



Healthy Anchorage Indicators Project

Helping Anchorage to measure its health and quality of life



Municipality of Anchorage

Department of Health and Human Services

Community Health Promotion

This project is an outgrowth of the Anchorage Healthy Futures Project

Number 8, August, 1998



Featured Indicator

Child Care

A child's experiences in the first months and years of life determine whether he or she will enter school eager to learn or not. By school age, family and caregivers have already prepared the child for success or failure. The community has already helped or hindered the family's capacity to nurture the child's development.

—Dr. T. Barry Brazelton,
Children's Hospital Medical Center¹

Only 1 in 7 [U.S.] child care centers provided the level of care that promotes healthy development and learning.

—Cost, Quality, and Child Outcomes in Child Care Centers, 1995

For Help Finding Quality Child Care see page 8.

Child Care: Executive Summary

New research finds the earliest years of life to be some of the most, if not the most, critical to brain development. It underscores how important quality child care is to a community's future.

- ◆ Today, child care is a necessity. Nearly two-thirds of Alaskan children under age 18 have both parents working.
- ◆ The interactions a child experiences in the first years of life determine the physiological development of their brains.
- ◆ Quality child care results in significant long-term outcomes, e.g. higher graduation rates, fewer criminal arrests, and higher wage earnings.
- ◆ Only 1 in 7 U.S. child care centers provide adequate care.
- ◆ Alaska received only 2 stars out of 5 in child care quality.

Anchorage Child Care Center Quality Indicators

- ◆ Anchorage staff-to-child-ratios, while better than Municipal code requires, do not meet national recommended standards.
- ◆ Anchorage has no group size requirements. Thirty-three U.S. states have group size standards (for explanation of group size see p.4).
- ◆ Anchorage child care centers have improved their ability to meet minimum health and safety standards as evidenced by the decline in the numbers of centers with a provisional-non-compliance license.
- ◆ Anchorage has lower licensing standards than at least 32 U.S. states.
- ◆ Only 4.9% of Anchorage child care centers are accredited. The U.S. average is 7.5%.
- ◆ 21.7% of Anchorage child care center staff have no training in child development. The average staff turnover rate for centers is 49.3%
- ◆ Child caregivers receive low wages and few benefits. The *highest* paid (non-corporate subsidized) in Anchorage receive only \$18,988.
- ◆ Of the 395 new staff hired by child care centers over the last year, only 67% had a background check performed.
- ◆ For every \$1 invested in quality child care a community can save \$7.16 in increased earnings and reductions in later costs in special education, crime prevention, and welfare.

Child Care: Our Future

Quality child care is good for business, reduces juvenile violence and teen pregnancy, and reduces future costs in education, crime prevention, and welfare. Both the Anchorage Healthy Future Project and the early drafts of the Anchorage Comprehensive Plan specify quality child care as a community goal.

Barriers to Quality Care

Lack of knowledge about the extent of damage poor quality child care does to children.

Lack of education about what makes for quality child care.

Cost. Families are squeezed by the cost of child care. Child care centers and their employees are in turn squeezed. What suffers is quality—and the community in the long-run.

Parents are unaware of important resources for information about child care.

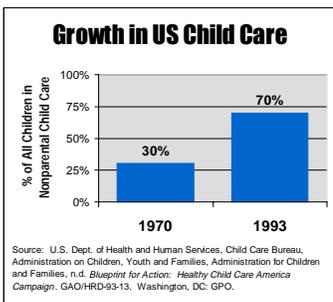
Exemptions. Many child care options are exempt from minimum requirements and have no oversight mechanisms. Parents have no assistance in determining safety or quality levels and facilities end up competing over cost.

Low Standards. Anchorage Municipal Code requirements are significantly lower than the majority of U.S. states.

HAI is a data-collection project assembling indicators that describe Anchorage's health and quality of life. Periodically, HAI looks in-depth at an indicator that tells an important story about Anchorage. Together, we can use this information to improve our quality of life. If you have questions or comments please contact Margaret Gressens at 343-4655.

Child Care

The demand for child care has grown steadily over the last few decades. In 1970, the percentage of young children in the U.S. in nonparental child care and early education settings was 30%. By 1993, that percentage had grown to 70%.² Today, three out of five preschoolers are in child care every day.³



The growth in demand for child care is due to the increased numbers of two-working-parent families and to the growing desire by parents—regardless of employment status—who want the social and educational advantages of good early childhood programs.

