



CHILD CARE IN OREGON

A League of Women Voters Education Fund Publication

Child care is a social issue that reaches beyond the family into the community, business, and government. The need for child care is increasing under current economic and social conditions. Families with two wage earners are in the majority, and single-parent families are increasing in number. The community is the source of care providers and information exchange. The quality of child care directly impacts the community. Businesses, recognizing the impact that unavailable or unreliable child care has on employee productivity and well-being, are expanding their participation in the child care system. Government involvement ranges from regulation and subsidies for low-income families to grants for starting or expanding child care services.

Are child care needs being met? Are there enough providers for the rapidly rising numbers of children who need care? What about quality? How can parents find and evaluate quality child care? Child care costs consume a significant percentage of income, particularly for lower-income families. Is there a trade-off between quality and affordable cost?

Child care is an issue of growing national concern. In 1987, the Oregon League of Women Voters began a two-year study of child care to examine the roles and responsibilities of parents, providers, business, and government in child care. Children are valuable members of our families and communities. How they are cared for today is important for our future.

GLOSSARY

Child Care—Caring for children not your own. May include care in the home by relatives or others (paid or unpaid), care in another home, care in centers.

Care Provider/Caregiver—Operator of a child care business; one who works with children in child care setting.

Children's Services Division (CSD)—State agency in the Department of Human Resources responsible for regulating child care facilities and programs.

Oregon Commission on Child Care—Created in 1985. Appointed volunteers address issues, problems, and solutions critical to the development of accessible and affordable quality day care in Oregon.

Licensed Day Care—Mandatory licensing administered by CSD requires compliance with health, safety, supervision and nutrition standards. Annual renewal. Applies to day care group homes and centers which care for seven or more children.

Family Day Care Home—Offers full or part-time care for up to six children at a time, plus caregiver's own, in a private home. Up to 10 children allowed under special conditions. Registration with CSD is voluntary.

Day Care Group Home—Offers full-time care for 7 to 12 children, including caregiver's own under age 13, in a private home. CSD licensing is required.

Day Care Center—Full-time child care facility for 13 or more children. CSD licensing is required.

Preschool—School for young children. Not day care licensed if it is a part-time educational program.

School-Age Child Care—Programs designed specifically to supervise school-age children during nonschool hours.

United States Department of Agriculture (USDA) Child Care Food Program—Federally funded reimbursement program for food and related expenses available to registered homes and nonprofit providers.

Information and Referral Service (I&R)—Telephone bank providing parents with names and addresses of day care providers and information on how to choose child care.

Resource and Referral Service—Expanded I&R service. Includes training and support services to providers, education and consultation for parents, links with business community, and reporting of data to community organizations.

On-site/Near-site Child Care—Employer-sponsored child care facility at or near parent's place of work.

Subsidized Child Care—Cost of child care is partially or fully paid by an organization or person other than the parent.

Dependent Care Salary Reduction Plan—Program which allows an employee to set aside funds from salary to cover child care expenses. These funds are not included in reported taxable income.

Flex-time—Job in which the employee can select the time at which he/she will be at work, usually within specified limits.

Job-sharing—Job usually performed by one person is shared by two or more people.

HISTORY

The responsibility of caring for children has evolved through history. When the home was the economic center of society and the extended family worked together to support its members, children were cared for within the family community. With the shift to an industrial economy, more fathers were employed outside the home, and the roles and functions of each family member became increasingly specialized. Home and children became primarily the mother's responsibility. Now that mothers, as well as grandmothers and aunts, have entered the workforce in greater numbers, child care has become an issue.

The use of child care has a long history in the United States. Governments have been involved in child care during war time, when women have been reluctantly and temporarily (or so it was thought) accepted in the workplace. The government first sponsored child care during the Civil War and again during World Wars I and II. Federal sponsorship of child care peaked during World War II when \$51 million was spent building and operating some 3,000 day care centers for 1.6 million children. (9, p. 53)

Child care has also been sponsored by governments and private charitable organizations during times of economic stress or to promote social policy. Charitable organizations provided day care for immigrant children in the last half of the 19th century. The feminist movement in the early 20th century promoted day care facilities. During the depression the government provided child care centers as a means of creating jobs. Social welfare legislation in the early 1960's instituted programs such as Head Start, a federally funded preschool program, to improve the lives of disadvantaged children. (9, p. 53)

NEED FOR CHILD CARE

Real change began in the mid-1960s when the number of working women slowly and steadily began to increase. The current labor market needs women in the work force. Moreover, more families now need two wage earners to maintain their standard of living. As of 1980, 54 percent of Oregon families had two or more wage earners. One-quarter of all children in families with two wage earners would be poor if the father's earnings were the only income. (18, p. 7) At the same time, the number of single-parent households has dramatically increased. Nineteen percent of Oregon families with children are single-parent families (20, p. 16), with 70 percent of single mothers having children under 18 years old. (20, p. 1) Fifty percent of mothers whose children are under six years old are in the work force, as are 65 percent of mothers with children ages 6 to 17. (18, p. 1) Our child care resources have not grown at the same pace.

