

Infants and Toddlers Are Particularly Vulnerable: Good Child Care and Early Education Can Play a Vital Role in Their Development

The first three years of life represent a significant stage in a child's development. As a result, high quality caregiving is extremely important to babies and toddlers. However, in almost every community, parents struggle to find affordable, much less good quality, care for their young children. Research suggests that much of the infant/toddler care that is available is not even providing the nurturing and stimulation that children need to grow and thrive. This is particularly troubling for children from low-income families who need supportive child care and early education experiences to help them overcome the disadvantages of poverty.

During the first three years of life, children develop many of the basic learning patterns and abilities that they will build upon for the rest of their lives.

- The first three years of life are particularly critical to children's early learning. Research on children's brain development has shown that how children grow and develop depends on the interplay between nature (the child's genetic endowment) and nurture (including their nutrition, surroundings, care, and stimulation).¹
- A Carnegie study pointed out that "the quality of young children's environment and social experience has a decisive, long-lasting impact on their well-being and ability to learn."² Their early experiences also affect how they cope with stress, and how they regulate their own emotions.
- Research shows that children's brain development is far more susceptible to adverse influences than had been realized. This means that children's environments (such as their homes and child care settings) play a significant role in influencing how they develop. Environmental influences not only affect a child's general development, but actually affect how the intricate circuitry of the brain is "wired."³

Many children spend a good part of their early learning years in child care programs that take care of them while their parents work.

- Each day, an estimated six million children under age three—including children with mothers who work outside the home and those who do not—spend some or all of their day being cared for by someone other than their parents.⁴
- The need for infant and toddler care is driven by the large numbers of women with young children in the labor force. In 2000, 61 percent of mothers with children under three were in the labor force. This means that a total of six million infants and toddlers had a mother in the labor force.⁵

- Labor force participation rates are high even among mothers with the youngest children. The labor force participation rate for women with infants (under age one) was 55 percent in 2000. This was a decrease from the all-time high of 59 percent in 1998, but still much higher than the participation rate—31 percent—when it was first recorded in 1976.⁶
- Although the labor force participation rate among married mothers with children under age one decreased slightly between 1990 and 2000—from 56 percent to 54 percent—the labor force participation rate among single mothers with infants increased significantly—from 44 percent to 57 percent.⁷
- In 1997, nearly three-quarters (73 percent) of infants and toddlers with employed mothers were in nonparental child care on a regular basis, according to the Urban Institute. Nearly one-quarter (22 percent) of infants and toddlers with employed mothers were in center-based care as their primary arrangement, 17 percent were in family child care, 27 percent were in relative care, and 7 percent were cared for by a nanny or babysitter.⁸
- Children younger than three with employed mothers are less likely to be in center-based care than children ages three and four (22 percent versus 45 percent), more likely to be in relative care (27 percent versus 17 percent), and slightly more likely to be in family child care (17 percent versus 14 percent), according to 1997 data from the Urban Institute. Infants and toddlers with employed mothers are about as likely as three- and four-year-olds to be cared for by a nanny (7 percent versus 6 percent).⁹
- Many infants and toddlers spend a substantial amount of time in child care each week. In 1997, 39 percent of children younger than age three with employed mothers were in child care for 35 hours or more each week. On average, infants and toddlers with employed mothers spent 25 hours a week in nonparental care.¹⁰
- Parents of infants and toddlers often must piece together multiple child care arrangements. In 1997, 34 percent of infants and toddlers of working mothers were in two or more nonparental arrangements each week.¹¹
- Many very young children are in child care on a regular basis even if their mothers do not work. More than one in three infants and toddlers with a parent who is not employed regularly spend time in nonparental care, according to 1997 data. Relative care is the most commonly used nonparental arrangement for these children.¹²

Yet, far too many very young children are being cared for in settings that do not ensure that they are getting what they need for a strong start in life.

- “Child care at most centers in the United States is poor to mediocre, with almost half of the infants and toddlers in rooms having less than minimal quality,” according to a four-state study. Fully 40 percent of rooms in centers serving infants and toddlers provided care of less than minimal quality and only one in 12 (8 percent) provided good quality care for infants and toddlers.¹³ Less than minimal quality care can place children at risk and deprive them of what they need for their healthy development:

Children are vulnerable to more illness because centers do not meet basic sanitary conditions for diapering and feeding.

