



The Advisory Committee on Services for Families with Infants and Toddlers directed Early Head Start to ensure quality in any child care used by Early Head Start children. In establishing the blueprint for Early Head Start, this Committee also laid out a bold vision for influencing child care for thousands of other infants and toddlers. The Committee presented a challenge for Early Head Start programs: they could provide center-based care directly or form partnerships with center and home providers in their communities, ensuring that all children in these partnerships—not just the Early Head Start children—would receive care that met the Head Start Program Performance Standards. The challenge was intended for all Early Head Start programs.

Quality child care—whether provided in Early Head Start centers, community centers, community family homes, or by relatives—has become a priority for Early Head Start. A majority of Early Head Start children need child care, and the

quality is important to their development. The existing literature suggests that good quality child care can enhance early development, especially for low-income children. There is evidence that much infant care does not meet standards for good quality (Cost, Quality and Child Outcomes Study Team, 1995; Galinsky, Howes, and Kontos, 1995). The Head Start Program Performance Standards set a bar for quality that is higher than what is typically found in infant-toddler care today.

This brief explores the extent to which Early Head Start was able to meet the expectations of the Advisory Committee for Early Head Start children to receive good quality child care and for Early Head Start to extend resources to enhance quality in child care in communities where programs are located. It demonstrates that considerable progress has been made towards these goals and provides suggestions for the future.

CHILD CARE FINDINGS AND LESSONS FROM THE RESEARCH

The Early Head Start Research and Evaluation Project was a rigorous random-assignment evaluation involving 3001 children and families in 17 programs (see *The Study* on back page). Families were assigned to Early Head Start or a control group, receiving services available in the community including child care. Programs were center-based (provided full-time on-site child care in an Early Head Start center), home-based (helped families find child care they needed), or mixed-approach (contracted with community providers or provided on-site center care). In all programs, some families found their own center or family child care. The child care study¹ was included within the larger study to examine families' child care experiences in the context of their involvement in an Early Head Start program. This research brief first reports descriptively about child care use and the quality of settings attended by Early Head Start children and then draws from the experimental design to answer questions about the impact of Early Head Start on child care use patterns and quality.

What did the research show about child care used by Early Head Start children?

◆ **Early Head Start children used large amounts of child care, and child care use increased as children got older.** At 14 months of age, on average, half of the Early Head Start children received 30 hours of child care or more; by 36 months, two thirds of the children were in care 30 hours or more a week, across all forms of care. Child care use was even greater in center-based Early Head Start programs: at 14 months, two thirds of the families used 30 hours or more a week, and at 36 months, three fourths used that much child care. Altogether, child care is important for the majority of Early Head Start children.

◆ **Some Early Head Start children needed care during nonstandard hours, were placed in more than one arrangement, or experienced instability of care.** At 24 months, about a third of all children received care in their primary arrangement during evening hours. Use of more than one arrangement, for 10 hours a week or more each, occurred among 15% of children across all programs and for 30% of children in center-based programs. That is, these children attended out-of-home placements in addition to the care offered in a full-time Early Head Start Center for at least 10 hours a week. Longitudinal analyses suggested that a number of children were moving in and out of care. Thus, program attention to quality in nonstandard hours, to children's secondary arrangements, and to stability of care is warranted.

¹Findings in this brief are based on the Early Head Start Child Care Policy Report, *The Role of Early Head Start Programs in Addressing the Child Care Needs of Low-Income Families with Infants and Toddlers: Influences on Child Care Use and Quality*, Administration for Children and Families (ACF) 2003b.



Research to Practice: Child

What child care choices did Early Head Start parents make?

- ◆ **Center care was the most common form of child care, followed by relative or kin care, generally provided by grandparents.** Nonrelative family child care was a distant third. By age 36 months, nearly half of all families used a center as their child's primary arrangement, an increase from 30% when children were 14 and 24 months. As expected, families enrolled in center-based programs were more likely to use center care than those in mixed-approach and home-based programs² (68%, 50%, and 36%, respectively) when children were 36 months of age. Use of relative care was especially common in home-based and mixed-approach programs, accounting for about one quarter of care in those programs at 36 months.
- ◆ **Child care use patterns varied by race/ethnicity of parents.** Although child care use was high for all groups, more African American families used child care, particularly more center care, including Early Head Start centers, than was true for other groups. African American children were most likely to be in child care at 1 year of age; Hispanic children were least likely to begin child care during the first year of life, while White children were in between.
- ◆ **Most Early Head Start parents (95%), including those in Early Head Start centers, were satisfied with the child care they were using.** Even with high levels of satisfaction, 29% said they would change the arrangement if cost were not a factor. Eighty percent of those wishing to change preferred center-based care, generally, because they believed their children would learn more or benefit from being with other children.