- ◆ In 1996, 63.9% of U.S. married-couple families with children under age 18 had both parents working.⁴
- ◆ In 1996, 60% of Alaska children under 18 years had both parents working.⁵
- ◆ In 1990, 58% of Alaska mothers with children under age 6 were in the labor force.⁶

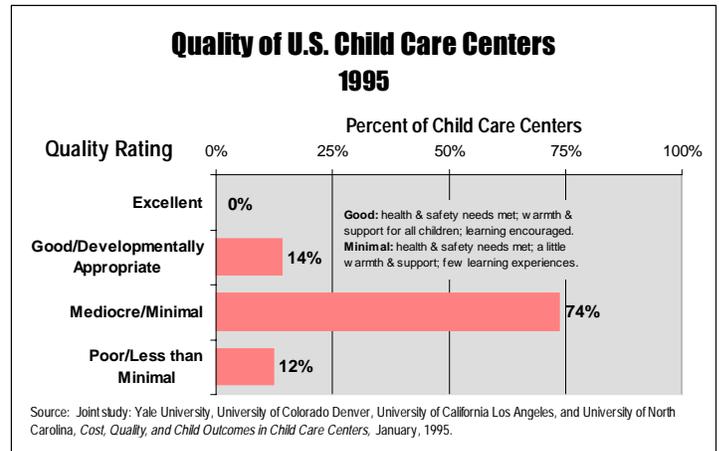
A growing body of research has confirmed that children who attend higher quality child care programs consistently demon-

strate better cognitive, social, and language development outcomes. The research is also consistent in identifying the factors most related to high quality in early childhood programs. Longitudinal studies, some following child care recipients as long as 27 years, have documented significant positive long-term outcomes of quality child care in terms of higher education levels and income and lower incidence of delinquency, crime, and welfare participation (see table below).⁷

Quality child care, however, can be difficult to find. In 1996, 62% of U.S. working parents reported major problems finding quality child care to meet their needs.⁸ A major national study of child care quality found the level of quality at most U.S. child care centers does not meet children's needs for health, safety, warm relationships, and learning. The study found only 1 in 7 U.S. child care centers provided the level of care that promotes healthy development and learning.⁹

	Received Quality Care	No Quality Care
High School Diploma or GED	71%	54%
Postsecondary Enrollments	38%	21%
Earnings at Least \$2,000/mo.	29%	7%
Homeowner	36%	13%
Second Car	36%	13%
Ever Receive Social Services	59%	80%
Ever Arrested	31%	51%
Arrested 5 or More Times	7%	35%
Arrests for Drug Crimes	7%	25%
Out-of-Wedlock Births	57%	83%
Literacy (average or better score)	61%	38%
High School Dropouts	33%	51%
Employed Nineteen-year-olds	50%	32%

Source: Schweinhart, Lawrence J., Helen V. Barnes, and David P. Welkart, 1993. *Significant Benefits: The HighScope Perry Preschool Study Through Age 27*. Ypsilanti, MI: HighScope Press.



Why Is Child Care So Critical?

Ground-breaking research, spurred by technological advances such as brain imaging, has revealed new information which underscores the long-term impact of early child care on children in terms of their ability to learn, socialize, and develop to their full potential. Medical and educational research have both shown that mental growth—that is, the development of intelligence, personality, and

social behavior—occurs most rapidly in humans during their earliest years.

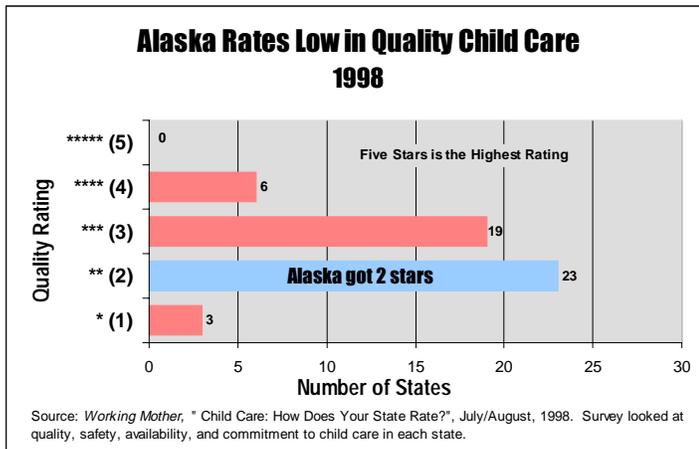
*There is a time scale to brain development, and the most important year is the first.*¹¹

—Frank Newman, President, Education Commission of the United States

This new research confirms much of what child development experts have known for a long time—that a child's experiences in his or her first weeks, months, and years of life determine how that child will function from the preschool years through adolescence, and even into adulthood.¹⁰

At birth, a baby's brain contains billions of neurons, nerve cells, and other structures that lay the foundation to enable the brain to function. These structures enable electrical activity to make connections between different parts of the brain—this is how our brain functions or how thinking occurs.

Babies are born with the equipment (neurons, etc.) but not with the connections between. From



birth throughout the early years of life these connections are made through the baby's interaction with the environment.

