demonstrate age-appropriate expectations and relate appropriately to brain development research findings.

The following subcommittee members prepared the recommendations for child care and early education, which were adopted by the full Promising Practices Committee and presented to the SC Office of *FIRST STEPS*.

SUBCOMMITTEE ON CHILD CARE AND EARLY EDUCATION

Dianne Brandstadter	State Board for Technical and Comprehensive Education
Rhonda Corley	The School District of Greenville County
Julie Durham	York Technical College
Jane Farrell	Board Member, Alliance for SC's Children
Roberta Farrell	Lexington School District I
Nancy Freeman	USC – College of Education
Helen Lebby	SC Department of Social Services
Louester Robinson	Trident Technical College
Beverly Hunter	SC Department of Health and Human Services
Nancy Busbee	Aiken School District
Carole Poyner	Senior Resources

8/27/99

**Recommendations by
The Healthy Child Care South Carolina and SC Child Care Action Committee
To Improve the Quality, Affordability and Availability of Child Care (Early Care
and Education) in South Carolina
To Ensure that all of South Carolina's Children Enter First Grade Healthy,
Ready to Learn and to be Successful**

#	Objectives	Strategies
Goal I: Improve the Quality of Child Care		
A. Through Legislation and Regulation		
1	Adequately fund the child care licensing agency to monitor child care facilities in accordance with existing regulations; including unannounced inspections of licensed child care facilities. Institute unannounced inspections for at least 30% of registered child care facilities annually.	<ul style="list-style-type: none"> a. Educate legislators and public about existing laws and regulations and need for adequate funding to enforce these laws and regulations. b. Develop or utilize existing talking points. c. Support passage of legislation.
2	Require registered church facilities to meet the same floor space, child/staff ratios, and training requirements now expected from licensed centers. Require fire and sanitation standards for centers operating in shopping centers and similar situations.	Support passage of Child Care Bill to bring registered church child care programs under the same floor space, child/staff ratios and training requirements now expected from licensed centers. This bill also requires family child care providers to reside at their family child care home; and requires license and registration numbers on all advertisements.
3	Require fingerprinting and background checks for all staff at summer day and resident camps serving children for more than 4 hours per day.	<ul style="list-style-type: none"> a. Educate policy makers and public on the need for inclusion of these unregulated programs under state regulations - for protection of children. b. Work with interested lawmakers to draft changes.
4	Streamline fingerprint and background check process.	Work with legislature to draft changes to current legislation.
5	Lower child-staff ratios in all licensed child care facilities by 2003-2005 to: 0-1year 1:4 4 years 1:12 5 years 1 year 1:5 5 years 1:15 2 years 1:7 6+ years 1:18 3 years 1:9	Educate and work with parents, policy makers, public and Department of Social Services (DSS) to revise child/staff ratios by 2001 to: 0-1year 1:5 4 years 1:13 1 year 1:5 5 years 1:15 2 years 1:7 6+ years 1:18 3 years 1:11

6	Develop regulations to determine group size for licensed child care center programs: 0-1year 10 4 years 26 1 year 10 5 years 30 2 years 14 6+ years 36 3 years 22	a. Educate policy makers, parents, public and DSS about need to revise the child care law to include group size. b. Work with interested lawmakers to draft legislation.
7	Require potential child care providers to complete pre-service training (basic skills/orientation), including basic information on brain development.	a. Educate policy makers, parents, public and DSS about need to revise the child care law, and/or regulations, to include pre-service training. b. Develop a training package to include appropriate materials for pre-service training.
8	Require registered family child care providers to accumulate 10 hours of training per year in areas of child development, curriculum, professional development and Health/ Safety/ Nutrition. This is in addition to CPR and first aid.	a. Educate policy makers, parents and public about the need for knowledgeable and competent child care providers. b. Work with interested lawmakers to draft legislation to revise the child care law.
9	Prohibit corporal punishment in all child care facilities.	a. Educate policy makers, parents and public about the use of alternative guidance techniques. b. Work with interested lawmakers to draft legislation.
10	Include exemption provision in statewide zoning laws pertaining to family child care homes caring for six or fewer children.	a. Educate policy makers at the state and local levels regarding rationale for exemption. b. Work with interested lawmakers to draft legislation.
11	Require and enforce requirements for child safety seats or age appropriate child passenger restraint devices for all children who are transported by child care programs.	a. Educate policy makers, parents and public about the need to protect children in motor vehicles. b. Work with interested lawmakers to draft legislation.
12	Change the legal language from "day care" to "child care."	Work with the DSS Child Care Advisory Board to change wording in Child Care Law and Regulations to reflect a more current view point.