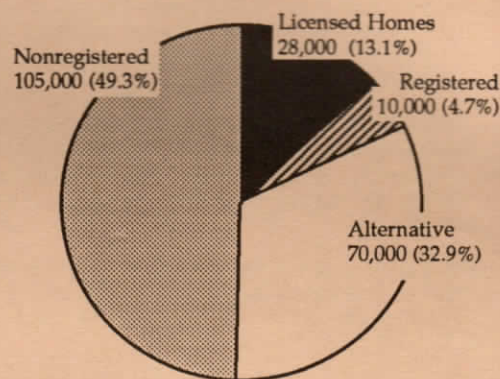
Absentee rates among parents, particularly mothers, also suggest that there are insufficient reliable child care sources and alternatives to meet current needs. (6, p. 6)

The Children's Services Division (CSD) estimates that in 1985 approximately 213,000 (or 52 percent) of the 402,000 children in Oregon from birth to age nine needed some form of day care. It is projected that by 1990, 57 percent of Oregon's children birth to age nine will need day care. (20, p. 16)

In 1987, there were over 550 licensed day care facilities in Oregon serving about 28,000 children, and over 3300 registered family day care homes serving about 10,000 children. Using the CSD estimate of 5 - 8 percent overall compliance with home registration, total day care home spaces can be calculated to be at least 115,000, giving a total Oregon child care capacity of 143,000 children, or 67 percent of the spaces needed. Many families meet their own child care needs through "creative scheduling," or with the help of another adult family member. Some families have an alternative day care arrangement, thus using two child care "spaces" instead of one per child. In addition, there are special care needs for infants and toddlers as well as the handicapped, for whom there are few spaces available in regulated facilities. It is not known if the system will be able to expand to meet the needs of even more children in the 1990's.

CHILD CARE SPACES

Approximately 213,000 children needing day care in Oregon in 1985



Licensed - includes centers & family group homes
Registered - family homes which have voluntarily registered with CSD
Alternative - includes "creative scheduling" care given by other adult family members, and self-care

CURRENT STATUS OF CHILD CARE

What child care options are available? Children are cared for

- at home by parent or unpaid caregiver ("creative" scheduling);
- in their own home by a paid caregiver or relative who may also do housekeeping;
- in another home by a woman (generally), often a mother with small children of her own, who earns money by caring for children; CSD calls these arrangements a *family day care home* or a *day care group home*, depending on the number of children cared for;
- in a day care center;
- in school-age child care programs;
- at home by themselves (self-care or with siblings);
- in a combination of the above.

Children Ages 30 Months to Six Years

Children ages 30 months to six years, usually called "preschool children," are the focal group in child care. Virtually all day care facilities provide care for preschool children. According to statistics from the Oregon Department of Education, 51.6 percent of women with children ages three to five years work outside the home. (20, p. 28)

In a day care center, parents pay from \$160 to \$250 per month for full-time care for one child. Licensing rules require one adult per 10 children, with a group limit of 20. Charges in a family day care home are slightly less, with more flexibility. A typical family home in Oregon charges from \$150 to \$220 per month for full-time care of one child, with lower charges for additional children from the same family.

During these years, children are developing complex behavior patterns that will continue through their lifetime. Of particular importance is the development of a healthy self-esteem. Positive interaction with adults is necessary for the development of constructive behavior patterns.

Children Birth to 30 Months (Infants and Toddlers)

In the last ten years, the number of mothers employed while their children are infants has dramatically increased. This is the fastest growing group in the labor force. (18, p. 21) As of 1980, 38.2 percent of women with children under three years of age were in the work force. (20, p. 28)

Program requirements and costs for infant and toddler care are distinctly different from care for pre-school children. More equipment is needed to care for this age group. In a day care facility, licensing rules require one staff for every four infant/toddlers, with a group limit of eight children. Rules limit family day care homes to two children under age two. The monthly cost in a day care center can range from \$180 to \$400 or more. Day care providers limit the number of infant/toddlers they are willing to serve, and many have long waiting lists for this age group. Most infant/toddler care is provided in unlicensed family day care homes.

Children under the age of three develop physically, emotionally, socially, and intellectually at a rate unequalled at any other time in life. Quality care helps an infant develop normally, while poor attention at this age may delay development.

School-Age Child Care

Approximately two-thirds of Oregon mothers with children ages 6 to 17 work outside the home. (20, p. 16) In terms of numbers, there are more children in this age category needing day care than in any other. (24, p. 34) These children may require care before and after school, and all day when there is no school. One-third of Oregon's school-age children go home to a parent or relative, one-third go to a child care facility (a family home, day care center, or special program for school-age children), and one-third are unsupervised. (18, p. 18) These last are known as "latch-key kids."

Caring for school-age children is complicated by many factors. Facilities and staff must be available during nonschool hours but are not needed when school is in session. Transportation to and from day care providers, school, and extra-curricular activities needs to be available. Different programs and varying levels of supervision are needed to accommodate the wide range of ages needing care. Many older children resist the idea of needing a "babysitter."

The consequences of lack of care can be as serious for the teenager as for the younger child. According to the Oregon Department of Education, "Children who are in a 'self-care' arrangement—without adult supervision during non-school hours—face four risks: emotional, physical, developmental and behavioral. Children in self-care may experience loneliness, rejection or boredom. They may be afraid of intruders, fires, or other dangers. Often, they do not share their fears or concerns with their parents. Children in self-care, including those 'supervised' by slightly older siblings, are at risk of becoming victims of accidents, or physical or sexual abuse. The isolation of children in self-care may mean they do not develop socially; they may have fewer opportunities

to participate in enriching activities such as special lessons, sports, and community involvement; and they may experience academic difficulties. In addition, children without adult supervision may be at risk of developing patterns of participation in delinquent acts or vandalism." (21, p. 1-2)

The School-Age Child Care Project of the Oregon Department of Education studied existing day care for school-age children offered by day care centers, private schools and community programs working with some level of cooperation from school districts. This 1986-87 study focused on Oregon's 161,900 children in grades K-6. Of those needing day care, approximately 6,000 are in day care programs—2700 in licensed centers and group homes, 800 in private school sponsored programs and 2500 in community programs cooperating with public school districts. This survey did not identify the number of children in unlicensed or unregistered care. Few programs would accept children above the 6th grade level. (21) Only one school-based middle school program in Oregon (Salem) was identified, with a second one (Corvallis) starting in Fall 1988.