Research has also found that there are "windows of learning" or periods of time in a child's life that facilitate certain types of learning. For example, from birth to six months visual stimuli can create permanent neural connections that enable vision. If a child's eyes were

closed during this period, sight would not develop normally afterward even if the eyes were otherwise perfect.¹³ This learning includes emotional feelings as well. Beginning around two months of age the distress and contentment babies feel start to evolve into more complex feelings, such as joy, sadness, empathy, pride, and shame.¹⁴

The learning that can take place in child care lays the foundation for formal academic learning. Properly trained caregivers can use play activities with blocks to teach the foundations of math and physics. Art sessions can teach the foundations of written language. Early science activities—such as sensory experiments that ask children to touch, feel, and smell their environment then talk about what they learned from doing so—are the beginning lessons in how to reason, research, detect, and problem-solve.

But the translation from play to learning does not automatically happen. Simply playing with blocks does not mean a child will begin to understand the concepts of counting, etc. But a trained caregiver leading the exercise can maximize their cognitive development.

The first few months of life are not a rehearsal, babies learn that they can trust and feel loved and respected. If those weeks and months are lost because of a hostile or barren environment it is very difficult later for the child to develop the neural pathways that develop motivation to learn, to develop self-esteem, and the capacity for empathy that characterize human human beings.¹⁵

—*New Brain Research: Early Care and Nurturing Is Key to Good Brain Development*, 1996.

Child Care in Alaska

Research has identified key factors that determine the level of quality in child care, including accreditation, child-to-staff ratio, group size, staff training, staff pay and turnover rate, and higher licensing standards. Generally speaking, the better a child care facility or community does in these areas the higher the quality of child care.

Although research has identified key factors influencing quality in child care, uniform data-collection systems are not in place, which makes measuring the quality of facilities difficult.

Overall Quality

Working Mother Magazine conducted a national survey rating child care for the second time. They rated all U.S. states for child care quality. They looked at quality in terms of child-to-staff ratios, group size, number of accredited centers, caregiver training, and caregiver pay. The study also looked at safety and availability factors. The highest possible score was five stars ☆☆☆☆☆. Alaska received two stars ☆☆.

Alaska gets only 2 stars out of five in child care quality.

Twenty-five U.S. states were rated as having better child care than Alaska. Only three states received a rating lower than Alaska.¹⁵

Care in the home (residence) of a child care provider is the most

prevalent form of child care for young children in the United States today. An in-depth national study of family child care and relative care, the first in more than a decade, found 13 percent of regulated and 50 percent of nonregulated family child care providers offered care that was inadequate.¹⁶

Anchorage Child Care Centers

Anchorage does not systematically collect information regarding the quality of child care providers. Child care centers are licensed, monitored, and inspected by the Anchorage Department of Health and Human Services, Child and Adult Care Program.

The following information regarding the quality of Anchorage child care centers was collected via a telephone survey conducted by the Department of Health and Human Services.¹⁷

In summary, Anchorage has lower accreditation rates, lower staff training requirements, and lower licensing standards than most U.S. states. Average Anchorage child care center child-to-staff ratios, while higher than Anchorage requirements, do not meet recommended standards. However, Anchorage centers are improving, as evidenced by the declining numbers of centers in non-compliance with licensing standards.

Accreditation

Founded in 1926, the National Association for Education of Young Children (NAEYC) is the nation's largest organization

of early childhood professionals. The Association is dedicated to improving the quality of early childhood education programs for young children. NAEYC administers a national, voluntary, professionally sponsored accreditation system for all types of preschools, kindergartens, child care centers, and school-age child care programs.

Just under 5% of Anchorage child care centers and 5.3% of Alaska centers are NAEYC accredited. The U.S. average is 7.5%. Eight U.S. states have accreditation rates above 10%.

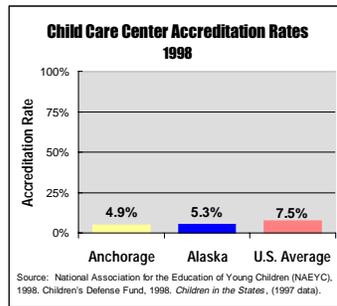
Child Care Options

Licensed Child Care Centers: Non-residential programs of seven or more children. Licensed, monitored, and inspected by Anchorage Department of Health and Human Services, Child and Adult Care Program.

Child Care Homes: Private residence programs of six or fewer children. Licensed, monitored, and inspected by the Alaska Department of Health & Social Services, Division of Family and Youth Services. Eligible to receive financial subsidy.

Registered Homes: Private residence programs of four or fewer children. No license required. Eligible homes may register with the Anchorage Department of Health and Human Services, Day Care Assistance Program to receive financial assistance. Not monitored or inspected.

