5-1 Nonparental Child Care

Nonparental child care, or as it is sometimes called, **day care**, refers to the care given to children by persons other than parents during the parts of the day when parents are absent. Nonparental child care can begin as early as birth and extend into the school years until children are old enough to care for themselves. Most states have laws regarding the age at which children can legally be left unsupervised by an adult. Nonparental child care provided for children before or after school hours or during vacations is referred to as **extended day care**.

Today the care of children for a significant part of the day is likely to be provided by caregivers other than parents. There are several different types of nonparental child care. A friend, relative, or sitter may come to the home and care for the child. The family may hire a nanny (someone who has received child-care training) to live with them. Families may cooperate and provide care by taking turns. Independent caregivers may provide care for children in their homes (family day care). Parents may take children to a center for care during the day. According to Clarke-Stewart and Allhusen (2002), children ages 3–5 are more likely than children younger than 3 to be cared for in a center-based program; children under the age of 3 are more likely to be cared for by parents, relatives, or independent caregivers in the child's home or the caregiver's.

According to government statistics (FIFCFS, 2013):

- In 2011, 49 percent of children ages 0–4 with employed mothers were primarily cared for by a relative—their father, grandparent, sibling, other relative, or mother— while she worked. This is not statistically different from the percentages from 2005 to 2010.
- Twenty-four percent spent the most amount of time in a center-based arrangement (day care, nursery school, preschool, or Head Start).
- Thirteen percent were primarily cared for by a nonrelative in a home-based environment, such as by a family day-care provider, nanny, babysitter, or *au pair* (usually a young foreign person who cares for children and does domestic work for a family in return for room and board and the opportunity to learn the family's language).
- School-age children may spend their weekday, nonschool time in child-care arrangements, and also may engage in a variety of enrichment activities such as sports, arts, clubs, academic activities, religious activities, and community service. In addition, some children care for themselves without adult supervision for some time during the week.

Because children spend significant socialization time in nonparental care settings and at very young ages, this chapter examines the influence of such child-care settings on development. Figure 5.1 shows a bioecological model of the systems involved in the process.

Regardless of the type, *quality* child care involves certain basics: a caregiver who provides warm, loving care and guidance for the child and works with the family to ensure that the child develops in the best way possible; a setting (home or center) that keeps the child safe, secure, and healthy; and developmentally appropriate activities that help the child develop emotionally, socially, mentally, and physically (National Institute of Child Health and Human Development [NICHD], 2005). Many states require fingerprinting of caregivers so that background checks can be made through the police department.

The terms *nursery school, preschool, early childhood education,* and *child development program* are sometimes used to describe certain types of programs for young children.