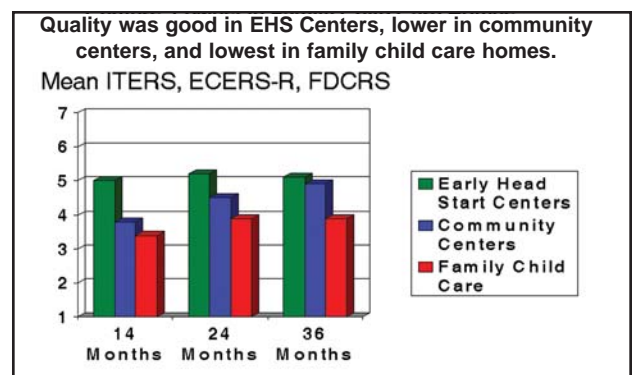
What was the level of quality in three types of child care settings used by Early Head Start children?

- ◆ **Quality³ was consistently good in Early Head Start centers** (see Figure). When children were 14, 24, and 36 months of age, the quality of their child care was assessed. Quality scores in Early Head Start centers (full-time on-site centers in center-based and in some mixed-approach programs) averaged 5.0 and above on the measures used, scores generally considered in the good range. In

addition, child-adult ratios were consistently lower (more favorable) than Performance Standard specifications. Findings affirm the importance of the Performance Standards for providing a base for quality.

- ◆ **The quality in community centers attended by Early Head Start children was generally lower than in Early Head Start centers but improved over time** (see Figure). Overall quality was nearly comparable to that in Early Head Start centers by the time children were 3. While child-adult ratios were not as low (favorable) as in Early Head Start on-site centers, they approached Performance Standard levels. A number of factors may have contributed to increments in quality in community centers. Over the three assessment periods, Early Head Start programs increased partnerships with community child care providers and guidance to parents in choosing centers, and good community center care for 3-year-olds may have been easier to attain. The findings may be encouraging to programs developing partnerships that promote the Performance Standards.
- ◆ **Quality in family child care increased slightly but was consistently lower than for center care** (see Figure). However, in family homes observed, child-adult ratios were lower (more favorable) than specified in the Performance Standards. It was less common for Early Head Start programs to form partnerships with family child care providers than with centers. Programs may need more strategies for effective partnerships with family child care providers.

“Quality was consistently good in Early Head Start centers.”



² Many home-based programs became mixed when they added center-based care (ACF 2003a)

³ Quality was assessed using the Infant Toddler Environment Rating Scale (ITERS; Harms, Cryer, and Clifford, 1990); the Early Childhood Environment Rating Scale-Revised (ECERS-R; Harms, Clifford, and Cryer, 1998), the Family Day Care Rating Scale (FDCRS; Harms and Clifford, 1989), and other measures.

What were the results for children and families?

- ◆ Drawing on the experimental design, the study showed that being in Early Head Start increased the probability of children experiencing child care at every age. At 14 months, 66% of program children versus 57% of control children were in 10 hours of child care or more; by 36 months, 84% of Early Head Start children were in care, compared to 78% of control children. However, Early Head Start children were significantly less likely to receive care during nonstandard hours; for example, 47% of control children versus 35% of program children received care during evening hours.
- ◆ Drawing on the experimental design⁴, the study demonstrated that being in Early Head Start increased the probability of children experiencing good quality center care. Across all forms of center care (Early Head Start and community centers) Early Head Start children were three times more likely to be receiving their primary care in a good quality center than were control group children when they were 14 and 24 months old (and approximately one and a half times more likely to be in good quality center care at 36 months).
- ◆ Within the program group, higher levels of child care quality related to higher levels of children's cognitive and language development.⁵ Early Head Start children in centers with higher quality, whether on-site or in the community, scored significantly higher on cognitive development measures when they were 24 months of age and on language measures when they were 36 months old than children in lower quality programs.

“Being in Early Head Start increased the probability of children experiencing child care . . . and increased the probability of children experiencing good quality center care at every age.”

- ◆ Within the program group, more time in center care (Early Head Start and community centers) also related to higher levels of cognitive development at 24 months and higher levels of cognitive and language development at 36 months. More time in center-based care did not relate to increased behavior problems unless child-adult ratios were high (unfavorable) and only at 24 months.