Children are endangered because of safety problems that exist in the room.

Children lack warm, supportive relationships with adults.

Children do not have learning opportunities because they lack the books and toys required for physical and intellectual growth.

- Another national study found equally alarming patterns in family child care programs and home-based care, which many parents use to care for their younger and more vulnerable children. This study found that over one-third of the programs were rated as inadequate, which means that their quality was low enough to actually harm children’s development. Only 9 percent of the homes were rated as good quality, which was defined as enhancing the growth and development of children. Furthermore, the study found that low-income and minority children were more likely to be in lower quality programs than other children.¹⁴
- A study by the National Institute of Child Health and Human Development (NICHD) of 1,300 children from socially and racially diverse backgrounds raises further concerns about the quality of care for very young children. Three-quarters (75 percent) of infant caregivers were not at all or only moderately stimulating of children’s cognitive development, and 20 percent were moderately or highly detached.¹⁵
- The quality of care affects children’s learning ability, according to the NICHD study. The study found modest but significant differences in school readiness scores of children in high quality care and those in low quality care; children who had attended high quality programs were more likely to perform above average. The children in good quality care also scored higher in their ability to express and understand language.¹⁶
- The quality of care for young children depends on the quality of their child care providers, according to findings by the NICHD. Child care providers who are more educated—particularly college educated—and who believe that children are basically good and capable of accomplishing many things given opportunities to explore with close guidance, provide the types of interactions and opportunities that best support children’s development starting in the second and third years of life.¹⁷
- Poor quality care can have a serious impact on children’s development:
 - Children spend substantial amounts of unoccupied time tuned out and unengaged in social interactions.
 - Children are delayed in their cognitive and language development, pre-reading skills, and other age-appropriate behaviors.
 - Children are insecurely attached to their caregivers.
 - Children display more aggression toward other children and adults.¹⁸
- Parents and child development experts know that young children must receive lots of individual attention and care. Because of this, they recommend that child care centers have one adult caring for no more than four infants or five young toddlers or six two-year-olds. Despite these recommendations, many states did not require child care programs to have low child/staff ratios as of 2002:
 - Seventeen states allowed child care centers to have one adult care for more than four nine-month-old children.
 - Twenty-four states allowed one adult to care for more than five 18-month-old children.
 - Thirty-one states allowed one adult to care for more than six two-year-olds (age 27 months).¹⁹

- Family child care settings, which parents often prefer for their very young children, are less likely to be required to meet basic health and safety requirements. For example, one out of every five states allows family child care homes serving as many as five children to be exempt from *all* health and safety protections, from any screening of the provider’s background or qualifications, and from other critical protections.²⁰ This includes four states that allow family child care homes to serve up to six children without being regulated and South Dakota, which allows homes serving as many as 12 children to be exempt from any requirements.²¹

Parents and experts report that good child care options for infants and toddlers are in short supply across the country.

- Despite strong evidence on the importance of the first three years of life, not enough is being done to ensure that young children receive the support they need during this critical time, according to a 2000 report by the David and Lucile Packard Foundation. The report, which compiles recent research on care for infants and toddlers, concludes that “further action by government, employers, and community institutions is needed to strengthen all the caregiving options families use, to ensure that a nurturing environment surrounds every young child’s development.”²²
- In a 1999 survey, 38 percent of parents with children under age one and 31 percent of parents with children ages one to three said that affordable, quality child care was difficult to find. Single parents were particularly likely to view it as a challenge. Forty-eight percent of those with children under age one and 45 percent of those with children ages one to three said it was difficult finding affordable, quality child care.²³
- In a study of 25 low-income communities, 14 reported shortages of regulated infant care.²⁴
- In focus groups conducted with a diverse group of Early Head Start and child care staff from across the country, participants reported high demand for infant/toddler care in their communities. The demand has been especially great since passage of the 1996 welfare legislation, which included strict work requirements. Program staff from Wisconsin reported that many families with infants (under age one) cannot obtain child care, even if the families receive child care assistance, because infant slots are simply not available in their community. Waiting lists for the few licensed infant slots that do exist in the community are two to three years long.²⁵
- In a 1997 study by the U.S. General Accounting Office (GAO), state and local officials at four selected sites—Baltimore, Chicago, and Benton and Linn counties in Oregon—agreed that their supply of known child care was inadequate for meeting the demand for infant care. In Chicago, for example, the supply could meet only 16 percent of the demand for infant care. In Baltimore City, the supply could meet just 37 percent of the demand for infant care.²⁶
- In a 1995 GAO study, Michigan officials reported a shortage of care for infants and children with special needs in the inner cities and a shortage of all types of child care in rural areas. A suburban county child care specialist said the supply of child care providers could not handle the county’s 3,000 new parents who were required to participate in the state’s welfare reform program.²⁷
- A 1995 study of child care needs in six cities found serious shortages of infant care. In four sites (Bath, New York; Boulder, Colorado; Chicago; and San Francisco), child care resource and referral (CCR&R) staff reported that demand for infant care exceeded the supply. Some CCR&Rs recommended that parents