Exempt/Unlicensed Homes: Private residence programs of four or fewer children. Not licensed, monitored or inspected.



Child-to-Staff Ratios and Group Size

Small child-to-staff ratios and small group sizes greatly improve the amount of attention and supervision. The child-to-staff ratio indicates the maximum number of children permitted per caregiver (e.g., 3:1 ratio means three children to one caregiver). Studies show that in addition to the aforementioned significant long-term benefits, good child-to-staff ratios also help to limit physical injuries.¹⁸

Anchorage Child-to-Staff Ratios

The following table displays current Anchorage Municipal Codes, average child care center ratios, and U.S. national standards (based on NAEYC accreditation standards). While on average Anchorage child care centers have better child-to-staff ratios than Anchorage licensing requires, they do not meet the recommended ratios set by National Health and Safety Performance Standards and NAEYC accreditation standards.

Group Size

A group is the number of children assigned to a team of caregivers (usually two) and a self-contained classroom or well-defined space, whereby the curriculum is tailored to the group's needs and

capabilities and the assigned space contains all the necessary equipment for the day. The use of group size plays a major role in increasing quality by reducing physical injuries, noise levels, distractions that interrupt or curtail a child's thinking processes, and conflicts and irritations, and by increasing positive interactions, e.g. verbal communications or listening skills.

Anchorage child care licensing requirements do not address group size. Group size specifications are recommended by both the National Health and Safety Performance Standards and NAEYC. Currently, thirty-three U.S. states have standards that stipulate appropriate group size, six of these states have adopted NAEYC standards.

Trained Staff

Research shows that child care providers need specialized training and experience in child development and early childhood education. Child care workers who are educated about child development provide more developmentally appropriate caregiving and are more adept at handling behavior problems.¹⁹

Four Steps to Better Quality

- 1. Consumer Education:** Launch consumer education efforts to help parents identify high-quality child care programs and inform the public about the community costs of poor quality care.
- 2. Higher Regulatory Standards:** Implement higher standards.
- 3. Increase Investment:** Increase investments in child care staff to assure a skilled and stable workforce.
- 4. Adequate Financing:** Assure adequate financing and support for child care.

—Cost, Quality, and Child Outcomes in Child Care Centers, 1995

Research shows that developmentally appropriate instruction produces stronger problem-solving skills and reduces problematic or antisocial behavior.²⁰ Center quality increases as the percentage of center staff with a high level of education increases.²¹ An increase in a

Age Group	Anchorage Municipal Code	Average Anchorage Child-to-Staff Ratios	U.S. Health & Safety Standards
Birth-12 mos	5:1*	4:1	3:1
13-24 mos	6:1	5:1	3:1
25-30 mos	6:1	6:1	4:1
31-35 mos	7:1	6:1	5:1
3 yrs	10:1	8:1	7:1
4 yrs	10:1	8:1	8:1
5 yrs	10:1	9:1	8:1
6-8 yrs	10:1	9:1	10:1
9-12 yrs	10:1	10:1	12:1

*Municipal code defines as Birth-15 mos. Source: Anchorage Municipal Code, Title 16.55.300-.570, 1998. National Health and Safety Performance Standards, US Dept. of Health & Human Services, Maternal and Child Health Bureau, 1992.

U.S. State Child Care Staff Education Requirements (1998)	
Anchorage: Age 18 (16-17 year-olds allowed as caregiver aides) and 12 hours inservice training annually.	
Alaska: Age 18, 14-17 year-olds if competency demonstrated to satisfaction of administrator plus 15 hours inservice training annually.	
	No. of States
Age 16	2
Age 18 or Higher	46
High School Diploma/GED	33
High School Diploma/GED and degree or 12 credits in child development	24
High School Diploma/GED and CDA/BA/AA in child development or equivalent combination of experience and credits	8
Source: U.S. Department of Health & Human Services, National Child Care Information Center, <i>State Child Care Profiles</i> , 1998.	

center administrator’s prior experience generates higher quality as well, all else being constant.²²

The training and qualifications required of child care staff vary widely. Each state has licensing requirements that regulate caregiver training. The requirements range from none to requiring postsecondary degrees in child development. Alaska and Anchorage do not require staff to have any training in child development prior to hire. Alaska requires 15 hours of inservice or on-the-job training annually and Anchorage requires 12 hours annually. Alaska requires child care center administrators to be high school graduates and have at least 12 college credits, with 9 credits in child development; Anchorage requires 9 college credits with 6 in child development. Thirty-two U.S. states require all caregivers to have their high school diploma or GED and at least 12 credits in child development and eight states require a degree in child development or related field.

While most Anchorage child care center staff are over age 18 and have a high school diploma or

GED, nearly a quarter have no training in child development or early childhood education, and an additional 15% have less than 10 course credits.

