



Early Childhood Consultation
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Most important issues:

Family Support

The federal government provides no paid leave for family members at and around the birth of a child and during the important first months of life. Most states have no or very limited paid leave (with the exception of California). The result of this lack of support is that larger numbers of children are being placed in child-care at earlier ages (2 months and younger) in the United States than in any other industrialized nation and many developing countries. Infant/parent attachment is being put at risk and an overwhelming number of parents are reporting experiencing the stresses of not finding adequate child care and having to go back to work for economic reasons while concerned about the quality of care their babies are receiving. Even childcare workers report unease about having to take children under 6 months of age into care. The U.S. is completely out-of-step with other nations with regard to this issue.

Recent surveys show that the vast majority of Americans support paid leaves programs: Nearly nine in ten (89%) parents of young children and 84% of all adults support expanding disability or unemployment insurance to help families afford to take time off from work to care for a newborn, a newly adopted child, or a seriously ill family member.

Nearly all working women (93%) report that paid sick days are an important benefit. In a list of ten employment benefits, only health insurance was ranked higher than paid leave.

Recommendation: Alter the 1993 Family and Medical Leave Act by providing funding at 80% of current parent salary for the first six months of life of a newborn or for a family adopting a child under two years of age. Expand the act by making the leave available to family members working for small businesses with 15 or more employees. (The current cut off is 50.)



Child Care

The childcare industry in the USA is in shambles and incapable, given current market rate reimbursement structures, of ensuring adequate quality. Since 1973 the salaries of child care workers with some college education has risen only 39 cents per hour. No matter the amount of training caregivers receive, salaries remain low -- \$7.86 per hour for childcare workers & \$9.66 for preschool teachers. Turnover rate is 36% per year.

An overwhelming majority of families can't pay enough to ensure adequate quality of care. State compensation rates almost guarantee low quality. Given current market rates programs can't provide salaries and incentives to attract and keep qualified staff. For adequate quality to be assured services for children under 5 must be partly subsidized by government. Market-driven childcare has not worked anywhere in the world.

For infants and toddlers the conditions are even worse. Because infants need more intimate care and attention, their care is more expensive. Yet state reimbursement rates, and group size and ratio regulations for that care are grossly inadequate. This has led to a dangerous pattern with increases in the closing of quality programs and the proliferation of low quality programs. A national study of infant toddler care showed that only 10% of care was developmentally appropriate and that 40% was damaging. Additionally, children from families receiving child care services through TANF vouchers receive some of the lowest quality care available while their need for safe, interesting environments and caring consistent relationships is great.

Recommendation: Develop a long-range plan to overhaul the care of children birth to five. Change from current childcare practices, which provide little more than baby-sitting, to a birth to five learning and development program available to all families. Mandate professionally credentialed and reasonably compensated teachers (Kindergarten teachers make \$27 per hour) and regulate group size, ratio, environment, safety & health standards, and program policy guidelines including process (how children are treated) variables. This program could be collaboratively funded with federal, state, municipality, and family contributions. In Europe family contribution usually runs between 10% and 33%.

Health Care

For the youngest children, regular health care can spell the difference between a strong beginning and a fragile start. The American Academy of Pediatrics recommends eight well-baby care visits with a pediatrician in the first year of life, with three more by the time the child reaches the age of three. These visits focus on preventive pediatric health including vision, hearing, lead and developmental screenings; psychosocial/behavioral assessments; and promotion of proper oral health care. In addition, infants and toddlers



also require 20 doses of vaccines before they are two years old to protect them against 12 preventable diseases. Without health insurance, babies and toddlers are less likely to have a regular pediatrician, more likely to miss preventive health visits, and less likely to receive the full range of immunizations. The 21% of infants and toddlers who live in poverty are particularly at-risk for a variety of poorer outcomes and vulnerabilities, including health impairments, social-emotional problems, and diminished school success.

Recommendation: Expand access to SCHIP and provide adequate coverage for all eligible infants and toddlers and fulfill the congressional commitment to add \$50 billion in new funding for SCHIP.

Issues That Can Be Addressed In First 100 Days:

1. Immediately move to increase funding for both the Child Care Block Fund and Head Start. Significantly increase the funding of the infant/toddler population served by the Fund and the Early Head Start proportion of the Head Start funding. Less than 2% of eligible children receive Early Head Start and only 14% of eligible children receive child care assistance. Also increase the funding available in both those programs for quality improvement (training, technical assistance, mentoring and supervision).
2. Review current training and technical assistance provided to Head Start. This system was stripped to the bone during the present administration and does not provide adequate assistance to the programs. If possible, suspend the current system and create one more intensive, comprehensive, and attuned to the needs of the field.
3. Create a “Bully Pulpit”, as was done during the Clinton Administration with their White House Conferences, for adequate quality childcare. Issue regular releases from the White House to families about issues needing their attention. In preparation for these messages from President Obama:
 - i. Commission a study to compare current state regulations with studies defining appropriate quality and point out the harm done and opportunities wasted.
 - ii. Commission a paper to show the importance of retaining one’s home language while learning English and the evidence base which shows how that can happen.
4. Convene a high level workgroup to plan for the implementation of paid parental leave.



5. Expose and regulate more forcefully inaccurate claims made by “educational toy and video ” companies and for profit child care with regard to benefits of their products.
6. Commission a panel to study how other nations, in particular, Australia, Canada, and England are breaking down service silos and revolutionizing family service for children 0 to 5 by studying community need and personalizing service to each community.
7. Make immediate contact with the administration of Prime Minister Kevin Rudd of Australia. His administration took control November 2007 from a conservative administration and his ECE platform was very similar to that of President-Elect Obama. They are moving full speed ahead and their implementation issues/problems could be quite enlightening.

Obstacles: Other than obvious economic ones.

- Small business resistance to family leave.
- For profit resistance to stricter child care regulations.
- Landmines left in place in HHS and ED to slow down policy change by current administration including services recently contracted.
- The arbitrary use of “evidenced based” arguments by conservative groups to impede policy changes they oppose.
- The lack of balance in current thinking in ED and the Congress between the funding of accountability measures and the funding of program support.
- The lack of information family members possess about family support services seen as common place in other nations and the denial they exhibit when confronted with the quality of services their children are receiving.
- The lack of child and family professionals competent in languages other than English and the lack of instructional materials and parent support materials in languages other than English.
- Resist efforts to use current market rates in formulas for childcare compensation rates. Programs cannot provide adequate quality at current market rates. Current market rate formulas ensure low quality below developmentally appropriate standards.

* This paper does not address important special education, early intervention, and foster care needs.