What did Early Head Start programs do to increase child care availability and quality?

- ◆ Programs demonstrated many innovative practices to enhance child care quality on site and in community settings (ACF, 2002a; Love, Raikes, Paulsell, and Kisker, in press). Some of these innovations included achieving accreditation from the National Association for the Education of Young Children (NAEYC); forming expanded partnerships with community child care providers; making child care staffing and facility changes to meet the performance standards; developing systems for ongoing quality monitoring; visiting Early Head Start children in community child care settings; providing many training opportunities for Early Head Start and community providers; forming new collaborations within communities; and working to maximize resources from multiple funding sources, including government subsidies. Many of these practices are ongoing, and innovative practices seem to evolve as partnerships mature over time.



⁴To determine the impact of Early Head Start on receipt of quality center care, each child in the study was assigned a 1 if enrolled in quality center care (5 on the ITERS or ECERS or higher) and a 0 if not. Thus, the analysis was able to draw on the full sample and the experimental design of the Early Head Start study to answer questions about the impacts of Early Head Start on quantity and quality center care.

⁵Regression analyses were conducted examining how indices of child care quality and intensity of care were related to child outcomes at 24 and 36 months of age. Because the sample consisted entirely of Early Head Start children and because the program worked with families to find child care, selection bias was minimized. Regression analyses further controlled for demographic characteristics of families (child gender, child age at assessment, maternal race/ethnicity, maternal education and marital status, whether mother was a teenager at the time of the child's birth, and whether the site was urban). However, it is possible that some selection effects remained.



Research to Practice: Child Care

Early Head Start Research and Evaluation Project

IMPLICATIONS FOR PROGRAM IMPROVEMENT

- ◆ Continue the current strong emphases on increasing child care availability and enhancing quality for infants and toddlers in Early Head Start communities. Child care is important for Early Head Start.
- ◆ Continue to rely on the Head Start Performance Standards—in Early Head Start on-site centers and in community settings—as an effective mechanism for attaining child care quality.
- ◆ Build and fine-tune partnerships with community providers. The partnerships are challenging to build and must be nurtured over time. While meeting the Performance Standards is the goal, the support and guidance of monitors and trainers for the partnership may be needed to attain it. Additional support for this mechanism, including increasing the benefits for front-line child care staff, should be investigated.
- ◆ Support quality among relative caregivers, in family child care homes, during nonstandard hours, and in children's secondary as well as primary arrangements. While much progress has been made, there are still Early Head Start children in care that is not enhanced by partnership with an Early Head Start program.
- ◆ Be watchful of instability due to children moving in and out of child care across changes in parents' employment, training, and subsidy eligibility. Even greater collaboration between states and Early Head Start programs may be required to ensure that children in quality child care programs also experience stability.
- ◆ Monitor Quality. Well-established measures such as the ones used in the current study can be used to study quality in all settings and formulate continuous improvement plans based on findings.

The Study

The Early Head Start Research and Evaluation Project included studies of the implementation and impacts of Early Head Start under the direction of the Child Outcomes Research and Evaluation Division, Office of Planning, Research and Evaluation, in the Administration for Children and Families, U.S. Department of Health and Human Services. It was conducted by Mathematica Policy Research, Columbia University Center for Children and Families, and the Early Head Start Research Consortium of researchers in 15 universities. Research was conducted in 17 Early Head Start sites representing a diversity of program models, racial/ethnic makeup, auspice, and region. In 1996, 3001 families enrolled in an experimental design study, and children, families, and children's child care arrangements were assessed when children were 14, 24, and 36 months of age, and families were interviewed about services 7, 16, and 28 months after random assignment. Child assessments included a wide array of child cognitive, language, and social-emotional measures using direct assessment and parent report. Parent assessments included observation (videotaped and by interviewers) and self-report. Families in the program and control groups were demographically comparable at baseline and assessment points. Two implementation reports and two impact reports (when children were 24 and 36 months of age) from the study have been completed and are available at the web site identified below. Overall, the study demonstrated a wide array of modest, positive impacts. The child care study drew on data gathered by interviewing program and control group parents about their child care use during the three service interviews, by studying program implementation from the three site visits, from child and family characteristics assessed at 14, 24, and 36 months, and from observations of the quality of children's primary child care arrangements (the setting most used for 10 hours per week or more) in conjunction with the birthday interviews.

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Early Head Start evaluation reports are available online at:
http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/ehs_intro.html