Pay & Turnover Rate

Caregivers’ compensation is increasingly recognized as a predictor of quality care. Low pay contributes to lower levels of education and specialized training and higher turnover among child care staff.

In 1996, U.S. child care workers earned an average annual salary of \$6.70 per hour or \$11,780 per

year.²³ Preschool teachers—many of whom are employed in the public schools—earned an average of \$15,580.²⁴ In addition, child care workers tend to receive no benefits or paid leave.²⁵ Only 18% of U.S. child care centers offer health coverage to teaching staff, whereas it is estimated that 85% of Americans receive health coverage from some source.²⁶

*Professional, quality child care is hard to find in a marketplace where child care teachers and providers do not earn as much as bus drivers (\$20,150) or garbage collectors (\$18,100)—or even bartenders (\$14,450).*²⁷

—U.S. Bureau of Labor Statistics

In 1994, the starting average wage for Anchorage child care caregivers was \$7.20 per hour or \$12,600 annually for assistant teachers and \$8.79 per hour or \$15,383 annually for entry-level teachers.²⁸

In 1994, the highest paid caregivers (non-corporate subsidized) in Anchorage earned \$14,753 annually for assistant teachers and \$18,988 for teachers.²⁹

Employees in child care earn less than they could even in other female-dominated occupations. A major national study found mean foregone wages by child care teachers to be \$5,238 per year and for assistant teachers, \$3,582 per year.³⁰ Anchorage child care centers have an average turnover rate of 49.3%.³¹ Nationally the annual turnover rate is 40%.³²

As of mid-1998, thirteen U.S. states had initiatives in place to address the issue of low pay—Alaska was not one of them.³³

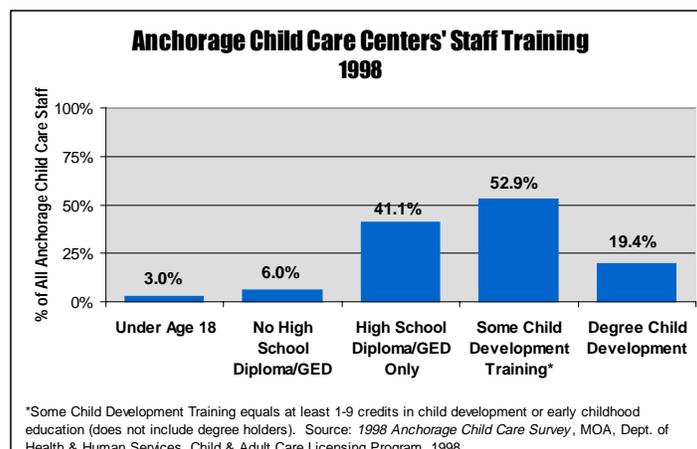
The biggest problem in child care is making up the gap between what parents can afford to pay and what it costs to keep skilled teachers on the job. Caregivers currently take up the slack, working for low pay and with virtually no benefits.

—Center for the Child Care Workforce

Employee Background Checks

An additional measure that ensures safety and quality is to conduct background checks on child center employees during the hiring process.³⁴ Centers are able to access FBI, court, and State public safety records, or check on the list of registered sexual offenders which is published on the Municipality’s Internet web site.

All Anchorage child care centers, however, do not take advantage of these resources—of the 395 new staff hired in the 1997-1998 school year, only 67% had a background check performed.³⁶



Licensing Standards

Families seeking child care have different options to choose from. While the Federal Government has developed recommended child care guidelines or standards, each State determines its own level of regulation. Currently, Anchorage Municipal Code defines minimum health and safety requirements—the lowest threshold for the legal operation of child care centers—through licensing.

Child care research has found that one of the factors significantly

Child Care License Types

Provisional License New: An interim or conditional license given to new child care centers that have worked with the DHHS licensing program to set up a center that meets those minimum health and safety standards that can be measured before opening.

Provisional Non-Compliance: A conditional license given to centers temporarily failing to meet minimum health and safety standards, as long as there is no threat to children’s health and well-being, and an approved plan to correct the non-compliance within a specified time is in place.

Annual: Issued to centers in operation for at least one year and found to meet minimum health and safety standards.