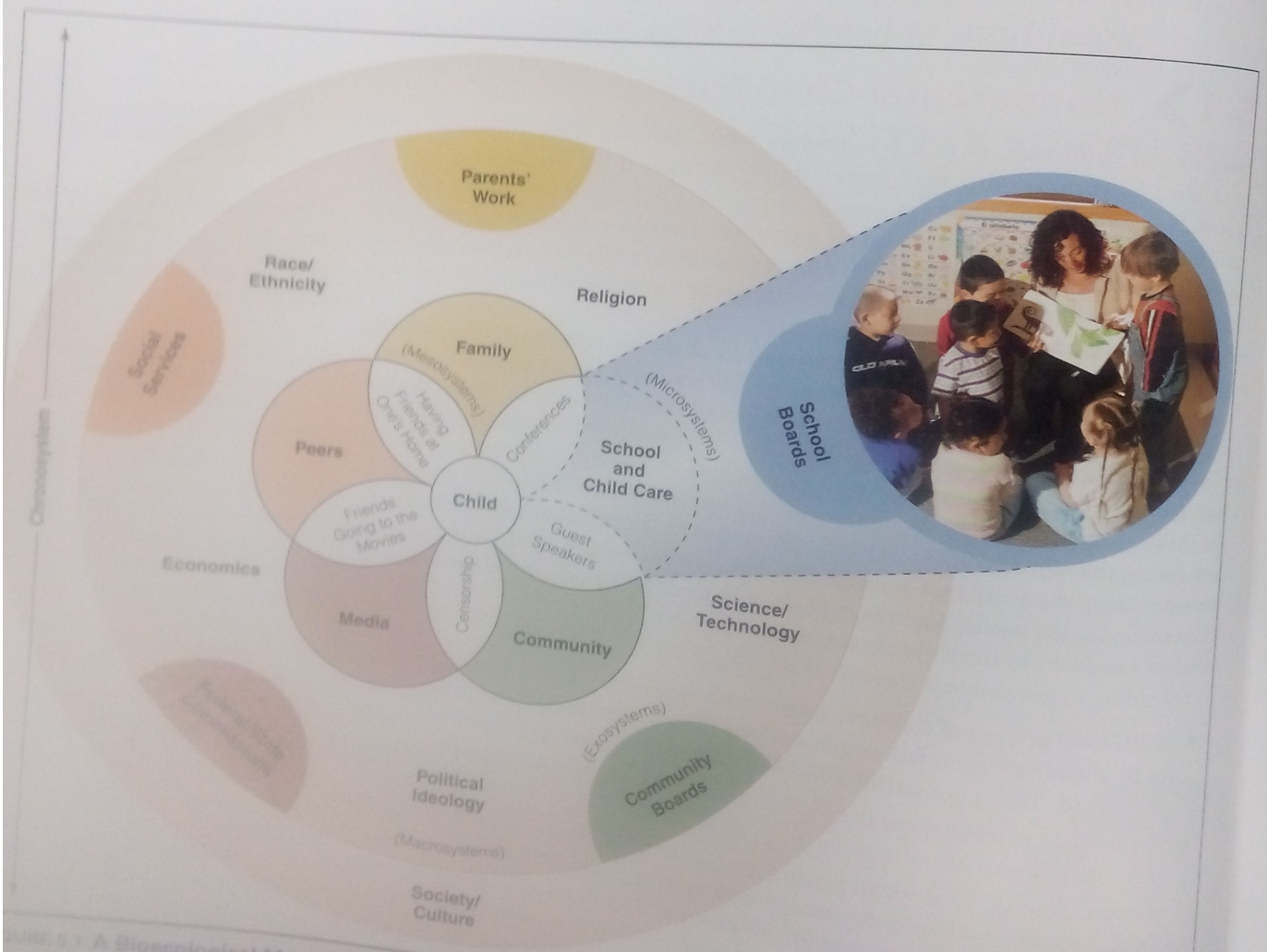


FIGURE 5.1 A Bioecological Model of Human Development Child care is a significant influence on the child's development.

Because all care for children has an impact on their socialization or education, the terms *child care* or *day care* will be used to refer to nonparental caregiving.

The availability, affordability, and adequacy of child care has become an increasingly serious concern as more and more parents jointly must contribute to the family income due to the rising cost of living.

To help employees balance their work and family responsibilities, the federal government passed the Family and Medical Leave Act (FMLA) of 1993. It allows qualified employees to take up to 12 weeks per year of unpaid leave for certain family and medical reasons, such as the birth and care of a newborn child or for the care of an adopted or foster child.

IN CONTEXT **Your Care as a Child. .**

Who cared for you in your early years?
Will you be the primary caregiver for your children?
Are you and your present or future spouse employed, or do you plan to be?

5-1a Components of Optimal Quality Care

What is involved in quality care?

Given the patchwork of services that currently exists and the projected need for future child care, quality child care has become an issue of concern among working parents, professionals who deal with children, and legislators (Ghazvini & Mullis, 2002; Lamb & Ahnert, 2006).

The term *quality* usually refers to a subjective evaluation of excellence. however, research has generated an objective definition by analyzing the physical, cognitive, social, and emotional components of the child-care setting. For example, the federal government initiated the National Day-Care Study (Ruopp, Travers, Glantz, & Coelen, 1979) for the purpose of ultimately constructing national child-care standards of quality. The task was to identify key child-care components that best predicted good outcomes for children and to develop cost estimates for offering those components within programs. The study found the components of optimal quality child care—that is, the most significant predictors of positive classroom dynamics and child outcomes—to be:

- The size of the overall group
- The caregiver-child ratios
- Whether the caregiver had specialized training in child development or early childhood education

In classrooms that had smaller groups and whose teachers had specialized training, teachers could engage in more social interaction with the children. As a result, the children were more cooperative, more involved in tasks, more talkative, and more creative. They also made greater gains on cognitive tasks.

More recent studies have confirmed and expanded the National Day-Care Study findings (Ghazvini & Mullis, 2002; NICHD, 2005, 2010). Caregivers with specialized training in child development and developmentally appropriate practices have a more authoritative, rather than authoritarian, attitude toward child rearing, use more planned activities, are less stressed, and tend to communicate regularly with parents (Ghazvini & Mullis, 2002; NICHD, 2005, 2010). Today, measures such as the Infant/Toddler Environment Rating Scale and the Early Childhood Environment Rating Scale (Lamb & Ahnert, 2006) are available to assess quality.