Proposals to utilize existing tax-supported school facilities for child care have received much attention in recent years. Cooperative ventures utilizing public school facilities and existing community day care providers are growing. As of Fall 1988, 20 school districts have after-school care programs in one or more of their elementary schools.

In Virginia, an innovative "check-in" program for older children utilizes neighborhood home providers. The 1987 Oregon Legislature considered a similar program (SB 896) but did not vote on it.

Ed Zigler, psychologist and one of the originators of Head Start, is emphatic: "People have got to realize that there is a connection between leaving children unsupervised after school and such social problems as teenage pregnancy, juvenile delinquency and the use of drugs."(24, p. 34)

Sick-Child Care

One of an employed parent's worst nightmares is having a sick child, yet mild illnesses are common among children. Infants and toddlers commonly have seven to eight colds each year, as well as several gastrointestinal illnesses and any of the common childhood diseases such as chicken pox and ear infections. Children of preschool age and older have slightly fewer colds but are as likely to have other illnesses. (7)

Most caregivers don't want to care for sick children because they require extra time and attention. Also, parents of other children don't want their children exposed to communicable illnesses.

What do parents do when a child is sick and the regular caregiver won't take him? Unless a friend or relative will care for the child, one parent must stay home from work or the child is left alone until the child is well enough to return to the caregiver. Employee benefit programs vary greatly, from specific family sick leave to no sick leave at all. According to the 1987-88 League of Women Voters of Oregon (LWVOR) Child Care Field Study, the parent of a sick child usually must use his/her own vacation time or sick leave to care for the child. Even a mildly ill child may need special care for several days. It doesn't take many home-with-sick-child days to put a strain on the average employee's leave benefits. Parents need reliable alternative care for sick children so that they can continue to work without feeling anxious.

There are currently about 80 facilities nationally that provide day care "infirmaries" for sick children. These are special centers for children with mild illnesses (colds, flu, sometimes even chicken pox) and minor injuries. They are located in day care centers, in family care homes, and in hospitals. In all cases, sick children are isolated from those who are well. Some are subsidized by employers. Most are staffed by trained caregivers, sometimes with health care professionals on call. (22, p. 245)

In Oregon, one sick-child pilot project is planned. The Linn-Benton Counties Employer Child Care Task Force is developing the "Linn-Benton Bed and Broth" program, which may be administered by the Corvallis Boys and Girls Club.

A few programs also exist to provide at-home care for sick children. Primarily employer supported, these provide nursing for children of highly paid employees when paying for a nurse is more cost-effective than losing the employee for a few days. (2, p. 35)

A good program of care for sick children meets the following criteria:

1. Children more than mildly ill (with serious and/or highly contagious diseases other than the common cold, flu, and chicken pox) are not cared for in sick-child care facilities where there are other children.
2. The caregiver has child development and basic health training.
3. Extra effort is made to help a sick child be comfortable with the surroundings and the caregiver. This may be achieved by having a sick-child care facility at the usual day care site, by having the child visit the site before he must attend because of illness, or by having the parent stay long enough to help the child and caregiver become acquainted.(7)

Children with Special Needs

Children with special needs include those who are handicapped, either physically, mentally, or emotionally, and those in disadvantaged circumstances, such as having a blind parent or having one or both parents in prison.

For developmentally disabled children—those with physical or mental handicaps—there are two areas of consideration: 1) day care including specific training for the child's development, and 2) respite care to provide a chance for the parents to get away for a few hours.

According to responses to the League Child Care Field Study, many day care providers would be willing to accept a handicapped child who needs no specially trained staff or special equipment. Unfortunately, in most cases both special training and special equipment are necessary. Providers worry that they lack adequate skills or equipment to care for such a child. Nevertheless, many of these children can function well in day care groups. Properly trained caregivers working with a flexible curriculum can maintain a program appropriate for children who are developmentally disabled. And a handicapped child who has experienced day care is better equipped to be mainstreamed in school. (18, p. 12)

Handicapped children may be cared for in institutions, foster care, group homes, and respite care. Home or foster home care costs less than care in group homes or institutions when the child's condition allows for home-based care. State funding goes primarily to institutions (\$12.9 million in 1986), secondarily to foster and group homes care (\$0.6 million, \$0.5 million) with a small amount to respite care (\$17,000) through state agencies and programs for the disabled. (18, p. 14)

Appropriate care for the handicapped child is important, not just for the child, but for the parent as well. Respite care is temporary child care designed to give the parent relief from the constant demands of caring for a handicapped child. Respite care is handled differently by each county in Oregon and is organized by government, civic, or volunteer groups. Costs are based on the child's condition and the parent's ability to pay. Availability varies throughout the state, depending on the recruitment of local providers to meet the need. Preschool programs for developmentally disabled children meet respite care needs in a small way. California and Washington fund respite care more heavily than Oregon. A California survey showed that 47 percent of the families asked would not be able to keep their handicapped child at home if respite care were unavailable. (18, p. 14)

It is also difficult for parents of handicapped children to know what child care programs, if any, are available in their area. The Oregon Commission on

Child Care 1986 report states, "First, it is extremely difficult for families to obtain information...Second, programs are not consistent throughout the state due to a variety of "pilot" and "target" programs. Consumers are confused when children with similar disabilities do not have access nor are eligible for similar programs." (18, p. 14) The need for better dissemination of information on child care for handicapped children was officially recognized when the 1987 Legislature funded the four resource and referral pilot programs. Parents of handicapped children are specifically mentioned as one group to be assisted to find child care.