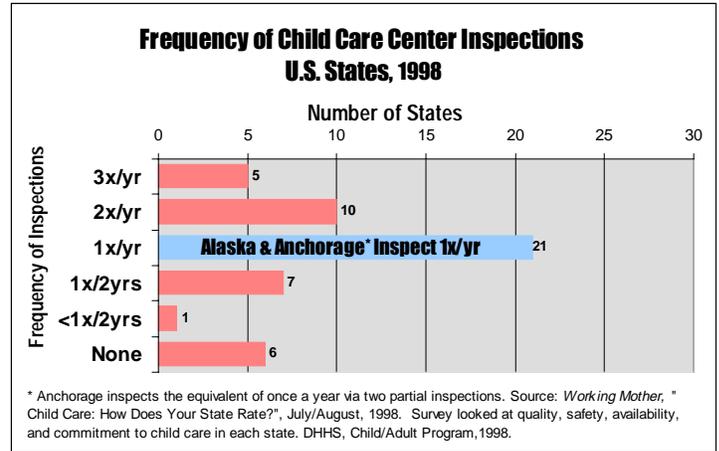
Biennial: Issued to centers who meet the minimum health and safety requirements for at least two years; valid for two years, unless revoked or modified due to failure to meet standards and requirements.

influencing the quality of child care in a state is the level of that state’s licensing standards. States with more demanding licensing standards have fewer poor-quality centers.³⁷ Comparing Anchorage licensing standards to other states, we found Anchorage to have significantly less demanding standards in areas that influence the quality of child care.

1. Anchorage child-to-staff ratio requirements allow more children per staff than is recommended by national or NAEYC standards.
2. Anchorage has no standard or requirement regarding group size. Thirty-three states have standards that stipulate appropriate group size, six of these states have adopted NAEYC accreditation group size standards (see table on page 3).
3. Thirty-two U.S. states have higher staff training requirements than Anchorage.
4. Anchorage inspects facilities less frequently than many states (due to resource constraints).
5. Anchorage starts to regulate child care at a larger size than many states (see chart on p.7).

License Type

Another measure of a center’s quality is the type of license a center holds. Centers who consistently meet minimum health and safety standards are given higher-level licenses—the lowest being a provisional license, then annual, and finally biennial which is given to centers that have proven to meet standards reliably for two years. Anchorage child care centers have improved their ability to meet minimum health and safety standards over the years. This is best evidenced by



the declining number of centers who are getting a provisional-non-compliance license (see chart, p.7).

Why Should We Care?

Quality child care is important not only to positive growth of

every child but to the overall quality-of-life of communities. Availability of quality care: improves the productivity of the current and future workforce; reduces incidence of school failure, juvenile violence, delinquency, and teen pregnancy; reduces costs for special education and repeated grades;

Five Reasons to Invest in Child Care

To help mothers and fathers as well as children. Safe, quality child care has become a necessity.

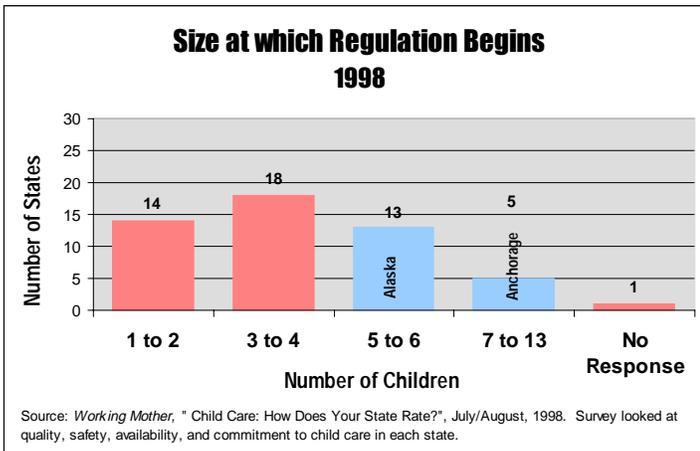
To build human resources in a scientifically proven manner. Research has shown that half of a person’s intelligence potential is developed by age four and that early childhood interventions can have a lasting effect on intellectual capacity, personality, and social behavior.

To generate higher economic returns and reduce social costs. Increasing children’s desire and ability to learn will make later education more effective. They will earn more and be more productive in the workforce. Reduces the need for public welfare expenditures later and cuts down on the social and financial costs associated with grade repetition, juvenile delinquency, and drug use.

To achieve greater social equity. Integrated programs for young children can modify the effects of socioeconomic and gender-related inequities, some of the most entrenched causes of poverty.

To increase the values of other investments. Including early childhood interventions into larger programs can enhance program results.

Source: Paraphrased, The International Bank for Reconstruction and Development, 1995. *Early Child Development: Investing in the Future.*



contributes to healthy child development; and supports parents as teachers and nurturers.

It is so inexpensive to take care of children relative to the other things we do, such as build jails and put up expensive social-service networks for runaway youth.³⁹

—Howard Dean, Governor of Vermont

Cost Savings

The decades long Michigan High/Scope Perry Preschool study found significant future benefits accrue from investing in child care. In measuring some of these benefits, the study found that for every \$1 invested

in quality child care a community saved \$7.16 in increased earnings and reduced costs in special education, crime prevention, and welfare.⁴⁰

Good for Business

Studies show that when employees have help in balancing work and family—when they know their children are safe and well cared for—absenteeism and turnover decline and morale and productivity improve. Employers are coming to recognize that they have a bottom line interest in providing quality child care options.