put their names on waiting lists for infant care as soon as they knew they were pregnant. In both Boulder and San Francisco, staff reported that women had lost their jobs and returned to welfare because the staff were unable to help young mothers find care for their babies.²⁸

- In 2001, 34 percent of calls to the California Child Care Resource and Referral Network were requests for information about infant/toddler care, but only 3 percent of the slots in child care centers in the state were for infants.²⁹
- More than 50,000 babies are born in Chicago each year. Yet in 2001, there were only 438 slots for infants in child care centers and only 4,431 slots for infants in licensed child care homes in the city and surrounding suburbs.³⁰
- In Alameda County, California, there are approximately 21,600 children under age two living in households where all parents work, but only 6,300 slots in licensed child care centers and family child care homes.³¹
- In the District of Columbia, thousands of families are waiting for infant slots because good infant care is so scarce.³²
- In 1997, the Honolulu resource and referral agency (PATCH) received 2,622 calls statewide from parents looking for child care for their infants and toddlers up to 18 months old. However, the agency's database listed only 1,062 slots for children in this age group.³³
- In North Carolina, parent evaluations in 1998 found that after six weeks of searching, 59 percent of parents with infants and 43 percent of parents with one-year-olds had not yet found care.³⁴
- A survey of Utah child care providers in 1998 found that only half provided infant care. Of the infant care providers, two-thirds (67 percent) reported having a waiting list for parents wanting infant care. The average length of the waiting list was over seven months.³⁵
- The need for infant care is great, but low salaries often make it difficult to attract qualified staff to provide the care. For example, a center in Redwood City, California received state money to offer infant care to teen mothers. Although the center was licensed for 50 infants, the program could only enroll 16 because of staff shortages. One hundred infants were on the waiting list.³⁶

Child care for infants and toddlers costs more than care for older children, making it even more unaffordable for working families. This presents a particular challenge to low-income parents who are trying to get off or stay off welfare.

- A 2000 study found that the average cost of center care for a 12-month-old was above \$6,000 in over half of the urban areas surveyed (26 out of 47), including one-quarter (12) of the areas where these costs averaged more than \$7,500 per year.³⁷ The average annual cost of care for an infant in an urban center is more than the average annual cost of public college tuition in all but one state.³⁸ Family child care for infants is expensive as well. In half (21 of 43) of the urban areas providing data on family child care, the average cost for a 12-month-old was more than \$5,000 per year; in seven of these cities, the average cost was higher than \$6,000 per year.³⁹

- Very young children often have parents who are in the early stages of their work lives and therefore do not have high earnings. For example, one-quarter of families with young children (children under age six) earned less than \$25,000 in 2001.⁴⁰ The cost of adequate child care is beyond the reach of these families unless they get help.
- A two-parent family with both parents working full time at minimum wage (\$21,400 a year) would have to spend one-quarter or more of their income to afford average-priced care for an infant in 37 out of 47 urban areas surveyed.⁴¹ This includes urban areas in 15 states where the family would have to spend at least one-third of their income on infant care. Given the other costs of raising a family, such as rent, food, transportation, and clothing, it is clearly very difficult for low-income parents to afford good care for their young children.

Inadequate family leave policies limit the options for parents with very young children trying to balance work and family.