In addition to physically and mentally handicapped children, other children may have special needs because of circumstances in their lives. These children include those who have

- a handicapped parent (deaf, blind, mentally retarded, or in a wheelchair);
- one or both parents in prison;
- little or no English spoken in the home;
- teenage parents.

A few programs are available which benefit teenage parents—from schools which offer free child care to young parents who are completing their high school education.

While special equipment may not be needed for these children, sensitive caregivers may provide extra assistance. Caregivers also frequently act as role models for children.

STATE REGULATIONS

A comprehensive report published by Work/Family Directions, *The National State of Child Care Regulation 1986*, states: "Any regulatory policy by government at any level is based on trade-offs between cost and quality. The general public must support the goal of the regulation, and be willing to pay a price. The standards that are set represent the point of public support. With that consensus, standards can be implemented." (16, p. 14-1)

In Oregon, regulation of child care facilities includes day care centers, day care group homes, and family day care homes. Regulation and inspection is the responsibility of the Children's Services Division. Regulations include

- the number of children who may be cared for in each day care setting, specified by age;
- child-to-staff ratio;
- educational qualifications for staff;
- health-training requirements for staff;
- indoor and outdoor space requirements per child;
- transportation rules;
- program requirements specified by age for both centers and homes;

- prohibition of corporal punishment;
- food service and nutrition requirements;
- health and safety standards;
- records required to be maintained on children and staff;
- state criminal record check.

The Health Division and the State Fire Marshal's office help set standards and make annual inspections.

CSD requires one licensing inspection and one drop-in inspection annually for the more than 500 day care centers and the 50 family group homes; no inspections are required for the nearly 3300 registered family day care homes. CSD has 8.5 certifiers statewide.

Oregon's system is not significantly different from that of other states. Details of regulation may vary from state to state, but all systems are essentially similar. Oregon is

- 1 of 8 states that regulate family day care homes only when subsidies are given;
- 1 of 34 states that regulate group homes;
- 1 of 9 states that have detailed age-appropriate program requirements for infants and toddlers;
- 1 of 14 states that do not address the parental role in family day care homes (Some other state have regulations concerning parental visits to the facility, parent-caregiver communication, parent complaint process, parent input to program, and parent education. Oregon addresses the parental role in centers only with a qualified right to visit and a right to participate in classroom activities.);
- 1 of 9 states that have no immunization requirement for family day care;
- 1 of 10 states that have written policies specifying illnesses for exclusion or inclusion;
- 1 of 39 states that require 35 square feet of indoor space per child in a center or family day care;
- one of the majority of states that does not require liability insurance. (16)

In Oregon, most children needing day care are in unregulated family day care homes. Few providers caring for children in their home register with CSD, even though the voluntary registration makes them eligible for USDA food subsidies and allows them to be listed by CSD for referrals. Home providers who register are required to comply with complex regulations, must undergo a criminal records check and must attend a CSD orientation on child care.

There is no effective enforcement of family day care home regulations, because even registered family day care homes are not inspected unless there is a complaint. Registration carries little indication of quality and parents find no particular advantage in seeking out registered homes.

INFORMATION AND REFERRAL RESOURCE AND REFERRAL

How does a parent find child care? Traditionally, information is spread by word of mouth. The system works because parents share information about child care and discuss why they like a provider. But relying on word of mouth means parents may lack both options and information about the provider when they make their choice.

Over the past two decades, particularly in the 1980s, a variety of organizations have developed information and referral (I&R) systems. I&R sources polled by the League Child Care Field Study include community colleges, the Red Cross, parent support groups, associations of child care providers, community action organizations, and food program sponsors.

I&R Services maintain a registry of providers, both centers and day care homes. Some services set their own minimum standards. These standards generally are very basic and may include no more than a requirement that no adult in the facility be a convicted child abuser and that weapons be kept in locked storage with ammunition in separate locked storage. Some I&R Services visit provider homes, not to check compliance with state codes (although safety violations may be reported), but to provide support and suggestions to the provider.

I&R Services generally make no recommendations, but provide parents with the names of a few providers who fit the parents' specifications. They counsel parents about how to choose an appropriate provider. The registry of providers contains information to help match provider and parent, such as

- number and age of children cared for at the site;
- adult-to-child ratio;
- description of the facility;
- available play areas (inside and outside);
- information as to whether the provider is licensed or registered;
- hours the provider is available.

Both parents and providers benefit from I&R Service screening. However, I&R Services do not guarantee quality. They specify the parents' responsibility to interview providers, visit the facility and make their own decision.

Many services ask parents to pay a fee to use the service, some (usually volunteer services) do not. In some cases, providers must pay to maintain their place on the list. Businesses may contract with an I&R Service to provide referrals for their employees at no cost to the employee.