1. Reduces: absenteeism, turnover, recruitment costs, and training costs⁴¹

2. Increases: productivity, loyalty, morale, public image, and employee retention⁴²
3. The Colorado Business Commission on Child Care Financing found \$3 billion in annual losses nationwide are due to lost productivity by workers who were having child care problems.⁴³

Efficient markets require that buyers have full information. Until parents and other purchasers of care can easily distinguish good from mediocre and poor-quality centers, and demand higher quality, centers cannot increase their fees to cover the increased costs of providing better care.⁴⁴

—Cost, Quality, and Child Outcomes in Child Care Centers, 1995

Initiatives to Improve Child Care

Provide Incentives to Caregivers to Undergo Training: Six states have an incentive program, called T.E.A.C.H., for caregivers to take courses in child development. Other States, through programs such as Head Start, also provide tuition incentives to caregivers to obtain training. California has a model mentoring program which rewards experienced teachers with higher pay when they train newcomers to the field.⁴⁶

State Funded Incentives to Raise Quality: Eleven states have begun paying higher rates to child care centers that both maintain state licensing requirements and become accredited by NAEYC.⁴⁷

States Rate/Rank Facilities: To assist parents in finding quality child care New Mexico rates centers as “gold,” “silver,” or “bronze” and Florida has initiated a “Gold Seal” program to provide immediate information on quality of care to parents.

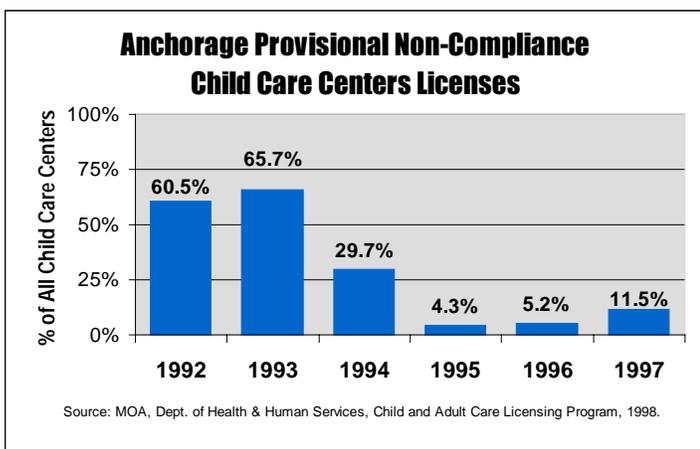
Set Qualifications for Licensing Staff Who Monitor Child Care Facilities: Individuals who monitor and inspect child development facilities should be required to have training in child development. The National Association for Regulatory Administration (NARA) recommends that as “all the factors and elements needed in licensing converge in the person who carries out the licensing functions. . . It is highly desirable that licensing staff have educational and work experience that deal with the kind of service they license.”⁴⁵

Set Standards for Registered and Unlicensed Child Care Facilities: Include registered and unlicensed child care facilities who are currently exempt from any minimum health and safety requirements.

Home Visits: Child rearing is not an innate skill and programs to educate new parents about parenting can be effective. Oregon and Vermont both have such programs. Alaska’s DHSS provides home visits as well through their public health nurses.

Improve Availability of College Level Courses in Child Development: Frequently, individuals who would like training in child development find it difficult to find available courses.

Improve Monitoring and Licensing Services for all child care options.



Resources for Finding Quality Child Care

Anchorage Department of Health & Human Services, Child & Adult Care Program: Call to check a center's licensing and complaint history, 343-4758. Please come visit 825 L Street, 3rd floor.

Child Care Connection: A resource and referral service for parents and child care centers. Business line is 907-563-1966. Referral line is 907-563-1988. Or 1-800-278-3723.

Child Care Connection, Colorado Springs: Great Internet website with information on how to select quality child care. <http://www.concentric.net/~Child1st/index.html>

National Association for the Education of Young Children (NAEYC): 1509 16th Street, N.W. Washington, DC 20036. Website: <http://www.naeyc.org/>

Contacts

Margaret Gressens, Healthy Anchorage Indicators Project, Community Health Promotion, MOA, DHHS at 343-4622.

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⁹ Yale University, University of Colorado Denver, University of California Los

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¹⁰ *Working Mother*, 1996. "Your Baby's Brainpower," November, 1996.

¹¹ *Time Magazine*, 1997. "The Day Care Dilemma," February 3, 1997.

¹² Nash, J. Madeleine, 1997, *Time Magazine*, "Special Report: Fertile Minds," February 3, 1997.