B. Through Existing Programs and Agencies

13	Increase the number of child care (early care and education) providers meeting standards that exceed state regulatory requirements.	<ul style="list-style-type: none">a. Review best practice incentives implemented by other states in recruiting and encouraging child care (early care and education) providers to meet standards that exceed state regulatory requirements.<ul style="list-style-type: none">1) Create mechanisms to make health care benefits, for the child care (early care and education) workforce, affordable through subsidized group pools or other approaches.2) Develop a state system to encourage child care (early care and education) staff to attain higher educational levels which will improve their skills and improve the quality of early care and education programs.b. Work with National and State associations to promote the adoption of national accreditation standards by providers.<ul style="list-style-type: none">1) Work with nationally accredited child care (early care and education) providers and state provider associations to assume mentor roles for interested providers.2) Develop incentives to promote national accreditation (i.e. enhanced state tax credits)3) Educate parents and child care (early care and education) providers about the value of obtaining national accreditation standards.c. Work with existing early childhood advocacy organizations to support common goals and initiatives.<ul style="list-style-type: none">1) Implement a statewide process of standards achieved by each child care (early care and education) facility that is easily recognized by parents.2) Increase the number of child care (early care and education) facilities participating in the USDA Child and Adult Care Food program.
14	Coordinate federal and state agency funding, services and resources to enhance services and improve access to services at the local level.	<ul style="list-style-type: none">a. Utilize resources of federal agencies responsible for child care.b. Work with all state agencies to ensure coordination and collaboration and to avoid duplication of efforts. Work with all state agencies to ensure that information and resources reach children in child care and their providers.

C. Through Training and Education

15	Promote the development of appropriate training and funding for all levels of child care personnel.	<ul style="list-style-type: none">a. Work with school districts, technical colleges, and other professional early childhood educators to implement an orientation and professional development system recognized by DSS Child Day Care Licensing Division.b. Utilize American Academy of Pediatrics standards for health child care (early care and education).<ul style="list-style-type: none">1) Model Child Care Health Policies by the American Academy of Pediatrics.2) National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (developed jointly by the American Public Health Association and the American Academy of Pediatrics).
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16	Promote articulation agreements between secondary education, technical colleges and universities.	<ul style="list-style-type: none"> a. Promote articulation agreements between vocational career centers and technical colleges. b. Collaborate and negotiate with the State Board for Technical and Comprehensive Education to establish an associate's degree in Early Childhood Education that will articulate into a bachelor's degree program. c. Explore existing scholarships or other compensation incentives.
D. Through Public Awareness		
17	Establish a public awareness campaign to educate parents, child care providers, business community, faith community, healthcare providers, education community and public officials on the characteristics of quality child care (early child care and education).	<ul style="list-style-type: none"> a. Promote an on-going campaign to educate parents on the characteristics of quality child care (early care and education). b. Educate child care providers to recognize the characteristics of quality child care (early care and education) and the steps needed to achieve higher quality. c. Educate and encourage the business community to provide information to employees regarding the characteristics and benefits of quality child care (early care and education). d. Encourage the faith community to strengthen their advocacy efforts for quality child care (early care and education) in their community and to expand successful strategies with other faith-based organizations throughout the state. e. Educate public and private health care providers as to the value of quality child care (early care and education), encourage dialogue with parents regarding quality early care and education at every opportunity, and encourage on-site consultation and assistance in the development of health and safety policies for child care (early care and education). f. Expand partnerships between schools and child care providers to promote quality early care and education. <ul style="list-style-type: none"> 1) Utilize and expand existing partnerships between school districts and the child care community; 2) Expand efforts by sharing successful strategies with other school districts throughout the state. Provide information to public officials to increase their understanding of the characteristics of quality child care (early care and education).
18	Establish a public education campaign highlighting the value of quality child care (early care and education) to the child, the family, the community and the state of South Carolina's economic future.	<ul style="list-style-type: none"> a. Promote media attention on how quality child care (early care and education) maximizes brain development and learning readiness in preschool children. b. Showcase quality child care (early care and education) programs that have made significant contributions to the health, safety and school readiness of young children. c. Provide information on how quality child care (early care and education) reduces stress levels within the family and contributes to the child's overall physical and social development. d. Provide current research and local information to the business community on: <ul style="list-style-type: none"> 1) the value and impact that family friendly policies, including quality early care and education, have on productivity; resources to support family friendly initiatives, such as tax incentives, guides and consultation.