Some I&R Services are now expanding their scope to become Resource and Referral (R&R) Services. In addition to information and referral they also offer a variety of other services which may

- help parents define their needs and preferences;
- provide a checklist of criteria parents should use when interviewing providers and visiting facilities;
- help parents learn about their child care options and other community resources;
- provide workshops and classes for parents;
- give workshops and classes for providers so they can improve their business and professional skills;
- offer support services for providers, including networking and perhaps bulk purchasing of supplies;
- recruit new child care providers in their area;
- obtain support from businesses and the community for child care providers;
- assess the quality of child care in their community;
- upgrade the quality and image of child care as a profession;

The Oregon Commission on Child Care is administering a \$100,000 fund allocated by the 1987 Legislature for grants to establish resource and referral programs or improve existing programs. The four organizations who received the grant money are Community Action Team, Inc. (Columbia, Clatsop, and Tillamook counties), American Red Cross (Eugene), Child Care Information Service (Marion and Polk counties), and Linn-Benton Community College, Department of Family Resources. They are sending data back to the Commission so that Oregon's child care needs can be better documented. The Commission advocates an eventual statewide network of resource and referral systems.

BUSINESS AND INDUSTRY

It is well established that because parents work, child care services are needed. But why should employers participate in child care arrangements?

Businesses participate in child care when they see a benefit for the business. Proponents say that employer involvement in child care can result in improvements in

- recruiting;
- commitment to the company and morale;
- productivity and quality of work.

It can decrease

- worker stress and accident rates;
- tardiness, absenteeism, and interruptions during work;
- turnover.

In addition, there are tax benefits to employers for many kinds of child care benefit programs. In Oregon, from January 1, 1988, to January 1, 1992, a resident employer tax credit is available for three types of employee dependent care assistance: 1) direct financial assistance, 2) information and referral system costs, and 3) development of a day care program for employees' children (alone or with other employers). (19, p.19)

It is estimated that 3300 U.S. companies provide some kind of child care benefit, and 150 to 200 have an on-site or near-site child care facility. Mary Louise McClintock, State Child Care Coordinator is working with employers statewide to encourage their increased participation in the child care system.

Why aren't more employers involved in child care? Benefit to employers must be proven, and such items as morale, commitment, and quality of work are difficult to quantify. The benefits to business of participation in child care are largely unknown. Many employers have fears concerning cost, equitable treatment of nonparents, control over facilities and services, obligations caused by referrals, insurance arrangements, and parental complaints.

How does an employer participate in child care? Briefly, businesses may provide child care services, provide financial assistance for child care, allow work-time arrangements to accommodate parental needs, provide information to parents, or contribute business skills and technology to local child caregivers.

On-site or near-site child care facilities sponsored by the company are often named as the ideal. Yet they are the most expensive option for the company and may not be the most popular with all parents. Parents of school-age children, for example, may prefer their children to be near their home community and school, and commuting parents may prefer not to commute with children. On-site/near-site child care may be run by the company or contracted out to a professional child care organization. Businesses may also provide child care by developing a network of family day care providers, by contracting with existing community child care organizations, or by collaborating with other local businesses to provide child care for their employees. They can work with schools and community agencies on school-age child care and can sponsor summer day camps. A few companies have addressed the problem of sick-child care by supporting infirmaries attached to day care centers or by paying for home nursing care.

Financial assistance for child care varies: direct payments (often by voucher) to parents, discounts arranged by contract with existing community child care organizations, flexible benefit programs, and dependent care salary reduction plans. Such plans may be offered as part of a flexible benefit program or separately. Dependent care salary reduction plans

allow money spent on child care to be untaxed.

Work-time arrangements such as flex-time, part-time employment, at-home work, and job sharing allow parents to try to balance their work and family schedules. With personal leave, family leave, or sick-child leave benefits, businesses make some allowance for employees to fulfill family obligations without undue penalty from the employer. (These policies allow employees to be honest about the occasional need to have time off to care for a sick child.) The League Child Care Field Study found that more than half the businesses surveyed allowed employees to use their own vacation or sick leave to care for a sick child (either by stated policy or by unofficial practice).

Providing resource and referral services at the workplace is a relatively inexpensive way for employers to assist their employees in finding child care. However, the quality of that assistance varies greatly. Employers may supply their own services or contract with existing community services. One private service in the Portland area is available only by contract to businesses.

Businesses (alone or with other businesses) may also sponsor parenting and family seminars to inform parents of community resources and support systems and to provide information and discussion on topics relating to parenting and child care.

Businesses (as well as the community) may assist their employees by contributing business skills, such as management techniques, computer technology, and facilities for the provision of child care in their area. Businesses can also lobby for child care legislation.

THE PROFESSION OF CHILD CARE

Child care is big business. The annual cost of child care for Oregon families is approximately \$300,000,000. State government is the only industry in Oregon which employs more people. There are 10,000 people employed in licensed and registered day care facilities and an estimated 30,000 people working in unregistered family day care homes. (18, p. 1)

However, "Child caregivers have the lowest pay, highest turnover rate and third from lowest occupational respect in the country." (18, p. 2) Attitudes about "babysitting" persist. Caregiving is viewed as something anyone can do, something for the female who has no skills or education for a "better" job.

Pay scales for caregivers reflect the low status given the occupation. Sixty-six percent of caregivers in Oregon earn wages below the poverty line. Eighty-four percent of day care center employees earn less than \$6 per hour. (17)

Benefits are reflective of professional status. They are evidence of employer support of personal needs reflected at the work site. The two benefits offered most frequently to day care workers are personal leave days and reduced child care fees; even these are offered by fewer than 50 percent of the private day care operators in Oregon. (17) The average income for a provider is \$1 per child per hour. (18, p. 2) From this all expenses must be paid. For a day care provider these include rent, insurance, wages, and benefits, as well as supplies and equipment.

The table below shows the income possibilities for both day care centers and home providers.