In 2006, the National Association for the Education of Young Children (NAEYC) established new national standards for preschool, child care and kindergarten programs. The 10 NAEYC Early Childhood Program Standards outline what the association

believes all programs should do to nurture and educate young children. The standards are the foundation of the NAEYC accreditation system, which assesses the quality of early childhood education programs and helps families make the right choice for their children. High-quality programs:

1. Promote positive relationships for all children and adults
2. Implement a curriculum that fosters all areas of child development—cognitive, emotional, language, physical, and social
3. Use developmentally, culturally, and linguistically appropriate and effective teaching approaches
4. Provide ongoing assessments of child progress
5. Promote the nutrition and health of children and staff
6. Employ and support qualified teaching staff
7. Establish and maintain collaborative relationships with families
8. Establish and maintain relationships and use resources of the community
9. Provide a safe and healthy physical environment
10. Implement strong program management policies that result in high-quality service.

(Source: NAEYC (2006). *Press Release: NAEYC develops 10 standards of high-quality early childhood education*).

In spite of such research on child-care quality and positive child outcomes, studies of child-care centers reveal that typical quality across the United States is still considerably below what is considered good practice by child development, psychology, and education specialists (Fragin, 2000; NICHD, 2005, 2010). Some causes of poor-quality child care are (1) high caregiver turnover, which often greatly affects a child's ability to form trusting, loving attachments; (2) low wages, a lack of benefits, and adverse working conditions, which make it difficult for many child-care workers to remain in the profession; and (3) different state requirements for child-care facilities and teachers (Society for Research in Child Development [SRCD], 2012).

A number of studies have examined the effects of varying levels of quality on children's behavior and development. Conclusions indicate a significant correlation between program quality (safe, stimulating environment) and socialization outcomes for children (Fragin, 2000; NICHD, 2005, 2010; SRCD, 2012). Outcomes related to quality include cooperative play, sociability, ability to resolve conflicts, self-control, and language and cognitive development.

These preschool children are involved in a developmentally appropriate hands-on activity.

Given the research conclusions on quality child care, why do some parents choose otherwise? Mason and Duberstein (1992) found that the factors of availability and affordability of care overshadowed the factor of quality in some parents' choice of child care.

Because national standards of quality child care do not exist, NAEYC took on the task of setting its own criteria, publishing a position statement on criteria for high-quality early childhood programs in 1984. Briefly, a high-quality program is:

one which meets the needs of and promotes the physical, social, emotional, and cognitive development of the children and adults—parents, staff, and administrators—who are involved in the program. Each day of a child's life is viewed as leading toward the growth and development of a healthy, intelligent, and contributing member of society. (NAEYC, 1984, p. 7)

Child-care programs that meet the criteria can voluntarily apply to the National Academy for Early Childhood Programs (a division of NAEYC) for accreditation, thereby receiving national recognition for high-quality standards and performance. Accreditation specifics will be discussed later.

In 1986, NAEYC expanded its position on quality. With the proliferation of programs for young children and the introduction of large numbers of infants and toddlers into group care, NAEYC felt the need for a clear definition of *developmentally appropriate practice* (*DAP*), a term often used in the criteria for quality early childhood programs. *Developmental appropriateness*, as introduced in Chapter 4, involves knowledge of children's normal growth patterns and individual differences. In response to the trend toward increasing emphasis on formal instruction in academic skills (seen in many programs), NAEYC published specific guidelines for developmentally appropriate practices for programs servicing children from birth through age 8 (Bredekamp & Copple, 1997; Copple & Bredekamp, 2009). DAP views play as the primary indicator of children's development. Each child is viewed as a unique person with an individual pattern and timing of growth, as well as individual temperament, learning style, and family background. Both the program and interactions should be responsive to individual differences. Learning in a developmentally appropriate program emerges as a result of the interaction between the child's thoughts and experiences and the materials and people available. The curriculum should match the child's developing abilities while also challenging the child's interest and understanding (Bredekamp, 1986, Copple & Bredekamp, 2009).