Goal II: Improve the Affordability of Child Care		
19	No family should pay more than 10% of their gross family income for quality child care (early care and education).	<ul style="list-style-type: none"> a. Review successful initiatives implemented by other states to improve afford ability of quality child care (early care and education). b. Educate policy makers, parents and public about the cost of quality child care (early care and education). c. Develop a workable plan for South Carolina to make quality child care (early care and education) affordable. <ul style="list-style-type: none"> 1) Secure funding to enable all parents, especially those with lower incomes, to afford quality child care (early care and education) programs. <ul style="list-style-type: none"> a) Promote increase in Child Care and Development Block Grant dollars designated for low-income working parents. b) Utilize TANF dollars to provide child care for Family Independence clients and low income working parents. c) Promote employer use of child care subsidies, dependent care accounts, and advantages of employer tax credits. d) Identify and pursue all other available sources of funding ensure that all of South Carolina's Children enter first grade ready to learn. 2) Develop mechanisms to assure that families do not pay more than 10% of their gross family income for quality child care (early care and education). Consider ceiling levels for state subsidy for low income families (such as 185% of poverty or 75% of the state median income).
Goal III. Improve the Availability of Child Care		
20	Increase the number of affordable quality child care (early care and education) slots for infants, toddlers, children with special health care needs, non-traditional hours and in under-served areas.	<ul style="list-style-type: none"> a. Promote and expand recruitment and retention activities through child care resource and referral organizations. b. Promote orientation sessions for interested providers. c. Expand training for infant/toddler care and children with special health care needs. Pursue funding to increase the number of affordable quality child care slots for these children.
21	Provide funding to increase the capacity of child care resource and referral on a local level.	<ul style="list-style-type: none"> a. Educate public, state agencies and policy makers as to value of accurate and timely data collection and decimation through CCR&R agencies. b. Work with interested agencies to seek funding.

Local Success by 6â Initiatives

Success By 6â in Spartanburg County is associated with a state-of-the-art infant care center, which serves children through four years old. This program was begun through a community-wide initiative, the intent of which was to build strong, healthy families. It is housed in a renovated, historic school building located in Lyman, SC. Priority is given to children of teens, who receive this as a free service, in exchange for meeting two requirements: teen parents must stay in school and teen parents must provide service to the community. This program is jointly funded through Mary Black Foundation and Duke Endowment.

United Way of the Piedmont has begun an Early Head Start program based in the Village United Way Partnership Center. The Spartanburg Success By 6® program has no administrative responsibility for these child care programs. The issue of early childhood development and prevention initiatives has been an increasing priority in Spartanburg County over the last eight years. Success By 6® is responsible for providing the vision of what needs to be done to address child care issues in Spartanburg County, for providing the means to collaborate through a 46-member countywide steering committee, for connecting community needs with resources, and for involving business partners.

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The goals of **Success By 6Ô in Beaufort County** are: identify parents as the first and most important teachers, enhance the possibility of students achieving success in school, break the cycle of illiterate parents, and change the way the community views and values children.