- In 1993, Congress passed and President Clinton signed the Family and Medical Leave Act (FMLA). The FMLA requires employers to allow employees to take up to 12 weeks of leave each year to care for a newborn or newly adopted child, or for family members with serious health conditions, or to recover from health problems. So far, approximately 35 million workers have taken advantage of this family leave policy.⁴² However, the law only applies to large employers (those with more than 50 employees) and, as a result, excludes one-third of American workers. Also, employers do not have to offer family leave to the 45 percent of employees who have not been at their job for an extended period of time (at least one year and 1,250 hours).⁴³ In addition, the law does not require paid leave and, as a result, does not reach the many parents who cannot afford to lose several days' or weeks' pay.
- One-third of employees who took FMLA-covered leave received no pay during that period, according to a 2000 survey. Almost one in 10 (9 percent) of those who received less than full pay while taking leave were forced to go on public assistance during that time. More than three in four (78 percent) employees who said they needed FMLA-covered leave but did not take it reported that this was because they could not afford it.⁴⁴
- A poll of working women found that more than half (54 percent) lack paid leave to care for a baby or an ill family member. Twenty-nine percent do not have paid sick leave. One-third (34 percent) have no flexibility or control over their work hours.⁴⁵
- Many of the parents who lack paid leave are those most in need of flexibility in their jobs so they can support and care for their children. One study found that 37 percent of working mothers who had a child scoring in the bottom quartile on reading tests and who were living in poverty lacked paid leave. A similar percentage of poor mothers with a child scoring in the bottom quartile on math tests lacked paid leave. Paid leave was not available to 46 percent of poor mothers who had children with the most serious behavioral problems.⁴⁶
- A study of moderate- and low-income working parents in Baltimore found that only 42 percent cared for their sick children. The remainder continued to go to work and left their children in the care of others. Many parents did not have the option of taking paid leave.⁴⁷

- The U.S. is far behind nearly every other industrialized nation in the world in supporting paid leave. For example, in Chile, a mother can take up to 18 weeks off after childbirth, with full pay. French mothers are entitled to 16 weeks of leave; German mothers have 14 weeks; and Italian mothers have 20 weeks—all with full pay.⁴⁸ In Sweden, either parent may take full parental leave until the child is 18 months old and receive a benefit equal to 80 percent of wages.⁴⁹ Canada offers 15 weeks of maternity leave plus 35 weeks of parental leave paid at 55 percent of wages. The parental leave can be used by one parent or shared within the child's first year.⁵⁰
- No state in the U.S. offers a universal paid parental leave benefit that provides full wage replacement for all parents who choose to stay home following the birth of a child. However, a few states have taken some small steps forward:

In 2002, California became the first state in the country to enact a comprehensive paid family leave program for workers.⁵¹ Under the measure, most workers will be paid about 55 percent of their salary for six weeks of leave to care for a new child—whether by birth, adoption, or foster care—or a sick child, spouse or domestic partner, parent, or, in some cases, grandparent. About 13 million of California's 16 million workers will be eligible. The program will be supported through expansion of the state fund providing insurance for disabled workers but will be funded entirely by employee payroll deductions.

Four other states (Hawaii, New Jersey, New York, and Rhode Island) use temporary disability insurance systems to help provide paid leave for disabled pregnant women and women recovering from childbirth.⁵² The amount of income that workers receive under these programs varies from state to state.⁵³

Vermont has expanded on the federal Family and Medical Leave Act by providing job-protected leave to workers at firms with as few as 10 employees, rather than only applying the policy to companies with at least 50 employees as under the federal law.⁵⁴

- A poll of parents in New York shows high levels of support for family leave benefits. Eighty-one percent of parents favor expansion of New York State Temporary Disability Insurance (TDI) to cover more weeks of paid leave after childbirth, after adoption, or to care for a seriously ill child, parent, or spouse. More than seven in 10 supporters of TDI expansion would still be in favor of it even if they had to pay extra to receive such a benefit.⁵⁵
- Employers that provide family and medical leave recognize its benefits, such as reduced staff turnover. In a survey, 42 percent of employers reported a positive return on their leave programs, and another 42 percent said that the costs were neutral.⁵⁶

Source Notes

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