Training in early childhood education and child development is available at many of Oregon's

GROSS INCOME FOR PROVIDERS

Type of Facility	Day Care Center		Group Home	Family Day Care Home
	Preschool Age	Infant/Toddler		
Maximum No. of children	10 to a caregiver	4 to a caregiver	12 full-time	6 full-time
Per hour charge				
\$.75	\$ 7.50	--	\$9.00	\$4.50
\$1.00	\$10.00	--	\$12.00	\$6.00
\$1.25	\$12.50	\$5.00	\$15.00	\$7.50
\$1.50	\$15.00	\$6.00	\$18.00	\$9.00
\$2.00	\$20.00	\$8.00	\$24.00	\$12.00
\$2.50	--	\$10.00	--	--

colleges, universities, and community colleges. Because the wages of the profession are so low there is little incentive for caregivers to spend time and money on education or training. CSD training requirements for caregivers reflect the little emphasis given to training. See chart below. At present, day care workers average 14.5 years of education. Two-thirds of home care providers have a high school education or more. (18, p. 2)

Low status and low pay also account for the high turnover rate within the child care industry. In Oregon, the turnover rate is 57 percent a year (18, p. 2). Sixty percent of home child care providers do not last more than six months in the profession and 80 percent last no more than two years. (18, p. 4)

Isolation is a problem for home care providers. Networks of home care providers do exist in some areas but are not widespread and lack professional recognition. Organization of home care providers could lessen their isolation; increase their professionalism; provide for an exchange of ideas, equipment and toys; and provide a backup system for vacation and illness. The Oregon State Home Child Care Association and a few local home caregiver organizations work to provide support for their members.

Liability insurance is a problem for both day care centers and home care providers. State regulations do not require child care providers to carry liability insurance. Most home providers carry no liability insurance coverage. Many insurance companies no longer offer liability insurance to day care centers. Those companies that continue to offer liability coverage are adding exclusions and restrictions, some of which may conflict with CSD regulations. For example, one insurance company specifies that child care workers not give any medical help even though

CSD requires that there always be one staff person on duty who has a current Red Cross First Aid card. The premiums for liability insurance have increased dramatically. Day care centers that have never filed an insurance claim may find their insurance premiums to be as high as \$10,000. (18, p. 6)

Recent state legislation addresses the liability insurance crisis facing child care as well as other industries. Although it offers some controls on liability, cancellation, and rate increases, it does not solve any industry's liability insurance problems. (19, p. 19) The state Child Care Coordinator and the Oregon Commission on Child Care have contracted with an independent consultant to study the feasibility of group liability insurance for Oregon child care providers.

CHILD CARE SUBSIDIES

Caregivers have low wages because their pay comes almost totally from fees paid by parents. Many parents needing child care are at the beginning of their wage-earning years and do not themselves earn a great amount of money. Child care is the fourth largest family expense, after housing, food, and taxes. (18, p. 7)

The cost for child care for one preschool age child averages \$2400 per year in Oregon. That is about 40 percent of the gross annual income of a full-time minimum wage worker. (18, p. 2) Three state-funded programs administered through Adult and Family Services (AFS) provide child care funding assistance to low-income families.

CHILD CARE PERSONNEL CERTIFICATION STANDARDS

Title	Age	Training	Conditions	Responsibilities
Center Director	18 or older	—	Must be at the facility at least 1/3 of the time	Administration
Center Program Supervisor	18 or older	2 yrs. specialized college, or CDA* credential, or 2 yrs. experience, 1 supervisory	May also be the director	Oversee the activity program
Center Group Leader	18 or older	1 yr. specialized college, or CDA* credential, or 1 yr. experience	—	Oversee a group of children
Center Associate	15 or older or Aide	—	—	May not be in charge of a group of children alone

Source: CSD

Note: Changes proposed for October 1988 will slightly raise training requirements.

* CDA = Child Development Associate

1. The JOBS program provides a maximum of \$96 per month (at a rate of \$1 per hour) for a parent who is receiving Aid to Dependent Children (ADC) assistance and who is looking for a job with the JOBS program. Any parent whose youngest child is three or older and receives ADC funds must participate in the JOBS program job search. Child care expenses are reimbursed only for actual job search time (not for transportation or meal-time). Job search time must be documented. ADC parents who have a child under three but who wish to look for a job may receive child care reimbursement within this program. Some funds are available for newly employed people who need help with child care expenses until they get their first paycheck.

2. Parents who are working at a job that pays a gross income under the poverty level (for example, a minimum wage job of less than 40 hours per week) and who receive ADC grants for that reason are eligible for child care assistance under the "Disregard" program. This uses a formula by which certain expenses, including the cost of child care, are subtracted from the parents' incomes before the amount of their monthly ADC grant is determined. They therefore receive a larger ADC grant to help cover the cost of child care. Parents who receive assistance in this program still have gross monthly incomes that are near or under poverty level.

3. The Employment Related Day Care Program (ERDC) is designed to help low-income working parents (not receiving ADC funds) become self-sufficient. By providing child care assistance so that the parent(s) may work, the parent(s) are in the job market where they gain job-time and experience for better jobs which will give them higher pay and remove them from eligibility for subsidy programs. Assistance is based on the number of children in the family and on a sliding income scale. This program is being examined by the federal government to see how well it meets the goal of helping families become self-sufficient.