Beaufort Success By 6® is responsible for coordinating agencies that serve young children, in an effort to address multi-layered problems and to assure that services do not overlap. It is active in seeking partnerships with local businesses that contribute money, equipment, and materials.

The program coordinates two family learning centers in the county. In addition to providing child care, these centers provide on-going adult education for parents. Parents have an opportunity to work with teachers and children to learn how to best interact with the child. A resource center is also available which provides materials developed on an adult level and a child level, as well as infant safety seats and cribs. Other programs are available through the centers that include parent educators and Well-Baby Plus.

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Success By 6® in Aiken County is an outgrowth of the Childcare Community Collaboration Initiative Committee which began in 1996 by studying needs of Aiken County families. With significant community input, it was decided that the greatest need was a countywide, child care resource and referral center which would provide assistance to parents in locating child care, educate consumers on quality issues, and provide training to family day care providers. This resource and referral program is funded by Success By 6® and is called *Childcare by Choice*.

Among the services this program offers to parents are individual counseling and seminars on choosing quality child care and information on child care options and providers. Services to providers include seminars for individuals interested in establishing a day care program, technical assistance and support for start-up and expansion of programs, resource materials such as “lending luggage kits” which are part of a toy lending library based on theme, age appropriate toys in luggage carriers; efforts to expand child care into geographic areas of need, and encouragement and assistance to raise standards to “enhanced” and “accredited”. There is also a data management component, which includes maintaining an updated list of child care providers, and surveying providers annually.

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Success By 6® in Columbia is sponsored by United Way of the Midlands and covers the Midland section of South Carolina. Its mission is to ensure that all children in the Midlands are prepared to be successful when they enter school. The goals to accomplish this mission are: raise public awareness of child development and school readiness issues, establish community partnerships to prepare children to be successful for school, and advocate for policies and resources which provide family-friendly services needed for children to be ready for school and successful in life.

Among the activities sponsored by Success By 6® is a training program for providers which meets monthly and provides in-depth information to Family Day Care Home providers. An outgrowth of this group is a series of classes held on Saturdays for parents. Partners in this project include the Child Care Resource and Referral Project of Interfaith Community Services, University of SC College of Nursing, and the Midlands Parent Information and Resource Center. This Success By 6® group is also working with two child care centers located in Columbia, one of which is a Habitat for Humanity construction, and the local housing authority sponsors the other.

They are seeking funds to establish additional community centers that would provide affordable, accessible child care services throughout the Midlands.

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Initial steps to establish **Success By 6® in Greenville County** were taken in 1991 when a needs assessment sponsored by the Community Planning Council called for a significant expansion of current prevention and early intervention programs. In 1992 several community organizations including the school district, Greenville Hospital System, Chamber of Commerce, and United Way came together to plan a local initiative modeled after a Minneapolis, Minnesota Success By 6® program. A local board of community leaders and childhood experts was named in 1994.

There are three primary goals for this Greenville program. The goals, and the highlights of accomplishments toward each goal, are:

1) Increase public awareness of children's problems

The founder of the national Success By 6® launched the Greenville program in 1995 in a presentation to over 200 business leaders, agency heads and community volunteers. Other public awareness efforts have focused on early childhood literacy through support of "Child Watch", during which 4,000 free books were distributed to children and "Feed Me A Story", a year-long campaign that included public service announcements on radio and television. Through contact with local legislators and school trustees, Success By 6® was instrumental in the passage of full-day kindergarten legislation in 1996.

2) Foster collaborative relationships among existing services and funders

The School District of Greenville County is a full partner with the local United Way in the implementation of Success By 6®.

3) Develop needed programs

"A Prescription to Read" and "Project Book Find" are programs to encourage literacy development. The Center for Developmental Services brings together seven agencies in a multidisciplinary center for the developmental evaluation, education and treatment of children. Four child development and family service programs have been established across the county which provide child care to parents who participate in the GED programs.

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