¹³ *The News & Observer*, 1997. "Critical Windows of Opportunity," Feb. 16, 1997.

¹⁴ *Ibid.* Nash, J. Madeleine, 1997, *Time Magazine*, February 3, 1997.

¹⁵ *Ibid.* Holcomb, Betty, 1998, "Child Care 1998: How Your State Rates."

¹⁶ *The Study of Children in Family Child Care and Relative Care*, Families and Work Institute (1994).

¹⁷ Department of Health and Human Services, 1998. *Child Care Centers Survey*. A telephone survey of Anchorage day care center top administrators. 89% response rate. Eleven centers were either closed, unavailable, or declined to participate.

¹⁸ *Ibid.* Holcomb, Betty, 1998, "Child Care 1998: How Your State Rates."

¹⁹ Child Care Employee Project (1993). *The National Child Care Staffing Study Revisited: Four Years in the Life of Center-Based Child Care*.

²⁰ *Ibid.* Schweinhart, 1993. *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*.

²¹ *Ibid.* *Cost, Quality, and Child Outcomes in Child Care Centers*, January, 1995.

²² *Ibid.* *Cost, Quality, and Child Outcomes in Child Care Centers*, January, 1995.

²³ *National Employment and Wage Data from the Occupational and Employment Statistics Survey, 1996*. (1997, Dec.). Washington, DC: Bureau of Labor Statistics. Annual wage calculated from hourly wage by CDF based on the assumption that child care staff work 35 hours per week, 50 weeks per year.

²⁴ *Ibid.*

²⁵ *Worthy Work, Unlivable Wages: The National Child Care Staffing Study, 1988-1997*. (1998). Washington, DC: Center for the Child Care Workforce; see also Helburn et al. (1995). *Cost, Quality, and Child Outcomes Study*, 1995.

²⁶ National Center for the Early Childhood Work Force, 1998. *Child Care Staff Profile*.

²⁷ *Employment and Earnings*, 1994. Washington, DC: Bureau of Labor Statistics.

²⁸ National Center for the Early Childhood Work Force, 1994. *The Alaska Survey of Child Care Center Salaries, Benefits, and Working Conditions, 1994*.

²⁹ *Ibid.*

³⁰ Anchorage Dept. of Health and Human Services, 1998. *Child Care Centers Survey*.

³⁰ *Ibid.* *Cost, Quality, and Child Outcomes in Child Care Centers*, 1995.

³¹ Anchorage Dept. of Health and Human Services, 1998. *Child Care Centers Survey*.

³² *Ibid.* Holcomb, Betty, 1998, "Child Care 1998: How Your State Rates."

³³ *Ibid.* Holcomb, Betty, 1998, "Child Care 1998: How Your State Rates."

³⁴ *Time Magazine*, 1997. "The Day Care Dilemma," February 3, 1997.

³⁵ *Ibid.*

³⁶ Anchorage Dept. of Health and Human Services, 1998. *Child Care Centers Survey*.

³⁷ *Ibid.* *Cost, Quality, and Child Outcomes in Child Care Centers*, 1995.

³⁸ Schaefer, Dolores, 1996. *Child Care Action News*, "New Brain Research: Early Care and Nurturing Is Key to Good Brain Development," 13: 6, Nov/Dec, 1996.

³⁹ *Time Magazine*, 1997. "The Day Care Dilemma," February 3, 1997.

⁴⁰ *Ibid.* Schweinhart, Lawrence J., 1993. *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*.

⁴¹ U.S. Dept. of Labor, Women's Bureau, 1997. *Facts on Working Women*, No. 98-1, 1997.

⁴² *Ibid.*

⁴³ Colorado Business Commission on Child Care Financing, December 1995.

⁴⁴ *Ibid.* *Cost, Quality, and Child Outcomes in Child Care Centers*, 1995.

⁴⁵ Terpstra, Jake, 1983. National Association for Regulatory Administration *What Is Licensing?*

Web Site Links

✓ *Healthy Anchorage Indicators Project*

MOA, Department of Health and Human Services
<http://www.ak.org/hai/hai.htm>

✓ *Child Care Bureau*

US Department of Health and Human Service
<http://www.acf.dhhs.gov/programs/ccb/>: includes:

National Center for Child Care Information

<http://ericps.ed.uiuc.edu/nccic/index.html>

✓ *Internet Early Childhood Education Resources, Wheelock College*

http://www.wheelock.edu/library/internet_resources/ece.html

✓ *Zero to Three: National Center for Infants, Toddlers, & Families*

<http://www.zerotothree.org/>

✓ *National Resource Center for Health & Safety in Child Care*

U.S. Maternal and Child Health Bureau
<http://nrc.uchsc.edu/index.html#TOP>