There is currently no statewide program of child care subsidies for low-income parents who are job-training. However, under the new "JOBS" program, which was passed by the 1987 Legislature, seven AFS offices around the state are participating in a pilot project "to help welfare recipients achieve self-sufficiency and prevent long-term welfare dependency." (19, p. 19) The \$4.8 million in this pilot project will help student-parents (who would otherwise be receiving public assistance in some other form) to pay their living expenses, including full-time day care, so they can get schooling which will make them eligible for jobs that pay more than subsistence. The goal is to help people get off public assistance permanently.

There are bits and pieces of other programs under which parents may receive funds they can use for child care while they receive job training. Occasion-

ally, the JOBS program may allow parents in short training programs, such as a brief skills update course, to receive child care assistance. Student-parents who receive grant and loan monies through their school may also be eligible for public assistance funds which are not tied to a specific use, and may therefore be used for child care.

The largest subsidy given by the State of Oregon for child care is administered through the Department of Revenue in the form of the child care tax credit. This subsidy appears to help higher income families more than low-income families. Figures from the 1984 tax year show that families with an adjusted gross income of more than \$50,000 received more from the tax credit than those with an adjusted gross income of less than \$10,000. (18, p. 22)

	Number Returns	Amount	Average Credit Per Family
Total	62,002	\$5,778,000	\$ 93
AGI>\$50,000	5,026	629,000	133
AGI>\$10,000	3,876	185,000	36

Source: 18, p.22

QUALITY

Parents are ultimately responsible for deciding what child care is best for their children. To find quality child care, parents must make decisions based on their own observations and judgment. The child care that parents choose depends on several factors, primarily cost, location, convenience, and quality. When possible, parents will choose good quality child care, but quality is difficult to define and to assess. Cost and location are easier standards to apply. Detailed guidelines to evaluate quality child care are now available from many sources, including CSD and many I&R services. While specifics may vary, these guidelines agree on several important factors that parents should look for when interviewing a caregiver:

1. A caregiver who understands child development, respects children's feelings and encourages age-appropriate independence while offering support.
2. Good communication between parents and caregiver.
3. Activities, toys, and equipment appropriate for child's age.
4. An adult-to-child ratio that allows every child some individual attention every day.
5. A safe, clean, healthy environment.
6. Predictable routine, because children feel more secure when they know what to expect.

All of these categories are important, but "The quality of interactions between caregiver and child is the major determinant of quality in child care programs, according to every research study on program effectiveness." (18, p. 2)

The importance of the relationship between the child and the caregiver is the reason why high turnover is so detrimental to quality child care. To feel good a child must form a relationship of trust, a bond with adults who are important in their lives. Linda Williams, preschool teacher and children's author, tells parents, "Until a child feels safe and secure,... and trusts the adults in charge of his care, he cannot be free to learn and grow." It is also important for children that the bond be closed when a relationship is over.

Caregivers emphasize the importance of communication with parents as a factor in quality. In a *Parents* magazine article, "Child-care Workers Speak Up," caregivers said that a clear understanding of the rules between caregiver and parents is necessary to good day care. (14, p. 114-115) In some cases, caregivers (in homes and centers) have parents sign a contract which covers not only their financial relationship but what they expect of parents (who is allowed to deliver and pick up a child, who provides food) and major house rules regarding such items as birthday observances, medicines, and nap-time routine. The relationship between caregiver and parents affects the relationship between caregiver and child. Linda Williams explains, "The bonds I form with parents relate to the child's bonds with me. The more we work at developing a friendship and trust, the easier it is for your child to trust me."

One choice parents make is between day care centers and home-based child care. Family day care homes are often perceived as being "less institutional, with a home-like atmosphere, more flexibility, and, usually, lower cost." (4, p. 274) Day care centers are perceived as providing a more enriching program, with more learning opportunities than family day care. They are also seen as more stable, since they can remain available even if there is high staff turnover. Generally, they are more expensive. (4, p. 271)

Regulation of quality is difficult since the most important factor in determining quality—the relationship between the caregiver and the child—cannot be legislated, licensed, registered, or certified. However, certain standards such as caregiver training in early childhood development, adult-to-child ratios, and group size play an important role in quality, and they can be regulated.

The National Academy of Early Childhood Programs (NAECP), a division of the National Association for the Education of Young Children, accredits day care centers on quality-based criteria. Using a complex process involving self-evaluation as well as evaluation by NAECP representatives, day care

centers may receive accreditation as a quality program. Preparation for accreditation is expensive and time-consuming; only two centers in Oregon are accredited by NAECP. The ten major categories of quality criteria are

1. interactions among staff and children;
2. curriculum;
3. staff-parent interaction;
4. staff qualifications and development;
5. administration;
6. staffing;
7. physical environment;
8. health and safety;
9. nutrition and food service;
10. regular staff and program evaluation. (15)

The National Association for Family Day Care has developed a similar procedure by which home caregivers may be accredited with meeting standards of excellence.

CONCLUSION

Child care is an issue which is gaining increasing attention. That it is regarded as a serious problem for parents is clear from discussions of the issue in such publications as *Fortune*, *Harvard Business Review*, and *Nation's Business*. State and national legislatures are addressing nearly all facets of child care, including business involvement, health and safety standards, information and referral, school-age child care, and government subsidies.

As the cost of living increases and the number of single-parent families and two-wage-earner families continues to rise, the need for child care will also increase. It is in the interest of the community to have quality child care available to all parents at an affordable cost. Children and society benefit from good child care. Children who are well cared for need fewer community tax dollars for remedial education or corrections services later. Child care is not only an economic issue, but also at stake are children's lives and futures.