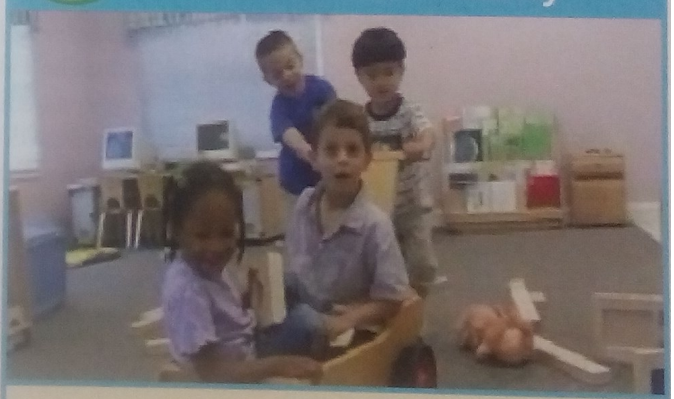
After much hard work, debate, and compromise involving numerous child advocate organizations, a federal child-care bill was eventually passed in 1990 (this became part of welfare reform in 1996). The bill included a Child Care and Development Block Grant to state governments, requiring them to designate a lead agency to direct their child-care programs, to set health and safety standards, and to allow eligible low-income families to choose any licensed child-care provider. In addition, the child-care bill included tax credits for working families with children if they have child-care expenses for one or more children under age 13 and pay for child care in order to work.

How Does Accreditation Take Place?

While the law establishes minimum standards for quality child care, voluntary systems exist nationally to establish higher quality standards than the law provides for both child-care centers and family day-care homes (Helburn & Howes, 1996).

Child-Care Centers. The NAEYC accreditation system for child-care centers involves self-evaluations by staff and parents. Professional validators from NAEYC conduct visits to determine whether standards have been met; if they have, the program is accredited for three years. Standards are designed for programs serving children from infancy through age 8 in centers caring for more than 10 children; school-age programs are eligible if a majority of the children are age 8 or younger.

TeachSource Video Activity



Watch the video entitled *Preschool: Appropriate Learning Environments and Room Arrangements.*

1. How is developmental appropriateness exemplified by the teacher?
2. How is developmental appropriateness exemplified by the room arrangement?

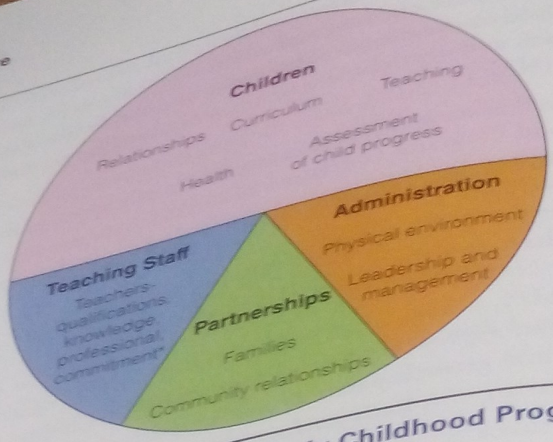


FIGURE 5.2 Conceptual Framework of Early Childhood Program Standards for NAEYC Accreditation

Source: Based on NAEYC (2007). NAEYC Early Childhood Program Standards and Accreditation Criteria: The Mark of Quality in Early Childhood. Washington, DC: Author.

The NAEYC accreditation standard criteria (see Figure 5.2), based on research and professional consensus, include staff qualifications and training, administration and staffing patterns (group size and adult-child ratios), physical environment, health and safety, and nutrition and food service. For example, for children ages 0 to 12 months, the standard is six to eight children per group with an adult-child ratio of 1:3 to 1:4; for children ages 4 to 5 years, the standard is 16 to 20 children per group with an adult-child ratio of 1:8 to 1:10.

Family Day-Care Homes. In 1988, the National Association for Family Day Care (now the National Association for Family Child Care, or NAFCC) began a program for voluntary accreditation of family child-care homes. The process includes self-evaluation as well as external validation of aspects of program operation, including health and safety, nutrition, indoor and outdoor play environments, interactions, and professional responsibility. Continuing education for the caregiver, such as cardiopulmonary resuscitation (CPR), is also required.

In-Home Care: Nannies. The oldest professional nanny organization in the United States is the International Nanny Association (INA). It includes nannies, nanny employers, nanny placement agencies, and nanny educators. Since 1987, INA has worked to professionalize the nanny industry by maintaining high standards of conduct, respecting and supporting families in their task of nurturing children, and promoting continuing professional growth. Background checks, referrals, conferences, and newsletters are some of their services.

5-2 Macrosystem Influences on Nonparental Child Care

Generally, child care and educational practices have been affected by three macrosystems: political ideology, economics, and science and technology. *Political ideology* is seen in values such as social responsibility (e.g., fostering adaptation in immigrants), competition (e.g., providing young children with learning opportunities to prepare for the future), and equal opportunity (e.g., assisting poor families and including ethnically diverse children