

Early Care and Education Programs

What are we learning from research?

What do we know about development in the earliest years?

- **The science of early childhood development clearly demonstrates that brain development is most rapid in the first years of life.**
 - Although the development of the brain has a long trajectory, beginning a few days after conception and continuing through adolescence, some of the most dramatic changes in the brain's architecture take place during the first few years of life.
 - For example, the development of structures that allow different parts of the brain to communicate occurs largely in the first year of life for auditory and language development, and in the first 5 years for other higher cognitive functions.
- **The science of early childhood development also demonstrates that children's early experiences have a profound influence on brain development.**
 - Nurturing and stimulating relationships with parents and caregivers during the first five years of life builds healthy brain architecture and provides a foundation for life-long healthy development and learning.
 - Conversely, early disadvantage, including experiences associated with growing up in poverty, can disrupt healthy brain development and have detrimental consequences for children's long term outcomes, educational attainment, and success.
- **The costs of early disadvantage are evident in children of very young ages and persist over time.**
 - As early as nine months of age, research shows that low-income children are more likely to demonstrate delays in their cognitive, language and social-emotional development compared to their higher-income peers.
 - This gap in development and learning continues to grow over time and, by the start of school, low-income children are on average a full year behind their peers (i.e., roughly equivalent to a standard deviation) in cognitive and language skills.
 - These problems continue as children enter school. Low-income children are more likely to experience academic failure, repeat grades, and drop out before completing high school.
- **Nonetheless, brain circuitry is malleable during the early years and young children, particularly infants and toddlers, are highly resilient suggesting this may be a prime time for effective intervention.**

What do we know about child care for infants and toddlers?

- **Available research raises concerns about the quality of care for infants and toddlers.**
 - The Early Childhood Longitudinal Study – Birth Cohort, which followed a nationally representative group of children born in 2001 from infancy through their preschool years, found that about half of U.S. infants were in some form of non-parental care, with 80% of those children in home –based care, and 20% in center care.
 - Of infants in center care, 75% were in poor or mediocre care. For those in home-based care, 93% were in poor or mediocre care.
 - Smaller studies have also raised concerns about early child care; in a northeastern state, only 25% of classrooms for infants and 31% for toddlers met the “good” benchmark; centers serving predominantly lower income families were rated lower than those serving higher income families. In a study of care across four Midwestern states, center-based care for infants and toddlers was rated “good” for 29% of centers, mediocre for 63%, and poor for 8%. For family child care, 30% was rated good, 43% mediocre; and, 27% poor quality.
 - In general, subsidy receiving providers were nearly twice as likely to be in the poor category than non-subsidy receiving providers.

- **Quality of early care is associated with children’s outcomes.**
 - Findings from the multisite NICHD Study of Early Child Care have shown that quality of child care in the infant–toddler period is positively and significantly related to cognitive development at 24 months and to memory skills at 54 months. Children who were in high quality care from birth to 54 months scored significantly higher in language, reading, and math than children with consistently low-quality child care.
 - The NICHD study also found that outcomes for infants and toddlers were related to the extent to which programs met external standards (established by the American Public Health Association and the American Academy of Pediatrics) such as adult-child ratios, group sizes, and caregiver education and training. Children in programs that met more standards had better outcomes at 36 months in school readiness, language comprehension, and behavioral adjustment.

What do we know About Early Head Start?

- Early Head Start programs have shown broad impacts on children’s development during the pre-school years.

- Beginning in 1996 at the same time as the inception of the Early Head Start (EHS) program, ACF sponsored a rigorous, experimental random assignment evaluation of EHS which followed approximately 3,000 children and families through fifth grade. Key findings include:
 - Early Head Start showed modest positive impacts across multiple domains of children’s development and a broad range of parenting outcomes when children left the program at age 3.

- Impacts on children’s social-emotional development, parenting, and parental depression remained at age 5.
 - At fifth grade, the broad pattern of impacts seen at earlier ages was not sustained. However, one overall impact remained on children’s social-emotional functioning and impacts persisted for key subgroups, including African Americans and families who received home-based services.
 - Non-experimental analyses showed children’s experiences after EHS are important. Children who received EHS followed by formal early childhood education experiences and high quality elementary schools fared the best over time.
- Early Head Start standards promote quality in the provision of comprehensive child development services.
 - Nearly 20 years have passed since the inception of the EHS program and since those first 17 evaluation sites began serving children. Findings from Baby FACES (the first descriptive, nationally representative study of EHS programs) provide a picture of the program today:
 - The needs of EHS families are very diverse. In response, EHS programs provide a wide range of services with 71% of programs offering multiple service options.
 - EHS staff is highly qualified and experienced with 37% of classroom teachers and 56% of home visitors holding a BA or higher.
 - The quality of EHS services is in the moderate/moderate-to-good range. Quality is particularly strong in terms of: (Based on observations using ITERS and CLASS-T in center-based EHS; and HOVRS-A in home-based EHS)
 - Infant classroom teachers’ interactions and listening and talking (ITERS)
 - Toddler classroom teachers’ provision of emotional and behavioral support (CLASS-T)
 - Home visitors’ effectiveness in involving and engaging the family (HOVRS-A)
 - EHS children are faring well in terms of their overall growth and development. They are making meaningful gains across a range of outcome domains over their time in EHS, including making progress toward national norms on several measures.
 - The Midwest Consortium study on partnerships between EHS and child care in four states found that state investments in Early Head Start/child care partnerships resulted in higher quality scores for the programs participating in partnerships

How much are families paying for care for infants and toddlers?

- The National Household Education Survey (NHES 2005) reported that 31% of families with children birth through 2-years, and 43% of families with 2-year-olds were spending on non-parental care. Of those families, average spending per year was for birth through 2-year care was \$4,780, and \$4,470 for two-year-olds

- Child Care Aware of America, using information from state market rate surveys and from Resource and Referral agencies, reported in 2012 that the average annual cost of care for an infant in a family child care home ranged from just over \$4,500 in South Carolina to nearly \$10,400 in New York. Average annual cost of full-time child care for an infant in a center ranged from nearly \$4,600 in Mississippi to nearly \$15,000 in Massachusetts.
- States where the cost for child care is least expensive/most affordable also have some of the lowest scores in Child Care Aware® of America's most recent reviews of the strength of state child care licensing regulations and oversight.