BIBLIOGRAPHY

1. Allen, Dave, and Jeff Hannum. *Oregon Workforce 2000*. Oregon Employment Division Labor Market Information. June 1987.
2. Chapman, Fern Schumer. "Executive Guilt: Who's Taking Care of the Children?" *Fortune*. Feb. 16, 1987. pp. 30-37.
3. Child Care Task Force. "Information Report: Survey of Child Care Benefits Provided by Portland Metro Area Employers." *City Club of Portland Bulletin*. April 17, 1987. pp. 411-416.
4. Child Care Task Force. "Report on Child Care Needs of Working Parents in the Portland Metropolitan Area." *City Club of Portland Bulletin*. April 17, 1987. pp. 255-283.

5. "The Child-Care Dilemma." *Time*. June 22, 1987. pp. 54-60.
6. Emlen, Arthur C. and Paul E. Koren, *Hard to Find and Difficult to Manage: The Effects of Child Care on the Workplace*. Portland State University, Regional Research Institute for Human Services. Portland, Oregon. 1984.
7. Fredricks, Beth, Robin Hardman, Gwen Morgan, and Fran Rodgers. *A Little Bit Under the Weather: A Look at Care for Mildly Ill Children*. Work/Family Directions. Watertown, Massachusetts. 1986.
8. Friedman, Dana E. "Child Care for Employees' Kids." *Harvard Business Review*. March-April 1986. pp. 28-34.
9. Grossman, Allyson Sherman. "Working Mothers and Their Children." *Monthly Labor Review*. U.S. Department of Labor. Bureau of Labor Statistics. Washington DC Government Printing Office. Vol. 104, No. 5. May 1981.
10. Hoyt, Mary Finch. "Good News for Working Moms." *Good Housekeeping*. January 1988. pp. 64-66.
11. Hurlock, Elizabeth B. *Child Development*. McGraw Hill. 1978.
12. League of Women Voters of Oregon Child Care Field Study as conducted by local leagues. 1988.
13. League of Women Voters of Oregon Child Care Member Survey. 1987-88.
14. Marzollo, Jean. "Child Care Workers Speak Up." *Parents*. April 1987. pp. 114-116+.
15. National Association for the Education of Young Children. *Accreditation Criteria and Procedure of the National Academy of Early Childhood Programs*. Washington, D.C. 1984.
16. Morgan, Gwen. *The National State of Child Care Regulation 1986*. Work/Family Directions. Watertown, Massachusetts. 1987.
17. Oregon Association for the Education of Young Children Project. *Oregon Wage, Benefits, and Tenure Fact Sheet*. May, 1985.
18. Oregon Commission on Child Care. *1986 Report to the Governor: Child Care in Oregon: A Quiet Crisis*. Salem, Oregon. Oregon Commission on Child Care. 1987.
19. Oregon Commission on Child Care. *1988 Interim Report to the Governor and Legislature: Child Care in Oregon: Emerging Solutions*. Salem, Oregon. Oregon Commission on Child Care. 1988.
20. Oregon Department of Education. *Oregon Women: A Report on Their Education, Employment and Economic Status*. Salem, Oregon. 1987.
21. Oregon Department of Education. *School-Age Child Care Programs in Oregon. 1986-1987*. Salem, Oregon. 1987.
22. Topolnicki, Denise M. "Daycare for Sick Children." *Good Housekeeping*. November 1987. p. 245.
23. Trotter, Elizabeth B. *Child Development*. McGraw Hill. 1978.
24. Trotter, Robert J. "Project Day-Care." *Psychology Today*. December, 1987. pp. 32-38.

ACKNOWLEDGEMENTS

This report could not have been completed without the cooperation and expertise of the following people.

Joan Antonsen, Director, Fruit and Flower Child Care Center. Portland, Oregon. Member, Oregon Commission on Child Care.
 Colleen Dyrud, Coordinator, School-Age Child Care Project, Oregon Department of Education. Salem, Oregon.
 Mary Louise McClintock, Child Care Coordinator, Oregon Department of Human Resources. Salem, Oregon.
 Dawn Marges, Director, New Work Force Project, Chemeketa Community College. Salem, Oregon. Member, Oregon Commission on Child Care.
 Department of Family Resources, Linn-Benton Community College. Albany, Oregon. Bobbie Weber, Chairman.
 Katherine Personette, Program Supervisor, Adult and Family Services Office. Lebanon, Oregon.
 Jeanette Sharinghousen, Adults in Day Care, Albany, Oregon.
 Linda Williams, Director, Punkin Seed Child Development Center. Lebanon, Oregon.

The LWVOR thanks the following people for their careful readings and comments in the preparation of this material:

Karen Moffatt, CSD	Barbara Newton, Rainbow Daycare
Colleen Dyrud, State Department of Education	Mary Jo Lohrenz, Loving Touch Daycare
Mary Louise McClintock, State Child Care Coordinator	Dawn Marges, Chemeketa Community College
Bobbie Weber, Linn-Benton Community College	

The Child Care Committee also benefitted from the editorial comments of Colleen Bennett, Linda Wallmark, Dorothy Carson, and Nancy Leman.

Child Care Committee Members: Frances Clark, first year chair; Alesanne Dugan and Debbie Runciman, second year co-chairs; Cathy Clark, Clare Edmiston, Penny Anderson, Susan Blanchard, Lilla McDonald, Lorraine Olsen-Conner, Isabel Prescott, Lucy Smith, and Louise Christofferson.



Published by:
 League of Women Voters of Oregon Education Fund
 189 Liberty Street N.E., Room 307
 Salem, Oregon 97301
 (503) 581-5722
 Copyright, September, 1988

